47th AAGL Global Congress on MIGS

Las Vegas, Nevada
November 11-15, 2018

Scientific Program Chair
Marie Fidela R. Paraiso, M.D.

Honorary Chair
Stephen L. Corson, M.D.

Honorary Chair
Anthony A. Luciano, M.D.

President
Gary N. Frishman, M.D.

Honoring Our Legacy as We Unite to Elevate Gynecologic Surgery

2018

Scientific Program

47th AAGL Global Congress on Minimally Invasive Gynecology
Visit **Booth #125** to see what you can do with an integrated, complete approach to minimally invasive surgery.
Welcome from the Scientific Program Chair

Our Legacy Leads Us Into Our Future

I would like to formally welcome you to the 47th AAGL Global Congress on Minimally Invasive Gynecologic Surgery. I am delighted to be back in the amazing city of Las Vegas, Nevada at the MGM Grand Hotel and Convention Center, a venue that continues to grow in its offerings of exceptional dining options, high-quality entertainment, and even golf! If you have never been to an AAGL Congress in Las Vegas, we are very excited for you to join us!

As the title above indicates, the theme of our meeting this year is Honoring Our Legacy as We Unite to Elevate Minimally Invasive Gynecology. Never has there been a more important time to come together as a society and celebrate our collegial membership of legendary leaders, talented teachers, and exceptional learners, all of whom are dedicated to the deserving recipients of our commitment to lifelong learning—our patients. The Keynote Lecture by Colonel Edward Horvath, MD will surely inspire all of us as he takes us through his journey of practicing Good Medicine in Bad Places.

This year’s Congress is sure to be one of the most innovative, academic, and engaging meetings in AAGL’s history. The diverse and talented group of AAGL members of the Scientific Program Committee has worked hard to develop a program that focuses on honoring our founding members and the inclusion of many participants, paying particular attention to gender and cultural diversity, scientific and intellectual contributions, and surgical and academic prowess.

The 28 Postgraduate Courses include many exciting and innovative programs that are new to AAGL. Among these is the Gladiator Rule suturing course: a unique program that emphasizes mastery of the “perfect stitch,” and could possibly turn you into an ambidextrous suturer. Another newcomer to our program is the International School of Surgical Anatomy from Verona, Italy, with both a didactic course and a cadaveric lab focused on performing safe gynecologic surgery. We’re proud to present a timely and comprehensive course on the current state of transgender care and the important role of the gynecologic surgeon. We will also be debuting a recreational, instructive, and highly interactive “Course on the Course,” where we’ll learn 18 Pearls of Surgical Excellence while we play 18 holes of golf at the prestigious Las Vegas Country Club. Bring your “A” game to this course—it’s sure to get competitive!

We will be marking a true milestone in the surgical treatment of gynecologic conditions at General Session I with Marcello Ceccaroni’s presentation of 120 Years After Radical Hysterectomy: Origin, Evolution, and Influence on Benign Gynecologic Surgery—The “Parametrial Revolution.” Dr. Ceccaroni and our faculty of brilliant surgeon contributors will honor this landmark with simultaneous live interactive cadaveric dissections, showcasing laparoscopic approaches to paramectomy, highlighting and emphasizing the specific techniques that apply to benign gynecologic procedures and uterine transplant. Other General Sessions will emphasize the importance of the mentor/mentee relationship that we have explored over the past couple of the years, as well as the artistic skill and efficiency of surgery and the nuances of intraoperative surgical teaching. Our full Congress days will feature six Surgical Tutorial sessions, with one highlighting neovagina creation; six panel sessions, with one addressing physician burnout and another one focused on physician empowerment; and we’ll close our meeting with the technological marvel of broadcasting live surgeries to our auditorium from operating rooms across the globe.

We will have fun with our legacy while we raise funds for the Foundation of the AAGL at one of MGM Grand’s newest attractions: TopGolf—this evening event will feature a new way to enjoy the preferred pastime of many doctors all over the world. We also have a very glamorous and mysterious Presidential Gala planned this year with a black-tie masquerade at Hakkasan Nightclub.

Thank you very much for joining us at the 47th AAGL Global Congress. I look forward to sharing this inspiring, memorable, and highly educational experience with you!

Marie Fielda R. Parasaiso, M.D., FACOG, is the 2018 Scientific Program Committee Chair, Vice President of the AAGL Board of Directors, and Professor of Surgery at the Cleveland Clinic.
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▪ Integrated continuous inflow and outflow with suction
▪ A rod lens optical system for high-definition (HD) images
▪ An angled tip for easier insertion

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hysteroscopes, please stop by booth 606.
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May 8-11, 2019
Florence • Italy

15th AAGL International Congress
on Minimally Invasive Gynecology
in affiliation with SEGi
XIV Congresso Nazionale

Scientific Program Chairs
Marcello Ceccaroni, M.D., Ph.D.
Mario Malzoni, M.D.

Presidents
Massimo Candiani, M.D.
Marie Fidelia R. Paraiso, M.D.

Congress Executive Director
Linda Michels

Organizing Secretariat SEGi
aaglseg2019@segionline.it
www.aaglseg2019.com
2018 Congress Committees

Marie Fidela R. Paraizo, Scientific Program Chair
Gary N. Frishman, President
Stephen L. Corson, Honorary Chair | Anthony A. Luciano, Honorary Chair

Scientific Program Committee
Marie Fidela R. Paraizo, Chair
Marcello Ceccaroni, Arathi Chokkeri-Singh, Kathy Huang, Amanda Nickles Fader, John Miklos, Michael Sprague, Franklin D. Loffer, Linda Michels

Professional Education Committee
Erica Dun, Chair

CME Content Reviewers

Awards/Competitions
Golden Hysteroscope Award Committee
Chair: John A. Thiell
Jay M. Berman, Amy Garcia, Luis A. Pacheco, Kelly Roy

Golden Laparoscopy Committee
Chair: May S. Thomasse
Adrian C. Balica, Cara R. King, Daniel N. Ginn, Suketu M. Mansuria

IRCAD Award Committee
Chair: Joseph "Jay" Hudgens
Kimberly A. Kho, Edward Tanner, Kelly Wright

Jay M. Cooper Award Committee
Chair: Warren Volker
Timothy A. Deimling, Nita Desai, Vadim Morozov, Catherine Matthews

Jerome J. Hoffman Award Committee
Chair: Warren Volker
Noah Goldman, Michael Hibner, Stacey A. Scheib

Harrith M. Hasson Award Committee
Chair: Thomas Lyons
Douglas Brown, Richard Farnam, Nicole Fleming, Bruce Kahn

John E. Steege Award Committee
Chair: Ted L. Anderson
Brian M. Cohen, Grace M. Janik, William H. Parker, Ido Sirota

Abstract & Video Review Committee
### Board/Committee Meetings and Special Events

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<tr>
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</tr>
<tr>
<td>8:00 am – 5:00 pm</td>
<td>AAGL Board of Directors Meeting</td>
<td>by invitation</td>
<td>Directors Board Room</td>
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<tr>
<td><strong>Sunday, November 11</strong></td>
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<tr>
<td>7:00 am – 5:00 pm</td>
<td>EMIG Secondary Testing</td>
<td>by invitation</td>
<td>302-304</td>
</tr>
<tr>
<td>8:00 am – 12:00 pm</td>
<td>Foundation Board Meeting</td>
<td>by invitation</td>
<td>Producers Board Room</td>
</tr>
<tr>
<td>5:00 pm – 7:00 pm</td>
<td>FMIGS/Graduation &amp; Reception</td>
<td>by invitation</td>
<td>Vista Ballroom</td>
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<tr>
<td><strong>Monday, November 12</strong></td>
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<tr>
<td>7:00 am – 5:00 pm</td>
<td>EMIG Secondary Testing</td>
<td>by invitation</td>
<td>302-304</td>
</tr>
<tr>
<td>7:00 am – 8:00 am</td>
<td>JMIG Editorial/AAGL Board Meeting</td>
<td>by invitation</td>
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<td>8:00 am – 11:00 am</td>
<td>JMIG Editorial Board Meeting</td>
<td>by invitation</td>
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<tr>
<td>8:00 am – 5:00 pm</td>
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<td>9:00 am – 9:45 am</td>
<td>International Fellowship Committee Mtg.</td>
<td>by invitation</td>
<td>Producers Board Room</td>
</tr>
<tr>
<td>9:45 am – 10:30 am</td>
<td>FMIGS Site Review/Compliance Cmt.</td>
<td>by Invitation</td>
<td>Producers Board Room</td>
</tr>
<tr>
<td>1:00 pm – 2:00pm</td>
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<td>by invitation</td>
<td>Producers Board Room</td>
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<tr>
<td>6:30 pm – 8:00 pm</td>
<td>Welcome Reception</td>
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<td>Exhibit Hall</td>
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<tr>
<td><strong>Tuesday, November 13</strong></td>
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<tr>
<td>6:30 am – 7:30 am</td>
<td>JMIG Editorial/Advisory Board Breakfast</td>
<td>by invitation</td>
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</tr>
<tr>
<td>7:00 am – 5:00 pm</td>
<td>EMIG Secondary Testing</td>
<td>by invitation</td>
<td>302-304</td>
</tr>
<tr>
<td>9:45 am – 10:45 am</td>
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<td>106-107</td>
</tr>
<tr>
<td>Endo/Repro Medicine</td>
<td>by invitation</td>
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<td>109-110</td>
</tr>
<tr>
<td>Oncology</td>
<td>by invitation</td>
<td></td>
<td>106-107</td>
</tr>
<tr>
<td>10:00 am – 11:00 am</td>
<td>FMIGS/FFRM Meeting</td>
<td>by invitation</td>
<td>201-202</td>
</tr>
<tr>
<td>11:00 am – 1:00 pm</td>
<td>FMIGS Board of Directors Meeting</td>
<td>by invitation</td>
<td>Directors Board Room</td>
</tr>
<tr>
<td>11:00 am – 1:10 pm</td>
<td>COGA Meeting</td>
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<td>106-107</td>
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</tbody>
</table>

**Tuesday, November 13 (continued)**

<table>
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<th>Time</th>
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<th>Room</th>
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<td>by invitation</td>
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<tr>
<td>12:00 pm – 1:00 pm</td>
<td>FMIGS YIN Meeting</td>
<td>by invitation</td>
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<tr>
<td>1:00 pm – 2:00 pm</td>
<td>FMIGS Town Hall</td>
<td>by invitation</td>
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<tr>
<td>2:00 pm – 3:00pm</td>
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<td>by invitation</td>
</tr>
<tr>
<td>3:30 pm – 5:00 pm</td>
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<td>by invitation</td>
</tr>
<tr>
<td>8:00 pm – 12:00 am</td>
<td>Presidential Gala**</td>
<td>by invitation</td>
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*Special Interest Group Meetings are open to interested members.
**Additional fee – separate purchase required.
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William M. Burke, MD
Stony Brook, New York

Amanda Nickles Fader, MD
Baltimore, Maryland

Shailesh P. Pumambekar, MD
Pune, Maharashtra, India

M. Jonathon Solnik, MD
Toronto, Ontario, Canada

Franklin D. Loffer, MD
Medical Director
Phoenix, Arizona

Linda Michels
Executive Director
Cypress, California

HONORARY CHAIRS

1971 AAGL Founded
1981 10th Anniversary
Phoenix, Arizona

1991 20th Anniversary
Las Vegas, Nevada

2000 Robert S. Newirth
Orlando, Florida

2010 Lisa Mettler
Las Vegas, Nevada

1972 Hlars Frangenheim
Las Vegas, Nevada

1982 Jacques E. Hamou
San Diego, California

2001 K. H. Phillips
San Francisco, California

2011 Barbara S. Levy
Hollywood, Florida

1973 Hlaur Palmer
New Orleans, Louisiana

1983 Edward E. Wallick
Washington, D.C.

2002 R. B. Hunt
Miami, Florida

2012 William P. Parker
Las Vegas, Nevada

1974 Hlevin R. Cohen
Anaheim, California

1984 Raymond H. Kaufman
Las Vegas, Nevada

2003 Ronald L. Levine
Las Vegas, Nevada

2013 C.Y. Liu
National Harbor, Maryland

1975 W.R. Dukelow
Las Vegas, Nevada

1985 Keith Betteridge
Anaheim, California

2004 H. M. Cooper
San Francisco, California

2014 Farr R. Nezhat
Vancouver, B.C., Canada

1976 Hamit Prip &
Atlanta, Georgia

1986 Alan H. DeCherney
Orlando, Florida

2005 Rafael F. Valve
Chicago, Illinois

2015 John F. Stege
Las Vegas, Nevada

1977 Patrick C. Steptoe
San Francisco, California

1987 Patrick C. Steptoe
San Francisco, California

2006 Harry Reich
Las Vegas, Nevada

2016 45th Anniversary
Orlando, Florida

1978 Hollywood, Florida

1988 Hlevin R. Cohen
San Francisco, California

2007 Christopher J.G. Sutton
Washington, D.C.

2017 Arnaud Wattiez
National Harbor, Maryland

1979 New Orleans, Louisiana

1989 Richard H. Schwartz
Washington, D.C.

2008 Brian M. Cohen
Las Vegas, Nevada

2018 Stephen L. Corson, MD
Anthony A. Luciana, MD
Las Vegas, Nevada

1980 Lars Wostrom
Las Vegas, Nevada

1990 Michael S. Baggish
Orlando, Florida

2009 Lella V. Adamyan
Las Vegas, Nevada

2010 Robert S. Neuwirth
Orlando, Florida

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Victor Gomel, MD

†H. H. Hopkins, MD

†William Noonan, MD

†Raul Palmer, MD

†Hans Frangenheim, MD

†H. H. Hopkins, MD

†Hans Frangenheim, MD

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### Day 1: Postgraduate Courses — Sunday, November 11, 2018  
(Registration Hours: 6:30 am - 5:30 pm)

<table>
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<th>Course</th>
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<tr>
<td>FELO-608</td>
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<tr>
<td>ROBO-600</td>
<td>DIDACTIC: Robotics: Accelerating the &quot;Progress&quot; Curve</td>
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<tr>
<td>ROBO-601</td>
<td>DIDACTIC: Robotics: Beyond Hysterectomy</td>
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<tr>
<td>ANAT-602</td>
<td>DIDACTIC: The Competent Surgeon - A Master of Retropelvic Anatomy</td>
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<tr>
<td>ANAT-603</td>
<td>CADVERIC/SIMULATION LAB: Robotics: Beyond Hysterectomy</td>
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<td>URO-604</td>
<td>DIDACTIC: The Pelvic Floor and So Much More</td>
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<tr>
<td>URO-605</td>
<td>CADVERIC LAB: The Pelvic Floor and So Much More</td>
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<td>SUTR-607</td>
<td>DIDACTIC/SIMULATION LAB: Advanced Suturing</td>
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<td>ENDO-609</td>
<td>DIDACTIC: Deep Endometriosis: State of the Art</td>
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<td>HYST-610</td>
<td>DIDACTIC: Laparoscopic Hysterectomy: From A to Z</td>
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<td>PELV-611</td>
<td>DIDACTIC: Unraveling Pelvic Pain: A Practical Approach to Everyday Practice</td>
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<td>HSC-612</td>
<td>DIDACTIC: Hysteroscopy Master’s Symposium</td>
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</table>

**LUNCH:** Expert Round Table Luncheon
(Location: Premier Ballroom-Prefuction 3rd Floor).

### Day 2: Postgraduate Courses — Monday, November 12, 2018  
(Registration Hours: 6:30 am - 7:00 pm)

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<thead>
<tr>
<th>Course</th>
<th>Didactic/Simulation Lab</th>
<th>Room</th>
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<tbody>
<tr>
<td>HSC-709</td>
<td>DIDACTIC/SIMULATION LAB: Hysteroscopy: The Essential Do’s and Don’ts</td>
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<tr>
<td>COMPLX-700</td>
<td>DIDACTIC: (ISSA) Course: Tips and Tricks in Laparoscopic Retropelvic Surgical Anatomy to Perform Safe Gynecologic Surgery</td>
<td>120</td>
</tr>
<tr>
<td>COMPLX-701</td>
<td>CADVERIC LAB: (ISSA) Course: Tips and Tricks in Laparoscopic Retropelvic Surgical Anatomy to Perform Safe Gynecologic Surgery</td>
<td>118</td>
</tr>
<tr>
<td>HYST-702</td>
<td>DIDACTIC: Laparoscopic Hysterectomy from Basic to Complex</td>
<td>121</td>
</tr>
<tr>
<td>HYST-703</td>
<td>CADVERIC LAB: Laparoscopic Hysterectomy: Surgical Techniques to Make Complex Pathology Look Easy</td>
<td>124</td>
</tr>
<tr>
<td>NEURO-704</td>
<td>DIDACTIC: International School of Neuropelveology with an Emphasis on Neurogynecology</td>
<td>114</td>
</tr>
<tr>
<td>LAPA-705</td>
<td>DIDACTIC: Optimizing Tissue and Procedural Outcome During Laparoscopic Surgery</td>
<td>115</td>
</tr>
<tr>
<td>PEARLS-708</td>
<td>DIDACTIC: Gynecologic Oncology Pearls for the Generalists</td>
<td>123</td>
</tr>
<tr>
<td>PUSH-710</td>
<td>DIDACTIC: Push the Envelope</td>
<td>120</td>
</tr>
<tr>
<td>FIBR-711</td>
<td>DIDACTIC: Fibroids from A to Z: Medical, Procedural, and Surgical Management</td>
<td>122</td>
</tr>
<tr>
<td>GENDR-712</td>
<td>DIDACTIC: The Role of the Gynecologic Surgeon in Transgender Care</td>
<td>113</td>
</tr>
<tr>
<td>REPRO-713</td>
<td>DIDACTIC: Reproductive Surgery: Mastering Fertility-Enhancing Minimally Invasive Surgery</td>
<td>115</td>
</tr>
</tbody>
</table>

**LUNCH:** Expert Round Table Luncheon
(Sold Out; Location: Premier Ballroom-Prefuction 3rd Floor).

**GOLF-714**  
DIDACTIC/INTERACTIVE: Play and Learn with the Masters: 18 Pearls of Surgical Excellence  
(Location: Las Vegas Country Club)

- **4:40 pm - 5:00 pm**  
  **Late Breaking Debate:** Importance of Randomized Clinical Trials
- **5:05 pm - 5:20 pm**  
  **General Session I:** 120 Years of Radical Hysterectomy: Origin, Evolution, and Influence on Benign Gynecologic Surgery  
  (Premier Ballroom)
- **6:25 pm - 7:55 pm**  
  **Opening Ceremony**  
  (Premier Ballroom)
- **7:15 pm - 8:45 pm**  
  Welcome Reception in Exhibit Hall
### 2018 Block Program

#### Day 3: Congress — Tuesday, November 13, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am – 7:45 am</td>
<td>Industry Sponsored Breakfast Symposia</td>
</tr>
<tr>
<td>7:30 am – 8:00 am</td>
<td>Signature Awards (7:30 am – 8:00 am)</td>
</tr>
<tr>
<td>7:30 am – 9:30 am</td>
<td>General Session II: Put Me in, Coach, I'm Ready to Play!</td>
</tr>
<tr>
<td></td>
<td>Jordan M. Phillips, MD Keynote Address (Premier Ballroom)</td>
</tr>
<tr>
<td>9:35 am – 11:00 am</td>
<td>Exhibit Hall: 9:30 am – 3:30 pm</td>
</tr>
<tr>
<td></td>
<td>Exhibit Hall Open/Refreshment Break</td>
</tr>
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</table>

#### Room Number

<table>
<thead>
<tr>
<th>Room Number</th>
<th>I11-112</th>
<th>I13-114</th>
<th>I120</th>
<th>I121-122</th>
<th>I123-124</th>
<th>Premier Ballroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>Plenary 1</td>
<td>Hysteroscopy</td>
<td>Video Session 1</td>
<td>Robotics</td>
<td>Panel 1</td>
<td>Women’s Empowerment Forum</td>
</tr>
<tr>
<td>12:10 pm – 1:10 pm</td>
<td>Plenary 2</td>
<td>Oncology</td>
<td>Video Session 2</td>
<td>Robotics</td>
<td>Panel 2</td>
<td>Physician Burnout</td>
</tr>
<tr>
<td>1:10 pm – 3:30 pm</td>
<td>Exhibit Hall Open/Box Luncheon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:15 pm – 3:15 pm</td>
<td>Plenary 3</td>
<td>Robotics</td>
<td>Video Session 3</td>
<td>Urogynecology</td>
<td>Open Comm. 5</td>
<td>Research and Science</td>
</tr>
<tr>
<td>3:25 pm – 5:05 pm</td>
<td>Plenary 4</td>
<td>Laparoscopy</td>
<td>Video Session 4</td>
<td>Hysteroscopy</td>
<td>Panel 3</td>
<td>Quality Panel</td>
</tr>
</tbody>
</table>

#### Day 4: Congress — Wednesday, November 14, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:00 am – 7:30 am</td>
<td>Industry Sponsored Breakfast Symposia</td>
</tr>
<tr>
<td>7:30 am – 9:30 am</td>
<td>Business Meeting (7:30 am – 8:00 am)</td>
</tr>
<tr>
<td>9:35 am – 11:00 am</td>
<td>Exhibit Hall: 9:30 am – 3:00 pm</td>
</tr>
<tr>
<td></td>
<td>Exhibit Hall Open/Refreshment Break</td>
</tr>
</tbody>
</table>

#### Room Number

<table>
<thead>
<tr>
<th>Room Number</th>
<th>I11-112</th>
<th>I13-114</th>
<th>I120</th>
<th>I121-122</th>
<th>I123-124</th>
<th>Premier Ballroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 am – 12:00 pm</td>
<td>Plenary 5</td>
<td>Urogynecology</td>
<td>Video Session 6</td>
<td>Surgical Education</td>
<td>Panel 4</td>
<td>Changes to our Legacy: What to Expect?</td>
</tr>
<tr>
<td>12:10 pm – 1:10 pm</td>
<td>Plenary 6</td>
<td>Endometriosis</td>
<td>Video Session 7</td>
<td>Laparoscopy</td>
<td>Panel 5</td>
<td>Dyspareunia Panel</td>
</tr>
<tr>
<td>1:10 pm – 3:30 pm</td>
<td>Exhibit Hall Open/Box Luncheon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:15 pm – 3:15 pm</td>
<td>Plenary 7</td>
<td>Reproductive Issues</td>
<td>Video Session 8</td>
<td>Endometriosis</td>
<td>Open Comm. 14</td>
<td>Pelvic Pain</td>
</tr>
<tr>
<td>5:10 pm – 6:10 pm</td>
<td>General Session III — Stump the Professor (Premier Ballroom)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:10 pm – 6:10 pm</td>
<td>Top Golf ($150 additional charge)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:30 pm – 11:30 pm</td>
<td>Industry Sponsored Symposia</td>
<td></td>
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</table>

#### Day 5: Congress — Thursday, November 15, 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 am – 9:00 am</td>
<td>Where Have All the Devices Gone? Presentation &amp; Panel Discussion: The Evolution of Medical Device Regulation &amp; Litigation (Premier Ballroom)</td>
</tr>
<tr>
<td>9:00 am – 12:00 pm</td>
<td>General Session V - Telesurgery Session (Premier Ballroom)</td>
</tr>
</tbody>
</table>
MGM Grand Hotel & Convention Center Las Vegas Floor Plan

First Floor
- Escalators
- AAGL Registration
- Outdoor Area
- Grand Ballroom Pre-function

PG Courses Day 1 & 2
- Breakout Seminars Day 3 & 4

114 113 112 111
115 116 117
120 119 118
121 122 123 124
106 107 108 109 110

Second Floor
- Director’s Boardroom
- Producer’s Boardroom
- South Meeting Rooms

Third Floor
- Lunch and Round Tables
- Premier Ballroom
- General Sessions
- Premier Ballroom Pre-function

11/11/18 & 11/12/18

2018 AAGL GLOBAL CONGRESS ON MIGS
Hotel Headquarters

MGM Grand Hotel & Convention Center
3799 Las Vegas Blvd. South
Las Vegas, NV 89109
(702) 891-1111 or (800) 929-1111

The MGM Grand Hotel and Convention Center, the shining gem of the Las Vegas Strip, world renowned for its spectacular entertainment and celebrity chef-owned restaurants, is our host hotel for the 47th AAGL Global Congress. Boasting 5,000 modern and well-appointed rooms and suites, including exclusive SKYLOFTS and The Signature rooms, as well as Stay Well® rooms that offer a complete wellness hotel experience, the MGM Grand offers comfort for every need. Travel the globe culinarily with dining options and cuisine from famous chefs Joël Robuchon, Tom Colicchio, Masaharu Morimoto, Michael Mina, Willian DeMarco, Wolfgang Puck, and Emeril Lagasse. For more casual fare, there is a lively food court (open 24 hours), an authentic New York pizzeria, a sports deli, and a grand buffet for a true Las Vegas experience. If you’re looking to be entertained, the MGM Grand is the place to be, with a variety of shows including KÀ by Cirque du Soleil, Brad Garrett’s Comedy Club, the David Copperfield Theater, and more.

Mother’s Lounge

AAGL will have a private Mother’s Lounge in the Conference Center at the MGM Grand Las Vegas. The Mother’s Lounge is free of charge to Congress attendees. AAGL will provide two stations with comfortable seating* and privacy draping. A small refrigerator will be in the room as well for your use (please make sure to label your containers appropriately). Please note that this room is not secure. Any items left in the room are at your own risk. AAGL is not responsible for any lost or stolen items. Please get a key from the onsite registration desk.

Sunday, November 11, 2018 – Wednesday, November 14, 2018
6:00 am – 7:00 pm
Level 1 – Room 108

*Seating generously provided by GES.

Registration Hours

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday, November 10</td>
<td>3:00 pm – 7:00 pm</td>
</tr>
<tr>
<td>Sunday, November 11</td>
<td>6:00 am – 5:30 pm</td>
</tr>
<tr>
<td>Monday, November 12</td>
<td>6:00 am – 5:30 pm</td>
</tr>
<tr>
<td>Tuesday, November 13</td>
<td>6:30 am – 5:30 pm</td>
</tr>
<tr>
<td>Wednesday, November 14</td>
<td>6:30 am – 5:30 pm</td>
</tr>
</tbody>
</table>

Registration Fees

<table>
<thead>
<tr>
<th>Registration Fees</th>
<th>Member</th>
<th>Non-Member*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physician</td>
<td>$645</td>
<td>$995</td>
</tr>
<tr>
<td>Affiliated Society Physician</td>
<td>$445</td>
<td>$620</td>
</tr>
<tr>
<td>Retired Physician Resident/Fellow in Training</td>
<td>$395</td>
<td>$545</td>
</tr>
<tr>
<td>Allied Healthcare Professional</td>
<td>$395</td>
<td>$545</td>
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</tbody>
</table>

Postgraduate Course(s) and Congress Registration

Sunday Nov. 11 Through Thursday Nov. 15
(up to 33.5 CME hours)

<table>
<thead>
<tr>
<th>Registration Fees</th>
<th>Didactic/Lab Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic</td>
<td>$175</td>
</tr>
<tr>
<td>Didactic/Simulation Lab or Didactic/Interactive</td>
<td>$475</td>
</tr>
<tr>
<td>Cadaveric Lab</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

Congress Only Registration

Tuesday Nov. 13 Through Thursday Nov. 15
(up to 18 CME hours)

Registration Fees

<table>
<thead>
<tr>
<th>Registration Fees</th>
<th>Member</th>
<th>Non-Member*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicing Physician</td>
<td>$745</td>
<td>$1095</td>
</tr>
<tr>
<td>Affiliated Society Physician</td>
<td>$445</td>
<td>$620</td>
</tr>
<tr>
<td>Retired Physician Resident/Fellow in Training</td>
<td>$395</td>
<td>$545</td>
</tr>
<tr>
<td>Allied Healthcare Professional</td>
<td>$395</td>
<td>$545</td>
</tr>
</tbody>
</table>

Postgraduate Course and Congress registration includes the Welcome Reception (Nov. 12), Lunch in the Exhibit Hall (Nov. 13 & Nov. 14), Live Telesurgery Session with Breakfast (Nov. 15), and Breakfast each morning (Nov. 11-15). As indicated, there are additional fees for Didactic and Lab Courses, as well as the Discussion with the Experts Luncheons (Nov. 11 & Nov. 12; tickets $50 each day). **SOLD OUT**

Congress Only registration includes the Welcome Reception (Nov. 12), Lunch in the Exhibit Hall (Nov. 13 & Nov. 14), Live Telesurgery Session with Breakfast (Nov. 15), and Breakfast each morning (Nov. 13-15).

*Non-member registration includes a one-year membership at no additional cost.
Cancellation Policy

Cancellations received prior to October 24, 2018 will be refunded, minus $125 for administrative fees. No refunds will be made after October 24, 2018. In the event that the 47th 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.

Topgolf Foundation Benefit

Topgolf is the hottest new concept on the Las Vegas scene, and the Foundation of the AAGL has reserved the entire third level for an evening of competitive fun and fundraising! Each hitting bay is climate-controlled and features HDTVs, lively music, and a selection of golf clubs to hit your longest drive! Each ball contains a microchip that measures your drive distance and scores you...so you can play to win!

TICKET PRICE: $150/PER PERSON
Ticket price includes golfing, food, and drinks.
Not a golfer? Join the fun anyway for $35/per person.”
“Does not include food, drink or golf.

The Presidential Gala

No AAGL Global Congress is complete without celebrating with your colleagues, the Board of Directors, and the AAGL staff at the annual Presidential Gala. Grab your mask and join the black-tie celebration at the beautiful, high-tech Hakkasan Nightclub. Enjoy great music, delicious food, and refreshing drinks at this elegant evening of memorable masquerades and fantastic fun as the perfect end to a successful week of learning and collaboration.

TICKET PRICE: $125/PER PERSON
Price includes entry to Hakkasan Nightclub, food, and drinks.
Dress code: Formal attire

Guest Policy at the Global Congress

Invite your spouse or a guest to Las Vegas! Guest registration currently includes and applies only to Monday’s Welcome Reception in the Exhibit Hall. If your guest would like to join you for lunch in the exhibit hall on Tuesday/Wednesday or the Telesurgery Breakfast on Thursday, the fee is $25 per meal. If your guest is coming to hear you present during a scientific session or visiting the exhibit hall with you, there is no additional charge.

Separate tickets are required for evening events such as Tuesday’s Topgolf Foundation Fundraiser ($150) and Wednesday’s Presidential Gala at Hakkasan ($125 each). This applies to spouses/guests of delegates only and will be verified. Purchase tickets in advance or at the onsite registration desk. Tickets and official guest badges are required for meal functions.

Online Program / Meeting App

AAGL is pleased to offer attendees of the 47th AAGL Global Congress electronic access to presentation schedules, abstracts, presenter searches, and more through the AAGL Global Congress Online Program and the AAGL 2018 Meeting App.

To access the online program and app, please visit http://www.aagl.org/onlineprogram from any Internet connected device.
THE BETTER TOOL.
YOUR PATIENTS WIN.

LigaSure™ retractable L-hook
laparoscopic sealer/divider

For a demonstration of
LigaSure™ retractable L-hook
laparoscopic sealer/divider,
visit booth #606.
Understanding Your Global Congress Badge and AAGL USB Drive

Important Items

Badge must be worn at all times. It is your entry pass to events.

Badge must be presented for entry to all PG courses.

Obtain CME credit by scanning at all events or once at the General Session on each day that you participate in the Congress.

Evaluation forms for all courses or sessions will be emailed to the email address you provided at the time of your registration.

Certificates of participation will be sent upon completion of the evaluation forms.

Those registered for PG courses will see the course, the time and location printed here.

Luncheons, industry sponsored symposia, social events, and Congress sessions you have registered for are printed here.

Scan this barcode for CME**

Those registered for PG courses will see the course, the time and location printed here.

Certificates of participation will be sent upon completion of the evaluation forms.

**Note: During Exhibit Hall hours, if your badge is scanned in the Exhibit Hall, the contact information you registered with will be provided to the exhibitor that scanned your badge.

Updated AAGL App

Check out AAGL’s updated Global Congress Meeting App, now available for free on iOS and Android devices. You can use the app to access our show schedule, explore the exhibits, access venue maps, and more. The app also allows you to connect with delegates, share photos and comments on the meeting, and to share content on social networks.

Download the app today for your device with the following link:

www.aagl.org/apps

USB Flash Drive

A USB flash drive with the Postgraduate Courses, Surgical Tutorials, and all CME sessions syllabi will be given to you at Registration. In addition, all syllabi will be available online at the AAGL website, www.aagl.org, after November 1, 2018. Printed syllabi will not be provided. If you wish, you may download and/or print the syllabi for your courses prior to your arrival so you can make the most of your educational experience at the 47th AAGL Global Congress.
Boston Scientific is committed to bringing more hope, more health and more life to women around the world.

Visit us at booth #406 to learn more
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.

The AAGL designates this live activity for a maximum of 33.50 AMA PRA Category 1 Credit(s)™. 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 American Academy of Physician Assistants (AAPA) accepts AMA PRA Category 1 Credits™ from organizations accredited by the ACCME.

CONTINUING MEDICAL EDUCATION
This symbol CME 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.

Continuing medical education is a lifelong learning modality designed to enable physicians
increase the use of MIG and reduce morbidity.

As an accredited CME provider, AAGL adheres 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 other 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
By developing educational courses in minimally invasive gynecology (MIG) we hope to increase the use of MIG and reduce morbidity and complication rate associated with these procedures.

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:
I. Create awareness of the role MIG plays
II. Hands-on laboratory that will allow each participant to practice MIG techniques on cadavers
III. Transfer skill to course participants through didactic lectures, video presentations and demonstration and supervised wet lab surgery.
IV. 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.
V. 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:
I. Explain the latest developments in minimally invasive hysterectomy, myomectomy, pelvic floor repair, treatment of endometriosis and advanced hysteroscopic techniques
II. 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
III. Describe the latest advances in research and techniques in the field of minimally invasive gynecologic surgery
IV. Evaluate data presented to determine the best methods for practice of gynecologic medicine
V. Demonstrate and enhance their presentation and publication skills with a hands-on workshop
VI. 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 and workshops, but may be allowed into the exhibit hall if accompanied by an adult.

AUDIO-VISUAL RECORDING
Video- and audio-recording of sessions by congress attendees is strictly prohibited. Registration, attendance, or participation in AAGL 2018 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.

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 lmichels@aagl.org or (714) 503-6200.
2. By email to the Grievance Committee of AAGL at: grievance@aagl.org
3. By toll free phone to AAGL’s confidential 3rd party hotline: (833) 995-AAGL (2245) during the AAGL Annual or Regional 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

Speaker Ready Room

ROOM 101-102
To assist faculty in their preparations, the AAGL staffs a Speaker Ready Room each day of the Congress. Computers are available to review and upload your presentations or make minor changes during operating hours. Changes to educational content are not allowed.

Upon arrival, presenters will be required to complete a presenter form. Electronic storage devices will be scanned for viruses prior to computer usage. If viruses are found, the device will need to be cleaned before it can be used in the Speaker Ready Room.

SPEAKER READY ROOM HOURS

- Saturday November 11, 2018
  5:00 pm - 7:00 pm
- Sunday November 12, 2018
  6:00 am - 6:00 pm
- Monday November 13, 2018
  6:00 am - 6:00 pm
- Tuesday November 14, 2018
  6:30 am - 5:30 pm
- Wednesday, November 15, 2018
  6:30 am - 5:30 pm
48th Global Congress on MIGS
NOVEMBER 9-13, 2019
Vancouver Convention Centre
Vancouver, British Columbia, Canada
Scientific Program Chair: Jubilee Brown, M.D.

IMPORTANT DATES
Call for Abstracts
March 1 - April 30, 2019
Registration Opens
June 1, 2019
**FELO-608**

**Co-Chairs:** Arnold P. Advincula, Gretchen Makai

**Faculty:** Jorge F. Carrillo, Nicole M. Donnellan, Hye-Chun Hur, Tiffany R. Jackson, Georgine M. Lamvu, Veronica Lerner, Richard Rankin, James K. Robinson, Matthew T. Siedhoff, Mireille D. Truong, Kelly Nicole Wright

This fully immersive all day postgraduate course is designed to enhance the professional development of residents and fellows by cultivating life practices critical to the success of individuals both personally and professionally. In addition, workshops will be integrated that address pedagogical skills and video production. Components of this postgraduate course are a progression of curriculum introduced during the FMIGS annual summer boot camp.

**Prerequisite:** Attendees must bring 3-5 minute surgical video clips and must have video editing software on their laptop. Please also bring your laptop.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Identify various pathways taken to achieve a successful career in gynecologic surgery; 2) practice various video editing and production skills when recording minimally invasive gynecologic procedures for teaching or self-learning purposes; 3) acquire various tips, tricks, and approaches for establishing a work-life balance through leadership development; 4) incorporate strategies for managing difficulties encountered in the workplace; 5) develop a practical approach to implementing simulation-based medical education principles; and 6) acquire more advanced skills for optimizing surgical teaching.

### COURSE OUTLINE

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
</tr>
<tr>
<td>7:05</td>
<td><strong>Workshop I:</strong> Teach the Teacher (part 2)</td>
</tr>
<tr>
<td>9:05</td>
<td>Break</td>
</tr>
<tr>
<td>9:20</td>
<td>Primer on Simulation-Based Medical Education</td>
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<tr>
<td>10:20</td>
<td>Panel Discussion: Developing a Career in Gynecologic Surgery: Lessons Learned</td>
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<tr>
<td>11:00</td>
<td>Working Box Lunch Talk: Difficult Patients, Delivering Bad News, and Discussing Surgical Complications</td>
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<tr>
<td>12:30</td>
<td>Navigating the Difficult Workplace</td>
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<td>1:00</td>
<td>Leadership Development</td>
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<td>2:00</td>
<td>Break</td>
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<tr>
<td>2:15</td>
<td><strong>Workshop II:</strong> ABC’s of Surgical Video Production</td>
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<tr>
<td>4:15</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>4:30</td>
<td>Adjourn</td>
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**FACTS ABOUT FMIGS:**

- FMIGS fellowships are now offered through more than 40 hospital sites.
- Educational objectives focus on evidence-based medicine, anatomical principles, instrumentation, operative laparoscopy, operative hysteroscopy, and robotics.
- The Fellowship offers in-depth experience using state-of-the-art techniques.
- To date, 390 Fellows have successfully graduated from the program.

The overall goal of fellowship training in minimally invasive gynecology is for the graduate to serve as an independent specialist and consultant in the surgical management and techniques of MIGS to improve and advance gynecological health care for women.
ROBO-600
Accelerating the Learning "Progress" Curve

Co-Chairs: Salvatore T. Gueli Alletti, Devin M. Garza
Faculty: Richard W. Farnam, Mario M. Leitao, Gaby N. Mouwad, Michael T. Breen, Stephanie Ricci, Arleen H. Song

Presented in cooperation with the AAGL Special Interest Group on Robotics

This didactic course is designed to address the common and predictable concerns of surgeons of various skill levels in their unique "PROGRESS curve" on both the da Vinci robotic platform and the TransEnterix; a newly FDA approved robotic platform. The faculty selected to participate in this course are highly experienced and exceptionally qualified to teach best practices and reproducible techniques in order to facilitate improving patient outcomes for minimally invasive gynecologic surgeries on robotic platforms. This course will rely heavily on faculty surgery videos to share their systematic approach when managing complex cases. Key topics will include OR efficiency, tissue extraction, hysterectomy and myomectomy on both the da Vinci and TransEnterix robotic platforms.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Recognize and implement safe, reproducible best practice approach to maximizing optimal patient outcomes during the learning curve on the robotic platform 2) distinguish and compare existing robotic systems 3) assess systematics approach to common complex gynecologic surgeries; and 4) formulate a strategic plan to improve OR efficiency.

COURSE OUTLINE

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<tr>
<th>Time</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>The Learning &quot;Progress&quot; Curve: Volume vs. Simulation?</td>
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<tr>
<td>7:30</td>
<td>INTRODUCING... TransEnterix in the Spotlight!</td>
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<tr>
<td>7:55</td>
<td>OR Efficiency - An Daymonor?</td>
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<tr>
<td>8:20</td>
<td>ALL Things Hysterectomy Pt 1 - (Simple) Maximizing Port Placement and Method</td>
</tr>
<tr>
<td>8:45</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>8:55</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>ALL Things Hysterectomy Pt 2 - (Complex) Maximizing MORE of the Surgeon with &quot;4th Arm&quot; Use</td>
</tr>
<tr>
<td>9:35</td>
<td>Integrating Myomectomy into Your Practice</td>
</tr>
<tr>
<td>10:00</td>
<td>Now, how do we get this out? Tissue Extraction and Bagging</td>
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<tr>
<td>10:25</td>
<td>Endometriosis: &quot;To Excise or not to Excise...THAT is the Question!&quot;</td>
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<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
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<tr>
<td>11:00</td>
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</table>
The competent gynecologic surgeon at the operating table is characterized by a working knowledge of retroperitoneal anatomy and expert surgical dissection skills. Poor surgical dissection skills may result in surgical inefficiencies, unnecessary blood loss, loss of visual cues, and an increased risk of surgical complications – both intraoperatively and postoperatively. This course will teach the participants a systematic method on how to spatially organize female retroperitoneal anatomy, and how to name the individual anatomic structures contained in each anatomic region and space. The participant will learn specific techniques and patterns of surgical dissection and strategies for watching and learning from surgical videos. As a result of this course, the participant will know how to tackle complex pelvic and retroperitoneal pathology in order to perform efficient and safe hysterectomy.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Discuss strategies to safely dissect ‘mm by mm’ in the retroperitoneal anatomic regions and spaces; 2) distinguish anatomic regions and spaces in an organized spatial continuum; and 3) classify anatomic structures contained within each region and space.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview

7:05 The Art and Practice of Expert Surgical Dissections

7:30 Tips and Tricks for Finding the Ureter During Dissection

8:00 The Spatial Continuum of The Regions and Spaces of the Female Pelvis

8:25 Avoiding Ureteral Injury with Severe Endometriosis

8:55 Break

9:10 Anatomy, Dissections and the Safe Performance of a Hysterectomy

9:30 Neuroanatomy of the Pelvis

9:45 Anatomy and Surgery in the Vesicovaginal Space

10:05 Deep Pelvic Space with Endometriosis

10:35 Examples of Abnormal Pelvic Anatomy

10:55 Questions & Answers

11:00 Adjourn

Presented in affiliation with the American College of Obstetricians and Gynecologists (ACOG)

ANAT-602

The Competent Surgeon: A Mastery of Retropelvic Anatomy AND Surgical Dissection: You can NOT expect your surgical results to be any better than your skills of surgical dissection.

Faculty: Fariba Mohtashami, Matthew T. Siedhoff, Craig J. Sobolewski

Co-Chairs: R. Wendel Naumann, Robert M. Rogers

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 130-131

ANAT-603

Deep Dive into the Underground Labyrinth of the Pelvic Anatomy

Co-Chairs: Ted T.M. Lee, Samar Nahas

Faculty: Deirdre A. Lum, Fariba Mohtashami, R. Wendel Naumann, Robert M. Rogers, Craig J. Sobolewski, Linda C. Yang

This hands-on cadaveric lab is designed for beginning and advanced minimally invasive gynecologic surgeons, both generalists and oncologists. Familiarity with pelvic and retroperitoneal anatomy is essential to optimizing safe and efficient gynecologic surgery. In this lab, participants will dissect through the pelvic sidewall, identify all avascular pelvis spaces, recognize pelvic arteries and veins and discovering the pelvic nervous system including the ilioinguinal nerves. Participants will be given the option to dissect infra-renal parahaortic lymph nodes and omentectomy or dissect the Space of Retzius, complete a total hysterectomy with vaginal cuff closure, perform cystotomy with repair and practice suturing. Expert faculty will present useful techniques to avoiding complications and will be at the participants disposal for any questions.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Identify and dissect all pelvic avascular spaces including para-rectal, para-vesical, rectovaginal and pre-sacral; 2) expose the path of the ureter and vein during complex gynecological surgeries; and 3) recognize major vascular and neural anatomic structures of the pelvis and retroperitoneum to help perform radical nerve sparing surgeries.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview

12:35 Lab I: Pelvic Sidewall Dissection

12:50 Lab II: Hysterectomy, Staging, Repair of Cystotomy

2:35 Break

4:15 Questions & Answers

4:30 Adjourn

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 130-131

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Day 1: Postgraduate Courses – Sunday, November 11, 2018

URO-604
The Pelvic Floor and So Much More

Co-Chairs: Catherine A. Matthews, Johnny Yi
Faculty: Marlene Corton, Cheryl B. Iglesia, Charles R. Rardin

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

This practical, case-based course is designed for the benign gynecologic surgeon who wish to advance their knowledge in surgical pelvic anatomy, pre-operative case selection, surgical decision-making, and reducing complications during pelvic floor and vaginal surgery. Faculty will discuss pertinent factors to consider when recommending surgical treatment interventions for uterine prolapse that optimizes individual benefit and minimizes risk. This course will focus on reducing surgical complications during vulvar and vaginal surgery, apical suspension at the time of hysterectomy, intra-operative tips and tricks and post-operative management that surgeons can immediately implement into their clinical practice.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Identify key anatomy for pelvic reconstructive surgery; 2) discuss techniques to suspend the vaginal apex at time of hysterectomy; and 3) assess pre-operative case selection for native tissue vaginal repair versus sacral colpopexy.

COURSE OUTLINE

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<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
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<tr>
<td>7:05</td>
<td>Vulvar and Vaginal Anatomy Critical to Pelvic Floor Disorders</td>
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<tr>
<td>7:30</td>
<td>Intra-Abdominal Pelvic Anatomy: Surgical Correlation</td>
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<td>7:55</td>
<td>Pre-Operative Case Selection: How Do You Choose the “Right” Operation</td>
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<td>8:20</td>
<td>Best Practices in Surgical Management of the Vulva, Including Cosmetic</td>
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<td>8:45</td>
<td>Questions &amp; Answers</td>
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<td>8:55</td>
<td>Break</td>
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<tr>
<td>9:10</td>
<td>Maximizing Support of the Vaginal Apex with Every Hysterectomy</td>
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<td>9:35</td>
<td>Staying Out of Trouble: Avoidance, Recognition and Treatment of intra-</td>
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<td>10:00</td>
<td>Tips and Tricks to Avoid Pelvic Pain and Dyspareunia After POP Surgery</td>
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<td>10:25</td>
<td>Nerve Sparing Pelvic Reconstruction: Far or Future?</td>
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<td>10:50</td>
<td>Questions &amp; Answers</td>
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<td>11:00</td>
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URO-605
The Pelvic Floor and So Much More

Co-Chairs: Marlene M. Corton, Charles R. Rardin
Faculty: Robert S. Furr, Cheryl B. Iglesia, Jeffrey M. Mangel, Catherine A. Matthews, Tristi W. Muir, Peter L. Rosenblatt, M. Jonathon Solnik, Johnny Yi

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

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course will provide participants with the opportunity to obtain hands-on experience exploring and dissecting the pelvic anatomy in order to proficiently perform hysterectomies, apical suspensions and other procedures for benign conditions. On cadavers, participants will perform a hysterectomy and identify specific anatomic structures associated with each step of the procedure. They will also dissect the course of the pelvic ureter and lumbar nerve plexus branches, perform midurethral slings and review common sites of injury during gynecologic surgery. Faculty will guide the participants through the pelvic surgical spaces including vesicovaginal, rectovaginal, pararectal, paravesical, retropubic and presacral space and side-wall retroperitoneum.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Recognize the pertinent anatomy related to hysterectomy, apical support procedures and anti-incontinence procedures; 2) demonstrate boundaries and contents of pelvic surgical spaces; and 3) integrate anatomic knowledge with clinical applications during gynecologic procedures.

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<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
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<tr>
<td>12:35</td>
<td>Lab I: Implement laparoscopic hysterectomy and apex support procedure</td>
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<tr>
<td>12:50</td>
<td>Lab II: Implement retropubic and transobturator midurethral slings</td>
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<tr>
<td>1:00</td>
<td>Lab I: Implement Burch urethropathy procedure</td>
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<tr>
<td>1:15</td>
<td>Lab II: Demonstrate boundaries and contents of retropubic space</td>
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<tr>
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<td>Lab I: Integrate anatomic knowledge with clinical applications</td>
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<td>Questions &amp; Answers</td>
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<td>2:00</td>
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<tr>
<td>2:15</td>
<td>Lab II: Demonstrate boundaries and contents of pelvic surgical spaces</td>
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<tr>
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<td>Lab I: Integrate anatomic knowledge with clinical applications</td>
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The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 130-131
This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course is an introduction to basic and advanced laparoscopic suturing techniques in a dry lab setting, designed for participants who want to expand their laparoscopic suturing skills. This course will present a variety of techniques for needle loading and tissue reapproximation from different port configurations, using laparoscopic box trainers. 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. Various applications of different suture materials, as well as alternative suturing devices and technologies will be reviewed. Material will be presented using a systematic approach, with emphasis on meeting course objectives. Faculty will provide an interactive environment to meet the needs of the individual participants. Designed to improve suturing skills for immediate clinical application, this course will help the practical gynecologist determine which suturing techniques will work best in his or her surgical practice.

Learning Objectives: 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, recognizing the common mistakes encountered and identify how to correct them; and 4) compare and distinguish potential benefits of suturing technologies and devices in laparoscopy.

COUPSE OUTLINE

7:00 Welcome, Introductions and Course Overview L.E. Garcia, A.N. Broach
7:05 Pre-Test (3 minutes) All Faculty
7:20 Fundamentals of Needle Loading, Suture Management and Tissue Reapproximation L.E. Garcia
7:35 LAB I: Drills, Needle Loading, Tissue Reapproximation
7:45 Techniques for Intracorporeal Knot Tying L.E. Garcia
7:55 LAB II: Intracorporeal Knot Tying
8:55 Break
9:10 Extracorporeal Knot Tying, Advanced Skills, and Common Mistakes A.N. Broach
9:25 LAB III: Advanced Skills, Extracorporeal Knot Tying, and Troubleshooting
10:05 Alternative Suture Options A.N. Broach
10:15 LAB IV: Alternative Suture Options and Practice Lab
10:45 Post-Test
11:00 Adjourn

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page C30-131

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course is an advanced laparoscopic suturing dry lab and is designed for participants interested in expanding their existing suturing skills. Course faculty will provide tips and techniques that will help with successful, consistent, and reproducible results, that can be applied to the clinical care setting. Topics discussed will include: myomectomy, bladder, bowel, ureteric, and vessel repair. Videos demonstrating various techniques will be used to highlight multiple approaches and clinical scenarios. The faculty will provide an interactive environment that meets the needs of the individual participants to maximize hands-on simulation. This course is designed to take gynecologists comfortable with basic suturing to the next level and learn techniques that would be helpful in difficult surgeries.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Apply different tips and techniques for efficient laparoscopic suturing and intracorporeal knot tying; 2) plan an approach, using techniques discussed, for laparoscopic myomectomy, bladder, bowel, ureteric, and vessel repair; and 3) perform efficient laparoscopic repairs on simulated organs in a dry lab setting.

COUPSE OUTLINE

12:30 Welcome, Introductions and Course Overview J.L. Hudgens, G.Y. Liu
12:35 Top Ten Tips for Efficient Laparoscopic Suturing J.L. Hudgens
12:55 Lab I: Train Your Brain: Advanced needle handling, Intra-corporeal knot tying drills
1:30 Review of Techniques for Ureteric and Blood Vessel Repair G.Y. Liu
1:50 Lab II: Hands-on Practice
• Synderov models
• Techniques for bladder closure: interrupted stitches vs. continuous, running imbricating layers
• Techniques for bowel repair: transverse repair, interrupted stitches, imbricating layers
2:25 Break
2:40 Review of Techniques for Ureteric and Blood Vessel Repair J. Kroft
3:00 Lab III: Hands-on Practice
• Synderov models
• Techniques such as: spatulation, sewing over stents, and anchoring stitches for ureteric repair
• Use of vascular clips and other modes of pressure to help with vascular repair
4:20 Questions & Answers All Faculty
4:30 Adjourn

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page C30-131

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2018 AAGL GLOBAL CONGRESS ON MIGS
ENDO-609
Deep Endometriosis: State of the Art

Co-Chairs: Mauricio S. Abrao, Rebecca L. Flyckt
Faculty: Francesco Bruni, Francisco Carmona, Luca Savelli, Scott Young

Presented in affiliation with the Society of Gynecologic Surgeons (SGS)

This course provides an overview on how to diagnosis and treat deep endometriosis, focusing on new paradigms surrounding this chronic and challenging condition. Expert practitioners will provide an in-depth discussion on deep infiltrating endometriosis. This session will explore current and future treatment options, discuss pre-surgical planning, assessment and strategies for complex surgical dissection. This case-based format and targeted didactic will review unique situations and provide practical tips and tactics for your next case.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Define current concepts in deep endometriosis management; 2) describe the important role of pre-operative imaging in the diagnosis and treatment planning; 3) discuss the indications for clinical and surgical treatment of deep endometriosis; and 4) review how to manage endometriosis of the urinary tract.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
12:35 Unraveling Deep Endometriosis: New Paradigms for an Old Disease
1:00 Use of Imaging for Pre-Operative Diagnosis and Treatment Planning
1:25 Management of Deep Endometriosis in the Infertility Patient
1:50 Ultrasound x Surgical Videos: defining what the surgeon need to know
2:15 Questions & Answers
2:25 Break
2:40 Surgical Strategies Today and Tomorrow: Laparoscopic vs Robotic Surgery: What is the Evidence?
3:05 Management of Deep Endometriosis Compromising the Urinary Tract
3:30 Bowel Endometriosis: is the treatment always surgical?
3:55 Cases Focusing on Surgical Treatment of DIE (Interactive Discussion)
4:20 Questions & Answers
4:30 Adjourn

HYST-610
Laparoscopic Hysterectomy: From A to Z

Co-Chairs: Rosanne M. Kho, Mario Malzoni
Faculty: Javier De Santiago Garcia, Alessandra di Giovanni, Humberto J. Dionisi, Luiz Flavio C. Fernandes, Stefano Uccella

Presented in affiliation with the Society of Gynecologic Surgeons (SGS)

This course features a comprehensive overview on the essentials of laparoscopic hysterectomy (LH) from an international panel of expert surgeons. Emphasis will be given to the role of pre-operative surgical planning, mastery of dissection techniques in the retroperitoneum and strategies to tackle difficult pathology (i.e., large fibroid uteri, adhesive disease and endometriosis) in a minimally-invasive fashion.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Articulate the critical anatomic structures, essential dissection steps and cuff closure techniques to perform LH safely; 2) describe the role of pre-operative ultrasound imaging in treatment, surgical planning and patient counseling; and 3) demonstrate laparoscopic and vaginal techniques to safely approach difficult pathology such as the large uterus and frozen pelvis with endometriosis.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
12:35 Critical Anatomical Considerations for Laparoscopic Hysterectomy
1:00 Laparoscopic Hysterectomy for Benign Disease: From Set-Up to Cuff Closure
1:20 Laparoscopic Hysterectomy for the Large Uterus
1:50 Optimizing the Vaginal Approach for the Difficult Laparoscopic Hysterectomy
2:10 Questions & Answers
2:30 Role of Ultrasound Imaging in Determining the Route of Hysterectomy in Patients with Ovarian Masses and Endometriosis
2:50 Hysterectomy for the Frozen Pelvis with Deep Infiltrating Endometriosis
3:20 Strategies for Vaginal Cuff Closure to Prevent Vaginal Cuff Dehiscence
3:50 Different Classes of Laparoscopic Radical Hysterectomy
4:20 Questions & Answers
4:30 Adjourn


**PELV-611**

**Unraveling Pelvic Pain – A Practical Approach to Every Day Practice**

**Co-Chairs:** Nita A. Desai, Frank F. Tu  
**Faculty:** Sawsan As-Sanie, Diana T. Atashroo, Mark W. Dassel

Presented in affiliation with the International Pelvic Pain Society (IPPS)

Chronic pelvic pain is a complex and highly prevalent issue in women’s health today; accounting for nearly 10% of all gynecologic referrals. Yet, diagnoses and treatments can appear rather elusive given the multiple overlapping conditions. This course will provide a practical approach in decoding vague symptoms, differentiating between disease processes, discussing interrelating conditions and recognizing nuances to better develop suitable treatment plans in both the medical and office setting. The session will conclude with a panel discussion on difficult case scenarios and highlight best practices and practical solutions for the attendees to incorporate into their daily practice.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Differentiate between overlapping conditions causing pelvic pain based on the clinical history; 2) formulate a comprehensive differential diagnosis including urologic, gynecologic, gastrointestinal, and musculoskeletal causes; 3) describe medical and behavioral treatment plans; and 4) integrate the evaluation and treatment of pelvic pain in the care of chronic pain patients.

**COURSE OUTLINE**

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<th>Time</th>
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<th>Presenter(s)</th>
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<td>Welcome, Introductions and Course Overview</td>
<td>N.A. Desai, F.F. Tu</td>
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<tr>
<td>12:35</td>
<td>It All Starts with Engagement - How to Really Do the History and Physical for Pelvic Pain</td>
<td>N.A. Desai</td>
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<tr>
<td>1:00</td>
<td>Don't Stop... Relieving – A Primer and Bladder Pain Management</td>
<td>M.W. Dassel</td>
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<tr>
<td>1:25</td>
<td>Just Right… Endometriosis – Lessons Learned from Goldilocks</td>
<td>S. As-Sanie</td>
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<tr>
<td>1:50</td>
<td>Just the Facts – Perineal Pain</td>
<td>M.W. Dassel</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>You Are What You Eat - Managing Intestinal Aspects of Pelvic Pain</td>
<td>F.F. Tu</td>
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<tr>
<td>3:05</td>
<td>Muscle Up Buttercup – Treating Abdominal and Pelvic Floor Pain</td>
<td>N.A. Desai</td>
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<tr>
<td>3:30</td>
<td>Treating Pelvic Pain - Effective Pharmacotherapy Options</td>
<td>D.T. Atashroo</td>
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<td>3:55</td>
<td>Real World Cases, Real World Dilemmas - How Veterans of CPP Manage the Difficult Encounters</td>
<td>All Faculty</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>4:30</td>
<td>Adjourn</td>
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</tbody>
</table>

**HSC-612**

**Hysteroscopy Master's Symposium**

**Co-Chairs:** Amy L. Garcia, Luis A. Pacheco  
**Faculty:** Attilio Di Spiezo Sardo, Keith B. Isaacson

This course provides the expert’s approach to contemporary hysteroscopic surgical techniques and presentation of up-to-date clinical data. It is intended for advanced hysteroscopists wanting to engage with and learn from experienced peers, through topics that go beyond the basics of hysteroscopy. Our panel of seasoned educators will provide in-depth information and guidelines for operative management of more complex hysteroscopic procedures. Presentations of cutting-edge data will assist the participant with successful clinical and surgical management of patients via hysteroscopy. This course will be heavily weighted with video demonstration of surgical techniques likely to challenge and inspire even the experienced hysteroscopist. Join us and experience what your colleagues are doing with hysteroscopy.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Apply contemporary data and information into meaningful changes in surgical practice; 2) navigate complex hysteroscopic surgical decision making; and 3) integrate advanced hysteroscopic surgical skills.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>A.L. Garcia, L.A. Pacheco</td>
</tr>
<tr>
<td>12:35</td>
<td>The Role of Hysteroscopy in the Diagnosis and Treatment of Adenomyosis</td>
<td>A. Di Spiezo Sardo</td>
</tr>
<tr>
<td>1:00</td>
<td>Hysteroscopic Removal of Retained Products of Conception</td>
<td>L.A. Pacheco</td>
</tr>
<tr>
<td>1:25</td>
<td>Mini-Resectoscopic Techniques for Office Procedures</td>
<td>K.B. Isaacson</td>
</tr>
<tr>
<td>1:50</td>
<td>Update on Hysteroscopy and Uterine Cancer</td>
<td>A.L. Garcia</td>
</tr>
<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>2:25</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>2:40</td>
<td>Hysteroscopic Diagnosis and Surgical Management of Mullerian Abnormalities</td>
<td>A. Di Spiezo Sardo</td>
</tr>
<tr>
<td>3:05</td>
<td>The Cesarean Scar Defect: Indications, Technique and Outcomes for Hysteroscopic Surgical Intervention</td>
<td>L.A. Pacheco</td>
</tr>
<tr>
<td>3:30</td>
<td>The Science of Asherman’s and Hysteroscopic Operative Management of Uterine Synchiae</td>
<td>K.B. Isaacson</td>
</tr>
<tr>
<td>3:55</td>
<td>Hysteroscopic Approach to Tubal Diagnosis of Ovarian Cancer</td>
<td>A.L. Garcia</td>
</tr>
<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>4:30</td>
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</table>
Expert Round Table Luncheon
11:15 AM - 12:15 PM

Location: Premier Ballroom Prefunction 3rd Floor  |  Price: $50  

**SOLD OUT**

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<thead>
<tr>
<th>TABLE</th>
<th>PRESENTER</th>
<th>CATEGORY</th>
<th>PRESENTATION TITLE</th>
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</thead>
<tbody>
<tr>
<td>S1</td>
<td>Arleen H. Song</td>
<td>Myomectomy</td>
<td>Integrating Myomectomy into Your Practice</td>
</tr>
<tr>
<td>S2</td>
<td>Herb Wong</td>
<td>Obese Patients</td>
<td>Laparoscopic Surgical Considerations and Perioperative Management of Obese Patients</td>
</tr>
<tr>
<td>S3</td>
<td>Yukio Sonoda</td>
<td>Oncology</td>
<td>Management of the Unexpected Malignancy</td>
</tr>
<tr>
<td>S4</td>
<td>Christopher Eswar</td>
<td>Pelvic Pain</td>
<td>How to Set Up a Successful Pelvic Pain Practice</td>
</tr>
<tr>
<td>S5</td>
<td>Jorge F. Carrillo</td>
<td>Pelvic Pain</td>
<td>Interventions to treat Chronic Pelvic Pain</td>
</tr>
<tr>
<td>S6</td>
<td>Mark W. Dassel</td>
<td>Pelvic Pain</td>
<td>It All Starts with Engagement - How to Really Do the History and Physical for Pelvic Pain</td>
</tr>
<tr>
<td>S7</td>
<td>Mireille Truong</td>
<td>Practice Management</td>
<td>How Social Media is Changing the Game for Medical Providers</td>
</tr>
<tr>
<td>S8</td>
<td>Jose Gerardo Garza Leal</td>
<td>Research</td>
<td>The 'How' and &quot;Whys&quot; of Research with Medical Devices in Gynecology</td>
</tr>
<tr>
<td>S9</td>
<td>Richard W. Farnam</td>
<td>Sacrocolpopexy</td>
<td>Robotic Sacrocolpopexy: Tips and tricks for Preventing and Managing Complications</td>
</tr>
<tr>
<td>S10</td>
<td>Leslie Po</td>
<td>Surgical Strategies</td>
<td>Blood Conservation Strategies in Minimally Invasive Surgery</td>
</tr>
<tr>
<td>S11</td>
<td>Sven Becker</td>
<td>Surgical Strategies</td>
<td>Twenty Points to Avoid any Complications in Laparoscopic Hysterectomy</td>
</tr>
<tr>
<td>S12</td>
<td>Francesco Bruni</td>
<td>Surgical Strategies</td>
<td>Surgical Strategies Today and Tomorrow: Laparoscopic vs Robotic Surgery: What is the Evidence?</td>
</tr>
<tr>
<td>S13</td>
<td>Gaby N. Moawad</td>
<td>Tissue Extraction</td>
<td>Now, how do we get this out? Tissue Extraction and Bagging</td>
</tr>
<tr>
<td>S14</td>
<td>Angela Chaudhari</td>
<td>Transgender Care</td>
<td>Surgical Management and Gynecologic Care of the Transgender Patient</td>
</tr>
<tr>
<td>S15</td>
<td>Megan Wasson</td>
<td>Vaginal Hysterectomy</td>
<td>Incorporating Vaginal Hysterectomy Into Your Surgical Toolbox</td>
</tr>
</tbody>
</table>

**Day 1: Postgraduate Courses – Sunday, November 11, 2018**
Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)
Affiliated with the AAGL

Graduation Ceremony

Sunday, November 11, 2018
5:00 pm – 7:00 pm
Vista Ballroom, Level 2 (206-211)
(By Invitation Only)

SUPPORTED IN PART BY OLYMPUS AMERICA, INC.

5:00 pm: Welcome: Matthew T. Siedhoff, FMIGS President
5:10 pm: Remarks: Gary N. Frishman, AAGL President
5:20 pm: Presentation of Certificates
6:00 pm: Cocktail Reception

Congratulations 2018 Graduates

Andrea G. Aguirre, MD
Jamal Mourad, DO, Kelly H. Roy, MD, Nichole Mahnert, MD
University of Arizona College of Medicine - Phoenix, Phoenix, Arizona

Roa Abdullah Alammar, MBBS
Hye-Chun Hur, MD, MPH, Christopher S. Awtrey, MD
Beth Israel Deaconess Medical Center, Boston, Massachusetts

Richard G. Arms, III, MD
Sandra Lopez, MD
Texas Tech University Health Science Center El Paso, El Paso, Texas

Kelly K. Blazek, MD
Xiaoming Guan, MD, J. Biba Nijjar, MD, MPH, MScEd
Baylor College of Medicine, Houston, Texas

Laura E. Cedó Cintrón, MD
Amanda C. Yunker, DO, Ted L. Anderson, MD, PhD
Vanderbilt University Medical Center, Nashville, Tennessee

Jessica N. Chandler, DO
Linda S. Mihalov, MD, Marisa Dahlman, MD MPH
Virginia Mason Medical Center, Seattle Washington

Lisa Chao, MD
Ted T. Lee, MD, Suketu M. Mansuria, MD, Nicole M. Donnellan, MD
Magee-Womens Hospital/University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania

Yonghee K. Cho, MD
Gerald J. Harkins, MD, Timothy A. Deimling, MD, MS
Penn State Hershey Medical Center, Hershey, Pennsylvania

Nisse V. Clark, MD
Sarah L. Cohen, MD, MPH, Jon I. Einarsson, MD, PhD, MPH
Brigham and Women’s Hospital, Boston, Massachusetts
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthur M. Dizon, MD</td>
<td>University of North Carolina, Chapel Hill, North Carolina</td>
</tr>
<tr>
<td>Erin T. Carey, MD, MSCR,</td>
<td>Michelle Louie, MD, MSCR, Lauren D. Schiff, MD</td>
</tr>
<tr>
<td>Janine A. Doneza, MD</td>
<td>Icahn School of Medicine at Mount Sinai, New York, New York</td>
</tr>
<tr>
<td>Scott P. Endicott, MD</td>
<td>Walter Reed National Military Medical Center, Bethesda, Maryland</td>
</tr>
<tr>
<td>Sara Farag, MD</td>
<td>Cleveland Clinic Florida, Weston, Florida</td>
</tr>
<tr>
<td>Pamela M. Frazzini Padilla, MD</td>
<td>Cleveland Clinic Florida, Weston, Florida</td>
</tr>
<tr>
<td>Alyson M. Grant, MD</td>
<td>North Shore University Hospital, Manhasset, New York</td>
</tr>
<tr>
<td>Ashley L. Gubbels, MD</td>
<td>St. Joseph's Hospital and Medical Center, Phoenix, Arizona</td>
</tr>
<tr>
<td>Paulami Guha, MD</td>
<td>Mayo Clinic, Jacksonville, Florida</td>
</tr>
<tr>
<td>Natasha Gupta, MD</td>
<td>Women's Surgery Center, Chattanooga, Tennessee</td>
</tr>
<tr>
<td>Traci E. Ito, MD</td>
<td>University of Louisville, Louisville, Kentucky</td>
</tr>
<tr>
<td>Lora A. Liu, MD</td>
<td>Mayo Clinic, Phoenix, Arizona</td>
</tr>
<tr>
<td>Yolianne A. Lozada Capriles, MD</td>
<td>University of Rochester Medical Center, Rochester, New York</td>
</tr>
<tr>
<td>Laura Matthews Glaser, MD</td>
<td>Northwestern University, Chicago, Illinois</td>
</tr>
<tr>
<td>Patricia J. Mattingly, MD</td>
<td>Columbia University Medica Center, New York-Presbyterian Hospital, New York</td>
</tr>
<tr>
<td>Chensi Ouyang, MD</td>
<td>Florida Hospital, Orlando, Florida</td>
</tr>
<tr>
<td>Kenneth A. Poppen, DO</td>
<td>St. Elizabeth Medical Center, Utica, New York</td>
</tr>
<tr>
<td>Steven J. Radtke, MD</td>
<td>Women's Surgery Center, Chattanooga, Tennessee</td>
</tr>
<tr>
<td>Christina I. Ramirez, MD</td>
<td>Magee-Women's Hospital/University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania</td>
</tr>
<tr>
<td>Michael B. Secter, MD</td>
<td>Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada</td>
</tr>
<tr>
<td>Farinaz Seifi, MD</td>
<td>Yale University/Bridgeport Hospital, New Haven, Connecticut</td>
</tr>
<tr>
<td>Lily N. Shamsnia, MD</td>
<td>Maimonides Medical Center, Brooklyn, New York</td>
</tr>
<tr>
<td>Jessica M. Sisto, BS, MD</td>
<td>UNLV - Las Vegas Minimally Invasive Surgery, Las Vegas, Nevada</td>
</tr>
<tr>
<td>Michael W.H. Suen, MD</td>
<td>Sukhbir Singh, MD, FRCSC, Karine J. Lottie, MD, FRCSC</td>
</tr>
<tr>
<td>Jenny Tam, MD</td>
<td>Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, New York</td>
</tr>
<tr>
<td>Michael K. Ting, MD</td>
<td>St. Luke's University Hospital and Health Network, Allentown, Pennsylvania</td>
</tr>
<tr>
<td>Heather N. Wahl, MD</td>
<td>University of Michigan, Ann Arbor, Michigan</td>
</tr>
<tr>
<td>Marron C. Wong, MD</td>
<td>Newton Wellesley Hospital, Newton, Massachusetts</td>
</tr>
<tr>
<td>Omar A. Zwain, MD</td>
<td>Henry Ford Health System, West Bloomfield, Michigan</td>
</tr>
</tbody>
</table>

HONORING OUR LEGACY AS WE UNITE TO ELEVATE GYNECOLOGIC SURGERY
The AAGL and the FMIGS Board of Directors would like to thank Olympus for their generous support.

Welcome 2019-2021 Fellows

Nicole O. Afuape, MD
Moona Arabkhazaeli, MD
Whitney A. Barnes, MD, MPH
Kelly Benabou, MD, MS
Boleslaw A. Bendek, MD
Olga Borodulin, MD
Petra Chamseddine, MD
Joseph Shih Che Chen, MD
Amanda L. Chu, MD
Richard H. Cockrum, MD
John M. Davitt, MD
Stephanie I. Delgado, MD
Amro Elteky, MD
Rohan V. Hattiangadi, MD
Olivia M. Higgins, MD
Caitlin A. Jago, MD
Annie J. Kim, MD
Jacob K. Lauer, MD
Mateo G. Leon, MD
Tobias B. Limperg, MD, MSc
Maral Malekzadeh, DO
Lindsey C. Michel, MD
Shana Miles, MD, PhD
Meenal Misal, MD
Olivia M. Moskowitz, MD
Kelsey R. Murphy, MD
Dong Bach Nguyen, MD
Kayla E. Nixon, MD
Salvatore V. Paolillo, MD
Laura C. Ramirez-Caban, MD
Rachel M. Schillinger, MD
Emily A. Schloff, MD
Sachin B. Shenoy, MD
Neetika Sidana, MD
Ashley M. Stone, MD
Jovana Tavcar, MD
Jennifer L. Travieso, MD
Alexander Wang, MD
Jacqueline M.K. Wong, MD
Jeffrey J. Woo, MD
Rachel W. Yoon, MD
FMIGS International Fellowship (FMIGS-I)
Educating Gynecologic Surgeons Worldwide

A 2017 initiative approved by the FMIGS Board will allow non-US and Canadian fellowship programs to apply for FMIGS-International (FMIGS-I) designation. A committee composed of a diverse group of clinician-educators has worked diligently to establish standards by which international fellowship sites may be recognized for their educational training capacity.

The mission of FMIGS-I is to provide a uniform training program for gynecologists who have completed her/his residency in obstetrics and gynecology and desire additional knowledge and surgical skills in minimally invasive gynecologic so they may: (a) serve as a scholarly and surgical resource for patients and referring physicians; (b) have the ability to care for patients with complex gynecologic surgical disease via minimally invasive techniques; establish sites that will serve a leadership role in advanced endoscopic and reproductive surgery; and (c) further research in minimally invasive gynecologic surgery. International fellowship programs will have similar requirements as those in the United States and Canada that includes a 2-year curriculum, didactics, minimum case experience, competency-based training, assessment and research.

Magdy P. Milad, MD, MS
Committee Chair, FMIGS-International

Learn more at www.fmigs.aagl.org

FMIGS International training is not a substitute for Fellowship in Minimally Invasive Gynecologic Surgery training and is not intended to prepare minimally invasive gynecologic surgeons to provide clinical care in US or Canada.
HSC-709  
Hysteroscopy: The Essential Do’s and Don’ts

Co-Chair: Linda D. Bradley, Matthew R. Hopkins
Faculty: Aarathi Cholkeri-Singh, Jorge E. Dotto, Martin Farrugia, Amy L. Garcia, Francisco J. Garcini, Isabel C. Green, Miriam Hanstede, Alka Kumar, Ana Rita P. Panazzolo, Christina A. Salazar, Michael L. Sprague, Maria Teresa Tam

Presented in cooperation with the AAGL Special Interest Group on Hysteroscopy

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course provides a fundamental background in developing and enhancing a hysteroscopy service in both office-based and operative room settings. During the morning didactic session, participants will learn how to manage common challenges encountered with providing hysteroscopic surgery procedures. The afternoon session will consist of a hands-on simulation lab, allowing the participants the opportunity to practice with multiple technologies including: traditional hysteroscopic resectoscopes, hysteroscopic tissue retrieval systems, endometrial ablation while performing common operative procedures.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Identify challenges and opportunities for implementation of office hysteroscopy; 2) classify and manage symptomatic submucous leiomyoma; 3) diagnose and formulate management plans for common uterine pathologies such as polyps, retained products of conception and isthmocoele; 4) analyze and manage common risks associated with hysteroscopic surgery; 5) explore common reasons for endometrial ablation failure and improve patient selection; and 6) optimize chances for successful placement of hysteroscopic sterilization devices.

<table>
<thead>
<tr>
<th>COURSE OUTLINE</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, Introductions and Course Overview</td>
<td>7:00</td>
</tr>
<tr>
<td>A Hysteroscopic Journey: From the endocervix to the Tubal Ostia</td>
<td>7:05</td>
</tr>
<tr>
<td>Office Hysteroscopy: Practical Tips for Purchasing Your Equipment and Understanding New Payment Models</td>
<td>7:30</td>
</tr>
<tr>
<td>Keeping Her Comfortable - Office Hysteroscopy vs. Office Based Surgery</td>
<td>7:55</td>
</tr>
<tr>
<td>What’s New in the Treatment of Retained Products and Endometrial Polyps?</td>
<td>8:20</td>
</tr>
<tr>
<td>Questions &amp; Answers</td>
<td>8:45</td>
</tr>
<tr>
<td>Break</td>
<td>8:55</td>
</tr>
<tr>
<td>Myomectomy - Choosing Your Patient, Technique, and Technology Wisely: The Importance of Hysteroscopic Classification Systems</td>
<td>9:10</td>
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<tr>
<td>Hysteroscopic Myomectomy with Resectoscopy is not Dead: Keep It in Your Tool Box</td>
<td>9:35</td>
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<tr>
<td>Myomectomy with Tissue Retrieval Systems: Make Room in Your Toolbox</td>
<td>10:00</td>
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<tr>
<td>Keeping Lawyers and Lifeguards out of your OR: Fluid Management and Hysteroscopic Complications</td>
<td>10:25</td>
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<tr>
<td>Questions &amp; Answers</td>
<td>10:50</td>
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<tr>
<td>Break</td>
<td>11:00</td>
</tr>
<tr>
<td>Welcome, Introductions and Course Overview</td>
<td>12:30</td>
</tr>
<tr>
<td>Endometrial Ablation: Predictors of Failure, Prevention and Management Options</td>
<td>12:35</td>
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<tr>
<td>Updates in the Management and Treatment of Isthmocoele’s and Uterine Septum</td>
<td>1:00</td>
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<tr>
<td>Vaginoscopy and Cervical Stenosis</td>
<td>1:25</td>
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<tr>
<td>Station I: Hysteroscopy Ergonomics</td>
<td>1:50</td>
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<tr>
<td>• Perform diagnostic hysteroscopy</td>
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<td>• Perform operative hysteroscopy with scissors and graspers for polypectomy and septum transection models</td>
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<td>• Perform tubal occlusion with Essure placement</td>
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<tr>
<td>Station II: Tissue Retrieval Systems</td>
<td>4:20</td>
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<tr>
<td>• Perform operative hysteroscopy for polyps, fibroids, retained products of conception and visual D&amp;C utilizing hysteroscopic morcellation</td>
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<tr>
<td>Station III: Resection</td>
<td>4:30</td>
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<tr>
<td>• Review proper ergonomics of resectoscope to perform myoma resection or endometrial ablation</td>
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<td>• Review role of 5 FR electrodes</td>
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<td>• Review principles of electrosurgery</td>
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<tr>
<td>Station IV: Endometrial Ablation</td>
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<tr>
<td>• Proper use of endometrial ablation devices; reinforcing indications and contraindications</td>
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<tr>
<td>Questions &amp; Answers</td>
<td>4:45</td>
</tr>
<tr>
<td>Adjourn</td>
<td>4:50</td>
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</tbody>
</table>

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 130-131
Laparoscopic surgery for benign and deeply infiltrative diseases represents complex challenges for pelvic surgeons. Instructors from the International School of Surgical Anatomy (ISSA) of Verona, Italy will provide participants a comprehensive overview of the pelvic anatomy and guidance on how to navigate the retroperitoneal space and structure. These approaches will help the surgeons formulate a well-stratified treatment plan leading to optimal surgical outcomes.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection for basic, intermediate and advanced procedures; 2) discuss laparoscopic surgical techniques to enter and expose avascular spaces of the pelvic, parametrial ligaments, nerves and pelvic vessels and their relations to the ureter and retroperitoneal structures; 3) review the principles of a nerve-sparing; and 4) provide step-by-step dissection of the uterine artery and the pelvic nerves related to the different gynecologic retroperitoneal procedures (i.e. big uteri, intraligamentary myomas, deep endometriosis and gynecologic cancers).

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
7:05 Laparoscopic Surgical Anatomy of the Pelvis and Retroperitoneum: What We Need to Know for a Safe Surgery  S. Uccella
7:30 Laparoscopic Surgical Anatomy of a Safe Hysterectomy: Step-by-Step J. Albornoz, P.N.B. Sodevilla
7:55 Laparoscopic Surgical Anatomy of Parametrial Ligaments for a Safe and Tailored Radical Hysterectomy  S.P. Puntambekar
8:20 Laparoscopic Surgical Anatomy of Retroperitoneum for a Safe Pelvic and Para-Aortic lymphadenectomy  G. Roviglione
8:45 Questions & Answers  All Faculty
8:55 Break
9:10 Laparoscopic Surgical Anatomy of Anterior Compartment (Bladder, Ureters, Ligaments): Tips and Tricks for a Safe Pelvic Surgery  J. Albornoz
10:00 Laparoscopic Surgical Anatomy of Visceral and Somatic Pelvic Innervation for a Safe and Nerve-Sparing Radical Pelvic Surgery  M. Ceccaroni
10:25 “Retroperitoneum is Your Best Friend”: How Can Anatomy Help the Surgeon in Preventing Complications  J.F. Magrina
10:50 Questions & Answers  All Faculty
11:00 Adjourn

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection; 2) apply laparoscopic surgical techniques to enter and expose the avascular spaces of the pelvis, parametrial ligaments, nerves and pelvic vasculature and their relations to the ureter and intraperitoneal structures; and 3) illustrate the step-by-step dissection of the pelvic ureter and pelvic-nerves related to the different gynecological procedures and nerve-sparing techniques for gynecologic cancers and endometriosis surgery.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview  M. Ceccaroni
12:35 LAB I: Hands-on Laparoscopic Dissection of Uterus, Adnexa, Parametrial Ligaments and Lateral Pelvic sidewall: Tips and Tricks to Perform Safe Laparoscopic Hysterectomy and Adnexal Surgery  All Faculty
2:35 Break
2:50 LAB II: Hands-on Laparoscopic Dissection of Posterior Compartment and Pelvic Nerves
4:15 Questions & Answers  All Faculty
4:30 Adjourn

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 130-131.
HYST-702
Laparoscopic Hysterectomy from Basic to Complex

Co-Chairs: Nash S. Moawad, Kate A. O’Hanlan
Faculty: Kelli R. Beigesser, Suketu M. Mansuria

This course provides the participant with a systematic and comprehensive overview of laparoscopic hysterectomy. The course will first focus on the basic practical skills to help surgeons become more efficient, effective and safe. Then, advanced surgical strategies for more difficult hysterectomy (i.e., large fibroid uteri, adhesions, endometriosis, C-sections etc.) will be addressed with both didactic slides and rich video to demonstrate surgical techniques and to show 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 and advanced laparoscopic suturing.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Comfortably identify the laparoscopic anatomical structures and perform fundamental laparoscopic surgical procedures, including but not limited to, identification and dissection of the retroperitoneal space, laparoscopic ureterolysis, closure of colpotomy and cystotomy; 2) utilize surgical strategies for success when faced with intra-operative challenges; 3) identify the retroperitoneal anatomy and trace the ureter from its origin in the retroperitoneum in order to complete difficult cases and avoid conversion to laparotomy; and 4) employ time-tested tips and tricks to improve surgical efficiency, enhance patient outcomes, and minimize complications.

COURSE OUTLINE

| 7:00 | Welcome, Introductions and Course Overview | N.S. Moawad, K.A. O’Hanlan |
| 7:05 | Simplifying Simple Hysterectomy! | N.S. Moawad |
| 7:30 | Planning and preparation for TLH | K.A. O’Hanlan |
| 8:20 | Retroperitoneal Anatomy Made Ridiculously Simple | S.M. Mansuria |
| 8:45 | Questions & Answers | All Faculty |
| 8:55 | Break |
| 9:10 | Closure of the Colpotomy & Cystotomy: Avoid Dehiscence, Dyspareunia, Enterocoele and Apical Prolapse | K.R. Beigesser |
| 9:55 | That’s So Retro: Using Retroperitoneal Anatomy to Your Advantage to Tackle the Large Uterus or Complex Pelvis | S.M. Mansuria |
| 10:00 | Eliminate Conventional C-sections, Fibroid Uterus, Endometriosis and the Obliterated Col De Sac | N.S. Moawad |
| 10:30 | The Challenging Parametrium: Dissecting the Previously Operated Parametrium: S/P C Section or Cone, Fibroids, Adhesions | K.A. O’Hanlan |
| 10:50 | Questions & Answers | All Faculty |
| 11:00 | Adjourn |

HYST-703
Laparoscopic Hysterectomy: Surgical Techniques to Make Complex Pathology Look Easy

Co-Chair: Cara R. King, Antonio G. Setubal
Faculty: Kelli R. Beigesser, Gabriele Centini, Nicholas Fogelson, Suketu M. Mansuria, Nash S. Moawad, Kate A. O’Hanlan, Peter M. Rudnicki

This course has been approved for ABOG Maintenance of Certification (MOC) Part IV

This course is designed to provide a systematic and comprehensive overview of laparoscopic hysterectomy. Participants will be guided through the hysterectomy procedure, taught standard techniques and strategies. The faculty will navigate through the retroperitoneal spaces, lateral side wall, vesico-uterine and retro-vaginal spaces and be taught strategies on identifying the ureter, uterine artery at the origin, inferior hypogastric nerves, and the vesico-sacral ligaments. Knowledge of this crucial anatomy will assist participants in avoiding complications, while gaining the tools to recognize and manage complications when they do occur. Throughout this dissection, proper uterine manipulation to maximize exposure and laparoscopic suturing will be demonstrated. Conventional laparoscopy will be utilized for cadaveric dissection; however, the foundations of dissection and anatomical relationships are applicable to all modalities of pelvic surgery.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Apply proper surgical dissection techniques to minimize complications and enhance the success of a minimally invasive hysterectomy; 2) implement knowledge of retroperitoneal anatomy to facilitate successful execution of a laparoscopic hysterectomy when complex pathology is encountered; and 3) demonstrate proficiency in laparoscopic suturing utilizing conventional laparoscopic instruments.

COURSE OUTLINE

| 12:30 | Welcome, Introductions and Course Overview | C.R. King, A.G. Setubal |
| 12:35 | LAB I: Mastering Your Retroperitoneal GPS |
| 12:35 | Development of avascular spaces of the pelvic side wall |
| 12:35 | Identification of the uterine artery from its origin and course of the hypogastric nerves |
| 12:35 | Uterolysis |
| 2:35 | Break |
| 2:50 | LAB II: Step Wise Approach to Hysterectomy |
| 2:50 | Gonadal vessel ligation |
| 2:50 | Bladder flap creation |
| 2:50 | Uterine artery ligation |
| 2:50 | Colpotomy |
| 2:50 | Vaginal cuff closure |
| 4:15 | Questions & Answers | All Faculty |
| 4:30 | Adjourn |

The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page 130-131.
Day 2: Postgraduate Courses – Monday, November 12, 2018

NEURO-704
International Society of Neuropelveology with an Emphasis on Neurogynecology

Co-Chairs: Nucelio Lemos, Benoit Rabischong
Faculty: Vito Chiantera, Gustavo L. Fernandes, Axel Forman

This course will provide advanced laparoscopic surgeons, an introduction to the new groundbreaking discipline of Neuropelveology. During this didactic session, faculty will discuss pelvic neuroanatomy concepts, diagnostic methods, surgical and clinical treatment strategies. Attendees will be given pathways and resources to advance their knowledge on Neuropelveology to advance their clinical practice.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Discuss the anatomy of the intrapelvic nerve bundles; 2) describe the different pain types under the ‘umbrella’ of neuropathic pain; and 3) review the guidelines for the treatment of nerve-entrapment syndromes.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
N. Lemos, B. Rabischong

7:05 Neuropelveology Training: Pathway, Steps and Pitfalls
A. Forman

7:30 A Laparoscopic View of Pelvic Neuraneuroanatomy
B. Rabischong

7:55 What Is Neuropathic Pain?
V. Chiantera

8:20 Intrapelvic Nerve Entrapments: Concept, Diagnosis and Treatment
N. Lemos

8:45 Questions & Answers
All Faculty

9:05 Pharmacological Treatment of Post Decompression Pain
A. Forman

9:35 Neuroangiogenesis And Myofascial Pain and Their Impact on the Treatment of Intrapelvic Nerve Entrapments
N. Lemos

10:00 Principles of Neurmodulation and the LION Procedure for Post-Decompression Pain
B. Rabischong

10:25 Intervention Pain Therapy and Its Role on the Treatment of Intrapelvic Nerve Entrapments
G.L. Fernandes

10:50 Questions & Answers
All Faculty

11:00 Adjourn

LAPA-705
Optimizing Tissue and Procedural Outcome During Laparoscopic Surgery

Co-Chairs: Andrew I. Brill, Lori L. Warren
Faculty: Sangeeta Senapati, S. Sony Singh

Embracing the inseparable linkage between anatomy and tissue dissection, this course will enable the novice and experienced laparoscopic surgeon to implement key principles for both mechanical and energy-based surgery. This will allow the surgeon to optimize both tissue and procedural outcomes during a number of fundamental laparoscopic procedures including complex adhesi-olysis, resection of deep and ovarian endometriosis, laparoscopic hysterectomy, sacrocolpopexy, and myomectomy. By using instructional videos of exemplary procedures, the didactics will focus on learnable methods that can collectively reduce bleeding, minimize adhesion formation, limit unwanted thermal damage, and decrease the risk of visceral or vascular insult.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Integrate methods to reduce unwanted thermal damage; 2) list anatomical techniques that maximize hemostatic dissection; and 3) comprehend surgical methods to reduce adhesion formation.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
A.I. Brill, L.L. Warren

7:05 Postop Adhesion Formation and Prevention: State of the Art
S. Senapati

7:30 Risk Reducing Principles for Energy-Based Surgery
A.I. Brill

7:55 Systematic Restoration During Laparoscopic Adhesiolysis
S. Senapati

8:20 Maximizing Ovarian Preservation During Cystectomy
S.S. Singh

8:45 Questions & Answers
All Faculty

8:55 Break

9:10 Anatomical Solutions for Challenging Laparoscopic Hysterectomy
L.L. Warren

9:35 Surgical Precision for Deep Pelvic Endometriosis
S.S. Singh

10:00 Insuring Best Results During Laparoscopic Myomectomy
A.I. Brill

10:25 Optimizing a Laparoscopic Vault Suspension
L.L. Warren

10:50 Questions & Answers
All Faculty

11:00 Adjourn
**SUTR-706**

What's the Best Surgeon Knots? Romeo’s Gladiator Rule: Master in Knot-Tying and Loading of the Needle

This is a Non-CME course—No credits will be awarded. This program is sponsored by Karl Storz Instruments

Chair: Armando Romeo

Faculty: Alexandre Cosme do Amaral, Kathiine L. Augusto, Patrick Bellelis, Liliana T. Puyacan Caceres, Frederica Campolo, Ramiro Cabrera Carranco, Ursula Catena, Luiz Flavio C. Fernandes, Christiane Fujimoto, Adriana Elizabeth Liceaga Fuentes, Claudia L. Rocha, Mariana da Cunha Vieira

This course will provide a broad overview on the art of laparoscopic suturing; mixing theory and practice. Mastering suturing is a necessity in advanced laparoscopic surgery as the combination of the correct stitch and knot tying can be responsible for the success of a complex surgery. The Romeo's Gladiator Rule puts the proper suturing rules, techniques and strategies into the hands of the course attendees. The knowledge shared at Romeo's Gladiator School will explain which knots are safe and how to perform them while how to avoid ones that are unsafe.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Identify safe, unsafe and dangerous knots; 2) perform bimanual knot tying following Romeo’s Gladiator Rule; and 3) practice loading the needle and stitching with both hands and suprapubic route.

### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00</td>
<td>Welcome, Introductions and Course Overview</td>
<td>A. Romeo</td>
</tr>
<tr>
<td>7:05</td>
<td>Safe, Unsafe and Dangerous Knots in Laparoscopy: How to Teach?</td>
<td>A. Romeo</td>
</tr>
<tr>
<td>7:30</td>
<td>Romeo’s Gladiator Rule: The Universal Knot Tying Technique</td>
<td>L.F.C. Fernandes</td>
</tr>
<tr>
<td>7:55</td>
<td>The Theory of the Perfect Stitch</td>
<td>A.E. Liceaga</td>
</tr>
<tr>
<td>8:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
</tr>
<tr>
<td>8:45</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>8:55</td>
<td>LAB: Romeo’s Gladiator Knot Tying Technique with Right Dominant Knot</td>
<td>All Faculty</td>
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<tr>
<td>9:25</td>
<td>LAB: Romeo’s Gladiator Knot Tying Technique with Right Hand Dominant in</td>
<td>All Faculty</td>
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<tr>
<td>9:55</td>
<td>LAB: Knot Tying with Left Dominant Hand and Right Assistant Hand in</td>
<td>All Faculty</td>
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<tr>
<td>10:15</td>
<td>LAB: Loading of the Needle Maneuvers the Perfect Stitch with Right and</td>
<td>All Faculty</td>
</tr>
<tr>
<td>10:50</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<tr>
<td>11:00</td>
<td>Adjourn</td>
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The AAGL acknowledges it has received educational grants/in-kind support for this course. Please see page E30-131
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 participant will be able to: 1) Direct the pre-operative management of the medically complicated surgical patient; 2) develop surgical skills to tackle challenging cases with more confidence and efficiency; and 3) apply newly acquired knowledge about evidence based perioperative care into practice.

Presented in affiliation with the Society of Gynecologic Oncology (SGO)

Co-Chairs: Paola A. Gehrig, Edward J. Tanner
Faculty: Pedro F. Escobar-Rodriguez, Nicole D. Fleming

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
7:05 Improving Peri-operative Outcomes in the Medically Complicated Surgical Patient
7:30 Impact of Body Mass Index and Surgical Approach
7:55 Avoiding Uncontained Morcellation During Minimally Invasive Surgery
8:20 Preventing and Managing Vascular Injuries
8:45 Questions & Answers
8:55 Break
9:10 Approaching the Retroperitoneum During Gynecologic Surgery
9:35 Avoiding, Recognizing and Managing Bowel and Bladder Injury During Gynecologic Surgery
10:00 Implementation of Peri-operative Surgical Pathways During Minimally Invasive Surgery
10:25 Same Day Discharge for Women Undergoing Minimally Invasive Surgery
10:50 Questions & Answers
11:00 Adjourn

Over the past decades, gynecologist have observed a rapid development in minimally invasive methods of treatment for various gynecological diseases. The diseases have changed in their form, expression, effected population, prevalence and their effect on surrounding tissues prompting the need for individual patient treatment plans. The concepts of wise radicalism in surgery joins together with effective minimalism to emphasizing goal-targeted and site-specific tissue-based approaches.

This course will teach how to strategically think about gynecologic conditions, recognize expectations from a disease, both short and long term and examine effective and safe treatment using minimally invasive surgery. This session pushes the envelope by continuously learning about gynecologic conditions through examining the nuances of techniques used to deliver treatment more effectively, avoiding unnecessary morbidity, enhancing functionality and managing complications. The faculty will use evidence-based lectures, video presentations, and experience from challenging surgeries to teach the participants efficacious and safe techniques in minimally invasive gynecologic surgery.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Discuss the genetic, molecular-based, and newly developed diagnostic methods in surgical gynecologic diseases 2) explore strategic approaches for severe endometriosis 3) discuss the management of surgical complications in advanced minimally invasive surgery 4) discover the intersections between oncologic surgery and reproductive medicine in patients of reproductive age; and 5) identify approaches for malformations and avoiding complications.

COURSE OUTLINE

12:30 Welcome, Introductions and Course Overview
12:35 Pushing the Envelope: Changes in Gynecologic Surgical Techniques
1:00 Management of Patients with Endometriosis
1:25 Modern Approach of Adenomyosis and Myoma
1:50 Strategic Approach to Surgery for Severe Endometriosis
2:15 New Insights in Uterus-Preserving Surgery
2:30 Break
2:40 Preserving Reproductive Potential in Patients with Niches and Synechiae
2:55 Fertility Preservation in Cancer Patients
3:20 Laparoscopic Approach of Mullerian Anomalies
3:55 Avoidance and Management of Surgical Complications on Endometriosis Surgery
4:20 Questions & Answers
4:30 Adjourn
**FIBR-711**

**Fibroids From A To Z: Medical, Procedural and Surgical Management**

**Co-Chairs:** Kristin E. Patzkowsky, Karen C. Wang

**Faculty:** William H. Parker, Marco A. Pinho de Oliveira, Divya Kelath Shah

This course provides a comprehensive review of fibroid management and treatment options including medical therapies, image guided procedures and minimally invasive surgical approaches. Experts will provide practical guidelines for managing patients with symptomatic fibroids who prefer future fertility or uterine preservation. The session will review current evidence on facilitating appropriate counseling and conclude with a video montage of difficult case scenarios with input from all faculty on how to handle these challenging situations.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Formulate patient specific management plan including ideal imaging, preop-optimization and surgical approach 2) demonstrate improved patient counseling for fertility and pregnancy outcomes; and 3) describe various surgical tips and tricks for optimal surgical outcomes.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>K.E. Patzkowsky, K.C. Wang</td>
</tr>
<tr>
<td>12:35</td>
<td>Options for Fibroid Imaging and Preoperative Identification of Sarcoma</td>
<td>W.H. Parker</td>
</tr>
<tr>
<td>1:00</td>
<td>One Size Doesn’t Fit All: Surgical Approaches to Myomectomy</td>
<td>M.A. Pinho de Oliveira</td>
</tr>
<tr>
<td>1:25</td>
<td>Preoperative and Intraoperative Considerations for Minimizing Blood Loss at Myomectomy</td>
<td>K.E. Patzkowsky</td>
</tr>
<tr>
<td>1:50</td>
<td>Everything You Need to Know About Hysteroscopic Myomectomy</td>
<td>D.K. Shah</td>
</tr>
<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>Laparoscopic Myomectomy Made Ridiculously Simple: Surgical Tips and Tricks</td>
<td>K.C. Wang</td>
</tr>
<tr>
<td>3:30</td>
<td>Fair and Balanced Counseling: Alternative Treatments to Myomectomy</td>
<td>K.E. Patzkowsky</td>
</tr>
<tr>
<td>3:55</td>
<td>Potpourri of Difficult Cases: What Are My Options?</td>
<td>All Faculty</td>
</tr>
<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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**GENDR-712**

**The Role of the Gynecologic Surgeon in Transgender Care**

**Co-Chairs:** Cecile A. Ferrando (Unger), Robert R. Pollard

**Faculty:** Murat Altinay, Cara R. King, G. Bernard Taylor

Presented in affiliation with the World Professional Association of Transgender Health (WPATH)

This course provides an overview of the current state of transgender care. It will focus on the important role of the gynecologic surgeon in caring for the transgender patient, especially patients undergoing Female to Male (FTM) transition. We will cover the World Professional Association of Transgender Health (WPATH) criteria for medical and surgical care. Topics will include the role of the mental health provider, making your office transgender friendly, the role of hysterectomy and concomitant surgery, as well as appropriate counseling regarding fertility preservation. Perioperative care and vaginoplasty techniques for the transitioning Male to Female (MTF) patient will also be covered.

**Learning Objectives:** At the conclusion of this course, the participant will be able to: 1) Implement the role of the WPATH and criteria for transgender care; 2) appropriately counsel patients considering transgender surgery in an office setting that is transgender friendly; 3) articulate the role of the mental health provider and other specialties in the care of the transgender patient.

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Facilitator(s)</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview</td>
<td>R.R. Pollard, C.A. Ferrando</td>
</tr>
<tr>
<td>12:35</td>
<td>Overview of Transgender Care</td>
<td>R.R. Pollard</td>
</tr>
<tr>
<td>1:00</td>
<td>Role of the Mental Health Professional</td>
<td>M. Altinay</td>
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<tr>
<td>1:25</td>
<td>Getting Your Office Ready for Transgender Patients</td>
<td>G.B. Taylor</td>
</tr>
<tr>
<td>1:50</td>
<td>Fertility Preserving Considerations for MTF and FTM Patients</td>
<td>C.A. Ferrando</td>
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<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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<td>2:25</td>
<td>Break</td>
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<tr>
<td>2:40</td>
<td>Perioperative Considerations for Hysterectomy</td>
<td>R.R. Pollard</td>
</tr>
<tr>
<td>3:05</td>
<td>Vaginectomy for FTM Patients</td>
<td>G.B. Taylor</td>
</tr>
<tr>
<td>3:30</td>
<td>Genital Surgery and Perioperative Considerations for FTM and MTF Patients</td>
<td>C.A. Ferrando</td>
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<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
<td>All Faculty</td>
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Day 2: Postgraduate Courses – Monday, November 12, 2018

**REPRO-713**  
Reproductive Surgery Mastering Fertility-Enhancing Minimally Invasive Surgery

**Co-Chairs:** Grace M. Janik, Charles E. Miller  
**Faculty:** Tommaso Falcone, Keith B. Isaacs

Internationally recognized reproductive endocrinologists and infertility specialists will discuss best practice approaches for fertility enhancing minimally invasive surgery. This course will utilize an evidence-based methodology for reproductive surgery in the clinical setting to improve fertility outcomes. The participants will enhance their minimally invasive reproductive surgery skill set enabling them to serve as reproductive surgeons for a fertility program.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Discuss the pros and cons of surgical techniques that will enhance fertility outcomes; 2) identify the role of the minimally invasive reproductive surgeon with a fertility program; and 3) apply the appropriate surgical approach to improve fertility outcomes.

**COURSE OUTLINE**

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>12:30</td>
<td>Welcome, Introductions and Course Overview: Overview Ode to the Reproductive Surgeon – Matching the Skills and Thought Process</td>
</tr>
<tr>
<td></td>
<td>G.M. Janik, C.E. Miller</td>
</tr>
<tr>
<td>12:45</td>
<td>Fertility Enhancing Myomectomy – The How and Why</td>
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<tr>
<td></td>
<td>T. Falcone</td>
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<tr>
<td>1:10</td>
<td>Approaching Adenomyosis via the Endoscope</td>
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<td></td>
<td>K.B. Isaacs</td>
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<tr>
<td>1:35</td>
<td>Deep Infiltrative Endometriosis: Surgical Management to Enhance and Preserve Fertility</td>
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<tr>
<td></td>
<td>G.M. Janik</td>
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<tr>
<td>2:00</td>
<td>Ovarian Endometriosis: When and How to Treat?</td>
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<td></td>
<td>C.E. Miller</td>
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<tr>
<td>2:15</td>
<td>Questions &amp; Answers</td>
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<td></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>Impact of Hysteroscopy in Restoring Fertility</td>
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<td></td>
<td>K.B. Isaacs</td>
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<tr>
<td>3:05</td>
<td>Impact of the C-section Scar Niche: Best Approach for Repair</td>
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<td></td>
<td>C.E. Miller</td>
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<tr>
<td>3:30</td>
<td>Tubal Disease: The Role of Tubal Preservation, Repair and Removal</td>
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<td></td>
<td>G.M. Janik</td>
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<tr>
<td>3:55</td>
<td>Ovarian tissue Cryopreservation and Transplantation; with a Word on Uterine Transplantation</td>
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<tr>
<td></td>
<td>T. Falcone</td>
</tr>
<tr>
<td>4:20</td>
<td>Questions &amp; Answers</td>
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<td></td>
<td>All Faculty</td>
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<td>4:30</td>
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</table>

**GOLF-714**  
Play and Learn with the Masters: 18 Pearls of Surgical Excellence

**Co-Chairs:** William M. Burke, Martin A. Martino  
**Faculty:** Noah A. Goldman, Andrew I. Sokol, Pamela T. Soliman, Yukio Sonoda, Megan N. Wasson  
**Tournament Marshalls:** Arnold P. Advincula, Amber D. Bradshaw-Whitear  
**Starter:** Mario M. Leitao  
**Contest Master:** Emery M. Salom

This course opens with a two-hour didactic lecture on surgical principles and specific techniques used to improve minimally invasive surgical outcomes. The participants will then take the skills learned in the didactic lecture out to the golf course for a course on the course. The 18-hole shotgun start will provide questions at each hole on surgical form, technique and procedures. This will include the misuse, overuse and underuse of instrumentation, frequently seen in the OR.

Each hole will have an expert providing surgical pearls followed by questions or case studies that will require a text message response from each player testing their retention strategy. This new AMA gamification format provides a learning experience to both engage and motivate participants to drive a meaningful behavior change.

**Learning Objectives:** At the conclusion of this course, the clinician will be able to: 1) Review complex surgical steps taken to manage bowel, urinary and vascular challenges which may arise during minimally invasive surgery; and 2) develop relationships with surgical colleagues to share best MIS techniques and improve surgical outcomes.

**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>Retroperitoneal Access and Pelvic Anatomy</td>
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<tr>
<td></td>
<td>P.T. Soliman</td>
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<tr>
<td>7:30</td>
<td>Techniques in Small Bowel Surgery and Larger Bowel Surgery Techniques</td>
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<tr>
<td></td>
<td>H.A. Goldman</td>
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<tr>
<td>7:55</td>
<td>Urologic Surgery – Implants, Hitches, and Stitches</td>
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<td></td>
<td>A.I. Sokol</td>
</tr>
<tr>
<td>8:20</td>
<td>How to Stop Bleeding in the Pelvis – and Maintain a MIS Approach</td>
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<tr>
<td></td>
<td>Y. Sonoda</td>
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<tr>
<td>8:45</td>
<td>Tips and Tricks for Abdominal Entry and Approaching the Difficult Pelvis</td>
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<td></td>
<td>M.N. Wasson</td>
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<tr>
<td>9:10</td>
<td>Questions &amp; Answers</td>
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<tr>
<td></td>
<td>All Faculty</td>
</tr>
<tr>
<td>9:30</td>
<td>Shotgun Start: Four Person Scramble</td>
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<tr>
<td>3:00</td>
<td>Birdies, Bogies and Award Ceremony</td>
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<tr>
<td>4:00</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>
### Expert Round Table Luncheon

**11:15 AM - 12:15 PM**

**Location:** Premier Ballroom Prefunction 3rd Floor  
**Price:** $50

**SOLD OUT**

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<tr>
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<th>PRESENTER</th>
<th>CATEGORY</th>
<th>PRESENTATION TITLE</th>
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<tbody>
<tr>
<td>M1</td>
<td>Erin T. Carey</td>
<td>Career Planning</td>
<td>MIGS as a Career, Applying to Fellowship, Etc.</td>
</tr>
<tr>
<td>M2</td>
<td>S. Sony Singh</td>
<td>Hysteroscopy</td>
<td>Keeping Lawyers and Lifeguards out of your OR: Fluid Management and Hysteroscopic Complications</td>
</tr>
<tr>
<td>M3</td>
<td>Miriam Hanstede</td>
<td>Hysteroscopy</td>
<td>Updates in the Management and Treatment of Isthmoceles and Uterine Septum</td>
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<tr>
<td>M4</td>
<td>Jorge D. Lopez</td>
<td>Laparoscopic Suturing</td>
<td>Anatomy of the Sutures: Basics of the Different Sutures and Needle Taking, Handling of Suture and Tissues Re Approximation (SPANISH)</td>
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<tr>
<td>M5</td>
<td>Marco A. Pinho de Oliveira</td>
<td>Myomectomy</td>
<td>One Size Doesn’t Fit All: Surgical Approaches to Myomectomy</td>
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<td>M6</td>
<td>Xiaoming Guan</td>
<td>NOTES</td>
<td>Updates on Transvaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES): The Time has Come</td>
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<td>M7</td>
<td>Douglas N. Brown</td>
<td>Obese Patients</td>
<td>Gynecologic Surgery in the Morbidly Obese Patient</td>
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<td>M8</td>
<td>Christopher S. Awtrey</td>
<td>Practice Management</td>
<td>Strategic Marketing, for the Surgeon, for the Practice</td>
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<tr>
<td>M9</td>
<td>Tom Lyons</td>
<td>Prolapse Repair</td>
<td>Laparovaginal Culpopessis: The Adamyan Procedure</td>
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<tr>
<td>M10</td>
<td>Kristinell Keil</td>
<td>Prolapse Repair</td>
<td>Recognition and Surgical Management of Vaginal Vault Prolapse</td>
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<td>M11</td>
<td>Kimberly Levinson</td>
<td>Single Site Laparoscopy</td>
<td>Single Incision Surgery</td>
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<td>M12</td>
<td>Pedro F. Escobar-Rodriguez</td>
<td>Surgical Complications</td>
<td>Avoiding, Recognizing and Managing Bowel and Bladder Injury During Gynecologic Surgery</td>
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<td>M13</td>
<td>Kelli R Beingesser</td>
<td>Surgical Skills</td>
<td>Closure of the Colpotomy &amp; Cystotomy: Avoid De-hiscence, Dyspareunia, Enterocoele and Apical Prolapse</td>
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<tr>
<td>M14</td>
<td>Danielle E. Luciano</td>
<td>Surgical Strategies</td>
<td>Pre-operative Planning with Office Ultra-sound: A Framework for Better Outcomes</td>
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<tr>
<td>M15</td>
<td>Cristiano Rossitto</td>
<td>Surgical Strategies</td>
<td>Ultra Minimally Invasive Approaches for Today’s Gynecologic Surgeon</td>
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<td>M16</td>
<td>Linda Nicoll</td>
<td>Tissue Extraction</td>
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<td>M17</td>
<td>Cara R. King</td>
<td>Transgender Care</td>
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<td>M18</td>
<td>G. Bernard Taylor</td>
<td>Transgender Care</td>
<td>Vaginectomy for Female to Male Patients</td>
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The ways in which our Key Partners support the mission of the AAGL include:

- Committing year-round support through our Corporate Sponsorship program.
- Funding our fellowship sites.
- Giving unrestricted educational grants to enhance our programs.
- Supporting our hands-on seminars with workstations.
- Providing support for scholarly activities.
- Funding unrestricted grants for MISforWomen.com.
- Advertising in *The Journal of Minimally Invasive Gynecology*, the official journal of the AAGL, and ordering reprints of articles to disseminate to physicians.

The support from our Key Partners is in accordance with ACCME guidelines for commercial support.
Late Breaking Debate: Importance of Randomized Minimally Invasive Surgery Trials—A CAUTIONARY TALE IN CERVICAL CANCER
4:45 PM – 5:00 PM

Moderator: Pamela T. Soliman
Faculty: Amanda Nickles Fader
R. Wendel Naumann

In the last three decades, a greater emphasis on reducing surgical morbidity and improving quality of life for women has led to the rapid advancement of minimally invasive gynecologic surgery. Despite the existence of few randomized controlled trials supporting the use of minimally invasive hysterectomy in benign disease and endometrial cancer, there is a lack of randomized data supporting the use of minimally invasive radical hysterectomy in cervical cancer. Despite this, retrospective data suggesting superior surgical and comparable oncologic results led to widespread acceptance of this procedure across the Americas, Europe, Asia, and Australia. However, a recent international randomized controlled trial published in the New England Journal of Medicine comparing radical open versus minimally invasive hysterectomy has called into question the efficacy and safety of the latter procedure. Using this trial as a framework, this session and debate will focus on the importance of conducting randomized surgical trials in gynecology, the challenge with performing these trials, and how to interpret the data.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Examine the data supporting various surgical techniques for radical hysterectomy; 2) analyze the challenges of performing randomized surgical trials, and; 3) discuss the relevance of randomized gynecologic surgery trials and how to interpret the data.

COURSE OUTLINE
4:45 Welcome and Introduction
P. T. Soliman
Debate
4:48 Pro
A. Nickles Fader
4:53 Con
R. W. Naumann
4:58 Closing Remarks
P. T. Soliman
5:00 Adjourn

Opening Ceremony: Saluting Our Founders
6:25 PM – 7:15 PM

Jacques E. Rioux, MD and Richard M. Soderstrom, MD

Drs. Jacques E. Rioux and Richard M. Soderstrom, along with Dr. Louis G. Keith, were the original team gathered by Dr. Jordan M. Phillips to establish the AAGL in 1971. Dr. Rioux famously held the first Canadian workshop on gynecological laparoscopy and can be credited with predicting the process of in vitro fertilization in his very first publication in 1968. Among Dr. Soderstrom’s many career highlights are his service in the World Health Organization as representative for the USA in the Department of Health and Human Services and his 20-year tenure as medical device advisor to the FDA. It is an honor to have them at the 47th AAGL Congress—they are true MIGS pioneers.
Due to this evolution, parametrial surgical anatomy and its related neuro-anatomy has the most surgical applications and challenges for benign pathology and has become a cornerstone for every kind of pelvic retroperitoneal surgery, mainly for conservative procedures, such as nerve-sparing eradication of deep infiltrating endometriosis, intra-ligamentary myomectomy, and vascular dissection for uterine transplant.

In fact, this surgical evolution led to the first mother-to-daughter womb transplant by abdominal approach in 2012, and, thanks to the knowledge of parametrial vascular anatomy dissections and evolution of laparoscopic skills, a further step allowed the first laparoscopic-assisted uteri retrieval from a live organ donor for uterine transplant in May 2017, with the first baby born on October 18, 2018.

This session will demonstrate what we like to call the "Parametrial Revolution." It's the celebration of our origins and it will show how, from a radical procedure for an extirpative and curative oncologic purpose 120 years ago, we progressed to minimally-invasive conservative and creative procedures. A detailed analysis on the evolution of radical gynecologic surgery will be provided, focusing on the development of concepts of parametrium and parametrial surgical anatomy over the decades, exploiting the direct anatomical feedback from cadaveric dissections performed laparoscopically. Correct surgical strategies for parametrial surgery will be explored and highlighted, from their abdominal oncological origins to their laparoscopic evolution for benign infiltrative diseases and uterine transplant.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Explore the history and modern evolutions from radical hysterectomy to benign minimally-invasive parametrial surgery; 2) discuss the "different shades of parametria" according to the variations in surgical anatomy of the procedures proposed; and 3) determine the best surgical tips for facing difficult benign diseases and safely opening the retroperitoneum.
Franklin D. Loffer Presidential Address

GARY N. FRISHMAN, MD

Making a Difference: Learning from Our Giants, Leaning on the Present, Building for the Future

Dr. Gary Frishman exemplifies the AAGL mission in his dedication and enthusiasm for training and mentoring the next generation of gynecologists. Considering it a privilege to help people create their families and believing that family is one of the most important parts of life, Dr. Frishman’s chosen specialty is reproductive endocrinology and infertility. He was named a Top Doctor by U.S. News & World Report and has been featured on Rhode Island Monthly’s “Top Docs” list every year since 1992.

Actively involved in resident and medical student education and research, Dr. Frishman is Professor of Ob/Gyn at the Warren Alpert Medical School of Brown University and the Fellowship Director and Interim Division Director for the Division of Reproductive Medicine and Infertility Women & Infants Hospital in Providence, RI. He attended medical school at Columbia University in New York City, completed his residency in Ob/Gyn at Pennsylvania Hospital in Philadelphia, and a fellowship in reproductive endocrinology and infertility at the University of Connecticut in Farmington.

In addition to his passionate work as AAGL President, Dr. Frishman is actively involved in many surgical societies and has served on the boards of the American Society for Reproductive Medicine (ASRM), the Fellowship in Minimally Invasive Gynecologic Surgery, and was a President of the Society for Reproductive Surgeons. Dr. Frishman is a member of the Ob/Gyn Residency Review Committee within the ACGME and is a senior Oral Board Examiner for the American Board of Ob/Gyn. He was the American representative on the International Advisory Board for The Obstetrician and Gynaecologist and currently serves as Deputy Editor for the Journal of Minimally Invasive Gynecology. In his spare time, he enjoys being in and on the water and competes in a daily squash game every morning at 5:45 am.

Franklin D. Loffer: Celebrating A Legacy

As an ardent ambassador and inclusive leader, Dr. Franklin D. Loffer has been vital to the AAGL. A member since 1971, he was President in 1986, and Executive Vice President and Medical Director from 2000 to 2013, and Medical Director from 2014 to 2018. He has worked diligently to guide the formulation of organizational and medical policies has been mentor and champion to countless AAGL members. And now, after many dynamic, successful years, Dr. Loffer has announced his retirement.

After following a traditional education route, earning his medical degree at Stanford University and completing his residency at University of Minnesota, Dr. Loffer’s pioneering style came to light when he taught himself laparoscopy and traveled to Mexico City to learn, by observation, hysteroscopy from Dr. Rodolfo Quinones. He founded the Arizona Family Planning Service where he treated thousands of patients, providing in-office hysteroscopy and laparoscopic sterilization to those who otherwise may not have had access to this specialized care. An Associate Clinical Professor of the University of Arizona Ob/Gyn Department, Dr. Loffer offered postgraduate instruction in laparoscopy to practicing gynecologists and taught the first courses on the resectoscope and the Nd-YAG laser.

Dr. Loffer has been an Editor and Ad Hoc Reviewer of many medical journals, including the American Journal of Obstetrics and Gynecology, and served as Managing Editor of the Journal of Minimally Invasive Gynecology. He was senior author of 48 peer-reviewed papers as well as co-author of 14 peer-reviewed publications. A frequent lecturer in the U.S. and around the world, Dr. Loffer has demonstrated endoscopic surgical procedures in 13 countries.

With a love of traveling that can be traced to boyhood family journeys across North America, Dr. Loffer has visited over 100 countries and circumnavigated the globe four times. He has logged more than 3.7 million lifetime miles and counts Tibet, Bhutan, Kashmir, Papua New Guinea, Zambia, and even the Antarctic among his favorite locations. An automobile enthusiast, he owned a 1929 Model A Ford and a 1957 Thunderbird—which he drove to work among his favorite locations. An automobile enthusiast, he owned a 1929 Model A Ford and a 1957 Thunderbird—which he drove to work throughout his professional career.

Dr. Loffer and his wife Trish celebrated their 52nd wedding anniversary on October 1. They have two children, Franklin and Jennifer; and five grandchildren, Wyatt, Noah, Jackson, Collin and Tanner.

Welcome Reception in the Marquee Ballroom

7:15 PM – 8:45 PM

Our exhibitors are ready to celebrate the formal kick-off of the 47th AAGL Global Congress in the Marquee Ballroom with you. Join us for hosted bars, hors d’oeuvres, lively conversation, and networking with colleagues while you peruse the exhibits.

48 2018 AAGL GLOBAL CONGRESS ON MIGS
KARL STORZ Office Hysteroscopy

Discover our comprehensive, scalable and cost-effective Office Hysteroscopy solutions

• Improve patient experience and satisfaction
• Increase your productivity
• Reduce cost per procedure and improve operational efficiency
Innovating to Save Lives
Novel Technology for Collecting Cells from the Fallopian Tube featuring CEO and Founder of nVision Medical, Surbhi Sarna

Educational Opportunities/Industry Expert Theater
Tuesday, November 13, 2018
6:00 am – 7:45 am

Join Boston Scientific and nVision’s Surbhi Sarna, MedtechWomen’s Ferolyn Powell Leadership award winner and Forbes’ Top 30 under 30 for Healthcare, as she discusses how her personal experience turned into a mission for developing a technology to change doctors’ ability to evaluate ovarian health.

The McCarus-Volker FORNISEE® Approach
Three Surgeons Discuss Their Journey Towards Laparoscopic Hysterectomy
Tools and Techniques To Take You from Apprentice to Master

Tuesday, November 13, 2018
6:00 am – 7:45 am

Karl Storz Endoscopy is happy to invite you to attend “In-Office Hysteroscopy: Optimizing Outcomes and the Patient Experience” Breakfast Symposium on Tuesday, November 13th at 6:00 am in the Room 318 (3rd floor). Over the past year, the number of office -based gynecologic surgical procedures has increased significantly. We have assembled a nationally and internally recognized panel of esteemed physicians who will present on the WHAT, the WHY, and the HOW of In-Office Hysteroscopy.

“Diagnostic and Operative office hysteroscopy utilizing reusable mechanical 5 Fr. hand-instruments”
-Keith Isaacson, MD
Director of MIGS and Infertility, Newton Wellesley Hospital

“Economics of in-office hysteroscopy and how-to set-up an office hysteroscopy practice”
-Amy Garcia, MD
Director, Sloan-Garcia Center for Women’s Surgery, Albuquerque, NM

“The use of the NEW 15 Fr. (5mm) mini-resectoscope in the outpatient office setting”
-Prof. Attilio Di Spiezio Sardo
University of Naples Federico II, Italy
# Day 3: Congress — Tuesday, November 13, 2018

**REGISTRATION HOURS** *(GRAND BALLROOM PREFUNCTION 1ST FLOOR)*

**Tuesday, November 13, 2018**

- **6:00 am - 7:45 am**
  - JMIG Editorial/Advisory Board Breakfast *(6:30 am - 7:30 am, by invitation only; Location: 115)*
  - Industry Sponsored Breakfast Symposia *(See Page: 56)*

- **7:30 am - 9:30 am**
  - Signature Awards
  - General Session II: Put Me in, Coach, I’m Ready to Play! *Jordan M. Phillips, MD Keynote Address (Premier Ballroom)*

- **9:35 am - 11:00 am**
  - Exhibit Hall Hours: 9:30 am - 3:30 pm |
  - Exhibit Hall Open/Refreshment Break *(Location: Marquee Ballroom)*

<table>
<thead>
<tr>
<th>Room Number</th>
<th>111-112</th>
<th>113-114</th>
<th>120</th>
<th>121-122</th>
<th>123-124</th>
<th>Premier Ballroom</th>
</tr>
</thead>
</table>

- **11:00 am - 12:00 pm**
  - Plenary 1
    - Hysteroscopy
  - Video Session 1
    - Robotics
  - Panel 1
    - Women’s Empowerment Forum
  - Open Comm. 1
    - Endometriosis
  - Open Comm. 2
    - Robotics
  - Surgical Tutorial 1
    - Oops! I did it Again!

- **12:10 pm - 1:10 pm**
  - Plenary 2
    - Oncology
  - Video Session 2
    - Robotics
  - Panel 2
    - Physician Burnout
  - Open Comm. 3
    - Surgical Education
  - Open Comm. 4
    - Endometriosis
  - Surgical Tutorial 2
    - VH with Large Uterus

- **1:10 pm - 3:30 pm**
  - Exhibit Hall Open *(1:00 pm - 3:30 pm)* |
  - Box Luncheon *(Service: 1:10 pm - 2:10 pm)* *(Location: Marquee Ballroom)*

- **2:15 pm - 3:15 pm**
  - Plenary 3
    - Robotics
  - Video Session 3
    - Urogynecology
  - Open Comm. 5
    - Research and Science
  - Open Comm. 6
    - New Instruments
  - Open Comm. 7
    - Hysteroscopy
  - Open Comm. 8
    - Laparoscopy

- **3:25 pm - 5:05 pm**
  - Plenary 4
    - Laparoscopy
  - Video Session 4
    - Hysteroscopy
  - Panel 3
    - Quality Panel
  - Open Comm. 9
    - Laparoscopy
  - Video Session 5
    - Laparoscopy
  - Surgical Tutorial 3
    - Brave as Odysseus

- **5:10 pm - 6:10 pm**
  - General Session III — Stump the Professor *(Premier Ballroom)*

- **6:10 pm - 8:10 pm**
  - Industry Sponsored Symposia *(3rd Level)*

- **8:30 pm - 11:30 pm**
  - Top Golf *($150 additional charge). See page 7 for more information (Location: Topgolf)*
Day 3: Congress – Tuesday, November 13, 2018

The Journal of Minimally Invasive Gynecology

EDITOR’S BREAKFAST (BY INVITATION)

6:00 AM – 7:45 AM

6:30 am Breakfast

7:00 am Editor’s Report – T. Falcone

7:05 am Robert B. Hunt Award for the Best Paper Published in JMIG (Sept 2017 – Aug 2018)

Dr. Hunt was one of the preeminent leaders of the AAGL: President of the AAGL 1991 – 1992, and President of the Foundation 1992 – 2002, he was also the founding Editor-in-Chief of The Journal of the AAGL—now The Journal of Minimally Invasive Gynecology—from its inception in 1993 until he retired in 2002. He was instrumental in establishing this well-respected journal which informs and educates physicians all over the world.

"Venous Thromboembolic Complications to Hysterectomy for Benign Disease: A Nationwide Cohort Study"
Henriette Strøm Kahr, MD
Ole Thoraclas-Ussing, MD, DMSC
Ole Bjarne Christiansen, MD, DMSC
Regitze Kuhr Skals, M.Sc
Christian Torp-Pedersen, MD, DMSC, FACC, FESC
Aage Knudsen, MD, DMSC

7:10 am Top Video Award
“Laparoscopic Promontofixation in 10 Steps”
Oana Madalina Acsinte, MD
Benoit Rabischong, MD, PhD
Nicolas Bourdel, MD, PhD
Michel Canis, MD, PhD
Rezav Botchorishvili, MD

7:15 am 2018 Social Media JMIG Olympics Winners
Best Video: “Transrectal Mesh Erosion Requiring Bowel Resection”
Marta Maria Kemp, MD
Karem Slim, MD, PhD
Benoit Rabischong, MD, PhD
Nicolas Bourdel, MD
Michel Canis, MD, PhD
Rezav Botchorishvili, MD

Best Article: “3 to 5 Years Later: Long-term Effects of Prophylactic Bilateral Salpingectomy on Ovarian Function”
Roberta Venturella, MD
Daniela Lico, MD
Massimo Borelli, PhD
Maria G. Imbrogno, MD
Gabriele Cavenni, PhD
Errico Zupi, PhD
Fulvio Zullo, PhD
Michele Morelli, PhD

7:20 am Top Five Editorial Board Members
Noor Ahmed Ebbiary
Hye-Chun Hur
Megan Wasson
Rene Pareja
Andrew I. Brill

7:25 am Top 20 Ad Hoc Reviewers
Alex Friedman Peahl
Neil Kamdar
Kenneth Ian Barron
Ricardo dos Reis
David B. Redwine
Daniel Clyde Martin
Benjamin Beran
Janelle Katie Moulder
Nigel Pereira
Cara Robinson King
Amanda M. Ecker
Philippe R. Koninckx
Miya Yamamoto
Jose Carugno
Peter Clegg Jeppson
David L. Howard
Stephanie Newman Morris
Bernard Taylor
Elizabeth Fikenscher Ball
Karl Jallad

7:30 am Q & A
This year, the *JMIG* Impact Factor went from 2.390 to 3.061 and we are now ranked 16th amongst all Ob/Gyn journals.

This is a key indicator demonstrating how minimally invasive gynecology has evolved—from a novel route of surgical access in the late 1990s, to the current standard of care for most of our patients today. AAGL's members are not simply practicing medicine... they are defining the future of patient care through the research and innovations chronicled in *JMIG*.

We encourage you to be part of the movement. Submit your manuscripts and videos for consideration for publication.
Day 3: Congress – Tuesday, November 13, 2018

Signature Awards

The AAGL, together with the Journal of Minimally Invasive Gynecology (JMIG), takes great pride in presenting and publishing high-quality research in the field of minimally invasive gynecology. Each year, with the generous support of our industry sponsors and endowment funds through the Foundation of the AAGL, it is our honor to bestow awards to the papers, abstracts, and videos that were deemed to be the “best of the best” by our committees of expert physicians. We thank everyone who submits their research for consideration of presentation and congratulations to all of the 2018 award winners.

This year, each award-winning submission will be presented in their assigned sessions throughout the Congress. See the assignments below.

The Robert B. Hunt Award for the Best Paper Published in JMIG, the Top Video Award, and the 2018 Social Media JMIG Olympics Winners will be presented at the JMIG Editor’s Breakfast (see page 52).

Golden Hysteroscope Award

BEST PAPER ON HYSTEROSCOPY

Increased Fetal Chromosome Detection with the Use of Operative Hysteroscopy During Evacuation of Products for Miscarriage

Aarathi Cholkeri-Singh, MD
Ina Zamfirova
Charles E. Miller, MD
The Advanced Gynecologic Surgery Institute, Naperville, IL

Russell Institute for Research & Innovation at Advocate Health Systems, Advocate Lutheran General Hospital, Park Ridge, IL.

Presented in:
Virtual Poster Session 1
Tuesday, November 13, 2018 at 9:45 AM, Station R

Golden Hysteroscope Award Committee
Chair: John A. Thiel, MD
Jay M. Berman, MD
Amy Garcia, MD
Luis A. Pacheco, MD
Kelly Roy, MD

The Golden Hysteroscope Award is supported by an educational grant from Olympus America Inc.

Golden Laparoscope Award

BEST SURGICAL VIDEO

Transvaginal Notes Myomectomy: A Novel Route for Uterine Fibroid Removal

Juan Liu, MD, PhD
Ojongyan Lin, MD, PhD
Kelly K. Blazek, MD
Xiaoming Guan, MD, PhD

The Third Affiliated Hospital of Guangzhou Medical University, Guangzhou, China

Baylor College of Medicine, Houston, TX

Presented in:
Virtual Poster Session 1
Tuesday, November 13, 2018 at 9:45 AM – 10:45 AM

Golden Laparoscope Committee
Chair: May S. Thomassee, MD
Adrian C. Balica, MD
Cara R. King, DO, MS
Daniel N. Grimm, MD
Suketu M. Mansuria, MD

The Golden Laparoscope Award is supported by an educational grant from Olympus America Inc.

IRCAD Award

EXCELLENCE IN EDUCATION

Suturing for FLS: A Practical Tutorial

Deirdre Lum, MD
Obstetrics and Gynecology, Stanford University, Stanford, CA

Presented in:
Virtual Poster Session 2
Tuesday, November 13, 2018 at 10:45 AM

IRCAD Award Committee
Chair: Joseph “Jay” Hudgens, MD
Kimberly A. Kho, MD, MPH
Edward Tanner, MD
Kelly Wright, MD

The IRCAD Award is supported by an educational grant from KARL STORZ Endoscopy-America, Inc.

Honoring the best research in education by a Fellow, the IRCAD award recognizes innovative ideas in teaching. The winner will receive a fully paid week-long visit to IRCAD (L’Institut de Recherche contre les Cancers de l’Appareil Digestif) in Strasbourg, France.
Jay M. Cooper Award

BEST PAPER ON MINIMALLY INVASIVE GYNECOLOGY BY A FELLOW

Para-Cervical Block Prior to Laparoscopic Hysterectomy as an Adjuvant Strategy to Reduce Postoperative Pain: A Randomized Controlled Trial

Steven J. Radtke, MD
Miranda M. Blevins, DO
Zineb Mashak, MD
Jenny Holcombe, PhD
Todd Boren, MD
Stephen DePasquale, MD

Obstetrics and Gynecology, University of Tennessee College of Medicine
Chattanooga, Chattanooga, TN

Presented in:
Open Communications 9
Laparoscopy
Tuesday, November 13, 2018
at 4:36 pm

Jay M. Cooper Award Committee
Chair: Warren Volker, MD
Timothy A. Deimling, MD, MS
Nita Desai, MD
Vadim Morozov, MD
Catherine Matthews, MD

Supported by an educational grant from the Foundation of the AAGL
Jay M. Cooper Endowment

Dr. Cooper, the 26th President of the AAGL, was a born leader known for his incredible insight and communication skills. Always embracing innovation, he was an inventive and strategic thinker whose vision was bold and far-reaching. One of the most respected advocates and global teachers in hysteroscopic surgery, he actively participated in new product development from technical evolution and clinical validation, to regulatory approval and delivery to market.

Jerome J. Hoffman Award

BEST ABSTRACT BY A RESIDENT OR FELLOWS

Post-Operative Urinary Retention Rates after Autofill versus Backfill Void Trial Following Total Laparoscopic Hysterectomy: A Randomized Controlled Trial

Sara Farag, MD
Pamela M. Frazzin Padilla, MD
Katherine A. Smith, MD
Stephen E. Zimberg, MD, MSHA
Michael L. Sprague, MD

Gynecology, Cleveland Clinic Florida, Weston, FL

Presented in:
Virtual Poster Session 1
Tuesday, November 13, 2018
at 10:05 am, Station L

Jerome J. Hoffman Award Committee
Chair: Warren Volker, MD
Noah Goldman, MD
Michael Hibner, MD
Stacey A. Schieb, MD

Supported by an educational grant from the Foundation of the AAGL
Jerome J. Hoffman Endowment.

This award was established to honor the memory of Dr. Jerome J. Hoffman, an early AAGL Board member, philanthropist, and educator who strongly believed in supporting residents and fellows. Dr. Hoffman was enthusiastically supportive of the Foundation of the AAGL and was its first Executive Director.

Harrith M. Hasson, MD Educational Scholarship Award

Chikondi Chiweza, MD
Kamuzu Central Hospital, Ministry of Health
Lilongew, Malawi

Harrith M. Hasson Award Committee
Chair: Thomas Lyons, MD
Douglas Brown, MD
Richard Farnam, MD
Nicole Fleming, MD
Bruce Kahn, MD

Dr. Hasson was a true visionary, a dedicated physician, and a prolific inventor of surgical and educational devices and techniques: His legacy endures with the cannula and open laparoscopy techniques that bear his name. A past president of AAGL (1993-1994), Dr. Hasson was the 19th President of the AAGL and believed in AAGL's mission of lifelong learning for surgical gynecologists.

Supported by the Foundation of the AAGL
Harrith M. Hasson Scholarship Fund

John F. Steege, MD
Mentorship Award

Charles E. Miller, MD
The Advanced Gynecologic Surgery Institute
Naperville, IL

John F. Steege Award Committee
Chair: Ted L. Anderson, MD
Brian M. Cohen, MD
Grace M. Janik, MD
William H. Parker, MD
Ido Sirota, MD

Dr. John F. Steege established a Fellowship in Advanced Laparoscopy and Pelvic Pain with the intent to train academicians. To date, more than half of his former fellows have remained in academic positions, with five going on to found AAGL fellowship programs.

This award recognizes an AAGL member who has provided support and encouragement to the next generation of surgeons in our specialty of minimally invasive gynecology for at least 10 years.

Supported by an educational grant from CooperSurgical
Abstract and Video Award Winners

We are pleased to provide you with the dates, times, that all of the following award winning abstracts and videos will be presented during the Congress. Please refer to the Block Program for the locations of each session. Congratulations to all the 2018 award winners.

Award for the Best Abstract on Hysteroscopy
Plenary 1: Hysteroscopy
11:00 am
Long Term Reproductive Outcomes after Outpatient Hysteroscopic Metroplasty in Infertile Women with Dysmorphic Uterus: A Multicenter Study
Di Spiezo Sardo, Zizolfi, Santangelo, Bifulco, Campo

Award for the Best Abstract on Gynecology Oncology
Plenary 2: Oncology
12:10 pm
Uterine Sarcomas: 16 Years of Follow up among a Continuous Cohort of Fibroids
A. Fazel, V. Place, J. Sroussi, F. Cornelis, M. Mezzadri, O. Le Dref, J. L. Benifla

Award for the Best Video on Plenary 2: Oncology
12:50 pm
Sentinel Node Mapping with Methylene Blue
R. R. Padhy, F. K. Collado

Award for the Best Video on Gynecologic Oncology (Tie)
Plenary 2: Oncology
1:00 pm
Combined Robotic and Laparoscopic Surgical Staging for Endometrial Cancer
M. Andou, M. Sawada, Y. Hamasaki, A. Shirane

Award for the Best Video on Robotic Technology
Plenary 3: Robotics
2:15 pm
Patient-Reported Outcome Measures and Satisfaction Following Robotic Hysterectomy: A Patient-Centered Approach in Evaluating Surgical Success
B. Park, J. Yi

Daniel F. Kott Award for the Best Abstract on New Instrumentation or Technology
Open Communications 6: New Instruments
2:15 pm
A Comparison of Pain Scores in Patients Undergoing Transcervical Radiofrequency Ablation of Uterine Fibroids Under General Anesthesia or Conscious Sedation in the SONATA Pivotal IDE Trial
M. Moore, L. Mihalov, D. Levine, J. Garza-Leal

Award for the Best Video on Robotic Technology
Plenary 3: Robotics
2:55 pm
Robotic XI Excision of an Accessory and Cavitated Uterine Mass an Unusual Cause of Chronic Pelvic Pain in Adolescents
F. J. Rau, E. K. Fee, C. M. Morosky

Kurt Semm Award for the Best Abstract on Laparoscopic Surgeries
Plenary 4: Laparoscopy
3:25 pm
Irrigation after Laparoscopic Power Morcellation and the Dispersal of Leiomyoma Cells: A Pilot Study
C. Chan, S. P. Yu, B. B. Lee, M. N. Han, J. Rao, M. Levin, P. Fung, W. Parker

Award for the Best Video on Pelvic Pain
Virtual Poster Session 1: Station M
10:25 am
Laparoscopic Removal of Non-Communicating, Active Rudimentary Left Uterine Horn
A. M. Dizon, M. Louie

Award for the Best Abstract on Urogynecology/Pelvic Floor Disorders/Vaginal Surgery
Plenary 5: Urogynecology
11:00 am
Patient Regret and Satisfaction Following Uterosacral Ligament Suspension and Sacral Colpopexy: A Prospective Multicenter Analysis from the Fellows' Pelvic Research Network

Abstract and Video Award Winners

We are pleased to provide you with the dates, times, that all of the following award winning abstracts and videos will be presented during the Congress. Please refer to the Block Program for the locations of each session. Congratulations to all the 2018 award winners.

Award for the Best Abstract on Hysteroscopy
Plenary 1: Hysteroscopy
11:00 am
Long Term Reproductive Outcomes after Outpatient Hysteroscopic Metroplasty in Infertile Women with Dysmorphic Uterus: A Multicenter Study
Di Spiezo Sardo, Zizolfi, Santangelo, Bifulco, Campo

Award for the Best Abstract on Gynecology Oncology
Plenary 2: Oncology
12:10 pm
Uterine Sarcomas: 16 Years of Follow up among a Continuous Cohort of Fibroids
A. Fazel, V. Place, J. Sroussi, F. Cornelis, M. Mezzadri, O. Le Dref, J. L. Benifla

Award for the Best Video on Plenary 2: Oncology
12:50 pm
Sentinel Node Mapping with Methylene Blue
R. R. Padhy, F. K. Collado

Award for the Best Video on Gynecologic Oncology (Tie)
Plenary 2: Oncology
1:00 pm
Combined Robotic and Laparoscopic Surgical Staging for Endometrial Cancer
M. Andou, M. Sawada, Y. Hamasaki, A. Shirane

Award for the Best Abstract on Robotic Technology
Plenary 3: Robotics
2:15 pm
Patient-Reported Outcome Measures and Satisfaction Following Robotic Hysterectomy: A Patient-Centered Approach in Evaluating Surgical Success
B. Park, J. Yi

Daniel F. Kott Award for the Best Abstract on New Instrumentation or Technology
Open Communications 6: New Instruments
2:15 pm
A Comparison of Pain Scores in Patients Undergoing Transcervical Radiofrequency Ablation of Uterine Fibroids Under General Anesthesia or Conscious Sedation in the SONATA Pivotal IDE Trial
M. Moore, L. Mihalov, D. Levine, J. Garza-Leal

Award for the Best Video on Robotic Technology
Plenary 3: Robotics
2:55 pm
Robotic XI Excision of an Accessory and Cavitated Uterine Mass an Unusual Cause of Chronic Pelvic Pain in Adolescents
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Plenary 5: Urogynecology
11:00 am
Patient Regret and Satisfaction Following Uterosacral Ligament Suspension and Sacral Colpopexy: A Prospective Multicenter Analysis from the Fellows' Pelvic Research Network
Day 3: Congress – Tuesday, November 13, 2018

Carlo Romanini Award for the Best Abstract on Endometriosis

Plenary 6: Endometriosis
12:10 pm
Endometriosis: Morphological and Immunohistochemical Study of the Pelvic Pain Formation Mechanism
A. Ovakimyan, L. Adamyan, E. Kogan, I. Kozachenko, M. Sonova, A. Laskevich, A. Stepanian

Kurt Semm Award for the Best Video on Laparoscopic Surgeries

Plenary 4 - Laparoscopy
4:35 pm
A Stepwise Approach to Laparoscopic Enucleation and Excision of Retroperitoneal Cysts
V. Ghai, H. Jan, T. Kapoor

Carlo Romanini Award for the Best Video on Endometriosis

Plenary 6: Endometriosis
12:50 pm
Pericardial Endometriosis: Laparoscopic Resection Approach

Award for the Best Abstract on Reproductive Issues

Virtual Poster Session 2: Station F
2:20 pm
Does Ovarian Surgery Have an Effect on Ovarian Reserve and IVF Outcome? Retrospective Analysis of 3057 Cycles
M. Erdem, &. Guler, E. Demirdag, I. S. Mutlu, A. Erdem;

Award for the Best Abstract on Pelvic Pain

Open Communications 14: Pelvic Pain
2:15 pm
Efficacy and Safety of Elagolix in a Subgroup of Women with Uterine Fibroids and Adenomyosis: Results from a Phase 2 Trial
H. Taylor, M. Bedaiwy, A. Lukes, K. Chwalisz, C. Owens, L. Bradley

Award for the Best Abstract on Basic Science/Research/Education

Plenary 8: Education, Research, and Science
3:25 pm
Use of Intravenous Tranexamic Acid to Decrease Blood Loss During Myomectomy: A Randomized Double-Blind Placebo Controlled Trial
J. Opoku-Anane, M. V. Vargas, C. Q. Marfori, G. Moawad, M. S. Maassen, J. K. Robinson

Award for the Best Video on Reproductive Issues

Plenary 7: Reproductive Issues
2:55 pm
Laparoscopic Salpingo-Oophoropexy
A. Cholkeri-Singh, C. E. Miller

Award for the Best Video on Basic Science/Research/Education

Plenary 8: Education, Research, and Science
4:35 pm
Laparoscopic Abdominal Cerclage - Techniques and Troubleshooting a Gravid Uterus
A. Melnyk, C. Ramirez, T. Lee

Daniel F. Kott Award for the Best Video on New Instrumentation or Technology

Virtual Poster Session 1: Station N
10:15 am
Laparoscopic Hysterectomy under Regional Anesthesia
N. S. Moawad
Top athletes and singers have coaches. Should you? For many of us, our performance in the operating room reaches a plateau. We’d like to think it’s a good thing – we’ve arrived at our professional peak. But it also may be interpreted as the cessation of our ability to improve as surgeons.

During the first two or three years in practice, your skills seem to improve almost daily. It’s not about hand-eye coordination—you have that down halfway through your residency. Surgical mastery is about familiarity and judgment. You learn the problems that can occur during a complex procedure or with a morbid condition, and you learn how to either prevent or respond to those problems.

Professional athletes use coaches to make sure they are the best they can be. But many doctors don’t. We’d pay to have a kid just out of college look at our tennis serve or baseball swing. So why do we find it inconceivable to ask someone to come into the operating room and coach us on our surgical technique or review an unedited surgical video?

Join us as three distinguished coaches are paired with a first-year fellow on a specially constructed “Surgical Stadium.” Each coach will guide the fellow to perform a procedure while judges grade the coaches on their teaching skills. The audience also
Good Medicine in Bad Places

War presents physicians with unusual and unexpected challenges seldom encountered during their past medical training. Dr. Edward Horvath’s compelling account of his experiences in a combat zone will transport the audience from the safe environs of peacetime America to the battlefields of Iraq. There they will confront the realities of war—wounded soldiers, maimed children, a brutal enemy—and struggle with their beliefs about war, terrorism, humanity, and compassion.

Dr. Horvath was a medical officer in the U.S. Navy in the 1970’s. He returned to the military in 2004 with the Army Medical Corps and served three deployments in Iraq. In 2011, Colonel Horvath completed a year-long assignment as chief physician for the 256th Combat Support Hospital, where he was responsible for the medical care of over 20,000 soldiers. He received the Bronze Star Medal for his actions in Iraq, and later was honored with one of the nation’s high military awards, the Legion of Merit.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Recognize medical conditions and diseases commonly found in the Middle East 2) Identify health hazards encountered by deployed troops and returning veterans 3) Explore the capabilities and limitations of the Army Combat Support Hospital, and the challenges faced by military physicians in a hostile environment.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Use this performance to explore the best coaching techniques utilized by master educators of minimally invasive gynecologic surgery; and 2) Review and apply various aspects of three different styles of surgical coaching.

The AAGL acknowledges it has received educational grants/inn-kind support for this course. (Please see page 128-129)

Day 3: Congress – Tuesday, November 13, 2018
 найдено
Less trauma.

In its simplest form.

See the difference live at Teleflex Booth 425.

With the MiniLap® Percutaneous Surgical System, you can now make minimally invasive surgery even less invasive.

With just a 2.4 mm diameter, the MiniLap System enters directly through the skin with an integrated needle tip, eliminating the need for an insertion trocar. The result? Reduced trauma and improved patient satisfaction.

Easy to use and quick to learn, the MiniLap System provides the graspers and electrocautery tools you need for less complex laparoscopic surgeries.

Smaller incisions mean less trauma. It’s that simple.
Day 3: Congress – Tuesday, November 13, 2018

Plenary 1
Hysteroscopy
11:00 am - 12:00 pm
Room: 111-112

Moderator: Philip G. Brooks, Stephen L. Corson
Discussant: Radu Apostol, Paul D. Indman, Mark D. Levine, John L. Marlow, Vicki Ng, Ja Hyun Shin
Faculty: Attilio Di Spiezzo Sardo, Mario Franchini, Alka Kumar, Ari Sanders, Lizandra P. Sasaki

This session is best described as eclectic in nature in that a full spectrum of hysteroscopic topics will be addressed, including reproductive outcome following uterine anatomic repair, treatment of malignant polyps, office operative hysteroscopy intervention for large polyps, diagnosis of endometrial tuberculosis, IUD removal during pregnancy, and hysteroscopic repair of cesarean section scar.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Study the new approaches to common problems that can be addressed by operative hysteroscopy, often in an office setting; and 2) evaluate the results of these interventions.

COURSE OUTLINE
11:00 Long Term Reproductive Outcomes after Outpatient Hysteroscopic Metroplasty in Infertile Women with Dysmorphic Uterus: A Multicenter Study
A. Di Spiezzo Sardo

11:06 Discussant: M.D. Levine

11:10 Factors Associated with Malignancy in Hysteroscopically Resected Endometrial Polyps: A Systematic Review and Meta-analysis
L.P. Sasaki

11:16 Discussant: V. Ng

11:20 Office Treatment of Large Endometrial Polyps Using TrueClear SC: Feasibility and Acceptability
M. Franchini

11:26 Discussant: R. Apostol

11:30 Early Hysteroscopic Diagnosis of Endometrial Tuberculosis
A. Kumar

11:36 Discussant: J.L. Marlow

11:40 Video: Hysteroscopic Removal of Intruterine Devices in Pregnancy
A. Sanders

11:46 Discussant: P.D. Indman

11:50 Video: Hysteroscopic Repair of Cesarean Scar Isthmocele
A. Sanders

11:56 Discussant: J. Shin

12:00 Adjourn

Video Session 1
Robotics
11:00 am - 12:00 pm
Room: 113-114

Moderator: Matthew Palmer, Beau Park, Ziv Tsafrir

COURSE OUTLINE
11:00 Group A
Excision of Adenomyosis in the Setting of Recurrent IVF Failure
R.M. Whynott, E. New, A. Imuda

11:07 Group A
A Novel Approach for the Excision of an Eroded Bladder Mesh Using a Single Robotic Procedure
P.S. Kerr, J.C. Espinales, T.L. Dafoz, N.I. Sreshta, B. Zeybek, G.S. Kilic

11:14 Group A
Single Site Robotic Approach to Native Tissue Apical Suspension
M. Islam, M. Mical, J. Yi

11:21 Group A
Resection of Recurrent Interstitial Ectopic Pregnancy
A.G. Aguirre, J. Mourad

11:28 Group B
Robotical Radical Hysterectomy for Stage IB1 Adenocarcinoma of the Endocervix in a Background of Stage IV Endometriosis
S.L. Todd, R.K. Smith, D.S. Metzinger

11:35 Group B
Robotical Resection of Deep Infiltrating Rectovaginal Endometriosis with Bilateral Ureterolysis under Low Pressure Insufflation
N. Ringel, K. Haung

11:42 Group B
Uterine Didelphys with OHVIRA Syndrome (Obstructed Hemivagina and Ipsilateral Renal Anomaly)
R.B. Smith, K. Steck-Bayat, L. Stoycheff, J. Mourad

11:50 Group B
Robotically-Assisted Laparoscopic Resection of Pregnancy in a Rudimentary Horn
J. Zhang, K. Lian, T. Griffin

11:57 Discussant: A. Sanders

12:03 Adjourn

Panel Session 1
Women’s Empowerment Forum
11:00 am - 12:00 pm
Room: 120

Chair: Julie A. Freischlag

This session, “Breakthrough to Brave” will provide scenarios and vignettes that will empower women to obtain leadership positions and be successful in their roles.

Julie A. Freischlag joined Wake Forest Baptist Medical Center in April 2017 as Chief Executive Officer. Consistently ranked among the nation’s top 50 medical centers, Wake Forest Baptist includes Wake Forest Baptist Health, a growing, multi-hospital health system and physician network, the state-of-the-art and highly competitive Wake Forest School of Medicine, and Wake Forest Innovations, its technology transfer and commercialization enterprise. As CEO, she has the overall responsibility for the Medical Center’s clinical, academic, and innovation enterprises and its annual operating budget of $2.5B. On July 1, 2017, Freischlag became the Interim Dean of Wake Forest School of Medicine and was formally appointed as Dean on February 1, 2018.

She has published more than 250 manuscripts, abstracts, and book chapters. Freischlag has received numerous teaching awards, an achievement award from the Department of Veterans Affairs, and was elected to the National Academy of Medicine in 2015. She was selected to the 2017-2018 Best Doctors in America, as well as a Triad Power Player in 2017 by the Triad Business Journal. In addition to serving in various national and international leadership roles, she has mentored students, residents, and young faculty and is a frequent speaker on topics ranging from her expertise in vascular diseases, teamwork and patient safety, leadership and work-life balance, to women succeeding in health professions. Freischlag has dedicated her career to serving as a role model for her students, a respected colleague across health professions, a strong community leader, and a national voice for improving health and health care.

Learning Objective: At the conclusion of this course, the participant will be able to identify personal tactics to promote their skills and talents to lead.
Endometriosis

Open Communications 1

11:00 am - 12:00 pm
Room: 121-122

Moderator: Megan Billows, Howard L. Curlin, Salah A. Moghraby

COURSE OUTLINE

11:00 Group A
Immunohistochemical Predictive Factors for Recurrence of Ovarian Endometrioma after Laparoscopic Excision
E. Pahincheyuk, A. Asaturova, L. Adamyan, A. Stepanian, N. Zaytsev

11:07 Group A
External Validation of the Fertility and Endometriosis Index (ETF) in Patients with Moderate and Severe Endometriosis in a Brazilian Population

11:14 Group A
Influence of Doxycycline in Experimentally Induced Endometriosis in Rats
F.P. Valerio, A.T. Zani, P.M. Valerio, A.R. Silva, J. Rosa e Silva

11:21 Group A
Safety and Efficacy of Two Techniques of Temporary Ovarian Suspension to the Anterior Abdominal Wall after Operative Laparoscopy
D. Abuzeid, J. Hebert, M. Ashraf, M. Mithwally, M.P. Diamond, M. I. Abuzeid

11:28 Group B
Ureteral Endometriosis (UE): Risk Factors for Major Ureteral Surgery
G. Lanzo, M. Maltoni, M. Rasilo, L. Casarella, C. Benedetto

11:35 Group B
Laparoscopic Surgical Management of Intestinal Deep Infiltrating Endometriosis (DIE): A Nine Years Experience
A.F. Viqueiras Smith, M. Tessman Zomer Kondo, R. Ribeiro, J. Quirino, W. Kondo

11:42 Group B
The Relationship between Endometrioma Size and Treatment with Dienogest: A Retrospective Cohort Study
M.B. Sather, I. Kroft, G. Liu, H. Wong

11:50 Group B
MRI Staging of Endometriosis: How to Provide Value Based Reads!
A.M. Jaramillo-Cardoso, A.S. Shenoy-Bhangle, A. Garcia-Descovich, L. King, H. Hur, J. Glickman, K. I. Morteale

11:57 Group A
Dual Usage of 5 mm Laparoscope for Abdominal Entry and Cystoscopy During Robotic Assisted Laparoscopic Hysterectomy: Safe Alternative to Traditional Cystoscopy
N. Amiraliif, P. Alame-Harandi, B. Day

11:14 Group A
Single-Port versus Multi-Port Robotic Sacrocolpopexy: Establishment of a Learning Curve and Short-Term Outcomes
E. Matanes, R. Lauterbach, S. Mustafa-Mkhail, A. Amit, Z. Wiener, L. Lowenstein

11:21 Group A
Robotic Radical Trachelectomy for Early Stage Cervical Cancer: Case Series of Single Institution
E. Park, T. Kim, J. Lee, B. Kim, D. Bae, C. Choi

11:28 Group B
Predictors of Prolonged Operative Time for Robotic Assisted Laparoscopic Myomectomy
P. Movilla, M. Orlando, J. Wang, J. Opoku-Anane

11:35 Group B
Robotic-Assisted Laparoscopic Nerve Sparing Radical Hysterectomy Improve Long-Term Bladder Function: Based on Urodynamic Assessment
K. Ling, Z. Liang

11:42 Group B
The Comparative Study of Robotic Surgery, Laparoscopic Surgery and Traditional Laparotomy in the Treatment of Cervical Cancer
H. Zhou, W. Shao, X. Kong, J. Ling, J. Wu

11:50 Group B
Feasibility and Survival Outcomes of Robotic Pelvic Exenteration for Recurrent Pelvic Gynecologic Malignancy
P.C. Lim

11:57 Group B
Preliminary Surgical Outcomes of Single Site Robotic Surgery in Gynecologic Oncology
K. Lee, H. See, Y. Choi, J. Yoo, S. Hur

12:00 Adjourn

Robotic Surgery

Open Communications 2

11:00 am - 12:00 pm
Room: 123-124

Moderator: Rachel La Monica, Gaby N. Moawad, Carolyn Pszczek

COURSE OUTLINE

11:00 Group A
Preliminary Surgical Outcomes of Single Site Robotic Surgery in Gynecologic Oncology
K. Lee, H. See, Y. Choi, J. Yoo, S. Hur

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11:57 Group B
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K. Lee, H. See, Y. Choi, J. Yoo, S. Hur

12:00 Adjourn

Surgical Tutorial 1

Oops! I did it Again! Avoid Repeating the Same Mistakes in Laparoscopic and Vaginal Surgery

11:00 am - 12:00 pm
Room: Premiere Ballroom

Chair: Suketu M. Mansuria
Faculty: Chong Kiat Khoo, Peter L. Rosenblatt, Stephanie L. Wedington

Don't be like Britney Spears and make the same errors again and again! This course is designed to provide the attendees with surgical tips and tricks to make them better, safer and more efficient surgeons. Leading experts in the field will provide education through the extensive use of surgical videos to enhance the applicability of the techniques taught and show real world utilization of these methods. Attendees will bridge the gap that separates novice from expert surgeons through a comprehensive overview of proper surgical technique, anatomical approach to developing the scarred bladder flap and obliterated posterior cul de sac, safe dissection in the presacral space, suturing skills necessary for advanced pelvic organ prolapse procedures, retroperitoneal dissection to avoid ureteral injury, appropriate work up and management of the suspicious adenexal mass by the general gynecologist, and complication avoidance during surgery for large fibroids (hysterectomy and myomectomy).

Learning Objective: At the conclusion of this course, the participant will be able to employ time tested tips and tricks to improve surgical efficiency, enhance patient outcomes, and minimize complications.

COURSE OUTLINE

11:00 Welcome, Introductions and Course Overview
S.M. Mansuria

11:05 Avoiding and Recognizing Complications in Laparoscopic Reconstructive Surgery
P.L. Rosenblatt

11:15 Bowel and Bladder Dissection in Patients with Multiple C-sections or Stage IV Endometriosis
S.M. Mansuria

11:25 Avoiding Ureteral Injury and Managing the Suspicious Adnexal Mass from the Perspective of a Gynecologic Oncologist
S.L. Wellington

11:35 Simplifying Surgery for Large Fibroids: Hysterectomy and Myomectomy
C. Kiat Khoo

11:45 Questions & Answers
All Faculty

12:00 Adjourn
COGA Symposium

11:00 am - 1:10 pm
Room: 106-107

Course Chair: Jinghe Lang, Zhenyu Zhang, Xiaoming Guan, Peter Lim
Faculty: Liming Feng, Keqin Hua, Jinghe Lang, Zhiqing Liang, Jinhua Leng, Yuanguang Meng, Xiang Xue, Zhenyu Zhang

The new developments in operative laparoscopy in gynecology have greatly increased its use over the last decade. As our understanding of the benefits of minimally invasive gynecologic surgery in pregnant patients have grown, so have the novel applications, technological innovations, and potential complications related to such. The minimally invasive approach during pregnancy is used today in many procedures that previously required open laparotomy. The most commonly reported laparoscopic operation during pregnancy is laparoscopic cholecystectomy (L.C). Other laparoscopic procedures commonly performed during pregnancy include management of adnexal mass, ovarian torsion, ovarian cystectomy, appendectomy, and ectopic pregnancy. Although once considered an absolute contraindication, laparoscopic surgery during pregnancy is now more frequently performed without apparent increase in the rate of complications.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Perform safe minimally invasive surgery access for pregnancy related various pathologies, i.e., cancer, fibroid, ovarian cyst, Cesarean scar ectopic, cornual ectopic, appendectomy, cholecystectomy; 2) acquire various tips and tricks for managing and minimizing the risk of complications in pregnancy related gynecologic surgeries; and 3) demonstrate safety and efficiency of different routes of minimally invasive gynecologic surgery during pregnancy (Laparoscopic, robotic, single-site surgeries).

COURSE OUTLINE

11:00 Welcome, Introductions and Course Overview
11:05 Laparoscopic Surgery During Pregnancy—Indication, Technique and Obstetric Outcomes
   J. Leng
11:20 Mini+ Laparoscopic Surgery During Pregnancy—Indications and Techniques
   Z. Zhang
11:35 Pregnancy Related Laparoscopic Single-Incision Surgeries
   X. Guan
11:50 Laparoscopic Single-Site Surgery for Management of Adnexal Masses in Pregnancy
   Z. Liang
12:05 Robotic Surgery During Pregnancy
   P. Lim
12:10 Strategies in the Laparoscopic Surgery Treatment of Ovarian Tumor During Pregnancy
   Y. Meng
12:25 The Effect of Carbon Dioxide Pneumoperitoneum on Fetal Tissue During Laparoscopic Surgery
   X. Xue
12:35 Laparoscopic Radical Trachelectomy for Treatment of Cervical Cancer During Pregnancy
   K. Hua
12:50 Removal of Cervical Polyps Under Hysteroscopy During Pregnancy
   L. Feng
1:00 Questions and Answers
   All Faculty
1:10 Adjourn

Plenary 2
Oncology

12:10 pm - 1:10 pm
Room: 111-112

Moderator: Kristina A. Butler, Albert Steren
Discussant: Christopher S. Awtrey, Erica Dun, Hubert Fornalik, Fernando Heredia, Gulden Menderes, Kristine M. Zanotti

Faculty: Masaaki Andou, Aakriti R. Carrubba, Afshin Fazel, Siv L. Joergensen, Junjun Qiu, Radha R. Padhy

This session will introduce advances in cancer detection and further substantiate the benefits of minimally invasive surgery for women with endometrial cancer.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Avoid an unanticipated cancer diagnosis at the time of surgery; and 2) review the use of minimally invasive surgery in order to improve outcomes for women with endometrial cancer.

COURSE OUTLINE

12:10 Uterine Sarcomas: 16 Years of Follow up among a Continuous Cohort of Fibroids
   A. Fazel
12:16 Discussant: K.M. Zanotti
12:20 Circulating Serum Exosomal MALAT1 is a Novel Prognostic Biomarker for Epithelial Ovarian Cancer (EOC)
   J. Qiu
12:26 Discussant: F. Heredia
12:30 Nationwide Implementation of Robotic Minimally Invasive Surgery for Endometrial Cancer Increases Survival and Reduces Complications
   S.L. Joergensen
12:36 Discussant: E. Dun
12:40 Variability Between Individual Surgeons in Route of Hysterectomy for Patients with Endometrial Cancer in Florida
   A. Carrubba
12:46 Discussant: C.S. Awtrey
12:50 Video: Sentinel Node Mapping with Methylene Blue
   R.R. Padhy
12:56 Discussant: H. Fornalik
1:00 Video: Combined Robotic and Laparoscopic Surgical Staging for Endometrial Cancer
   M. Andou
1:06 Discussant: G. Menderes
1:10 Adjourn
Day 3: Congress – Tuesday, November 13, 2018

Video Session 2
Robotics

12:10 pm - 1:10 pm
Room: 113-114

Moderator: Ulas Bozdogan, Obianuju Madueke-Laveaux, Kristin Riley

COURSE OUTLINE

12:10 Group A
The Use of Porcine Xenograft for Coverage of Prolene Mesh during Robotic Abdominal Sacral Colpopereineopexy Procedure
A. Stanton, A. Chen, P. Petit

12:17 Group A
Identification and Resection of Extraterine Adenomyosis after Hysterectomy and Non-Contained Power Morcellation
M. Mandapani, P. Yian, E. Abi Khali, S.K. Moawad

12:24 Group A
Retrograde Recanalization for Complete Cervical Stenosis after Conization
A.L. Juweta, S. Thani, P. Anderson

12:31 Group A
Robotic-Assisted Laparoscopic Management of Bladder Endometriosis Arising from Caesarean Section Scar
C. Johansson, F. Chau

12:42 Group B
Robot Assisted Laparoscopic Total Hysterectomy and High Uterosacral Vaginal Vault Suspension
R. Iraz Barrera, A. Trinidad Martinez, A. Cortés Algarra, J. Gangara Rodriguez, J. Silva Alanis, D. Perez Romero, C. Avilés Morán

12:49 Group B
Initial Experience of Lower Para-Aortic Lymph Node Dissection (PALND) Using Robotic Single Site Platform in a Patient with Locally Advanced Cervical Cancer
H. Chung, S. Lee, T. Iang, S. Awon, S. Shin, C. Cho

12:56 Group B
Robot Assisted Laparoscopic Myomectomy for Submucosal Myoma
Y. Kim, H. Hwang, Y. Chung, H. Cho, M. Kim

1:03 Group B
Intravenous Leiomyomatosis of the Uterus Extending into the Ovarian Vein
G. Monderes, G. Altwerger, S. Chung, D. Sillais

Panel Session 2
Physician Burnout: Hitting the Manic Button

12:10 pm - 1:10 pm
Room: 120

Chair: Jason H. Daley Kennedy
Faculty: Gaby N. Moawad

Jason Daley Kennedy leads meditation sessions for a variety of professionals on a group and individual level in Los Angeles, California. He has taught workshops throughout the country and abroad, and coaches individuals to success in life and work utilizing the evidence-based fields of meditation, mindfulness, and neuro-linguistic programming.

The Hitting the Manic Button session highlights Daley Kennedy's authentically approachable manner of getting people to start meditating, enhance their lives using mindfulness, and laughing at the sometimes-absurd perceptions of what meditation “should” be. Attendees will be given an opportunity to practice a variety of tools to get centered, even when their world, or their colleagues, spin out of control. Jason’s meditations are both steeped in and aimed at demystifying the ancient practice, helping those who believe they can’t meditate to encouraging others that can by bringing mindful tools to their fulfilling but often hectic lives.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Discuss no-pressure daily practice of meditation; 2) review the medical benefits of practicing meditation and mindfulness; 3) Apply the practice of daily meditation to their home and work life, with tools on how to approach their colleagues about starting weekly guided sessions or booking retreats to address specific issues; and 4) explain how my mindful hacks, known as Manic Button Moments, will help you access a state of calm, lower your heart-rate and, subsequently, blood pressure, and respond to stressful situations versus react to them.

Open Communications 3
Surgical Education

12:10 pm - 1:10 pm
Room: 121-122

Moderator: Arpit Dave, Candice Jones-Cox, Karen C. Wang

COURSE OUTLINE

12:10 Group A
Impact of Initiating a Robotics Program on Surgical Education at a County Teaching Hospital
C. Liu, M. Carlson

12:24 Group A
ERAS in Minimally Invasive Gynecology: A Meta-Analysis of the Literature
J.L. Kenner, S.A. Scheib

12:31 Group A
Training and Performance: Informed Consent for Hysterectomy
P. Mwesigwa, W. Barnes, R. Gutman

12:42 Group B
Improving Patient Understanding of Uterine Fibroid Surgery and Morcellation Using Video-Enhanced Intervention: A Pilot Feasibility Study
M.T. Siedhoff, M.E. Barr, K.A. Wright, B.S. Harris, M.D. Truong

12:49 Group B
24-Hour Simulation Lab access and Laparoscopic Skills Improvement: A Pilot Study
R. Rodríguez, N. Dad, J.K. To

12:56 Group B
To Become a Better Surgeon: Why Trainees Enter Advanced Training Programs in Endoscopic Surgery
A. Vazdani

1:03 Group B
Application of Sensor Technology in the Objective Assessment of Vaginal Cuff Closure Utilizing a Validated Simulation Model
C.R. King, H. Mohamadianpanah, D. Giles, C. Pagh

HONORING OUR LEGACY AS WE UNITE TO ELEVATE GYNECOLOGIC SURGERY 65
### Open Communications 4
**Endometriosis**

**12:10 pm - 1:10 pm**

Room: 123-124

**Moderator:** Michael P. Diamond, Karen E. Fish, Xiang Xue

#### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:10</td>
<td>Group A: Comparison of Laparoscopic Hysterectomy in Patients with Endometriosis with and without an Obliterated Cul-De-Sac A. Mehryk, K. Rindos, T. Lee</td>
</tr>
<tr>
<td>12:17</td>
<td>Group B: Self-Reported Pain and Quality of Life Following Laparoscopic Excision of Endometriosis as Measured Using the Endometriosis Health Profile-30: A 5 Year Follow-Up Study N.M. Donnellan, L.R. Fulcher, N.B. Rindos</td>
</tr>
<tr>
<td>12:24</td>
<td>Group A: Estradiol Levels are Differentially Suppressed by Elagolix Compared to Leuprolide Acetate E. Sorrey, D. Archer, K. Chwalisz, K. Gordon, I. Ng, B. Lessey</td>
</tr>
<tr>
<td>12:42</td>
<td>Group B: A Retrospective Cohort Study: Identifying Pre-operative Factors Associated with Non-Responders in Women Undergoing Comprehensive Surgical Treatment for Endometriosis V. Ghai, H. Jan, F. Shakes, A. Kent</td>
</tr>
<tr>
<td>12:49</td>
<td>Group B: Elagolix Reduced Dyspareunia and Improved Health-Related Quality of Life in Premenopausal Women with Endometriosis-Associated Pain N. Leyland, H. Taylor, D. Archer, P. Pelosi, B. Schwerfel, A. Soliman, M. Martinez, M. Abrao</td>
</tr>
<tr>
<td>12:56</td>
<td>Group B: Does Side Matter: Clinical Characteristics Associated with the Laterality of Endometriosis L. Andriani, L. Prunty, A. Arslan, K. Huang</td>
</tr>
<tr>
<td>1:03</td>
<td>Group B: Pelvic Organ Function after Laparoscopic Surgery for Deep Infiltrating Endometriosis: Interim Results of a Prospective Study U. Dias, C. Cheng, M. Healey</td>
</tr>
</tbody>
</table>

### Surgical Tutorial 2
**Vaginal Hysterectomy with Large Uterus**

**12:10 pm - 1:10 pm**

Room: Premier Ballroom

**Chair:** Andrew I. Sokol  
**Faculty:** Jan F. Baekelandt, Rosanne M. Kho, Eric R. Sokol

This session provides a state-of-the-art overview of techniques for successful completion of vaginal hysterectomy of the large uterus. Surgical footage will be utilized to provide practical tips and demonstrate cutting-edge methods highlighting setup and exposure, volume reduction, contained morcellation and transvaginal natural orifice endoscopic surgery (VNotes).

**Learning Objective:** At the conclusion of this course, the participant will be able to utilize a variety of strategies to enable successful completion of vaginal hysterectomy for large uteri.

#### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:10</td>
<td>Welcome, Introductions and Course Overview A.I. Sokol</td>
</tr>
<tr>
<td>12:15</td>
<td>Habits of a successful vaginal surgeon - setup is key! R.M. Kho</td>
</tr>
<tr>
<td>12:25</td>
<td>Removing the engine through the tailpipe: vaginal tissue extraction A.I. Sokol</td>
</tr>
<tr>
<td>12:35</td>
<td>Bagged! Continued tissue morcellation techniques E.R. Sokol</td>
</tr>
<tr>
<td>12:45</td>
<td>TVH 2.0 - VNotes J. Baekelandt</td>
</tr>
<tr>
<td>12:55</td>
<td>Questions &amp; Answers All Faculty</td>
</tr>
<tr>
<td>1:10</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>

### Plenary 3
**Robotics**

**2:15 pm - 3:15 pm**

Room: 111-112

**Moderator:** Timothy A. Deimling, Linda M. Nicoll

**Discussant:** Xiaoming Guan, Kathy Huang, Fatih Sendag, John P. Lenihan, Ido Sirota, Shari G. Snow

**Faculty:** Michael T. Breen, Kate K. Chaves, Beau Park, Frederick J. Rau, Duarte M. Ribeiro, Anna Jo Smith

This course provides a look into trends and best practices in robot-assisted gynecologic surgery. Participants will be exposed to a wide range of robotic approaches to benign gynecologic conditions.

**Learning Objectives:** At the conclusion of this activity, the participant will be able to: 1) Identify trends in the use of robotic surgery in comparison to alternative approaches to hysterectomy; 2) Identify best practices for safety in robotic surgery; and 3) Review robotic approaches to other benign gynecologic conditions including fibroid, other benign pelvic masses and endometriosis.

#### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>2:15</td>
<td>Patient-Reported Outcome Measures and Satisfaction Following Robotic Hysterectomy: A Patient-Centered Approach in Evaluating Surgical Success B. Park</td>
</tr>
<tr>
<td>2:21</td>
<td>Discussant: S.G. Snow</td>
</tr>
<tr>
<td>2:31</td>
<td>Discussant: K. Huang</td>
</tr>
<tr>
<td>2:35</td>
<td>Predictors of Robotic Hysterectomy Undergoing Hysterectomy for Benign Conditions in the National Inpatient Sample A. Smith</td>
</tr>
<tr>
<td>2:41</td>
<td>Discussant: I. Sirota</td>
</tr>
<tr>
<td>2:45</td>
<td>Validated Best Measures for Ocular Safety in Gynecologic Robotic Assisted Platform Surgeries M.T. Breen</td>
</tr>
<tr>
<td>2:51</td>
<td>Discussant: G. Guo</td>
</tr>
<tr>
<td>2:55</td>
<td>Video: Robotic Xi Excision of an Accessory and Cavitated Uterine Masa: An Unusual Cause of Chronic Pelvic Pain in Adolescents E.J. Rau</td>
</tr>
<tr>
<td>3:01</td>
<td>Discussant: J.P. Lenihan</td>
</tr>
<tr>
<td>3:05</td>
<td>Video: Robotic Excision of Uterine Remnant during Surgical Treatment of Infiltrating Endometriosis and other Surgical Gynecologic Pathologies D.M. Ribeiro</td>
</tr>
<tr>
<td>3:11</td>
<td>Discussant: J.P. Lenihan</td>
</tr>
<tr>
<td>3:15</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>
Day 3: Congress – Tuesday, November 13, 2018

**Video Session 3**

**Urogynecology**

2:15 pm - 3:15 pm
Room: 113-114

**Moderator:** Navpriya Oberoi, Mark R. Preston, Lauren Siff

**COURSE OUTLINE**

2:15 Group A
Laparoscopic Supracervical Hysterectomy and Sacrocervical with Extraction of the Surgical Specimen by the Posterior Colpotomy for the Treatment of Uterine Prolapse

2:22 Group A
Minimally Invasive Surgical Management of Vesico-Vaginal Fistula after a Robotic Hysterectomy
M.G. Leon, K. Bautista, M. Robertson, P. Pettit, C. Destephano

2:29 Group A
Robotic Rectopexy
M.G. Leon, P. Guha, A. Chen, P. Pettit

2:36 Group A
Sacrococcygeopexy: The Buffalo Experience
M. Shu, K. Fan, A. Edidb

2:47 Group B
Postoperative Osteomyelitis after Excision of Infected Sacral Colpexy Mesh
S. Sharma, L. Lipetskaia

2:54 Group B
Robotic Single Site Uterosacral Ligament Suspension after Hysterectomy
A. Doering, A. Azadi, K.P. Steck-Bayat

3:01 Group B
Laparoscopic Single Site Sacrococcygeal with Uterine Preservation: Surgical Techniques
X. Guan, J. Liu, Z. Guan, K. Blazek, J. Pan, B. Sun

3:08 Group B
Robotic Surgical Management of Symptomatic Mesh Erosions
M.G. Leon, P. Guha, P. Pettit, A. Chen

**Open Communications 5**

**Research and Science**

2:15 pm - 3:15 pm
Room: 120

**Moderator:** Dmitry Fridman, Lara F.B. Harvey, Sandra Lopez

**COURSE OUTLINE**

2:15 Group A
Updated Incidence of Uterine Sarcoma in 1913 Consecutive Minimally Invasive Procedures Including Hysterectomy
R.H. Demir

2:22 Group A
Effect of Minimally Invasive Surgery Fellowship Training and Surgeon Volume on Hysterectomy Outcomes: A Multicenter Study
J. Opoku-Anane, S.L. Cohen, K.N. Wright, W. Zhang, P. Yang, G. Mouawad

2:29 Group A
Comparison of Vaginal Cuff Closure Integrity with Running Suture or Surgical Clips Using a Simulated Tissue Model
S. Kity, R. Brown, D. Mazucco

2:36 Group A
Hysterectomy Practice Patterns in the Post- Mercerollation Era
E.M. Jorgensen, A.M. modest, M.R. Hacker, H. Hur

2:47 Group A
Risk Factors for Venous Thromboembolism in Women Undergoing Hysterectomy
S. Sedra, R. Mallick, O. Bougie, L. Hopkins, S.S. Singh, K. Arendas, I. Chen

2:54 Group B
Association between Ultrasound Detection of Adenomyosis and the Specialty of the Reading Physician
N. Tamhane, M. Oliva, M. McDowell, J.P. Tanner, L. Hochberg, M. Baker, A. Imuda, E. Mkhall

3:01 Group B
The Impact of Academic Calendar Cycle on Hysterectomy Outcomes: A Comparison of Hysterectomy Types in Teaching and Non-Teaching Hospitals
S. Seckin, M. Finkelstein, K. Zakashansky

3:08 Group B
The Pharmacokinetic Profile of Vaginal Route Diazepam Suppositories
A. Larish, R. Dickson, R. Kudgus, R. McGovern, J. Reid, W. Nicholson, M. Hooten, J. Green

**Open Communications 6**

**New Instruments**

2:15 pm - 3:15 pm
Room: 121-122

**Moderator:** Francisco Aguirre, Michelle Louise, John J. Navas

**COURSE OUTLINE**

2:15 Group A
A Comparison of Pain Scores in Patients Undergoing Transcervical Radiofrequency Ablation of Uterine Fibroids Under General Anesthesia or Conscious Sedation in the SONATA Pivotal IDE Trial
M. Moore, L. Mikhailov, D. Levine, J. Garza-Leal

2:22 Group A
Improvement in 12-Month Health-Related Quality of Life and Work Productivity after Ultrasound-Guided Transcervical, Intrauterine Radiofrequency Ablation of Uterine Fibroids in the SONATA Pivotal IDE Trial
D. Levine

2:29 Group B
12-Month Patient-Reported Outcomes of the SONATA Pivotal IDE Trial: Sonography-Guided Transcervical Radiofrequency Ablation of Uterine Fibroids
R. Guido, C. Martori, A. Lukes, K. Sakhel, S. Chudnoff

2:36 Group A
12-Month Primary Clinical Endpoints and Safety Analysis of the SONATA Pivotal IDE Trial: Sonography-Guided Transcervical Radiofrequency Ablation of Uterine Fibroids
S. Chudnoff, R. Guido, K. Roy, D. Levine, L. Mikhailov, J.G. Garza-Leal

2:47 Group B
In Vivo Librata Endometrial Ablation Device Performance Study in Women Scheduled for Elective Hysterectomy
J.E. Coad, J. Fugett, II, H. Bennett, L. Castillo-Saenz, J. Garza-Leal

2:54 Group B
Intrauterine Radiofrequency Ablation of Uterine Fibroids
A. Mandel, K. Michel, J. Weis, P. Wolf, F. Hajar, D. Rahal, J. Koslov, C.M. Claus

3:01 Group B
Long-Term Outcome of MR-Guided Focused Ultrasound Treatment and Laparoscopic Myometrectomy for Symptomatic Uterine Fibroids
Over the past 30 years, laparoscopic surgery has evolved greatly in Asian countries, not only from the improvement of surgery related instruments and devices, but also in the surgical techniques and concepts. Although the challenges of care for patient and disease remain the same, the progress made with the quality of care has improved over the decades.

This course is designed to introduce the evolution and the recent progress of minimally invasive surgeries by members of the society of Asia-Pacific Association for Gynecologic Endoscopist (APAGE).

Learning Objectives:
1) Discuss the concept and core values of minimally invasive therapy as it has evolved in Asian countries;
2) Describe the benefits and limitations of single port laparoscopy based on the vast experiences accumulated in Korea;
3) Review surgical tips and tricks for dealing with difficult patients of endometriosis;
4) Provide evidence of surgical and fertility outcomes of laparoscopic adenomyomectomy.

COURSE OUTLINE
2:15 Welcome, Introductions and Course Overview
C. Lee
2:20 The Evolution of Endoscopic Surgery
C. Lee
2:45 Revisit of Single Port Laparoscopy
T.J. Kim
3:10 Laparoscopic Treatment of Deep Infiltrating Endometriosis
B. Chern
3:35 Fertility Outcomes of Laparoscopic Adenomyomectomy
C-F Yen
4:05 Questions and Answers
All Faculty
4:15 Adjourn
Plenary 4
Laparoscopy
3:25 pm - 5:05 pm
Room: 111-112

Moderator: Emily R.W. Davidson, Danielle E. Luciano


Faculty: Clara Chan, Christine E. Foley, Ke Qin Hua, Haider Jan, Jinju Lee, Gaby N. Moawad, Brigid Nee, Pamela M. Frazzini Padilla, Christina I. Ramirez, Giovanni Roviglione

This course provides a broad range of novel laparoscopic techniques to improve patient outcome and better treat complex diseases. Techniques described include ways to minimize post-operative sequelae, safely extract tissue, and carefully dissect complicated disease.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Utilize various modalities to minimize post-operative pain and complications in complex patients; 2) apply new techniques for tissue extraction, resection of deep infiltrating endometriosis, removal of myoma, and excision of retroperitoneal cysts.

COURSE OUTLINE
3:25 Irrigation after Laparoscopic Power Morcellation and the Dispersal of Leiomyoma Cells: A Pilot Study
C. Chan

3:31 Discussant: K.Y. Tang

3:35 Laparoscopic Free Omentoplasty Following Pelvic Lymphadenectomy Can Prevent Protein Loss: A Case-Control Study
K. Hua

3:41 Discussant: S. Becker

3:45 Effect of Cold Therapy Combined with Multi-modal Analgesics in Women Undergoing Laparoscopic Hysterectomy: A Randomized Controlled Trial
P.M. Frazzini Padilla

3:51 Discussant: E.R.W. Davidson

3:55 Morbid Obesity is Associated with Postoperative Complications in Laparoscopic Hysterectomy
G.N. Moawad

4:01 Discussant: D.M. Boruta

4:05 Loss is More: Clinical Impact of Decreasing Pneumoperitoneum Pressures during Robotic-Assisted Gynecologic Surgery
C.E. Foley

4:11 Discussant: C.G. Rodriguez Valero

4:15 Laparoscopic Segmental Resection for Deep Infiltrating Endometriosis of the Bowel: A Single Center Case Series of 2460 Consecutive Cases
G. Roviglione

4:21 Discussant: K. Edelman

4:25 Occult Uterine Sarcoma in Presumed Uterine Leiomyomas
J. Lee

4:31 Discussant: J.F. Garcia Rodriguez

4:35 Video: A Stepwise Approach to Laparoscopic Enucleation and Excision of Retroperitoneal Cysts
H. Ian

4:41 Discussant: A.W. Khalil

4:45 Video: En Bloc Resection of Deep Infiltrating Endometriosis with a Novel Tissue Extraction and Anastomotic Technique
B. Nee

4:51 Discussant: T.A. Seckin

4:55 Video: Laparoscopic Excision Bladder Fibroid: A Systematic Approach
C.I. Ramirez

5:01 Discussant: M.E. Orady

5:05 Adjourn

Video Session 4
Hysteroscopy
3:25 pm - 5:05 pm
Room: 113-114

Moderator: Aarathi Cholkeri-Singh, Erica L. Stockwell

COURSE OUTLINE
3:25 Group A
Myoma Nascens: Combined Uterus Saving Technique.
J. Molkenboer

3:32 Group A
Hysteroscopic Approach to Removal of Retained Intrauterine Device in Setting of Intrauterine Pregnancy
L. Young, K. Kasper

3:39 Group A
Endometrial Osseous Metaplasia Associated with Infertility. Hysteroscopic Approach
A. Saad-Garay, J. Alanis-Fuentes, A. Camacho-Cervantes, L. Morales-Dominguez

3:46 Group A
Ultrasonic-Guided Hysteroscopic Resection of Severe Intra-Uterine Adhesions
K.J. Fleming, S.S. Singh

3:57 Group B
Resection of Intra-uterine Pathology with 15 French Resectoscope (5mm) in the Office with No Anesthesia
V.E. Miller, K. Isaacson, S. Morris

4:04 Group B
Hysteroscopic Treatment of Some Special Cases of Cesarean Scar Defect
J. Zhang

4:11 Group B
How to Set Up Outpatient Office Hysteroscopy
L. Weyenberg, D. McCarthur, T. Tam

4:18 Group B
Submucosal Resection of a Type 2 Myoma by Hysteroscopic Morcellation
M.Z. Siedhoff, K.K. Wright

4:18 Group C
Hysteroscopic Myomectomy: Surgical Tips and Tricks for Type 2 Submucosal Bipolar Resection
J.K. Robinson, W.A. Barnes, N.K. Hazen

4:36 Group C
Surgical Management of Non-Tubal Ectopic Pregnancies
J.K. Robinson, W.A. Barnes, N.K. Hazen, P. Alam, S. Bradley

4:43 Group C
Laparoscopic Aspiration Needle Guided Hysteroscopic Unification of Unicornuate Uterus with Non-Communicating Cavitatory Rudimentary Horn
S.P. Trivedi

4:50 Group C
Delayed Hysteroscopic Resection of Symptomatic Placenta Acreta Remnants
C. Smith, H. Kamencic

4:57 Group C
Hydrodilation and Guidewires: Paving the Way for Hysteroscopy
A.A. Adajar
Panel Session 3
Quality Panel

3:25 pm - 5:05 pm
Room: 120

Chair: Sean C. Dowdy
Faculty: Jamie N. Bakkum-Gamez, Susan Khalil

This session will provide an overview of quality assessment and quality improvement for gynecologic surgeons. An expert panel will discuss tools available to improve surgical quality and facilitate a culture of change, safety, and continuous improvement in your hospital. Relevant examples of projects which have successfully improved quality and value will be provided. Recognizing that reimbursement will be increasingly dependent on surgical outcomes, the current state and future of quality measures in surgery will be discussed. Finally, effective translation of quality improvement into research will be reviewed to facilitate sharing of learnings to the benefit of patients everywhere.

Learning Objective: At the conclusion of this course, the participant will be able to implement practice changes that will result in improvements in quality, safety, and value in gynecology surgery.

COURSE OUTLINE
3:25 Welcome, Introductions and Course Overview
S.C. Dowdy
3:30 Quality Improvement in Surgery: Are Standardization and Innovation Mutually Exclusive?
S.C. Dowdy
3:50 Enhanced Recovery After Surgery: a Segway to Continuous Improvement
J.N. Bakkum-Gamez
4:10 Quality Measures in Gynecologic Surgery
S.C. Dowdy
4:30 Transforming Your Quality Improvement Project into Research
S. Khalil
4:50 Panel Discussion
All Faculty
5:05 Adjourn

Open Communications 9
Laparoscopy

3:25 pm - 5:05 pm
Room: 121-122

Moderator: Sheikha Al-Jabri, Daniel Spadoto Dias, Alejandro Meiggs

COURSE OUTLINE
3:25 Group A
Enhanced Recovery after Surgery (ERAS) Outcomes in Minimally Invasive Non-hysterectomy Gynecologic Procedures
A. Peters, L. Wang, K. Smith, N.M. Donnellan
3:32 Group A
Comparison of Hysterectomy Practice Patterns Following the 2014 Food and Drug Administration Statement on Power Morcellation
P. Overschar, J. Casey, L. Chisholm, Z. Belkin, A. Yunker
3:39 Group A
Combined Treatment Techniques in Women with Cervical Ectopic Pregnancy: 58 Cases
A. Kozachenko, D. Akinfiev, A. Arakelyan, L. Adamyan
3:46 Group A
Improved Postoperative Pain Control by Addition of Oral Phenazopyridine before Total Laparoscopic Hysterectomy
K.A. O’Hanlan, M.S. Sten, L. Mo, S.A. Fors, K.F. Uthman, K.R. Beingesser
3:57 Group B
Impact of Anemia Severity on Postoperative Complications Following Laparoscopic Hysterectomy
P. Tyan, A. Gu, C. Wei, H.N. Robinson, G.N. Moawad
4:04 Group B
Comparison of Laparoscopy and Laparotomy for Paraortic Lymphadenectomy in Women With High-Risk Endometrial Cancer
E. Paik, C. Choi, J. Lee, B. Kim, D. Bae, T. Kim
4:11 Group B
Opioid Use after Laparoscopic Hysterectomy: Prescriptions, Postoperative Use, and Preoperative Predictors
4:18 Group B
Impact of U.S. Food and Drug Administration Safety Communication on Morcellation on the Mode of Hysterectomy
S.A. Ackroyd, P.M. Eliasinski, J.P. Gaughan, A. Ayala-Crespo, J. Diaz
4:29 Group C
The Design and Validation of Observational Clinical Human Reliability Analysis (OCHRA) as a Competency Tool for Assessment in Laparoscopic Hysterectomy
F. Shakir, G. Clemente, H. Jan, T. Kapoor, A. Kent
4:36 Group C
Para-Cervical Block Prior to Laparoscopic Hysterectomy as an Adjutant Strategy to Reduce Postoperative Pain: A Randomized Controlled Trial
S. Radke, M. Blevis, Z. Mashak, J. Holcombe, T. Boren, S. Defasquale
4:43 Group C
Deep Infiltrating Endometriosis of the Anterior Compartment: Laparoscopic Management of 447 Consecutive Patients Treated in a Referral Center
M. Cecconari, M. Manzone, G. Roviglione, A. Clarizia, F. Bruni, M. Cecchelli, G. Balelli, S. Cavalleri
4:50 Group C
Markedly Enlarged Isthmocele Diagnosed After 12-week Twin Pregnancy Loss
N. Sarg, J. Sisto, E. Stockwell
4:57 Group C
Increasing Technique Index to 91.9% in a Community Hospital: A Five-Year Retrospective Review
J. Mui, C. Liu, L. Gottenbos, F. Mohrashami
Video Session 5
Laparoscopy
3:25 pm - 5:05 pm
Room: 123-124

Moderator: Thomas L. Lyons, Mohamad S. Mahmoud, Courtney Stellar

COURSE OUTLINE

3:25 Group A
Right Diaphragm Endometriosis: Resection Technique

3:32 Group A
Uretetal Anatomy for the Junior Learner
J.Sisto, N. Garg, M. Gutierrez, E. Stockwell

3:39 Group A
Laparoscopic Essure Device Removal
A. Peters, N.B. Rindos

3:46 Group A
Laparoscopic Excision of Persistent Midurethral Sling Eversion
N. Moor, P.L. Rosenblatt

3:57 Group B
Diaphragmatic Endometriosis: A Laparoscopic, Multidisciplinary Approach
A. Herrmann, M. Dassel

4:04 Group B
Ureterolysis in Total Laparoscopic Hysterectomy
H. Jan, V. Ghai

4:11 Group B
The SEM (Stair Step Electrosurgical Enucleation of Myoma) Technique for Laparoscopic Myomectomy
L.A. Christianson, K. Fogelson, R. Rosenfield

4:18 Group B
I. Kriplani, A. Kriplani, V. Dalal, R. Mahay, G. Kachhawa, T. Goel, M. Gupta

4:29 Group C
Laparoscopic Ligation of Uterine Vasculature for Fertility-Sparing Management of Postabortal Hemorrhage
G. Menderes, D. Leon-Martinez, M. Azodi

4:36 Group C
Surgical Management of Diaphragmatic Endometriosis
C.R. Zhou, M.K. Sueh, S. Gilbert, M.A. Fraser, S.S. Singh

4:43 Group C
Cystic Uterine Mass: Evaluation and Surgical Management Including Temporary Occlusion of the Bilateral Uterine Arteries
E.M. Wagner, M. Gahlman

4:50 Group C
Contained Laparoscopic Power Morcellation for Large Pelvic Masses

4:57 Group C
Laparoscopic Essure Reversal
N. Clark, K.J. Pepin, J.J. Einarssoon

Surgical Tutorial 3
Brave as Ulysses: Gynecologic Surgeons Passing the Pillars of Hercules
3:25 pm - 5:05 pm
Room: Premier Ballroom

Chair: Mario Leitao
Faculty: Javier F. Magrina, Audrey T. Tsunoda

This session provides a video-based experience in ultra-radical minimally invasive gynecologic surgeries. Experienced minimally invasive gynecologic surgeons will present videos demonstrating techniques for diaphragmatic resections, debulkings, ureteral resections, exenterations and more. Even if you don’t “Push the Envelope,” the faculty will share many tips and tricks to help the attendees approach complex cases and help refine their own techniques.

Learning Objective: At the conclusion of this course, the participant will be able to discuss complex and radical procedures performed by minimally invasive surgical techniques.

COURSE OUTLINE

3:25 Welcome, Introductions and Course Overview
M. Leitao

3:30 Robotic Resection of Pelvic Wall Recurrences and Modified Pelvic Exenteration for Advanced Ovarian Cancer
J.F. Magrina

3:50 Robotic Total Pelvic Exenteration with Complete Robotic Reconstruction
A.T. Tsunoda

4:10 Robotic Debulking Procedures That May Be Needed in Cancer & Benign Diseases
M. Leitao

4:30 Video: Robotic Diaphragm Resection for Endometriosis Para-aortic Lymph Node MIS Debulking Procedure Repair of Iliac Artery Injury
All Faculty

4:50 Questions & Answers
All Faculty

5:05 Adjourn
STUMP THE PROFESSORS

5:10 PM - 6:10 PM

PREMIER BALLROOM

Chair:
Amber Bradshaw-Whitear, Amanda M. Ecker

Case Presenters:
Richard B. Rosenfield, Micah R. Wright, Jenny Zhang

Faculty:
Victor Gomel, Shanti Mohling, Resad P. Pasic, Harry Reich, Joseph S. Sanfilippo

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 Objective: At the conclusion of this activity, the participant will be able to explain alternative approaches to diagnosing and treating complex cases utilizing minimally invasive surgical techniques.
The Annual da Vinci Film Festival: Can you expand your MIGS Practice with Techniques and Outcomes

Tuesday, November 13, 2018: 6:10 pm - 8:10 pm
ROOM: 319

Watch the latest videos of benign and cancer procedures performed by leading surgeons, and join the discussion about the quantifiable impact da Vinci® has made in their practices.

Moderator:
Devin Garza, MD, Renaissance Women’s Group, Austin, TX

Panelists:
Kathy Huang, MD, NYU, New York, NY
Peter Lim, MD, Center of Hope, Reno, NV
Gaby Moawad, MD, GW University, Washington, DC
Darin Swainston, MD, Summerlin Hospital, Las Vegas, NV
TopGolf is the hottest new concept on the Las Vegas scene and AAGL’s Foundation has the 3rd floor reserved for the night! Join us for a night of games, like "Top Drive" and "Quick 9". Of course, there will be networking, drinks, food and FUNdraising for AAGL’s Foundation!

Semi-private golf bays available! Organize your teams and reserve a bay early—prime front tee-line locations are selling fast.

The TopGolf Foundation Benefit takes place Tuesday, November 13th from 8:30 p.m. – 11:30 p.m. in Las Vegas, NV.

Contact csahagun@aagl.org or call (714) 503-6200 for more information.
Join the Movement:
OR to Office

Is Your Practice Prepared?
Wednesday, November 14, 2018
6:00 – 7:45 AM
Room 311 at the MGM Convention Center

Featured Faculty
Dr. Steve McCarus, MD
Florida Hospital Medical Group, Celebration, Florida
Dr. Mac Munro, MD
Kaiser Permanente / UCLA, Los Angeles, California
Dr. John Thiel, MD
University of Saskatchewan, Saskatoon, Saskatchewan

Program Description
The future OBGYN practice will be increasingly office based, efficient, and oriented toward standardizing practices and improving the patient experience.
(The Obstetrician-Gynecologist Workforce in the United States, ACOG 2017)

Join our team of faculty experts for insights into the benefits and practicalities of moving procedures into your office and out of the OR. Whether you’re new to office procedures or experienced in performing them, Hologic will have relevant, patient centric and evidence based information for every step of your journey.

What you’ll find:
• An office preparedness assessment which will provide you with personalized direction to overcome some of the largest transitional hurdles
• Opportunities to explore resources and content that you find most relevant to you and your staff
• An expert panel discussion surrounding common office pearls, challenges and solutions
Industry Sponsored Breakfast Symposia
6:00 am – 7:45 am

Innovative Solutions from Office to OR: Panel Perspectives on Evaluating and Managing the Laparoscopic Hysterectomy Patient

Wednesday, November 14, 2018
6:00 am – 7:45 am
ROOM: 318

From Pre-op through post-op assessment, this session will feature video case reviews and physician panel discussion on pre-surgery patient workup, TLH procedures that demonstrate varying complexity, and post-op cystoscopy assessment.

Join the Movement: OR to Office – Is Your Practice Prepared?

Wednesday, November 14, 2018
6:00 am - 7:45 am
ROOM: 311

The future OBGYN practice will be increasingly office based, efficient, and oriented toward standardizing practices and improving the patient experience. (The Obstetrician-Gynecologist Workforce in the United States, ACOG 2017)

Join our team of faculty experts for insights into the benefits and practicalities of moving procedures into your office and out of the OR. Whether you’re new to office procedures or experienced in performing them, Hologic will have relevant, patient centric and evidence based information for every step of your journey.

Clinical Experience of the Senhance Surgical System in Gynecology

Wednesday, November 14, 2018
6:00 am - 7:45 am
ROOM: 319

Reviewing efficacy and technique of the Senhance Surgical System in laparoscopic surgeries for benign and malignant conditions in gynecology.

Speaker:
Salvatore Gueli Alletti, MD
Augustino Gemelli University Polyclinic, Catholic University of the Sacred Heart Rome, Italy
### Day 4: Congress — Wednesday, November 14, 2018

**REGISTRATION HOURS** *(GRAND BALLROOM PREFUNCTION 1ST FLOOR)*

*Wednesday, November 14, 2018 6:30 am – 5:30 pm*

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00 am – 7:45 am</td>
<td><strong>Industry Sponsored Breakfast Symposia</strong> <em>(See Page: TK)</em></td>
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</tbody>
</table>
| 7:30 am – 9:30 am  | AAGL Business Meeting  
| **CME** General Session IV – “The Hands” (Premier Ballroom) |
| 9:35 am – 11:00 am | Exhibit Hall Hours 9:30 am - 3:00 pm  
| | Exhibit Hall Open/Refreshment Break |
| Room Number        | Premier Ballroom |
| 111-112            | 113-114  
| 120                | 121-122  
| 123-124            | |
| 11:00 am – 12:00 pm| **CME** Plenary 5  
| Urogynecology      | Video Session 6  
| Surgical Education | **CME** Panel 4  
| Changes to our Legacy | Open Comm. 10  
| Urogynecology      | Open Comm. 11  
| Robotics           | |
| 12:10 pm – 1:10 pm | **CME** Plenary 6  
| Endometriosis      | Video Session 7  
| Laporoscopy        | **CME** Panel 5  
| Dyspareunia Panel  | Open Comm. 12  
| Oncology           | Open Comm. 13  
| Reproductive Medicine |  |
| 1:10 pm – 3:30 pm  | Exhibit Hall Open/Box Luncheon                                     |
| 2:15 pm – 3:15 pm  | **CME** Plenary 7  
| Reproductive Issues | Video Session 8  
| Endometriosis      | Open Comm. 14  
| Pelvic Pain        | Open Comm. 15  
| Surgical Education | Video Session 9  
| Basic Science, Education, & Research | Open Comm. 16  
| Research and Science |  |
| 3:25 pm – 5:05 pm  | **CME** Plenary 8  
| Education, Research, and Science | Video Session 10  
| Endometriosis      | **CME** Panel 6  
| Enhanced Recovery After MIS Surgery (ERAMis) | Open Comm. 17  
| Laporoscopy        | Video Session 11  
| Laporoscopy        | |
| 6:10 pm – 8:10 pm  | **Industry Sponsored Symposia**                                    |
| 8:30 pm – 11:30 pm | Presidential Gala Masquerade *($125 additional charge; Hakkasan Nightclub)*. See page 19 for more information |
This session is a spin-off of the four-time Emmy Award winning show “The Voice.” Surgical teams consisting of a primary surgeon and assistant from differing institutions from across the country are invited to challenge one another with regard to competence, efficacy, and style in performing various assigned procedures. Rather than assessing the participants’ voices, the judges will assess the surgeon’s and assistant’s surgical skills and techniques by viewing external hand movements and the internal laparoscopic view of the procedure being performed.

This session’s innovative format features three stages: the first begins with the blind auditions of 3 surgeons and his/her assistant, then the knockout rounds between surgical
teams and coaching judges, concluding with the winner of the "The Hands" trophy determined by audience and observing judge’s votes.

Blind Audition: During the blind audition, the decisions from the judges are based solely on the surgeon’s hand movement. The judges see the surgeons perform, but they don’t get to see them. The judges will choose the surgical team that they want to team up with based on a pre-determined luck of the draw order. If a judge is impressed by the surgical team’s technique, he or she pushes a designated button to select the surgeons for his or her team. The judge who gets second choice then chooses between the two remaining surgical teams. The final judge is paired with the final surgical team. Once the teams are set, the battle is on.

Knockout Round: The surgical procedure being performed during the Knockout Round will be done in succession as they go head to head against each other. The judge who is teamed up with a surgical team may coach his surgical team during performance of the procedure; however, the surgical team is not allowed to respond in normal voice. Again, only their external hands and internal laparoscopic view will be shown to the judges. At the conclusion of the Knockout Round, the audience will decide which two of the three surgical teams will advance to the championship round.

Championship Performance: During the final performance, the remaining surgical teams will perform the surgical procedure voted on by the audience. The audience and judges will only see the duo’s external hands and internal view and will base their votes on how skilled the surgical team is in performing the task assigned. The winner is determined by audience votes through the ARS system. The last surgical team standing takes home bragging rights and the "The Hands" winner award! The identity of all of these excellent surgeons will finally be revealed.

Learning Objective: At the conclusion of this activity, the participant will be able to use this fun and entertaining session as a way to assess the technical skills and efficiency of expert surgical teams.
McCarus-Volker FORNISEE®

The only illuminated uterine manipulator that allows intuitive manipulation of the uterus while providing superior visualization of the fornices and precise colpotomy incisions.

**OCCLUSION**
Baffled vaginal occluder maintains pneumoperitoneum

**ILLUMINATION**
Illumination seal provides clear visibility of anatomical landmarks

**Reusable FS® SOUND**
with rotational anchor readily facilitates manipulation and specimen removal
Sounds: 6cm, 8cm, 10cm, 12cm

Cervical cup fits neatly over cervix, delineates the vaginal fornices, and provides incision ridge
Cups: 30mm (green), 35mm (yellow), 40mm (blue)
MANIPULATION
Enables anatomic tissue tensioning for uterine mobilization;
Exposes broad ligaments, bladder flap, uterine blood vessels
and colpotomy; Directs uterus away from ureters
Plenary 5
Urogynecology/Pelvic Floor Disorders

11:00 am - 12:00 pm
Room: 111-112

Moderator: Kristinell Keil, Carlos A. Sorondo

Discussant: Bruce S. Kahn, Kristinell Keil, Jeffrey Mangel, Michael B. Noone, Robert T. O’Shea, Anthony G. Visco

Faculty: Dina Bastawros, Bobby A. Garcia, Cecile A. Ferrando (Unger), Joel Laufer, Maria Miró Matos, Christina I. Ramirez

This session provides an introduction to new minimally invasive surgical techniques and provides long term data confirming the current management of different pelvic floor disorders.

Learning Objectives: At the conclusion of this session, the participant will be able to: 1) Assess different minimally invasive surgical techniques to safely treat several pelvic floor conditions; 2) state the long-term success of several minimally invasive surgeries for apical prolapse and stress incontinence; and 3) identify the anatomy of the space of retzius.

Video Session 6
Surgical Education

11:00 am - 12:00 pm
Room: 113-114

Moderator: Julia G. Keltz, May S. Thomassie, Sara Till

COURSE OUTLINE

11:00 Group A
Approach to the Obliterated Cul-De-Sac
D. Evans, M.K. Suen, S. Singh, V. Dello Zannera

11:07 Group B
Surgical Dynamics Applied to the Excision of Peritoneal and Deeply Infiltrative Endometriosis
J.H. Hudgens, J. Baldwin, M. Howard, J.A. Cooper

11:14 Group A
Surgical and Practical Posterior Anatomy to Endometriosis: Tips and Tricks
L.C. Fernandez, M.S. Abraio

11:21 Group B
The Roadmap for Successful Excision of Parametrial Endometriosis
R. Elkattah, A. Missongill

11:32 Group B
Minilaparotomy: Abdominal Myomectomy
S.J. Seaman, P.J. Mattingly, A.P. Advincula

11:46 Group B
Laparoscopic Tighten Ligations
A. Shirane

11:53 Group B
Internal Iliac Artery Ligation: A Stepwise Approach
A. Sanders, J. Papillon-Smith, J. Kfouri, A. Murji

Panel Session 4
Emerging Therapies and Technology – Changes to our Legacy: What to Expect?

11:00 am - 12:00 pm
Room: 120

Chair: Robert K. Zurawin
Faculty: Charles J. Ascher-Walsh, Soyini M. Hawkins, Vadim V. Morozov

This session provides a close look at the latest surgical and pharmacologic options that will enable both the generalist and the specialist to treat a wide range of gynecologic conditions, often minimizing or eliminating the need for surgery. The faculty will discuss the indications and use of these therapies and encourage the audience to share their questions and experience.

Learning Objective: At the conclusion of this course, the participant will be able to discuss the indications, use, benefits, and risks of emerging therapies for gynecologic conditions and discuss how these therapies will impact your practice.
**Open Communications 10**  
**Urogynecology**  
11:00 am - 12:00 pm  
Room: 121-122  

**Moderator:** Samantha Kadiyala, Kristinell Keil, Jasmine Pedroso

**COURSE OUTLINE**

- **11:00 Group A**  
  Voiding Trial in Office after Unsuccessful Voiding Trial in Postoperative Unit: How Many More Days is Enough?  
  S. Behbohian, T. Pham, M. Islam, L. Liu, M. Wasser, J. Yu

- **11:07 Group A**  
  Anesthesia for Slings: Urologists vs Gynecologist  
  J.S. Altini, K. Hammer, C. Brincat, J.M. Maurice

- **11:14 Group A**  
  Complications of Prophylactic Ureteral Localization Stents  
  Placement for Gynecologic and Pelvic Surgeries  
  P. Guha, F. Cardoza, M. Pham, D.C. Christopher, T. Dinh, A. Chen, P.D. Paul

- **11:21 Group A**  
  The Impact of Bariatric Surgery on Pelvic Floor Dysfunctions: A Systematic Review  

- **11:32 Group B**  
  Postoperative Outcomes in Patients Undergoing Laparoscopic Sacrocolpopexy with or without Concomitant Hysterectomy  
  E.E. Tappy, P. Yian, H.N. Robinson, A. Gu, C. Wei, S. Dessie

- **11:39 Group B**  
  Patient Perceptions of Same-Day Discharge after Minimally Invasive Gynecologic and Pelvic Reconstructive Surgery  
  S. Evans, S. Vilasagar, E. Myers

- **11:46 Group B**  
  Vaginal Posterior Isthmic Sling - Efficacy and Tolerance  
  P. Capmas, S. Tixier, H. Fernandez

- **11:53 Group B**  
  Bladder-Sacral Plexus Electric Stimulus Improves Bladder and Rectal Function after Laparoscopic Radical Hysterectomy  
  X. Zhang, Y. Fu, X. Zhang, K. Hua

**Open Communications 11**  
**Robotics**  
11:00 am - 12:00 pm  
Room: 123-124  

**Moderator:** Tieneka Baker, Daniel N. Ginn, Kathy Huang

**COURSE OUTLINE**

- **11:00 Group A**  
  Assessment of Postoperative Pain Management of Patients Undergoing Robotic Assisted Total Laparoscopic Hysterectomy  
  R.D. Baldwin, S. Wisniewski, P.J. Corsi

- **11:14 Group A**  
  Patterns of Regret and Associated Factors in the 6 Months after Hysterectomy: A Longitudinal Cohort Study  
  R. Sangha, C. Coleman, A. Bossick, W. Su, Z. Kassem, G. Wiegienka

- **11:21 Group A**  
  Robotic Assisted Total Hysterectomy: Clinic Experience at Hospital Angeles Pedregal, Mexico City  

- **11:32 Group B**  
  Reverse Objective Structured Assessment of Technical Skills (Reverse-OSATS) as a Means of Measuring the Capability of the Titan Medical SPORT Surgical System on Core Surgical Principles  
  C. Arora, W.M. Burke, A.P. Advincula

- **11:39 Group B**  
  Predictors of Prolonged Operative Time for Robotic-Assisted Laparoscopic Myomectomy  
  P. Movilla, M. Orlando, J. Wang, J. Opoku-Anane

- **11:46 Group B**  
  Robotic Assisted Laparoscopic Management of Bladder Endometriosis Arising from a Caesarean Section Scar  
  C. Johansson, F. Chan

- **11:53 Group B**  
  Utilization of Robot Assisted Hysterectomy for Benign Disease: An Institutional Review  
  J.N. Sosa-Stanley, T. Patel, I.M. Johnson, E. Lara-Torre

**Surgical Tutorial 4**  
**Saving the Uterus One Hysteroscopy at a Time**  
11:00 am - 12:00 pm  
Room: Premier Ballroom  

**Chair:** George A. Vilos
**Faculty:** Ted L. Anderson, Jose “Tony” Carugno, Scott G. Chudnoff

Hysterectomy is the most common gynecologic procedure, with almost half a million performed annually in the United States, alone. However, these procedures are performed not without risk for significant complications. A plethora of hysteroscopic techniques are available to address patient problems that commonly lead to hysterectomy, including abnormal bleeding, fibroids, and pain. Indeed, in a value-based healthcare delivery model, proficiency with hysteroscopic surgery is regaining a critical role as a cornerstone in clinical gynecology. This session will offer the participant a comprehensive overview of current innovations in patient evaluation and selection, surgical tips and tricks, and perioperative management related to hysteroscopic interventions for common uterine pathology. Attendants will be exposed to easily adaptable evidence-based tools that can facilitate immediate and effective integration of advances to hysteroscopic procedures into their practice, regardless of current surgical skill and comfort level.

**Learning Objective:** At the conclusion of this course, the participant will be able to acquire skills needed to include advanced hysteroscopic alternatives to hysterectomy into clinical practice.

**COURSE OUTLINE**

- **11:00**  
  Welcome, Introductions and Course Overview and “The Good, the Bad and the Ugly” of Hysterectomy  
  G.A. Vilos

- **11:12**  
  “The Hysteroscopic Management of Pelvic Pain, “Thinking Outside the Box”  
  J.T. Carugno

- **11:24**  
  “See and Treat” inside the Uterus with Abnormal Uterine Bleeding  
  S.G. Chudnoff

- **11:36**  
  Uterine Fibroids. Doing the Magic with the Hysteroscope  
  T.L. Anderson

- **11:48**  
  Questions & Answers  
  All Faculty

- **12:00**  
  Break
Day 4: Congress – Wednesday, November 14, 2018

Plenary 6
Endometriosis

12:10 pm - 1:10 pm
Room: 111-112

Moderator: Ishai Levin, Juan Diego Villegas-Echeverri

Discussant: Geoffrey David Adamson, Michel J. Canis, Rebecca L. Flyckt, Ceeana H. Nezhat, Sergio Podace, Courtney Stellar

Faculty: Nisse V. Clark, Kristina Farkhat, Afshin Fazel, Anush Ovakimyan, Ricardo M.A. Pereira, Sony S. Singh

This session presents up-to-date research as well as treatment for endometriosis. Novel studies regarding histology and pathophysiology will be presented as well as advanced surgical techniques for complicated disease.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Describe pathophysiological mechanisms regarding the progression, characteristics and symptoms of endometriosis; 2) describe surgical techniques for resection of endometriosis in pericardial and bowel involvement.

COURSE OUTLINE

12:10 Endometriosis: Morphological and Immunohistochemical Study of the Pelvic Pain Formation Mechanism
A. Ovakimyan
12:16 Discussant: M.J. Canis
12:20 ENDOSURG: The First European and North American International Clinical Trial Granted by the European Union Testing a Cluster of Biomarkers for the Diagnosis and Prognosis of Endometriosis
A. Fazel
12:26 Discussant: G.D. Adamson
12:30 Isolation and Identification of Cell Cultures from the Endometrium and Endometriotic Tissue of Women with Uterovaginal Anomalies
K. Farkhat
12:36 Discussant: C. Stellar
12:40 Influence of Race/Ethnicity in Prevalence and Presentation of Endometriosis: Systematic Review and Meta-analysis
S.S. Singh
12:46 Discussant: S. Podace
12:50 Video: Pericardial Endometriosis: Laparoscopic Resection Approach
R.M.A. Pereira
12:56 Discussant: R.L. Flyckt
1:00 Video: Laparoscopic Excision of Multifocal Bowel Endometriosis
N.V. Clark
1:06 Discussant: C.H. Nezhat
1:10 Adjourn

Video Session 7
Laparoscopy

12:10 pm - 1:10 pm
Room: 113-114

Moderator: Chandrew Rajakumar, Smita Vilasagar, Corey Wagner

COURSE OUTLINE

12:10 Group A
Laparoscopic End-to-End Anastomosis of Midsegment Ureteral Transection
J. Davitt, J. Fitzgerald, J. Robinson
12:17 Group A
Retropitoneal Pre-Caval Abdominal Pregnancy
M. Meshulam, H. Kiasa, A. Nado, Y. Peled, D. Gavish, I. Meizner, A. Wuninitz, C. Goldschmit
12:24 Group A
Two Methods for Laparoscopic Vaginal Vault Suspension at the Time of Total Laparoscopic Hysterectomy
M. Chaikof, A. Sanders, M. Alarab, C. McDermott, M. Sobel
12:31 Group B
Four Techniques for Lateralization of Uterine Vessels
A. Small Layne, J. Sisto, L. Tyler, E. Stockwell, W. Volker
12:42 Group B
Simplified Laparoscopic Sacrohysteropexy
H. Jan, V. Ghi, R. Thakar
12:49 Group B
Laparoscopic Single Site Myomectomy With Barbed Suture and Contained Laparoscopic Tissue Extraction
T. Shibley
12:56 Group B
Laparoscopic Resection of Post-Cesarean Section Scar Uterine Cyst
H. Jan, V. Ghi
1:03 Group B
Laparoscopic Removal of a Perforated IUD in the Rectosigmoid Colon
J.K. Lauer, C.R. King

Panel Session 5
Dyspareunia

12:10 pm - 1:10 pm
Room: 120

Chair: John R. Miklos
Faculty: Red M. Alinsod, Robert D. Moore

This session provides a multifaceted approach to the diagnosis and treatment of dyspareunia; one of the most common gynecologic problems facing our health care providers today. Dyspareunia can be due to medical, anatomical, or psychological issues. Etiologies of dyspareunia will focus on skin disorders of the external genitalia, anatomical variations of normal anatomy, congenital anomalies, and surgically distorted vaginas. This session is too short to cover psychological disorders and pharmacologic therapy but should cover basic diagnosis and therapy for the seasoned and novice health care provider.

Learning Objective: At the conclusion of this course, the participant will be able to list and describe various etiologies of dyspareunia as well as propose a plan of management for patients suffering from dyspareunia.

COURSE OUTLINE

12:10 Welcome, Introductions and Course Overview
J.R. Miklos
12:15 RF Treatment, Hyaluronic Acid and PRP Minimally Invasive Therapy for Dyspareunia
R.M. Alinsod
12:20 Surgical Approaches for Anatomic Causes of Dyspareunia
R.D. Moore
12:25 Dermoelectroporation for Vulvovaginal Pain
R.M. Alinsod
12:30 Mesh and Dyspareunia Diagnosis and Treatment
J.R. Miklos
12:35 Panel Discussion
All Faculty
1:10 Adjourn
Day 4: Congress – Wednesday, November 14, 2018

Open Communications 12
Oncology
12:10 pm - 1:10 pm
Room: 121-122

Moderator: Zhiqing Liang, Stacey A. Scheib, Mahmut B. Sert

COURSE OUTLINE
12:10 Group A
The Safety of Fertility Preservation for Microinvasive Cervical Adenocarcinoma
12:17 Group A
The Application of Chopsticks Technique Single-Site Laparoscopic Surgery Technology in Cervical Cancer
Y. Wang, C. Chen, Y. Li, L. Deng, S. Chen, Z. Liang
12:24 Group A
Laparoscopic Interval Debulking Surgery Including Systemic Lymphadenectomy After Neo-Adjuvant Chemotherapy in Advanced Ovarian Cancer
J. Eom, J. Choi, J. Bae, W. Lee, U. Jung
12:31 Group A
Clinical Outcome Laparoscopic and Laparotomy of Fertility-Sparing Surgery for Ovarian Borderline Tumors
L. Cao, Y. Chen, Z. Liang
12:42 Group B
Onco logical and Reproductive Outcomes of Adenocarcinoma in situ of the Cervix Managed with the Loop Electro surgical Excision Procedure
H. Bai, J. Liu, Q. Wang, Y. Feng, T. Lou, S. Wang, Y. Wang, M. Jin, Z. Wang
12:49 Group B
Feasibility and Survival Outcomes of Robotic Secondary Debulking for Recurrent Ovarian Cancer
P.C. Lim, E.Y. Kang
12:56 Group B
Accuracy of Intraoperative Frozen Section in Endometrial Cancer
A. Giglio, E. Curcio, A. Dewan, K. ElSahwi
Group B 1:03
Robotic-Assisted Sentinel Lymph Node Sampling in Endometrial Cancer
E.E. Curcio, A. Giglio, A. Dewan, K. ElSahwi

Open Communications 13
Reproductive Medicine
12:10 pm - 1:10 pm
Room: 123-124

Moderator: Victor Gomel, Chong Dong Liu, Maria “Vicky” Vargas

COURSE OUTLINE
12:10 Group A
Open versus Robotic-Assisted Transabdominal Cerclage Placement: A Comparison of Obstetric and Surgical Outcomes
J. Brink, R.B. Smith, J. Mourad, J. Perlow, R. Gerkin
12:17 Group A
Robot-Assisted Transabdominal Cerclage in the Prevention of Preterm Birth
P. Tyan, J. Mourad, M. Wintor, G. Mouawad
12:24 Group A
Miscarriage Following Different Routes of Fertility-Sparing Treatment of Uterine Fibroids
L.M. Glaser, J. Friedman, N. King, A. Lin
12:31 Group A
Clinical and Molecular Features of Uterine Myoma in Symptom atic Reproductive-Age Women after Previously Performed UAE, MriGus Ablation, and Myomectomy
I. Parotkova, T. Gavrilo, T. Demura, A. Stepanian, L. Adamyan
12:42 Group B
Miscarriage Outcomes after Vaginal Trial of Labor Following Myomectomy
K. King, J. Friedman, L. Glaser, A. Lin
12:49 Group B
Impact of Uterine Fibroids on Quality of Life: A National Cross-Sectional Survey
H. Fernandez, K. Ardaens, I. Queval, C. Solignac
12:56 Group B
A Case of Successful Robot-assisted Laparoscopic Transabdominal Cerclage in a Woman with Cervical Insufficiency, Uterus Didelphys Müllerian Anomaly
D. Palacios-Hedgson, J. Opoku-Anane
1:03 Group B
Analysis of the Reproductive Outcomes and the Size of the Uncinuate Uterus Measured by Magnetic Resonance Imaging and Their Relationship
X. Li, H. Qian, X. Zhang, K. Hua, J. Ding

Surgical Tutorial 5
Neovagina Procedures
12:10 pm - 1:10 pm
Room: Premier Ballroom

Chair: Assia A. Stepanian
Faculty: Leila V. Adamyan, Cecile A. Ferrando (Unger)

This session provides an opportunity for attend ees to learn about congenital vaginal agenesis, its impact on the pelvic anatomy, and how to select the best surgical and holistic management strategy. The development of the management plan should be based of their age, degree of their agenesis, presence or absence of the concomitant pathology (endometriosis, additional malformation, adenomyosis), presence or absence of the uterus and cervix, their genetic presentation, and tissue quality. Nuances in the management of these patients will be given through the prism of over 25 years of experience. Internationally recognized faculty will present surgical techniques for neovagina creation, vaginal agenesis conditions, and strategies to treat of complex surgical encounters.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Discuss pelvic anatomy with regard to females with congenital vaginal agenesis; 2) recognize the nuances of three types of colpopoiesis; 3) identify the approaches and management strategies for complex surgical scenarios in neovagina creation.

COURSE OUTLINE
12:10 Welcome, Introductions, Course Overview and Evolution in Vaginal Agenesis
A.A. Stepanian
12:15 Davydov Peritoneal Colpopoiesis, Leila Adamyan Techniques
A.A. Stepanian
12:25 Surgical Creation of Neovagina Using a Tractional Device: the Vecchietti Procedure
C.V. Ferrando
12:35 McIndoe Colpopoiesis: Neovagina Creation with the Utilization of a Skin Graft
C.V. Ferrando
12:45 New Era and Complex Scenarios in Treating Patients with Vaginal Agenesis.
L. Adamyan
12:55 Questions & Answers
All Faculty
1:10 Adjourn
**COURSE OUTLINE**

**1:15 Group A**
- Repeat Endometriosis with Bilateral Ureteronephrosis: Step-by-Step Laparoscopic Approach
  - MC. Benincasa, J. Albornoz Valdez, A. Abrego, G. Meyer

**1:22 Group A**
- Excision of Rectovaginal Endometriotic Nodule by a Combined Laparoscopic and Vaginal Approach
  - L.C. Demirel, F. Tülek, T. Ergin

**1:29 Group A**
- Excision of Deeply Infiltrative Endometriosis of the Anterior Cul de Sac with Involvement of the Obliterated Umbilical Ligament
  - J. Hudgens, S. Sadat, K. Markowitz

**1:36 Group A**
- Approach to Pouch of Douglas in Deep Endometriosis
  - D. Limbachiya, P. Gandhi, S. Shah, N. Rani

**1:47 Group B**
- Sampson Was Right! We Can Learn from Surgical Observation!
  - M. Canis

**1:54 Group B**
- Laparoscopic Resection of Deep Infiltrating Endometriotic Rectal Nodule
  - J. Escalona, G. Donetch, F. Heredia

**2:01 Group B**
- Advanced Rectal Discoid Resection for Large Rectal DIE (Deep Infiltrating Endometriosis) Lesions
  - C. Sun

**2:08 Group B**
- Complete Excision of Diaphragmatic Endometriosis: Goals and Basic Principles
  - N. Gupta, R.S. Farr

**2:15 Group A**
- Severe Endometriosis with Bilateral Ureteronephrosis: Step-by-Step Laparoscopic Approach
  - MC. Benincasa, J. Albornoz Valdez, A. Abrego, G. Meyer

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  - C. Sun

**4:08 Group B**
- Complete Excision of Diaphragmatic Endometriosis: Goals and Basic Principles
  - N. Gupta, R.S. Farr

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**Video Session 8**

**Pelvic Pain**

**2:15 pm - 3:15 pm**

**Room: 113-114**

**Moderator:** Adam R. Duke, Jose Eugenio-Colon, Marie E. Shockley

**Discussant:** A. Yazdani

**Faculty:**
- Ana Rita P. Panazzolo, Anna L. E. Nascimento, Carlos H. Koh, Adeoti E. Oshinowo, Mark W. Surrey, Anusch Yazdani
- Sejal Tamakuwala, Charles H. Koh, Adeoti E. Oshinowo, Mark W. Surrey
- David Adamson, Bala Bhagavath, Tara Kim, Laura K. Newcomb, Stephen Quinn, Sejal Tamakuwala
- Aarathi Cholkeri-Singh, Arpit Dave, Ana Rita P. Panazzolo, Adam R. Duke, Jose Eugenio-Colon, Marie E. Shockley

**Learning Objectives:** At the conclusion of this activity, the participant will be able to:
1. Discuss both laparoscopic and hysteroscopic surgical techniques for preservation of fertility; 2) assess the minimal-invasive techniques available for treatment of leiomyoma.

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**Endometriosis**

**2:15 pm - 3:15 pm**

**Room: 113-114**

**Moderator:** Ana Rita P. Panazzolo, Christina A. Salazar

**Discussant:** David Adamson, Bala Bhagavath, Charles H. Koh, Adeoti E. Oshinowo, Mark W. Surrey, Anusch Yazdani

**Faculty:**
- Ana Rita P. Panazzolo, Anna L. E. Nascimento, Carlos H. Koh, Adeoti E. Oshinowo, Mark W. Surrey
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**Learning Objectives:** At the conclusion of this activity, the participant will be able to:
1. Discuss both laparoscopic and hysteroscopic surgical techniques for preservation of fertility; 2) assess the minimal-invasive techniques available for treatment of leiomyoma.
### Open Communications 15
#### Surgical Education

**2:15 pm - 3:15 pm**  
**Room: 121-122**

**Moderator:** Christopher C. DeStephano, Tamatha B. Fenster, Marie E. Shockley

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Group A</th>
<th>Topic</th>
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</thead>
</table>
| 2:15 | Risk Factors for Bowel Injury in Women Undergoing Hysterectomy  
| 2:22 | RCT: Tolerance of Chlorhexidine Gluconate versus Povidone-Iodine Vaginal Cleansing Solution  
J. Friedman, S. Rastogi, L. Glaser, C. Lis, J. Carter, M. Milad |
| 2:29 | Development of an Educational Tool Using Qualitative Analysis to Teach Components of Total Laparoscopic Hysterectomy  
| 2:36 | Utility of a Hysterectomy Registry for Robust Value Driven Care in a Large Managed Care Group Practice  
N.M. Lonky |

<table>
<thead>
<tr>
<th>Time</th>
<th>Group B</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 2:47 | Excises: Excision of Superficial Endometriosis Simulation  
M.W. Suen, M.C. Duffy, G. Posner, D. Evans, S. Singh |
| 2:54 | Is There a Relationship Between Warm-up Virtual Reality Simulation and Trainee Robot-Assisted Laparoscopic Hysterectomy Performance?  
A.J. Berges, S.S. Vedula, G.C. Chen, A. Malpani |

<table>
<thead>
<tr>
<th>Time</th>
<th>Group A</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 3:01 | Pregnancy Outcomes Following Fertility-Sparing Treatments of Uterine Fibroids  
J. Friedman, L. Glaser, N. King, A. Lin |
| 3:08 | A Model for Predicting the GEARS Score from Virtual Reality Surgical Simulator Metrics  

### Video Session 9
#### Basic Science, Education & Research

**2:15 pm - 3:15 pm**  
**Room: 123-124**

**Moderator:** Janelle K. Moulder, Karen Y. Tang, Justin To

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Group A</th>
<th>Topic</th>
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</thead>
</table>
| 2:15 | Dive Safely - Veress Needle Peritoneal Access  
T. Tavcar, I.K. Robinson, V. Morozov |
| 2:22 | Robotic Repair of Anterior Compartment and Apical Defect with Mid-Uterosacral Ligament Suspension  
N. Gupta, R.S. Furr |
| 2:29 | Techniques for Preemptive Analgesia in Gynecologic Surgery  
L. Liu, J. Yi, P. Magraby, M. Wasson |
| 2:36 | Laparoscopic Myomectomy in Pregnancy  
I. Bravo Perez, J. Hernandez Denis, J. Audifred Salomon, V. Diaz Carbajal, R. Miranda Cruz |
| 2:47 | Tracing the Ureters in Patients with Deep Endometriotic Nodules  
| 2:54 | Bladder Dissections  
S. Puntambekar, N. A. Zainab, S. Puntambekar |

<table>
<thead>
<tr>
<th>Time</th>
<th>Group B</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 3:01 | Placement of Prophylactic Ureteral Catheter for Pelvic Surgery  
J.L. Woo, P. Guha, P.D. Pettit |
| 3:08 | Laparoscopic Myomectomy Simulation Mod  
M. Pineda Rivas, J. Vermeer, D. Rattray |

### Open Communications 16
#### Research and Science

**2:15 pm - 3:15 pm**  
**Room: Premier Ballroom**

**Moderator:** Diana T. Atashroo, Erica Dun, Linda C. Yang

**COURSE OUTLINE**

<table>
<thead>
<tr>
<th>Time</th>
<th>Group A</th>
<th>Topic</th>
</tr>
</thead>
</table>
| 2:15 | Use of Historical Surgical Times to Predict Duration of Hysterectomy: Stratifying by Uterine Weight  
C. Carling, R. Shag, P. Carstens, L. Schiff, M. Louie, E. Carey |
| 2:22 | Molecular Signature of Endometrial Samples from Women with and without Endometriosis  
J. Amoura, L. Adamyan, A. Garazha, A. Buzdin, A. Stepanian |
| 2:29 | Utility of Electrocardiogram and Chest X-ray for Preoperative Evaluation in Benign Hysterectomy  
| 2:36 | Laparoscopic Trocar Insertion: A Comparison of Insertional and Rotational Forces between Expert and Novice Surgeons  
J. Shields, K. Kho, A. Majewicz |
| 2:47 | Rates of Same Day Discharge Before and After PACU Nursing Education for Patients Undergoing Hysterectomy  
| 2:54 | Association Between Uterine and Patients’ Characteristics and Ultrasound Detection of Adenomyosis  
M. McCardell, N. Tamhane, M. Oiva, J. Tanner, L. Hochberg, M. Baker, A. Mudia, E. Mikhail |
| 3:01 | Burnout among Members of the American Association of Gynecologic Laparoscopists  
G. Monawad, P. Tyen, A. Gu, E. Tappy, C. Wei |

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<tr>
<th>Time</th>
<th>Group B</th>
<th>Topic</th>
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</table>
| 3:08 | 30 Day Incidence of Complications and Readmission after Abdominal Hysterectomy  
E.T. Carey, P.D. Strassle, M. Dixon |
Day 4: Congress – Wednesday, November 14, 2018

Plenary 8
Education, Research & Science

3:25 pm - 5:05 pm
Room: 113-114

Moderator: Marisa Dahlman, Eylon Lachman


Faculty: Sarah Bradley, Lisa Chao, David L. Howard, Stephanie Jackson, Deirdre Lum, Alexandra Melnyk, Jeffrey D. Miller, Jessica Opoku-Anane, Rachel Ribak, Siri Skroppa, Jeffrey Woo

This course reviews abstracts to innovative techniques in laparoscopic gynecologic surgery, new teaching models for difficult clinical tasks, and large-scale data analyses related to trends in gynecologic surgery. Participants will be exposed to a broad range of study designs and research methodologies, including randomized trials, survey-based descriptive studies, and teaching videos.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Assess the role of preoperative MRI in the evaluation and treatment of patients with symptomatic uterine fibroids; 2) discuss the predictive value of C reactive protein in patients with complicated pelvic inflammatory disease; and 3) discuss patient health literacy with respect to hysterectomy.

COURSE OUTLINE
3:25
Use of Intravenous Tranexamic Acid to Decrease Blood Loss During Myomectomy: A Randomized Double-Blind Placebo Controlled Trial
J. Opoku-Anane

3:31
Discusant: A.R. Benjamin

3:35
Postoperative Bladder Filling after Outpatient Laparoscopic Hysterectomy: A Prospective, Randomized Controlled Trial
L. Chao

3:41
Discusant: A. Chaudhari

3:45
What Costs do Employers Bear for Surgical Treatment of Abnormal Uterine Bleeding?
J.D. Miller

3:51
Discusant: A.R. Benjamin

3:55
Impact of Screening Pelvic MRI on the Diagnosis and Treatment of Women with Symptomatic Uterine Fibroids Seen in a Multidisciplinary Fibroid Center
D. Lom

4:01
Discusant: T.I. Goldman

4:05
Laparoscopic Hysterectomies in Norway 2013-2017
S. Skroppa

4:11
Discusant: J.F. Baekelandt

4:15
Can We Predict the Need for Invasive Intervention in Tubo-Ovarian Abscess? The Implication of C Reactive Protein Measurements
R. Ribak

4:21
Discusant: T.M. Walsh

4:25
Women's Health Literacy Regarding the Hysterectomy Procedure and Uterine Fibroids
D.L. Howard

4:31
Discusant: R.J. Turner

4:35
Video: Laparoscopic Abdominal Cerclage - Techniques and Troubleshooting a Gravid Uterus
A. Melnyk

4:41
Discusant: J.N. Casey

4:45
Video: Laparoscopic Intracorporeal Suturing: Fundamentals with Tips & Tricks for New Learners
J. Woo

4:51
Discusant: E.C. Campian

4:55
Video: An Optimal Cadaveric Model for Laparoscopic Gynecologic Surgical Training
S. Bradley

5:01
Discusant: A. Jan

5:05
Use of a multimedia module to aid junior doctors’ knowledge and confidence to consent patients for Total Laparoscopic Hysterectomy: A randomised controlled trial
S. Jackson

5:11
Discusant: T.G. Lang

5:15
Adjourn

Video Session 10
Endometriosis

3:25 pm - 5:05 pm
Room: 113-114

Moderator: Mario Nutis, Jessica Opoku-Anane, Mallory A. Stuparich

COURSE OUTLINE
3:25 Group A
Laparoscopic Ureteral End to End Anastomosis for Intrinsice Ureteral Endometriosis
M. Wong, S. Cohen, J. Einarsson

3:32 Group A
Robotically Assisted Laparoscopic Resection of Retropitoneal Endometrioma with Uterine Involvement
S. Radtke, M. Blevins, R. Furr

3:39 Group A
Applying Basic Principles to Difficult Situations: Uterine Sparing Vaginectomy for Rectovaginal Endometriosis
C.E. Foley, T. Lee

3:46 Group A
An Anatomic Approach to the Excision of Cardinal Ligament Endometriosis
J. Hudgens, J. Babbleston, K. Sommese

3:52 Group B
Abdominal Wall Endometriosis
C. Arora, P. Mattingly, A.P. Advincula, J. Kim

4:04 Group B
Laparoscopic Excision of Rectus Muscle Endometriosis
L. Chao, T. Lee

4:11 Group B
Surgical Management of Deep Infiltrating Endometriosis in an Infertility Patient
C. Hur, T. Falcone

4:18 Group B
Levator Ani Endometriosis Causing Coccygodynea and Deep Bladder Pain
G.L. Fernandez

4:24 Group A
Group C
Atypical Locations of Endometriosis
S. Behbehani, J. Magrina, M. Wasson

4:30 Group A
Group C
Deep Infiltrating Endometriosis: Treating Urinary Involvement through a Retroperitoneal Approach
M.A. Lopez-Zepeda, J.C. Canton-Ramero, M.A. Lopez-de la Torre, F.J. Hernandez-Malerva, F. Paredes-Chavez

4:36 Group C
Robotic Excision of Deep Infiltrating Endometriosis of the Uretero-Vescical Junction
N. Tamhane, L. Wiegand, E. Mikhail

4:43 Group C
Group C
Techniques to Optimize Excision of Superficial Endometriosis
S. Ghayouri, M.A. Stuparich

4:49 Group C
Group C
Urinary Endometriosis
P. Belledis, T. Godoy, M.C. Vieira, L. Myung, M.S. Akeran
Panel Session 6
Enhanced Recovery After MIS Surgery (ERAmiS)

3:25 pm - 5:05 pm
Room: 120

Chair: Rebecca L. Stone
Faculty: Richard B. Rosenfield, Kathy Huang

Enhanced Recovery After Surgery (ERAS) programs are mechanisms for achieving multimodal, evidence-based reductions in surgical stress and value-based improvements in perioperative care. This session will present the rationale for Enhanced Recovery After Surgery (ERAS) for minimally invasive gynecologic surgery (MIGS). We will discuss how ERAS can be leveraged to optimize value-based care by focusing on goals such as narcotics reduction, same-day discharge, and patient-centered service. This will include providing high-level understanding of gynecologic surgery economics and measurable outcomes. The panel discussion is designed to solicit the experience and input of the AAGL membership pertaining to these topics in order to better inform ERAS guidelines for MIGS.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Explain the rationale of an Enhanced Recovery After Surgery (ERAS) program for minimally invasive gynecologic surgery (MIGS); 2) define how we measure success using pertinent clinical and patient reported outcomes including narcotic reduction and same-day discharge; and 3) review and explain the concept of value-based health care and how ERAS for MIGS can be a strategy for achieving better results.

COURSE OUTLINE

AM Didactic
3:25 Welcome, Introductions and Course Overview
R.L. Stone
3:30 Low Pressure Enhanced Recovery Protocol for MIGS
K. Huang
3:42 Clinical and Patient Reported Outcomes Measures for Gynecologic ERAmiS: How Do We Define Success?
R.L. Stone
3:54 Enhanced Recovery, Outpatient Surgery, and Value Based Healthcare-A Strategy for Success
R.B. Rosenfield
4:06 Panel Discussion
All Faculty
5:05 Adjourn

Open Communications 17
Laparoscopy

3:25 pm - 5:10 pm
Room: 121-122

Moderator: Deborah Arden, Amanda M. Hill, Adi Katz

COURSE OUTLINE

3:25 Group A
Impact of Chronic Obstructive Pulmonary Disease Severity on Postoperative Complications following Laparoscopic Hysterectomy
J.N. Galvis, P. Tyan, H.N. Robinson, A. Gu, C. Wei, N. Janakiram, G.N. Moawad, M.V. Vargas
3:32 Group A
Impact of Diabetes Mellitus Severity on Postoperative Complications Following Laparoscopic Hysterectomy
3:39 Group A
Comparison of MRI Fibroid Volume and Post-Myomectomy Specimen Volume
A. Small Layne, J. Pedroso
3:46 Group A
Single-Site Laparoscopic Retroperitoneal Para-aortic Lymphadenoectomy: 3 Consecutive Cases
W. Zhang, Y. Xiong, X. Wang
3:57 Group B
Length of Hospital Stay and Costs Associated with Total Laparoscopic Hysterectomy versus Total Vaginal Hysterectomy: 5-Year Single Institutional Study of 1,553 Patients
4:04 Group B
Perioperative Antibiotic Usage and Infectious Outcomes of Myomectomies
A.J. Kim, N.V. Clark, L. Jansen, M. Ajao, J.I. Einarsson, S.L. Cohen
4:11 Group B
The Trend, Feasibility, and Safety of Salpingectomy as a Form of Permanent Sterilization
4:18 Group B
Is Bigger Better? A Randomized Study of Assistant Port Size During Laparoscopic Sacrocolpopexy
4:29 Group C
Time to Discharge? The Effect of Same-Day Discharge on Postoperative Outcomes Following Laparoscopic Radical Surgery
Y. Kim, Y. Lee, D. Kim, S. Lee, J. Park, D. Suh, J. Kim, Y. Kim, J. Nam
4:50 Group C
Modified Single Port Laparoscopic Myomectomy versus Conventional Laparoscopic Myomectomy: A Comparison of Surgical Outcomes
Y.Jung, C. Chang
4:57 Group C
Analysis of Implementation of a Hysterectomy Clinical Decision Tree Algorithm in a Large Academic Center
F. Andrade, I. Llanes, R. Bahna, M. Garcia, J. Carugno
5:04 Group C
Surgical Equipment Price Awareness Amongst Gynecologic Surgeons
Endometriosis: Symptoms, Causes, Risks, Diagnosis, How it Can Affect Infertility, Stages of the Condition, and Treatment Options

3:25 pm - 5:05 pm
Room: Premier Ballroom

Chair: Francisco Carmona
Faculty: Haider Najjar, Ken R. Sinervo, Errico Zupi

As stated by Parsons and Sommers 40 years ago, endometriosis is one of the most fascinating diseases a gynecologist may face. Its clinical management, diagnosis, and causes still remain somewhat of a mystery. This session will provide an overview of the most recent knowledge on the challenges faced when treating endometriosis, including symptoms, causes, diagnosis, infertility, stages of the disease, surgical and medical treatment options, and how endometriosis may influence the course of an ultimate pregnancy. The world-renowned expert faculty will review the different management strategies for the patient's symptoms, including pain and fertility issues. They will also review how the stage and type of the disease influence the disease presentation.

Learning Objectives: At the conclusion of this course, the participant will be able to: 1) Describe the signs and symptoms that suggest the diagnosis of endometriosis; 2) discuss how to achieve the diagnosis using appropriate tools; 3) detail the clinical importance of the different forms of the disease; and 4) explain the current medical and surgical strategies in the management of patients with endometriosis.

COURSE OUTLINE

3:25 Welcome, Introductions and Course Overview
F. Carmona

3:30 Diagnosing Endometriosis in the XXIst Century
E. Zupi

3:45 Clinical Importance of the Different Forms of Endometriosis: Peritoneal, Ovarian and Deep
H. Najjar

4:00 Current Strategies in the Management of Patients with Endometriosis
E. Zupi

4:15 Strategies for Preserving Ovarian Reserve in the Surgical Treatment of Endometrioma
F. Carmona

4:30 Treatment of Severe Deep Infiltrating Endometriosis
K.R. Sinervo

4:45 Questions & Answers
All Faculty

5:05 Adjourn
Heavy menstrual bleeding is a very common problem that gynecologists encounter, and uterine fibroids is one of many causes for this symptom. Please join AbbVie and our esteemed faculty for a highly interactive session where you can discuss this problem including current treatments and data presented at this scientific congress on emerging treatments. Dinner will be provided.

Speakers will be:
Arnold Advincula, MD
Steven McCarus, MD
Veronica Gillispie, MD
William D. Schlaff, MD
Hakkasan Nightclub
Wednesday November 14th, 2018
8:00 pm - 12:00 am
$125

Masquerade resource suggestions:
beyondmasquerade.com | etsy.com/shop/doramarra | justposhmasks.com | Amazon.com

Il Prato in the Grand Canal Shoppes at the Venetian Hotel

Join the Masquerade at the Presidential Gala. Come to Hakkasan for an elegant evening of mystery and fantasy with intriguing friends and glamorous strangers.

Black Tie Masks Encouraged

Man is least himself when he talks in his own person. Give him a mask and he will tell you the truth
—Oscar Wilde
LATE BREAKING NEWS:

Where Have All the Devices Gone? Presentation and Panel Discussion: The Evolution of Medical Device Regulation and Litigation

7:00 am - 9:00 am
Room: Premier Ballroom

Faculty: Amy N. Brown, Christopher Campbell, Bruce Kahn, Stacey A. Scheib, Eric R. Sokol

Medical devices have become subject to ever-increasing scrutiny, especially those related to Women's Health issues. This presentation examines the development of medical device regulation and litigation, starting with the silicone breast implant saga to present day controversies including uterine power morcellators, pelvic floor mesh, the Essure device, and vaginal rejuvenation. Additionally, the impact of traditional and social media on public perception, regulation, and litigation will be explored. An explanation of the emergence of third-party funding and its effect on mass tort/product liability litigation will be provided. The disparity between science and the law will be scrutinized. The session will conclude with a panel discussion of the topics presented.

Learning Objective: At the conclusion of this activity, the participant will be able to: 1) Explore the development of the device regulation and the litigation industry; 2) examine current gynecologic medical device controversies; and 3) assess potential bias in the media, balance in regulation, and discuss due diligence by involved parties.

COURSE OUTLINE

7:00 Welcome, Introductions and Course Overview
• The Bleeding Edge
• 60 Minutes Story on Pelvic Mesh
• NY Times & ABA Journal articles on the emergence of 3rd party funding
  A.N. Brown and B. Kahn

7:05 Back to the Future (How did we get here?)
• The Silicone Breast Implant Saga
• Development of Device Regulation (FDA Milestones)
  B. Kahn, A.N. Brown

7:30 Where Are We Now?
• Laparoscopic Power Morcellation
• Essure
• Vaginal Mesh
• Laser Vaginal Rejuvenation
  S.A. Scheib, B. Kahn

8:05 Medical Device Product Liability
• Introduction to Mass Tort/Product Liability Litigation
• Relationship Between Litigation and Media, Social Media, Regulatory Oversight, and Science
• Evolution of Mass Tort/Product Liability Litigation and Key Issues Today
  C. Campbell

8:35 Where Do We Go from Here? (Questions & Answers)
• Surgeon Responsibility/Due Diligence/Industry Compensation
• FDA – Maintaining the Right Balance
• Media Bias
• Potential Action by Professional Societies/Legislators
  All Faculty

9:00 Adjourn
The Cold Loop Hysteroscopic Myomectomy

Surgeon: Ivan Mazzon – Rome, Italy
Moderators: Miguel A. Bigozzi, Buenos Aires, Argentina

This case provides a live surgical demonstration of the Cold Loop Hysteroscopic Myomectomy (CLHM). This technique was conceived in 1995 and allows you to overcome the limits represented by the classical slicing technique. This helps ensure a safe and effective myometrial sparing treatment of the submucous myomas. With the CLHM, the electrical force is replaced by the mechanical one during the liberation of the intramural part of the fibroid. The fibroconnectival bridges that anchor the fibroid to its pseudocapsule are mechanically disconnected by the cold loops, releasing the fibroid from the myometrium, without any consequence to surrounding healthy muscular fibers. The myometrium contracts to support the sliding of the intramural component of myoma into the uterine cavity, becoming an intracavitary pathology which is much easier to treat. This case demonstrates the technique of CLHM, discusses setting and instrumentation needed for this procedure, and will show tips and tricks to apply this technique avoiding intraoperative complications.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Explore the use of cold loop for hysteroscopic myomectomy for submucous fibroids; 2) demonstrate how to disconnect the intramural component of myoma with cold loops; and 3) discuss the advantages of cold loop hysteroscopic myomectomy over conventional slicing.
Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) be highly motivated to learn the pelvic neurofunctional anatomy; 2) be prepared to engage effort in learning the techniques of neuropelveology; 3) become aware that pathologies of the pelvic nerves may induce intractable pelvic neuropathic pain and pelvic organ dysfunctions; 4) become aware that laparoscopy offers a superb and unique surgical approach to the pelvic nerves for neurofunctional pelvic surgery.

Laparoscopic Myomectomy with Contained Tissue Extraction via Minilaparotomy
Surgeon: Sarah L. Cohen, Boston, Massachusetts
Moderators: Iwona Maria Gabriel, Bytom, Poland

This pre-recorded case will provide a surgical demonstration of laparoscopic myomectomy with contained tissue extraction via minilaparotomy. Compared to abdominal myomectomy, a minimally invasive approach is associated with superior patient outcomes and is the preferred surgical modality for most modern cases. Techniques to minimize blood loss at time of laparoscopic myomectomy will be highlighted, as well as issues surrounding surgical planning and case selection. An additional challenge faced at the time of minimally invasive fibroid surgery involves the process of tissue extraction via small incisions. Throughout the case, approaches to pre-operative work up, counseling about risk of occult malignancy and tips & tricks for contained tissue extraction will be highlighted.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Discuss case selection and preoperative work-up for laparoscopic myomectomy; 2) implement techniques for minimizing blood loss at time of myomectomy; and 3) employ methods for contained tissue extraction.

Laparoscopic Sacrocolpopexy
Surgeon: Alan M. Lam, Sydney, NSW, Australia
Moderators: Marie Fidela R. Paraiso, Cleveland, Ohio

Sacrocolpopexy, commonly regarded as the most effective and durable treatment for apical pelvic organ prolapse (POP), is a complex surgical procedure that requires knowledge, skill, experience, and a well-trained surgical team to deliver safe, efficient and reproducible outcomes. The procedure can be performed via laparotomy, or endoscopically with or without robotic assistance.

In this live laparoscopic sacrocolpopexy, the surgeon will demonstrate:
• the essential pelvic anatomy
• the choice of energy for hemostatic dissection
• the choice of mesh and suture materials
• the attachment techniques of graft/mesh to the vaginal walls and to the sacral anterior longitudinal ligament.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Identify the relevant pelvic anatomy including the paravesical, rectovaginal, vesicovaginal, para rectal and presacral spaces; 2) describe how avoid potential intraoperative complications; and 3) discuss how to best maximize your team to achieve efficient and safe sacrocolpopexy.

Laparoscopic Stage 4 Endometriosis with Ovarian Cystectomy and Ureterolysis
Fertility Sparing Laparoscopic Management of DIE
Surgeon: Masaaki Andou, Kurashiki-Shi, Japan
Moderators: Anthony A. Luciano, New Britain, Connecticut

This case provides a live surgical demonstration on how to dissect safely and accurately in situations of severe ureteral and rectal adhesion to result in elucidation of deeply infiltrating endometriosis. Ovarian tissue preservation is a main challenge during ovarian cystectomy especially with the use of power sources. To minimize this challenge, advance knowledge of laparoscopic pelvic anatomy and shallow and precise dissections with scissors is essential. If any bleeding lesions arise, the use of water sprays will be deployed to pinpoint its location. Ureteral re-implantation will be demonstrated as this case has ureteral stricture and hydronephrosis.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) Identify the important steps to elucidating anatomy in the deep pelvis; 2) interpret surgical space to find dissectible planes; and 3) implement safe dissection practices to avoid surgical injuries.

Genital Nerves Stimulation
Surgeon: Marc Possover, Zurich, Switzerland
Moderators: John A. Thiel, Regina SK, Canada

This case provides a live surgical demonstration of a laparoscopic transperitoneal exploration with decompression of the sacral plexus/sciatic nerve and of the pudendal nerve for treatment for intractable pudendal neuphry with suspected fibrotic/vascular entrapment. This technique enables a unique surgical approach to the major pelvic somatic nerves for the exploration of possible etiologies and the treatment of neuropathic pelvic pain conditions. Because the patient being presented also suffers from an idiopathic overactive bladder, the decision will be made during the procedure whether to implant a stimulation electrode to the dorsal nerve of the clitoris during the same procedure, to facilitate postoperative “Genital Nerve Stimulation”.

Learning Objectives: At the conclusion of this activity, the participant will be able to: 1) be highly motivated to learn the pelvic neurofunctional anatomy; 2) be prepared to engage effort in learning the techniques of neuropelveology; 3) become aware that pathologies of the pelvic nerves may induce intractable pelvic neuropathic pain and pelvic organ dysfunctions; 4) become aware that laparoscopy offers a superb and unique surgical approach to the pelvic nerves for neurofunctional pelvic surgery.
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## Virtual Poster Session 1

### BASIC SCIENCE/RESEARCH/EDUCATION

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<tr>
<td>9:45</td>
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<td>Florid Cystic Endosalpingiosis with Uterine Preservation and Successful Assisted Reproductive Therapy</td>
<td>K. E. Nixon, J. Schoolmeester, J. N. Bakkum-Gamez</td>
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<td>9:45</td>
<td>Station B</td>
<td>Impact of Delay to Hysterectomy for Benign Gynecologic Disease</td>
<td>J. Traylor, N. Koelper, S. Kim, M. D. Sammel, U. Andy</td>
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<td>Station C</td>
<td>mRNA Expression of Cyclooxygenase-2 and Hydroxyprostaglandin Dehydrogenase in Decidua of Patients with Missed and Spontaneous Abortions</td>
<td>O. P. Lebedeva, O. N. Ivashova, V. N. Popov</td>
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<td>9:45</td>
<td>Station D</td>
<td>Histologic Findings after Failed Endometrial Ablation in a Diverse Patient Population</td>
<td>A. Jackson, K. Sakhel</td>
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<td>Station G</td>
<td>Pelvic Neuroanatomy Knowledge Assessment and Improvement</td>
<td>I. Marcu, A. Balica, N. Lemos, S. Sridhar, J. Gavard, E. C. Campiani</td>
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### ENDOMETRIOSIS

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<td>Station H</td>
<td>Expression of Stem Cell Markers in Nodular and Diffuse Forms of Adenomyosis</td>
<td>K. Dzhamaludinova, I. Kezachenko, A. Shchegolev, L. Adamyant, A. Stepanian</td>
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<td>9:45</td>
<td>Station I</td>
<td>MRI for Endometriosis: Images and Recommended Technique</td>
<td>N. S. Fogelson, P. Mittal</td>
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<td>9:45</td>
<td>Station J</td>
<td>Endometriotic Spot- What are we missing out on...?</td>
<td>J. Mehta</td>
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<td>9:45</td>
<td>Station K</td>
<td>Laparoscopic Surgery vs Dienogest in Endometriosis</td>
<td>A. Sahai</td>
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<td>9:45</td>
<td>Station L</td>
<td>Changes in Bowel Function in Patients with Intestinal Endometriosis Evaluated by Magnetic Resonance Defecography</td>
<td>C. Crispi Jr, C. Crispi, A. Brandano, F. Crispi, C. M. Andrade Jr, M. F. Fonseca</td>
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<td>9:45</td>
<td>Station M</td>
<td>Teaching Surgery for Endometriosis Using Patient Language!</td>
<td>M. J. Canis, N. Bourdel, P. Chauvet, R. Botchorishvili, R. Rabischong, J. Pouly, A. Greameau, S. Carinier, S. Campagne Loiseau</td>
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<td>9:45</td>
<td>Station N</td>
<td>Active Endometriosis in Postmenopausal Women: A Descriptive Case-Series</td>
<td>S. Radke, E. Scarbrough, J. Holcombe, N. Gupta, R. Furr</td>
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### GENDER REASSIGNMENT SURGERY

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<td>Laparoscopic Vecchietti Procedure for Creation of Neovagina</td>
<td>S. Rampthal</td>
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<td>Station P</td>
<td>Laparoscopic Orchiectomy in a Woman with Androgen Insensitivity Syndrome</td>
<td>J. S. Klebanoff, C. Z. Wu, C. Q. Marfori</td>
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### HYSTEROSCOPY

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<td>Hysteroscopy in the Office vs the Operating Room: A Comparison of Clinical Outcomes, Resources Utilization and Costs</td>
<td>J. Shields, E. Dilday, S. Chang, T. Walsh, K. Kimberly</td>
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<td>Increased Fetal Chromosome Detection with the Use of Operative Hysteroscopy During Evacuation of Products for Miscarriage</td>
<td>A. Chokkeri-Singh, I. Zamfrova, C. E. Miller</td>
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<td>May an Increased Accuracy of Hysteroscopic Metroplasty Further Improve the Reproductive Outcomes of Patients Suffering from Infertility or Requirente Miscarriages? The “PALPATOR Cohort Study”</td>
<td>A. Di Spiecio Sardo, B. Zizolfi, A. Vitagliano, S. Bettocchi, F. Santangelo, R. Gaetano, G. Bifulco</td>
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<td>Station D</td>
<td>Experience of 100 Treatments Using Customisation Features of Minitouch Endometrial Ablation</td>
<td>Y. Thakur, V. Thakur, S. Jones, J. Karuppaswamy</td>
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Virtual Posters | Session 1 | Room: Exhibit Hall

9:55 Station E
A Novel Hysteroscopic Approach to Collecting Cells from the Fallopian Tube: Safety and Effectiveness of the nVision MAKO 7
J. Garza Leal, L. Castillo Saenz, V. Connor, S. Pramanik

9:55 Station F
The Effect of Vaginal Misoprostol on Patient Reported Pain During Successive Office Hysteroscopy and Endometrial Biopsy
E. P. New, P. Sarkar, R. Whynott, S. Plosker, E. Mikhail, A. N. Imudia

9:55 Station G
Evaluation of the Efficacy of Uterine Artery Embolization Combined with Hysteroscopic Surgery for the Management of Exogenous Cesarean Scar Pregnancy
G. Wang, Q. Yang

9:55 Station H
Models to Predict Unsuccessful Endometrial Ablation: External Validation
K. Y. Stevens, S. Houterman, I. Muller, S. Weyers, D. Schoot

9:55 Station I
Accuracy of Three Dimensional Ultrasound and Treatment Outcomes of Intrauterine Adhesion in Infertile Women
M. Kim, M. Ko

9:55 Station J
Diagnostic Performance of Hysterosalpingography for Intrauterine Pathology in 150 Infertile Women: Comparative Analysis with Hysteroscopy
G. S. Desai

9:55 Station K
Use of an In-Office, Handheld Hysteroscopy System (ENDOSEE) for Difficult Intrauterine Device (IUD) Removal
E. J. Chang, D. Crabtree Sokol, K. G. Phung

9:55 Station L
Hysteroscopic Approach vs. Traditional Hegar Dilation in Cervix Stenosis. A Ten Year Single Institution Experience
M. Tahmabi Rad, N. Sänger, S. Becker

9:55 Station M
The Accuracy of Histology from Hysteroscopy in Endometroid Type Uterine Malignancies
D. I. Nastie, E. Yeeshoua, O. Raban, A. Borovich, G. Sabah, C. Goldchmit, R. Eitan

9:55 Station N
Hysteroscopic Endometrial Resection for Diagnosis and Treatment of Postmenopausal Bleeding in Women with and without Hormone Replacement Therapy
R. Aljasser, A. Vilos, A. Oraif, B. Abu-Rafeea, G. Vilos

9:55 Station O
Is Endometrial Ablation More Likely to Fail When Used for Non-Menorrhagia Indications?
J. Arruda, J. Scheeder, A. Wattles

9:55 Station P
Tamoxifen Use as Risk Factor for Endometrial Cancer in Patients with Endometrial Polyp: A Retrospective Cohort Study
T. A. Ikejiri, L. Oliveira Brito, C. L. Benetti-Pinto, C. M. Ribeiro, D. A. Yela

9:55 Station Q
Pre-IVF Evaluation of Uterine Cavity and Fallopian Tubes in One-Step: Hyfosy in Combination with Hysteroscopy
H. B. Zeyneloglu, Y. A. Tohma, G. Onalan

LAPAROSCOPY

9:55 Station R
Simplified Laparoscopic Sacroplexy: Can We Avoid Deep Vaginal Dissection?
S. Cosma, P. Petruzzeelli, F. Campolo, G. Lanzo, F. Fassio, C. Benedetto

10:05 Station A
Safety of Minimally Invasive Surgery in Borderline Ovarian Tumors
S. Kim, S. Lee, J. Lee, T. Kim

10:05 Station B
Comparison of Impacts of Intrapertitoneal Saline Instillation with and without Pulmonary Recruitment Maneuver on Post-Laparoscopic Shoulder Pain Prevention: A Randomized Controlled Trial
T. Song

10:05 Station C
Cost-Savings Associated with Partial Bladder Filling after Hysterectomy
P. Tyam, D. Park, T. Gilmore, G. Moawad

10:05 Station D
Novel Neovaginoplasty using Peritoneal Rudimentary Uterine Horn in Mullerian Anomalies with Vaginal Agenesis
C. Lee

10:05 Station E
Surgical Outcomes Following Uterine Artery Occlusion at Myomectomy: Systematic Review and Meta-Analysis
A. Sanders, W. Chan, J. Tang, A. Murji

10:05 Station F
Leakproof Technique in Laparoscopic Surgery for Large Ovarian Cyst Compared with Conventional Technique
T. Song

10:05 Station G
Laparoscopic-Assisted Myomectomy with Reversible Uterine Artery Occlusion: Outcomes from a Series of 404 Cases
R. Baxi, P. Mackoul, N. Damlyants, L. van der Does, L. R. Haworth, L. Kazi, N. Kazi

10:05 Station H
Surgical Outcomes of Hybrid Hysterecotmy: A Laparoscopic Approach Followed by Laparotomy for Intact Specimen Removal
N. V. Clark, A. Lindsey, M. O. Ajao, J. I. Einarsson, S. L. Cohen

10:05 Station I
One-Year Urodynamics and Mobility Outcomes of Patients Submitted to Femoral, Sciatic and Pudendal Neuromodulation with the Laparoscopic Implantation of Neuprostheses (LION) Procedure

10:05 Station J
Postoperative Complications following Laparoscopic Hysterectomy Associated with Preoperative Blood Transfusion
P. Tyam, H. N. Robinson, C. Messersmith, A. Gu, C. Wei, M. V. Vargas, G. N. Moawad

10:05 Station K
An Analysis of Patients Undergoing Surgical Removal of Essure Device - A Retrospective Case Series
10:05 Station L
Post-Operative Urinary Retention Rates after Autofill versus Backfill Void Trial Following Total Laparoscopic Hysterectomy: A Randomized Controlled Trial
S. Farag, P. Frazzini Padilla, K. A. Smith, S. E. Zimberg, M. L. Sprague

10:05 Station M
Comparison of Postoperative Re-Adhesion Formation after Previous Laparoscopic Adhesiolysis or Laparotomic Adhesiolysis in Stage IV Endometriosis
G. Lee, C. Huh, H. Kim, H. Choi

10:05 Station N
Complicated Laparoscopic Hysterectomy following Trachelectomy for Cervical Malignancy
P. F. Harrington

10:05 Station O
Impact of Age on Postoperative Complications Following Laparoscopic Hysterectomy
O. T. Sobh, P. Tyan, A. Gu, C. Wei, H. N. Robinson, K. E. O’Sullivan, G. N. Moawad, M. V. Vargas

10:05 Station P
Laparoscopic Surgery in a Delayed Type Postpartum Hemorrhage with Uterine Wound Dehiscence and Retro-Peritoneum Hematoma after Cesarean Section
T. Lin, Y. Chuang

10:05 Station Q
Comparison of Surgical Outcomes and 2-Year Disease Progression Free Survival Rate between Single-Port Access Staging Laparoscopy and Conventional Staging Laparoscopy in Uterine Cancer
J. Kim, Y. Chang, J. Lee, E. Nam, S. Kim, Y. Kim, S. Kim

10:15 Station B
Anatomic and Functional Outcomes of Laparoscopic Peritoneal Vaginoplasty (Luohu II Procedure) in Patients with MRKH Syndrome: 9 Years of Experience with 823 Patients
H. Pan, G. Luo

10:15 Station C
Use of Topical Hemostatic Agents in Minimally Invasive Gynecologic Surgery: A Systematic Review

10:15 Station D
Evaluation of Laparoscopic Ovarian Drilling by Harmonic Scalpel versus Monopolar Drilling Needle in Cases of Clomiphene Citrate Resistant Polycystic Ovarian Response
K. K. Roy, H. Maddirala, S. Kumar, S. Singhal, J. Meena

10:15 Station E
How Much is Enough? Opioid Prescribing Practices and Patient-Reported Outcomes from a Single Institution Quality Improvement Project

10:15 Station F
Port-Site Metastasis in Laparoscopic Gynecologic Surgery: A Case Report
D. A. Acosta, C. de Amorim Paiva, F. K. Collado

10:15 Station G
Using Ovarian Wall as an Endobag During Laparoscopic Removal of a Giant Dermoid Cyst
Z. Alamooti

10:15 Station H
Comparison Laparoendoscopic Single-site (LESS) and Conventional Laparoscopic Surgery in Mature Cystic Teratoma of Ovary
M. Kim, S. Jeong, J. Kim, E. Paik, C. Choi, J. Lee, B. Kim, D. Bae, T. Kim

10:15 Station I
Transvaginal Single-Port Laparoscopic Sacrocolpopexy versus Traditional Laparoscopic Sacrocolpopexy: A 1 Year Follow-up Study
J. Li, Y. Chen

10:15 Station J
Transvaginal Notes Myomectomy: A Novel Route for Uterine Fibroid Removal
J. Liu, Q. Lin, K. Blazek, B. Liang, X. Guan

10:15 Station K
Transvaginal Natural Orifice Transluminal Endoscopic Surgery (NOTES) of Hysterecctomy/Bilateral Salpingo-Oophorectomy with Large Ovarian Teratoma for Female-To-Male Transgender Men
L. Jiang, H. Chao, P. Wang, Y. Chen

10:15 Station L
Transvaginal Single-Port Laparoscopic Sacrocolpopexy
C. Yisong, H. Keqin

10:15 Station M
Clinical Evaluation of the LiNA Librata Endometrial Ablation Device in an Outpatient Setting
C. Guyer

10:15 Station N
Laparoscopic Hysterectomy under Regional Anesthesia
N. S. Moawad

10:15 Station O
Safety and Feasibility of a Novel, Surgeon Designed Method for Contained, Power Morcellation
C. E. Miller, K. J. Sasaki, C. J. Steller, M. Johnston

10:15 Station P
Surgeon Learning Curves with Sentinel Lymph Node Detection
J. B. Emerson, C. Raker, A. Urh, K. Robison
Virtual Posters | Session 1 | Room: Exhibit Hall

10:15 Station Q  
Zip-Stitch™ for Vaginal Cuff Closure in Total Laparoscopic Hysterectomy - First-In-Human Ease of Use Study  
D. Mazzucco, R. Brown, J. Garza Leal, L. Castillo, M. Diamond, G. Fossum

10:15 Station R  
Combination Color Adjuvants in Endometriosis and Fertility Preservation Surgery  
K. P. Goldstein, T. Seckin, A. L. Chu, S. Seckin

10:25 Station A  
Performance Analysis of Tissue Containment Bags for Power Morcellation  
A. Herman, N. Duraiswamy, D. Fau, P. Nandy, P. Hariharan

10:25 Station B  
12-Month Procedural Outcomes of the SONATA Pivotal IDE Trial: Sonography-Guided Transcervical Radiofrequency Ablation of Uterine Fibroids  
K. Roy, D. Forstein, K. Osman, P. Gee, D. Johns

10:25 Station C  
A Combined Laparoscopic and Hysteroscopic Fertility-Preserved Management of Uterine Arteriovenous Malformation: A Case Report  
J. Zhang

10:25 Station D  
Transvaginal Natural Orifice Transluminal Endoscopic Surgery for Tubal Pregnancy and a Device Innovation from Our Institution  
X. Chen, H. Liu, D. Sun, J. Zhang, Q. Fan, H. Shi, J. Lang

10:25 Station E  
Percutaneous Approach for Early-Stage Endometrial Cancer Staging: A Prospective Multicenter Italian Experience  
S. Guelli Alletti, E. Perrone, C. Rossitto, S. Ciacci, G. Vizzetti, F. Fanfani, G. Scambia

10:25 Station F  
A Novel Therapeutic Approach to Prevent Adhesion: A Double Blind Randomized Study (DBRCT) of Intraperitoneal L-Alanyl-L-Glutamine (A-G or EvitarTM) for the Prevention of Adhesion in Laparoscopic Myomectomies  

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Endoscopic Inguinal Sentinel Node Biopsy in 7 Steps  
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10:25 Station H  
Adnexal Mass Evaluation and a Minimally Invasive Technique of Contained Extraction of Large Complex Ovarian Cysts  
J. J. Woo, P. Guha, T. A. Dinh

10:25 Station I  
Laparoscopic Pelvic Linfadenectomy. Step-By-Step  
E. Moratalla Bartolomé, C. Martín Blanco, A. Salvaro Argelich, I. López Carrasco, J. Lázaro de la Fuente, N. Montero Pastor, C. del Valle Rubido

10:25 Station J  
G. Menderes, S. Chung, M. Azodi

10:25 Station K  
Secondary Laparoscopic Cytoreduction for Recurrent Ovarian Cancer in Case of Laparoscopic Primary Debulking Surgery  
J. Choi, J. Baek, W. Lee, J. Jung, J. Eom

10:25 Station L  
Robotic Assisted Laparoscopic Hemi-Hysterectomy Bilateral Sentinel Node Biopsy in a Women with Lynch Syndrome, Endometrial Cancer, Double Uterus, Cervix and Vagina  
F. Chan

ONCOLOGY

10:25 Station N  
Laparoscopic Dissection of Obturator Nerve for Obturator Neuralgia after Paravaginal Repair  
A. J. Rosenbaum, M. Dassel

10:25 Station O  
Superior Gluteal Vessel Variation as an Intrapelvic Cause of Sciatica: Assessment of Anatomical Variants in Female Cadavers  

10:25 Station P  
How to Perform the Physical Examination in the Female Chronic Pelvic Pain Patient: The Pre-Exam Evaluation  
A. R. Carrubba, T. M. Maffly, K. Witzeman

REPRODUCTIVE MEDICINE

10:25 Station Q  
Laparoscopic Ovarian Transposition- A Review of Indications, Techniques and a Successful Case Report  
J. Friedman, S. Butler, M. Milad

10:35 Station A  
Laparoscopic Repair of Caesarean Scar Defect  

ROBOTICS

10:35 Station B  
The Impact of Robotic Assisted Total Laparoscopic Hysterectomy on Pelvic Floor Function and Sexual Function  
C. Forsgren, A. Olsson, M. Candalorio Amano, U. Johannesson

SURGICAL EDUCATION

10:35 Station C  
Complete Excision of Recurrent Endometriosis after Hysterectomy  
S. Villalobos Acosta, E. Luna Ramírez, J. Lezama Ruvalcaba
10:35 Station D
The Osada Procedure: Preserving Fertility in Diffuse Adenomyosis
W. V. Chan, M. W. Suen, S. Singh

10:35 Station E
Laparoscopic Needle Handling
A. Shirane, M. Andou, M. Sawada, Y. Hamasaki

10:35 Station F
Lateral Approach to Uterine Artery & Scarred Bladder in Difficult TLH
L. Hsiao, F. Mohtashami

10:35 Station G
Development and Hierarchical Task Analysis of a Robotic Pelvic Surgery Training Model
E. M. Myers, M. E. Tarr, B. Anderson-Montoya, C. Whitley, K. J. Stepp

10:35 Station H
Techniques for Opening and Closing in Single Incision Surgery or for Tissue Extraction
K. K. Blazek

10:35 Station I
Approach to Excision of Superficial Endometriosis
M. W. Suen, C. R. Zhu, K. Arendas, S. Singh

10:35 Station J
Robotic Mesh Proctopexy with Modified Ripstein Procedure for Rectal Prolapse
N. Gupta, R. Farr

10:35 Station K
Minilaparoscopic Step by Step Transperitoneal Paraortic Lymphadenectomy
D. Vatansever, S. Misirlioglu, T. Arslan, A. Eraslan, C. Taskiran

10:35 Station L
Hysteroscopic Resectoscope: A Unique Approach to Fibroid Chip Management
O. S. Madueke-Laveaux, S. Snow

10:35 Station M
Techniques for Vaginal Cuff Closure in Robotic-Assisted Hysterectomy
J. Chen, A. Aguirre, J. Mourad, S. Wingo

10:35 Station N
Eliminating Post-Operative Opioid Use after Mini-Laparoscopic Hysterectomy: Effectiveness of a Multi-Modal Pain Management Regimen Adopted into Clinical Practice
A. A. Adajar

10:35 Station O
Immersive Virtual-Reality Gaming Improves Two-Handed Efficiency on a Laparoscopic Skills Simulator in Ob/Gyn Trainees
K. Benabou, C. A. Raker, J. Opoku-Anane

10:35 Station P
Tips and Tricks in Tissue Containment and Extraction in Minimally Invasive Myomectomy
G. N. Moawad, P. Yian, C. Awad, E. D. Abi Khalil

10:35 Station Q
Minimally Invasive Gynecologic Surgery at a Large Public Hospital in Kampala, Uganda
W. Zhang, K. Herbert, J. Opoku-Anane

10:35 Station R
Surgeon Volume in Gynecologic Surgery: A Review of Outcomes, Surgical Route, Operative Time, and Cost
L. M. Glaser, L. P. King, L. Brennan, M. P. Milad

1:20 Station C
30-Day Incidence of Complications and Readmission after Open Myomectomy
M. Dizon, P. D. Strassle, E. T. Carey

1:20 Station E
Preemptive Oral versus Intravenous Acetaminophen for Postoperative Pain in Minimally Invasive Gynecologic Surgery: A Double-Blind Randomized Control Trial
T. M. Lombardi, B. Kaln, L. Tsai, J. Waalen, N. Wachi

1:20 Station F
Reduction in Opioid Prescribing through Implementation of Shared Decision Making

1:20 Station G
Development of an Obesity Surgical Care Protocol: Optimizing Preoperative, Intraoperative and Postoperative Care of the Obese Population
O. Borodulin, J. Mourad

1:20 Station H
Tubo-Ovarian Abscess - Can We Predict the Need for Surgical Intervention?
A. Borovich, D. Nassie, G. Cohen, H. Krissi, C. Goldchmit, Y. Peled

1:20 Station I
Characteristics of Adnexal Torsion in Women Across Different Age Groups
S. Manandhar, H. Zhang, C. L. Templeman

1:20 Station J
Transfusion in Gynecologic Surgery
C. M. Johnson, G. Makai, N. R. Patel

1:20 Station K
Evaluation of Laparoscopic Training for Hospital Israelita Albert Einstein Obstetrics and Gynecology (OB/GYN) Residents
E. D. Abi Khalil, C. Saldanha, L. Assenheimer, R. Moretti, M. Tamura

1:20 Station L
Virtual Poster Session 2
BASIC SCIENCE/RESEARCH/EDUCATION

1:20 Station A
Efficacy of Artificial Neural Networks for Blood Transfusion Prediction in Patients Undergoing Myomectomy
N. Tamhane, S. Walczak, A. N. Imudia, E. Mikhail

1:20 Station B
Pre-Operative and Intraoperative Factors Associated with Transfusion of Red Blood Cells among Women Undergoing Hysterectomy

1:20 Station C
Effectiveness of a Multi-Modal Pain Management Regimen Adopted into Clinical Practice
A. A. Adajar

1:20 Station D
Laparoscopic Needle Handling
A. Shirane, M. Andou, M. Sawada, Y. Hamasaki

Virtual Poster Session 2
 Virtual Posters  |  Session 2  |  Room: Exhibit Hall

**GENERIC REASSIGNMENT SURGERY**

1:30 Station B
2-Port Laparoscopic Hysterectomy: Feasible and Practical
C. Q. Marfori, C. Z. Wu

**HYSTEROSCOPY**

1:30 Station C
Analysis of Published Safety and Efficacy Data from the Regular Clinical Use of Minitouch Endometrial Ablation
R. Penketh

1:30 Station D
Systematic and Standardized Hysteroscopic Endometrial Injury for Treatment of Recurrent Implantation Failure (RIF): Preliminary Results of Prospective and Randomized Trial
T. Gurgan, Z. Kalem, I. Kocabas, M. N. Kalem, A. Makrigiannakis

1:30 Station E
Endometrial Polypectomy with Manual Vacuum Aspiration Compared to Hysteroscopic Morcellation
M. Baikpour, W. W. Hurd

1:30 Station F
Carbon Dioxide in Office Diagnostic Hysteroscopy: An Open Question. A Multicenter Randomized Trial on 1982 Procedures
V. Tagliaferri, L. Ricciardi, R. Ricciardi, L. Selvaggi, L. Pinto, C. Taccaliti, S. Ruggieri, X. Guan, J. Kohn

1:30 Station G
Complications during Hysteroscopy; A Single Center Experience
D. I. Nassie, A. Borovich, G. Cohen, D. Tagadrech, C. Goldhmit

1:30 Station H
Randomized Controlled Clinical Trial Comparing Inhalatory Analgesia with Nitrous Oxide to Other Analgesic Techniques for Pain Relief in Hysteroscopic Polypectomy
C. del Valle, J. A. Solano, A. Rodriguez, M. Alonso, J. J. Delgado, A. Zapico

**ENDOMETRIOSIS**

1:20 Station O
An Approach to Abdominal Wall Endometriosis - A Retrospective Case Series

1:20 Station P
Predicting Pregnancy after Surgery for Uterine Myoma
L. C. Amorim, I. Avila, L. P. Costa, L. R. Machado, M. F. Ferreira, M. M. Carneiro

1:20 Station Q
Left Pelvic Kidney and Extrinsic Ureteral Endometriosis
A. T. Yoldemir

1:20 Station R
Complications of Laparoscopic Surgery of Rectovaginal Space Endometriosis
B. C. Ribeiro, F. Rafael, H. Ferreira

1:30 Station A
Analysis of Microrna Profile in Eutopic Endometrium and Deep Infiltrating Endometriosis: Preliminary Results
M. Rius, M. Mariano, N. Alfonso, G. Meritxell, I. Gabriel, M. Angeles, C. Francisco

**GENDER REASSIGNMENT SURGERY**

1:30 Station J
A Prospective Comparison of the Biopsy Results From Curetage and Hysteroscopy in Postmenopausal Uterine Bleeding
H. Kim, C. Huh

1:30 Station K
Establishing a Low-Budget Hysteroscopy Unit in a Resource-Poor Setting
J. E. Okohue, J. O. Okohue

1:30 Station B
2-Port Laparoscopic Hysterectomy: Feasible and Practical
C. Q. Marfori, C. Z. Wu

1:30 Station L
Differences in Length of Hospital Stay and Hospital Costs Associated with Hysterectomy with Uterus>250 Grams: Total Laparoscopic versus Vaginal Hysterectomy Approach

1:30 Station M
Laparoscopic-Assisted Myomectomy with Uterine Artery Ligation at the Origin: Outcomes from a Series of 184 Cases
R. Baxi, P. MacKoul, N. Danilyants, L. van der Does, L. R. Haworth, K. Laila, N. Kazi

1:30 Station N
Y. Zhang, X. Guan, J. Kohn

1:30 Station O
Healthcare Cost and Resource Utilization Associated with Use of Laparoscopy with Vaginal Hysterectomy: 5-Year Single Institutional Study of 697 Patients

1:30 Station P
Day Care Hysterectomy with Laparoscopic Shearer
J. Mehta

1:30 Station Q
Transvaginal Extraction in Laparoscopic Hysterectomy
Y. Hamasaki, M. Andou, A. Shirane, M. Sawada, Y. Ota
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<td>Station R</td>
<td>1:30</td>
<td>Transumbilical Endometrial Biopsy: A Novel Approach</td>
<td>R. Hattiangadi, S. Kitnick</td>
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<td>Station A</td>
<td>1:40</td>
<td>Novel Laparoscopic Repair of Previous Cesarean Scar Defect without Scar Excision</td>
<td>Q. Yang</td>
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<td>Station B</td>
<td>1:40</td>
<td>Factors that Lengthen Patient Hospitalizations Following Laparoscopic Hysterectomy: A Retrospective Cohort Study</td>
<td>L. Ramirez-Caban, M. E. Shockley, L. Haddad, E. Chahine</td>
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<td>Station C</td>
<td>1:40</td>
<td>Rare Incidental Finding and Laparoscopic Excision of Broad Ligament Aggressive Angiomyxoma (AA) during a Planned Laparoscopic Uro-Gynecological Procedure</td>
<td>R. Botchorisvili, M. Canis, P. Mathur</td>
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<td>Station D</td>
<td>1:40</td>
<td>Assistants Improve the Surgical Quality! Safer and Quicker—The Roles and the Techniques of 1st Assistant Surgeon in Laparoscopic Surgery</td>
<td>M. Sawada, M. Andou, Y. Hamasaki, A. Shirane</td>
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<td>Station E</td>
<td>1:40</td>
<td>Laparoscopic Complete Ureterolysis for a Benign Hysterectomy</td>
<td>N. Vang</td>
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<td>Station F</td>
<td>1:40</td>
<td>Negative Pathology Following Surgical Management of Tubal Ectopic Pregnancy: Epic Fail?</td>
<td>A. Rambhatla, L. R. Hoyos, J. Rodriguez-Kovacs, J. Dai, S. Khan, M. Abdallah, A. Awoyug</td>
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<td>Station G</td>
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<td>Surgical Intervention in Patients with Tubo-Ovarian Abscess Clinical Predictors and a Simple Risk Score</td>
<td>Y. Fouks, A. Cohen, B. Almog, U. Shapira, I. Levin</td>
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<td>Station H</td>
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<td>Complete Excision of Multiple Fibroids, Endometrioma and Adhesiolysis</td>
<td>R. Cruz, J. Hernández Denis, J. Audijred Salomon, I. Bravo Perez, V. Diaz Carbajal</td>
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<td>Station I</td>
<td>1:40</td>
<td>Laparoscopic Hysterectomy in a Patient with a Complex Urogenital Anomaly</td>
<td>J. Travieso, S. Biest</td>
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<td>Station J</td>
<td>1:40</td>
<td>Cesarean Scar Pregnancies: Systematic Review and Laparoscopic Approach</td>
<td>L. Delbos, A. Gil Gimeno, M. Lemyre, P. Laberge, S. Maheux-Lacroix</td>
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<td>Station K</td>
<td>1:40</td>
<td>Cesarean Scar Defects without Scar Excision</td>
<td>R. Hattiangadi, S. Kitnick</td>
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<td>Station L</td>
<td>1:40</td>
<td>“T Shape” Suture to Avoid Ureteral Kinking in Bladder Endometriosis Surgery: A Case Report</td>
<td>M. C. Tomasi, H. S. Abdala-Ribeiro, E. Obara, P. A. Ribeiro</td>
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<td>Station N</td>
<td>1:40</td>
<td>Impact of Body Mass Index on Pelvic and Para Aortic Lymph Node Count in Laparoscopic Staging for High Risk Early Endometrial Adenocarcinoma</td>
<td>D. Limbachiya, M. Kerkre, P. Gandhi, S. Shah, R. Kumari</td>
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<td>Station O</td>
<td>1:40</td>
<td>Laparoscopic Uterosacral Suture Sacro Hysterectomy: LUSSH Procedure</td>
<td>H. Jan, V. Ghai</td>
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<td>Station P</td>
<td>1:40</td>
<td>Understanding the Gamut of Uterine Artery Vasculature in the Donor Dissection for Uterine Transplant</td>
<td>S. Puntambekar, M. Chitale, K. Parikh, S. Nanda</td>
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<td>Station Q</td>
<td>1:40</td>
<td>Laparoscopic Hysterectomy Performed in a Patient with Cystic Adenomyosis of the Cervix</td>
<td>G. A. Barison, A. A. Leal, L. A. Ferreira, V. A. Bezerra, R. A. Miziara, E. Zlotnik, M. T. Gomes</td>
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<td>Station R</td>
<td>1:40</td>
<td>Laparoscopic Management of Round Ligament Varicocele</td>
<td>C. Rajakumar, A. M. Wagner, J. Watson, K. Kenny</td>
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1:50 Station K
Laparoscopic Ligation of Broken Lymphatic Vessels for the Treatment of Chylous Ascites after Pelvic or Para Aortic Lymphadectomy
S. Yao

1:50 Station L
Retrospective Analysis of 204 Cases Between Ligation of Uterine Arteries and Bipolar Coagulation of Uterine Vessels in Single Port Laparoscopic Supracervical Hysterectomy (LSH)
S. Mun

1:50 Station M
Risk Factors in Laparoscopy in Norway 2016-2017
S. Skroppa, A. Putz, T. Bohlin

1:50 Station N
Feasibility of Using Argon Plasma Coagulation in Laparoscopic Myomectomy
K. Chen, L. Ma, Y. Fong

1:50 Station O
Laparoscopic Excision of Ovarian Remnants: An Expanded Case Series
L. Chao, T. Lee

1:50 Station P
The Co-Occurrence of Leiomyomatosis and Endometriosis - More Than Just a Coincidence?
J. Lowe, V. To, A. Lam

1:50 Station Q
Assessment of Obstetric and Gynecologic FDA Device Approvals and Recalls
S. Galhotra, J. Maurice

1:50 Station R
Association between Patient Body Mass Index and Use of Critical Care Services after Elective Hysterectomy: A Single Institutional Study of 109 Patients

2:00 Station A
Laparoscopic Management of Obstetric Haemorrhage
D. Limbachiya, S. Shah, P. Gandhi, M. Kenkre, R. Tiwari

2:00 Station B
Longitudinal Vaginal Septum Resection: "The Single-Port/Pneumovagina Technique"
F. Heredia, G. Donetch, J. Escalona, M. Hinostroza

2:00 Station C
Laparoscopic Combined with Transvaginal Pelvic Organ Prolapse for Advanced Pelvic Organ Prolapse
X. Wang, K. Hua, C. Hu

2:00 Station D
Radiofrequency Thermal Ablation for Uterine Myomas: Long-term Clinical Outcomes and Reinterventions
H. Iversen, M. Dueholm

2:00 Station E
Contained Vaginal Morcellation for Fibroid Uterus
C. Arvizo, L. F. Harvey

2:00 Station F
Feasibility of Serum-Free Culture in Isolating Endometriotic Stem Cells
S. Liu, H. Cai, Q. Zhang, K. Hua

2:00 Station G
Handpacking of 25+ Centimeter Pelvic Masses
H. Fornalik, N. Fornalik

2:00 Station H
Total Laparoscopic Nerve-Sparing Radical Trachelectomy: Step-By-Step Dissection and Preservation of the Hypo-Gastric Nerve
S. Misirlioglu, D. Vatansever, T. Arslan, A. Eraslan, M. Arvas, C. Taskiran

2:00 Station I
Does to Use of Manipulator for Endometrial Cancer Surgery Lead to Increased Use of Adjunctive Therapy?
F. Seifi, M. Clark, G. Menderes, D. Silasi, M. Azodi

2:00 Station J
Experience of Gynecologic Oncologists Regarding Endometrial Cancer after Endometrial Ablation
H. Chen, A. M. Saiz, A. M. McCausland, V. M. McCausland, G. S. Leiserowitz

2:00 Station K
Appendiceal Neoplasms Diagnosed at the Time of Surgical Treatment of Endometriosis: A Case Series and Literature Review
T. H. Chadwick, L. Murphy, K. Audlin

2:00 Station L
Comparison of Hysteroscopic Sterilization versus Traditional Bilateral Tubal Ligation and Concomitant Endometrial Ablation with the Development of Post Ablation Tubal Sterilization Syndrome (PATSS)
L. E. Cedo Cintron, A. Merriman, A. Yunker

2:00 Station M
Ovarian Torsion and Utero-Ovarian Ligament Plication: A Review of Technique in a Case of Suspected Recurrent Ovarian Torsion with Elongated Adnexa
S. I. Seckin, K. Goldstein, T. A. Seckin

2:00 Station N
Laparoscopic Excision of Broad Ligament Mullerianosis
R. S. Kim, C. Roeca, M. O. Ajao

2:00 Station O
Vesicular Migration of Copper-laden Intrauterine Device Causing Chronic Pelvic Pain
S. Ghayouri, N. Garg, J. Sisto, J. Pedroso

2:00 Station P
Feasibility of Magnetic Resonance Imaging in Patients Suffering from Deep Infiltrating Endometriosis and Correlation with Surgical Treatment
M. Marziali, S. Bernardo, B. Borelli, F. Cassanelli, M. Angeletti

2:00 Station Q
Incidental Finding of Bladder Cancer in a Young Patient Undergoing Presacral Neurectomy
D. Veloria, A. Small-Layne, E. Stockwell
REPRODUCTIVE MEDICINE

2:00 Station R
Laparoscopic Resection of a Rudimentary Uterine Horn Following Pregnancy-Related Rupture  
L. M. Glaser, M. S. O’Shea, M. P. Milad

2:10 Station A
Laparoscopic Tubal Reanastomosis  
C. Z. Wu, M. Vargas

2:10 Station B
Hysterectomy on a Patient with Uterine Didelphys  
J. Braden, E. Lockrow, A. Steren

2:10 Station D
Surgical Economic Impact: An Analysis of the First 18 Months of a Benign Gynecologic Robotic Program at an Academic Center  
F. Andrade, H. Palin, I. Llanes, M. Garcia, R. Bahna, J. Carugno

SURGICAL EDUCATION

2:10 Station E
Decreasing Postoperative Narcotic Use for Patients Undergoing Hysterectomy  
V. Chopra, D. Kown, R. Sangha

2:10 Station F
Suturing for FLS: A Practical Tutorial  
D. Luan

2:10 Station G
Essentials of Patient Positioning in Laparoscopic Gynecologic Surgery  
A. Cohen, M. Pacis

2:10 Station H
Handling Techniques for Ancillary Laparoscopic Port Placement: A Survey Amongst Trainees and Consultants at the University Hospital of Wales  
A. S. Jones, C. M. Thomas, A. Griffiths

2:10 Station J
Surgical Pearls for Laparoscopic Management of an Interstitial Pregnancy  
J. Shields, A. Lupo, T. Walsh

VAGINAL SURGERY

2:20 Station C
Impact of Concomitant Transobturator Tape (TOT) at the Time of Uterosacral Ligament Suspension (USLS) on Postoperative Urinary Complaints  
S. Boyd, S. Radke, R. Farr

ROBOTICS

2:10 Station D
Surgical Economic Impact: An Analysis of the First 18 Months of a Benign Gynecologic Robotic Program at an Academic Center  
F. Andrade, H. Palin, I. Llanes, M. Garcia, R. Bahna, J. Carugno

UROGYN/PELVIC FLOOR DISORDERS

2:20 Station A
The Impact of Tunneling During Robotic-Assisted Abdominal Laparoscopic Sacrocolpopexy  
M. K. Sha, K. Fan, A. Eddib

2:20 Station B
Feasibility of Laparoscopic Single-Site Sacrocolpopexy  
J. Liu, C. Wu, Z. Guan, B. Sun, X. Guan

Virtual Poster Session 3

BASIC SCIENCE/RESEARCH/EDUCATION

9:45 Station A
Attitudes of Minimally Invasive Surgeons When Addressing Minilaparotomy Practices for Tissue Morcellation at the Time of Laparoscopic/Robotic Hysterectomy and Myomectomy  
A. K. Dubin, A. P. Advincula

9:45 Station B
Development of a Method to Characterize Vascular Contributions to Cramping Pain in Dysmenorrhea  

9:45 Station C
Endoscopy Surgery and Management of Cesarean Scar Pregnancy: What and When is the Best Approach?  
F. Noll, J. Saadi

9:45 Station D
Conservative Management and Surveillance of Super-obese Women (Body Mass Index >50kg/m2): A Systematic Review  
C. Arrizzo, L. F. Harvey

9:45 Station E
The N-Myc Downstream-Regulated Gene 1 Suppression Promotes Migration and Invasion of Endometrial Stromal Cells  
T. Lou, C. Liu, Z. Zhang
Virtual Posters | Session 3 | Room: Exhibit Hall

9:45 Station F
How Effective is Blind, In-Office Endometrial Biopsy in Detecting Endometrial Polyps, a Retrospective Chart Review
J. Cooper, J. Shwayder, E. Lutz

9:45 Station G
Isolated Tubal Torsion: Is it Different from Adnexal Torsion?
M. Sharvit, N. Hag-Yahia, M. Pomeranz, R. Agizim, N. Arbib, R. Schonman, Z. Klein

9:45 Station H
Uterus with Cervical Duplication and a Longitudinal Vaginal Septum: A Case Report
M. Bule, M. Engel, A. Levashkevich, D. A. Wiese, I. Frye

9:45 Station I
Quality of Life Outcomes in a Cohort of Women Undergoing Surgical Oophorectomy for the Treatment of Medical Oophorectomy-Responsive Chronic Pelvic Pain
S. Bates, A. Li

ENDOMETRIOSIS

9:45 Station J
Visual Appearance of Endometriotic Lesions
S. Behbehani, M. Wasson

9:45 Station K
Robotic Excision of Deeply Infiltrating Endometriosis of the Bladder
N. Chuba, J. Messer, S. Biscette

9:45 Station L
Complications of Laparoscopic Surgery for the Treatment of Deep Infiltrating Endometriosis - Case Report

9:45 Station M
Referral to a Minimally Invasive Gynecologic Surgeon Following Incomplete Surgical Treatment of Endometriosis: Outcomes of Repeat Surgery
M. Dmello, N. Clark, A. Lindsey, M. Ajao, S. Cohen, J. Einarsson

9:45 Station N
Excising a Large Bladder Endometrioma Using the Flexible CO2 Laser Fiber and Robot
J. F. Dulemba

9:45 Station O
Combined Laparoscopic and Cystoscopic Approach to the Management of a FullThickness Bladder Nodule
R. T. Ratner

9:45 Station P
Laparoscopic Ureterolysis for the Treatment of Hydronephrotic Endometriosis
L. C. Demirel, F. Tulek, E. Avci, T. Ergin

9:45 Station Q
Neck Scarf of Ureter Works as GPS in Da Vinci Robotic Deep Infiltrating Endometriosis Excision
Y. Chuang

9:45 Station R
Principles of Dissection in Chronic Endometriosis
S. Puntambekar, A. Jathar, S. Puntambekar, S. Nanda

GENDER REASSIGNMENT SURGERY

9:55 Station E
Surgical Outcomes for Transgender Patients Undergoing Hysterectomy

HYSTEROSCOPY

9:55 Station F
Ultrasonography Guided Hysteroscopic Tubal Catheterization of Proximally Occluded Tubes - Reproductive Outcomes
M. Shapira, S. B. Cohen, J. Bouaziz, R. Mashiach, R. Orvieto, M. Goldenberg

9:55 Station G
A Break through on Cervical Stenosis
G. T. Whitmore, B. Bastow, T. Muffy

9:55 Station H
Cervical Stenosis in the Postmenopausal Female: Hysteroscopy Basics
A. R. Carrubba, C. C. DeStephano, A. H. Chen

9:55 Station I
Hysteroscopic Markers for Chronic Endometritis and Endometrial Tuberculosis
A. Kumar, A. Kumar

9:55 Station J
Removal of Retained Products of Conception in Office Hysteroscopy Setting. Is it Feasible?
M. Telang, T. Bakre, S. Nanda, P. Verma, P. Telang

9:55 Station K
Vaginoscopic Incision of Vaginal Septum in Adolescents with Ohvira Syndrome Using a “No-Touch” Technique
D. Xu, H. Huang, G. Johnson, X. Guan

9:55 Station L
Ultrasound Guided Hysteroscopy for “Difficult Entry”: A Case Series
K. H. Roy, K. Calligan

9:55 Station M
An Unusual Case of an Asymmetric Uterine Septum
N. S. Sardeshpande

9:55 Station N
Obstructive Gynetresia: Hysteroscopic Solutions
Y. Shawki, O. Shawki

9:55 Station O
Hysteroscopic Treatment in Heterotopic Pregnancy
## Virtual Posters | Session3 | Room: Exhibit Hall

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<td>Complicated Clinical Course and Poor Reproductive Outcomes of Women with Tuboovarian Abscess Following Fertility Treatments</td>
<td>Y. Fouch, I. Levin, B. Almog, T. Tulandi, A. Cohen</td>
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<td>Limited Energy Dissection of the Parametrium during Modified Laparoscopic Nerve-Sparing Radical Hysterectomy</td>
<td>D. Zhao, B. Li, Y. Wang, S. Liu, Y. Zhang</td>
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<td>To Evaluate the Difference of the Efficacy of Short or Long-Term Cyclic Low-Dose Monophasic Oral Contraceptive (OC) Hormonal Therapy in the Recurrence of Endometrioma after Surgery</td>
<td>A. Takashima, N. Takeshinta, T. Kinoshita</td>
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<td>Laparoendoscopic Single Site Myomectomy with Uterine Artery Ligation via Retroperitoneal Approach is Feasible for Huge Uterine Myoma</td>
<td>J. Kim, D. Choi, E. Paik, J. Lee, D. Bae, T. Kim</td>
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<td>vNOTES Hysterectomy in CMUH</td>
<td>C. Yang, W. Lin</td>
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<td>Station E</td>
<td>Novel Use of the T’Lift Device for Retrieval of Adnexa</td>
<td>N. Noor, W. Winkelman, K. Armstrong, P. Rosenblatt</td>
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<td>Rate of Urinary Tract Injury by Route of Hysterectomy for Benign Disease</td>
<td>J. Travieso, S. Biest, L. Wan, B. Winner</td>
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<td>10:05</td>
<td>Station H</td>
<td>Very Difficult Laparoscopic Hysterectomy</td>
<td>C. Sandoval-Herrera, K. Litvinova</td>
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<td>10:05</td>
<td>Station I</td>
<td>Laparoscopy in Pregnancy: Dermoid Torsion in the Second Trimester</td>
<td>A. S. Jones, C. M. Thomas, L. Shamsuddin</td>
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<td>Primary Prevention of Vesico Vaginal Fistula by Transperitoneal Transvesical Rotational Bladder Repair</td>
<td>S. Kade</td>
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<td>10:05</td>
<td>Station K</td>
<td>Ureterolysis and the Adherent Ovary; Avoid Ovarian Remnant Syndrome with E. Santamaria, N. Moawad</td>
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<td>Station L</td>
<td>Laparoscopic Management of Extensive Chemical Peritonitis after Spontaneous Dermoid Rupture</td>
<td>E. M. Wagner, M. Dahlman</td>
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<td>Use of an Intra-Abdominal Bag to Contain Spill During Laparoscopic Ovarian Cystectomy</td>
<td>R. S. Kim, N. V. Clark, S. L. Cohen</td>
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<td>Discharge Instruction Reminders via Text Messages After Benign Gynecologic Surgery: A Feasibility Study</td>
<td>K. M. Drummond, S. Sandoval, K. Swan, M. Rosenberger, S. Fitzgerald</td>
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<td>Recurrent Granulosa Cell Tumors of the Ovary Successfully Treated with Laparoscopic Surgery</td>
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<td>Disparity in Uterine Leiomyomatoma Surgical Care in African American Females in Years Prior to and after Adoption of Affordable Care Act</td>
<td>R. L. Purvis, K. Votzke, M. Louie, J. K. Moulder</td>
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<td>10:05</td>
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<td>Pyomyoma after Uterine Artery Embolization: Laparotomy Avoided by In-bag Morcellation</td>
<td>L. Delbos, A. Gil Gimeno, M. Lemyre, P. Laherve, S. Maheux-Lacroix</td>
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<td>10:15</td>
<td>Station A</td>
<td>Laparoscopic Approach to Tubo-Ovarian Abscess with Concomitant Frozen Pelvis</td>
<td>C. Sandoval-Herrera, G. E. Thomas</td>
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<td>Laparoscopic Entry Technique with a Veress Needle Insertion with and without Concomitant Co2 Insufflation: A Randomized Controlled Trial</td>
<td>E. Mikhail, N. Tamhane, P. Sarkar, E. Sappenfield, J. P. Yonner, A. N. Imudia</td>
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<td>Implantation Behind the Scenes: Retropertitoneal Ectopic Pregnancy</td>
<td>D. Goulet, E. Cantillo</td>
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<td>10:15</td>
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<td>Total Laparoscopic Hysterectomy in a Renal Transplant Patient</td>
<td>H. Jan, V. Ghai, T. Kapoor</td>
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<td>10:15</td>
<td>Total Laparoscopic Hysterectomy for Uterine Infarction Following Uterine Artery Embolization for Postpartum Hemorrhage</td>
<td>A. Grant, G. Rodriguez-Ayala, P. Lee, J. Sternchos</td>
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<td>J</td>
<td>10:15</td>
<td>Laparoscopic Peritoneal Neovagina Creation in Patients with Previous Surgery Using the “Suture-Down” Technique</td>
<td>A. Arakelyan, M. Bobkova, Z. Makiyan, D. Sypchenko, A. Stepanian, L. Adamyan</td>
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<td>K</td>
<td>10:15</td>
<td>Isolated Fallopian Tube Torsion</td>
<td>A. Cortes-Algara, J. Góngora-Rodríguez, L. Gallardo-Valencia, A. Trinidad-Martínez, A. Cortes-Vazquez, C. Avilés-Morán</td>
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<tr>
<td>L</td>
<td>10:15</td>
<td>Concepts of Pelvic Fascial Anatomy and Techniques of Navigating Through It</td>
<td>S. Puntambekar, B. Zainab, S. Nanda</td>
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<td>M</td>
<td>10:15</td>
<td>Laparoscopic Sterilization at the Time of Bariatric Surgery</td>
<td>P. Overcarsh, B. Williams, A. Yunker</td>
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<td>O</td>
<td>10:15</td>
<td>To Demonstrate New Technique of Mesh Repair for Genital Organ Prolapse Named Lateral Uterine Suspension</td>
<td>S. Saini</td>
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<td>P</td>
<td>10:15</td>
<td>Laparoendoscopic Single Site Total Laparoscopic Hysterectomy with Angle Traction Technique for Cuff Suturing and Uterosacral Plication</td>
<td>T. Shibley</td>
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<td>Q</td>
<td>10:15</td>
<td>Immediate Laparoscopic Nontransvesical Repair with Omental Interposition for Vesicovaginal Fistula Developing after Total Laparoscopic Hysterectomy</td>
<td>I. Choi, J. Bae, W. Lee, U. Jung, J. Eom</td>
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<td>R</td>
<td>10:15</td>
<td>Fibroid with Mesenteric Vascularization</td>
<td>P. Belleis, G. M. Foladar</td>
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<td>A</td>
<td>10:25</td>
<td>Tips for Removal of a Large Uterus Laparoscopically Using the PneumoLiner Containment System</td>
<td>E. Ramirez, M. Ehnborg</td>
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<td>B</td>
<td>10:25</td>
<td>A Simple and Novel Technique for Cleaning Up after the Ovarian Cystectomy of a Dermoid Cyst</td>
<td>G. J. Marchand, K. M. Sainz, L. Rials, K. Ware</td>
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<td>C</td>
<td>10:25</td>
<td>Fallopian Tube Cannulation to Assist with Laparoscopic and Hysteroscopic Management of an Interstitial Ectopic Pregnancy</td>
<td>S. Lindquist</td>
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<td>D</td>
<td>10:25</td>
<td>Transvaginal Notes as a Rescue for Total Vaginal Hysterectomy</td>
<td>X. Guan, E. Bardawil, J. Liu, R. Kho</td>
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<td>E</td>
<td>10:25</td>
<td>Laparoendoscopic Single-Site Supracervical Hysterectomy with Manual Morcellation: A Retrospective Study</td>
<td>Y. Chang, N. Kay</td>
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<td>10:25</td>
<td>Five-Year Clinical Outcomes of Transcervical Radiofrequency Ablation of Uterine Fibroids with the Sonata System: The VITALITY Clinical Trial</td>
<td>J. G. Garza-Leal</td>
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<td>Risk of Uterine Rupture in Pregnancies Following IVF and Spontaneous Conception with Laparoscopic and Abdominal Myomectomies - A Difficult Case (Triplets-Triple Embryo Transfer) and Systematic Review</td>
<td>L. G. Pop, I. D. Suciu, S. I. Peter, R. Micu</td>
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<td>Prognostic Importance of Lymph Node in Early Cervical Cancer</td>
<td>J. Park, M. Han, J. Bae, Y. Cho</td>
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10:25 Station P
A Case of Uterine Fibroids: Embolization Beads & Subsequent Robotic Resection
O. Borodulin, J. Mourad

10:25 Station Q
Laparoscopic Uterine Ventrosuspension
N. S. Moawad

REPRODUCTIVE MEDICINE

10:25 Station R
Robotic Myomectomy of a 600 Gram Fibroid
S. Mohling, M. Blevins

SURGICAL EDUCATION

10:35 Station A
Laparoscopic High Uterosacral Ligament Suspension
P. Rainey, R. A. Elkattah

10:35 Station B
Assessment of Laparoscopic Suturing Performance with the Global Operative Assessment of Laparoscopic Skills (GOALS)
A. J. Jijon, P. Guha, M. Heckman, A. Chen, T. Dinh, C. C. DeStephano

10:35 Station C
Surgical Techniques for Retroperitoneal Dissection and Uterine Artery Ligation
F. Seifi, K. M. Davis, M. Azodi

10:35 Station D
Improving Comprehension and Skill in the Completion of a Total Abdominal Hysterectomy Using the American Congress of Obstetrics and Gynecology (ACOG) Flower-Pot Model
C. Arora, A. Advincula, J. Kim

10:35 Station E
Laparoscopic Ureteric Dissection in Case of Difficult Broad Ligament Fibroid with Total Laparoscopic Hysterectomy
T. Baker, S. Puntambekar, S. Puntambekar, R. Desai, M. Chitale

10:35 Station F
Tissue Morcellation: A Simulation Curriculum for Gynecology Residents
S. Delgado, K. Wright, A. Vogell

10:35 Station G
Tips and Tricks for Laparoscopic Cervical Myomectomy
S. J. Handler, M. T. Siedhoff, K. N. Wright

10:35 Station H
An Effective Basic Surgical Skills Training Video for the Novice Learner
T. Phillips, C. Lau, J. Wong, M. Hiraoka

10:35 Station I
Lateral Bladder Dissection Technique
L. N. Valentine, A. Benton, G. Harkins

10:35 Station J
Robotic Hysterectomy Without Uterine Manipulator: Steps for Success
T. Baker

10:35 Station K
Surgical Variances in Performing Conceptional and Pre-Conceptional Minimally Invasive Abdominal Cerclage
G. N. Moawad, P. Tyan, C. Awad, E. D. Abi Khalil

10:35 Station L
The Total Laparoscopic Hysterectomy: A Step-By-Step Approach
K. G. Phuong, A. D. Rounds

10:35 Station M
Laparoscopic Resection of a Residual Cesarean Section Scar Ectopic Pregnancy and Niche Repair
C. Thomas, A. Jones, A. Griffiths

10:35 Station N
Management of Cornual Ectopic Pregnancy with Previous Cesarean Section and Chronic Pelvic Inflammatory Disease
C. Sandoval-Herrera, J. Henson

UROGYN/PELVIC FLOOR DISORDERS

10:35 Station O
Cadaveric Demonstration of Laparoscopic Burch Urethropexy
A. Machefsky, N. Rockefeller, E. Campian

10:35 Station P
Severe Pelvic Organ Prolapse. Is There a Long-Term Cure?
S. Athanasiou, D. Zacharakis, A. Protopapas, I. Chatzipapas, T. Grigoriadis

10:35 Station Q
Single-Incision Mid-Urethral Slings (SIMS) Performed in the Office: An Update on Clinical Outcomes
J. Ton, C. Hornis, A. Herrera, S. N. Ephraim, V. Lucente

10:35 Station R
Impact of Concomitant Hysterectomy on Postoperative Total Vaginal Length (TVL) after Laparoscopic Uterosacral Ligament Suspension (USLS) for Stage 2 Pelvic Organ Prolapse (POP)
S. Boyd, S. Radtke, R. Furr

Virtual Poster Session 4

BASIC SCIENCE/RESEARCH/EDUCATION

1:20 Station A
Incidence and Risk Factors for Urinary Retention in Patients Undergoing Outpatient Hysterectomy
S. I. Delgado, K. Wright, A. Vogell

1:20 Station B
Laparoscopic Approach to Cornual Ectopic: A Step-By-Step Demonstration
R. M. Whynott, E. Mikhail

1:20 Station C
Can We Improve the Diagnosis of Tubo-Ovarian Abscess?
A. Borovich, D. Nassie, G. Cohen, A. From, C. Goldchmit, Y. Peled, H. Krissi

1:20 Station D
Pain-Related Publications in a High Impact Journal
A. D’Angelo, A. Balica

1:20 Station E
Tips and Tricks for Vaginal Hysterectomy
P. Capmas, C. Tran, H. Fernandez

ENDOMETRIOSIS

1:20 Station F
Transvaginal Ultrasound Characteristics Differentiating Surgical Presentations of Endometriosis

1:20 Station G
‘Un-Kissing’ Type II Endometriomas
R. Elkattah, L. Kowalski

1:20 Station H
Surgical Management of Deep Infiltrating Bladder Endometriosis with Rare Pathological Findings
J. Tam, K. Plewniak, A. Aboumohamed, J. Shin
Virtual Posters | Session 4 | Room: Exhibit Hall

1:20 Station I
Association of Polymorphic Markers Rs7766109, Rs757647 and Rs1782507 with the Development of Endometriosis
I. Ponomarenko, M. Churnosov

1:20 Station J
Huge Parametrical Endometriotic Focus Infiltrating the Pelvic Floor - Robotic Approach
C. Crispi, C. Crispi, F. P. Crispi, C. M. Andrade Jr, M. F. Fonseca

1:20 Station K
Laparoscopic Management of Deep Infiltrating Endometriosis & Low Anterior Resection Anastrohesis
A. Eraslan, T. Arslan, D. Vatansever, B. Urman

1:20 Station L
Laparoscopic Ureteric Reimplantation in a Case of Bilateral Ureteric Endometriosis
N. S. Sardeshpande

1:20 Station M
Unusual Presentation of Deep Infiltrative Endometriosis
F. A. Alkhan, E. Karabuk, M. M. Naki, M. Gungor, M. F. Kose

2:00 Station N
Bladder Endometriosis: A Case Report Involving Laparoscopic Ureteral Reimplantation
C. Vilarrubí, P. N. Barri Soldevila, N. Barbany

HYSTEROSCOPY

1:20 Station O
A Rare Case of Pregnancy of Unknown Location Managed with Operative Hysteroscopy and Laparoscopy
K. Wright, M. Misal, T. Basu, M. T. Siedhoff

1:20 Station P
Appended Benefits of Office Hysteroscopy in Managing Retained Products of Conception (RPOCs)
M. Telang, S. Nanda, P. Telang, T. Bakre

1:20 Station Q
Tubal Sterilization: An Independent Risk Factor for Hysterectomy Following Endometrial Ablation
J. Klebanoff, G. Bitar, K. Ruhstaller

1:20 Station R
Operative Hysteroscopy for Infertility and Amenorrhea Due to Asherman Syndrome
J. Gisseman, T. Baker

1:30 Station A
Operative Hysteroscopy and Hydrothermal Ablation with Vaginoscopy: Tips to a Successful Hysteroscopy Complicated by Difficult Entry
L. Weyenberg, D. McCarthur, T. Teresa

1:30 Station B
Myosure Resection of a Spontaneous Abortion in the Setting of Recurrent Pregnancy Loss
J. K. Wong, J. Friedman, M. P. Milad

1:30 Station C
The Active Fluid Distention Technique: A Novel Manual Fluid Instillation Technique for Diagnostic Hysteroscopy
X. M. Guo, J. Friedman, A. Chaudhari

1:30 Station D
Hysteroscopy-Metroplasty: A Simple and Effective Approach in Women with Cervical Defect of Cesarean Section Scar
Y. Lu, C. Huang, Y. Chang, W. Lin

1:30 Station E
Minor Complications Post Laparoscopic Surgery
V. Minns, P. Athanasias

1:30 Station F
The Way to Display the Chylous Tubes and to Prevent Chylous Leakage in Laparoscopic Para-Aortic Lymphadenectomy
J. Ding, W. Xin

1:30 Station G
Evaluation of an Enhanced Recovery Pathway for Minimally Invasive Gynecological Surgery
J. Zhang, X. Lian, R. Abola, R. Asumelli, J. Romeiser, E. Kim, N. Weerasooriya, J. Blaber, T. Griffin, E. Bennett-Guerrero

1:30 Station H
Laparoscopic Ureteroureteral Anastomosis for Endometriosis Involving the Ureter: Case Series and Literature Review

LAPAROSCOPY

1:30 Station I
Laparoscopic and Hysteroscopic Essure Removal
K. D. McDonald, E. Bardawil, J. Nijjar, L. Chohan

1:30 Station J
Decreased Postoperative Opiate Use and Length of Stay for Patients Undergoing Laparoscopic Hysterectomy after Implementation of an Enhanced Recovery after Surgery (ERAS) Pathway
K. Kjos, J. Drake, L. Mihalov

1:30 Station K
Laparoscopic Management of Cornual Pregnancy
I. Ciaffardi, F. Heredia

1:30 Station L
Addressing the Difficulties in Neovaginoplasty by a New Solapur Technique
S. Kade

1:30 Station M
Laparoscopic Surgery for Ovarian Tumor in Patients Under 20 Years Old
T. S. Taniguchi, T. Tsuchiya, Y. Fukuda, T. Maemura, Y. Katagiri, M. Morita

1:30 Station O
TLH: 2kg Uterus with Broad Ligament Fibroid - Tips and Technique
J. Sisto, A. Small, N. Klein, J. Pedroso

1:30 Station P
To Demonstrate Method of Laparoscopic Creation of Neo Vagina by Peritoneal Pull Through Technique in Case of MRKH
S. Saini

1:30 Station Q
Removal of Adnexal Pathology Adherent to the Pelvic Sidewall: Technique for Complete and Safe Removal
A. Peters, S. Mansuria

1:30 Station R
Double Trouble! How Ureteric Duplication and Previous Reimplantation Can Effect an Abdominal Cerclage
D. L. Edwards, K. Tafler, A. Kuriya, S. Scattolon, N. Leyland

Day 1: Sunday, November 11, 2018

Day 2: Monday, November 12, 2018

Day 3: Tuesday, November 13, 2018

Day 4: Wednesday, November 14, 2018

Day 5: Thursday, November 15, 2018
Virtual Posters | Session 4 | Room: Exhibit Hall

1:40 Station B
Laparoscopic Intracapsular Myomectomy Outcomes at Our Hospital: A Retrospective Study
I. López Carrasco, A. Vegas Carrillo de Albornoz, C. Martín Blanco, A. Salvado Argelich, M. Miró Matos, N. Montero Pastor, E. Moratalla Bartolomé

1:40 Station C
Skin Preparation for Surgical-Site Antisepsis in Gynaecological Laparoscopic Surgeries: Preliminary Results of a Double Blinded Randomised Controlled Trial
U. Dior, S. Kathurusinghe, C. Cheng, C. Ang, M. Healey

1:40 Station D
Retropubic Tension Free Vaginal Tape Inserted Under Laparoscopic Vision

1:40 Station E
Perfusion Imaging in Gynecology and Use in Evaluation of Tubal Torsion during Laparoscopy
J. Doneza, L. El Hachem, L. Rosen, K. Hoan, H. F. Gretz III

1:40 Station F
Interstitial Ectopic Pregnancy. Laparoscopic Cornual Resection and Repair
A. Saad-Ganem, S. Villalobos-Acosta, A. Camacho-Cervantes, A. I. Pérez-Morales, L. Morales-Dominguez

1:40 Station G
Impact of Preoperative Smoking Status on Postoperative Complications Following Laparoscopic Hysterectomy
H. N. Robinson, C. Wei, A. Gu, P. Tyan, K. E. O’Sullivan, G. Moawad

1:40 Station H
Effect of Anti Tubercular Treatment on Laparoscopic and Hysteroscopic Findings in Infertile Women with Genital Tuberculosis
T. Goel, J. B. Sharma, R. Mahey, G. Kachhawa, I. Kriplani, A. Kriplani

1:40 Station I
Effects of Using Heated Humidified CO2 Gas on Post-Operative Pain Scores and Nausea in Patients Undergoing Gynecological Laparoscopy: A Randomised Controlled Trial
F. Shakir, G. Clemente, H. Jan, F. Nelson, A. Kent

1:40 Station J
Long-Term Outcomes of Single-Port Laparoscopic Myomectomy Using a Modified Suture Technique
J. Kim, E. Paik, T. Kim, J. Lee, D. Bae, C. Choi

1:40 Station K
Laparoscopic Isthmoplasty Assisted by Hysteroscopy Transillumination
R. G. Leao, A. Kopelman

1:40 Station L
Laparoscopic Treatment of Cesarean Scar Pregnancy
N. M. Nguyen, T. P. Van, H. V. Nguyen, T. A. Vu

1:40 Station M
Laparoscopic Management of a Live Cesarean Scar Ectopic
A. S. Jones, C. M. Thomas, L. Shamsuddin

1:40 Station N
Laparoscopic Isthmocele: Excision and Repair under Hysteroscopic Control
I. López Carrasco, A. Vegas Carrillo de Albornoz, C. Martín Blanco, M. Miró Matos, N. Montero Pastor

1:40 Station O
Laparoscopic Selective Resection of Isolated Pre-Caval and Pre-Aortic Nodal Recurrence in Endometrial Carcinoma
D. Limbachiya, M. Kenkre, P. Gandhi, S. Shah, R. Kumari, N. Rani

1:40 Station P
Combined Laparoscopic and Vaginal Cervicovaginal Reconstruction Using Acellular Porcine Sis Graft in a Patient with Mirkh Syndrome (u5ac4v4)
X. Zhang, K. Hua, Y. Ding, S. Liu, N. Jia

1:40 Station Q
Laparoscopic Abdominal Cerclage. A Simplified Approach of a Challenging Procedure
A. Gonzalez, S. Sar, S. Artazcoz, J. Carugno

1:40 Station R
Nerve Plane-Sparing Laparoscopic Radical Hysterectomy (Limited Energy Dissection Technique)
D. Zhao, B. Li

1:50 Station A
Scar Ectopic Pregnancy Type II / Endogenic with Impending Scar Rupture
R. Gahlaut

1:50 Station B
Successful Management of Interstitial Pregnancy with a Modified Laparoscopic Surgery
Y. Chen, H. Chen, Y. Chuang

1:50 Station C
Perioperative Planning for Hysterectomy in the Setting of Severe Hepatomegaly
A. Cope, T. Burnett

1:50 Station D
Acute Abdominal Pain- Torsion of Iatrogenic Myoma Play a Role?
H. Liu

1:50 Station E
A Case Report of IVF-ET Induced Retroperitoneal Pregnancy with Lymphatic Migration
H. Xie, S. Xiao, M. Xue, F. Zeng

1:50 Station F
Omar Zwain, MD, Fellow, MIGS

1:50 Station G
Total Laparoscopic Hysterectomy of Polimionomatous Uterus with Volume Reduction Miomectomies : Making the Morcelation Easier
M. C. Bonin, M. Ochipinti, A. A. Bertetto, J. Sad Larcher

1:50 Station H
Laparoscopic Peritoneal Vaginoplasty with Bilateral Abdominopelvic Peritoneum for Primary Vaginal Carcinoma
Q. Yao, Y. Diao, K. Song, T. Lv, S. Dai, S. Dai, Z. Cui

HYSTEROSCOPY

1:50 Station I
Hysteroscopic Management of Scar Ectopic Pregnancy under Combined Laparo and Trans Abdominal Ultrasonography Guidance
S. A. Munshi
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<td>J</td>
<td>Extraperitoneal Sacral Hysteropexy by Transvaginal Natural Orifice Transluminal Endoscopic Surgery &lt;br&gt;Y. Wang, Z. Liang</td>
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<td>Comparison of the Transumbilical and Transvaginal Morcellation for Large Uterus at the Time of Single Port Access Total Laparoscopic Hysterectomy &lt;br&gt;S. Lee, J. Park, D. Chung</td>
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<td>Mini-laparoscopic Hysterectomy Can be Feasible and Safe in Most of the Cases for the Clinics Performing Laparoscopy as the Standard Route of Hysterectomy &lt;br&gt;T. Arslan, B. Urman, R. Mercan, S. Misirlioglu, D. Vatansever, A. Eraslan, C. Taskiran</td>
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<td>N</td>
<td>Radical Hysterectomy with Laparoscopic Shearer &lt;br&gt;J. Mehta</td>
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<td>Jain Point: A New Safe Portal for Laparoscopic Entry in Previous Surgery Cases &lt;br&gt;N. Jain</td>
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<td>Total Laparoscopic Nerve Sparing Radical Hysterectomy with Vaginal Stump Closure &lt;br&gt;Y. Shiki</td>
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<td>Castleman Disease in Young Woman &lt;br&gt;G. Gomes-da-Silveira, S. Pessini, J. Amaral, R. Dibi, F. Escopelli</td>
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<td>C</td>
<td>The Use of Groin Injections for the Management of Persistent Groin Pain after Gynecologic Surgery with Mesh Insertion &lt;br&gt;M. Ting, A. Herrera Gonzalez, J. Ton, V. Lucente</td>
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<td>E</td>
<td>In vitro Fertilization Treatment Outcomes After Single Blastocyst Transfer in Patients with Markers of Diminished Ovarian Reserve- Does Age Make a Difference? &lt;br&gt;S. Behbehani, W. Buckett, Y. Son, S. Poleselo, J. Hasson</td>
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<td>Factors of Autophagy and Inflammation in Endometriosis &lt;br&gt;A. Popryadukhin, A. Asaturova, A. Stepanian</td>
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<td>G</td>
<td>Repair of Transmural Isthmocele after Intragestational Methotrexate Therapy for Cesarean Scar Ectopic Pregnancy &lt;br&gt;S. Endicott, J. Braden, K. Simpson, K. Elmezzi, E. Lockrow</td>
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<td>Trocar Site Hernia Repair following Robotic Tumor Debulking &lt;br&gt;S. L. Todd, R. K. Smith, D. S. Metzinger</td>
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<td>I</td>
<td>Methods of Tissue Extraction in a Robotic Assisted Myomectomy &lt;br&gt;D. M. McCarthy, T. Tam</td>
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<th>Choosing the Route of Morcellation for Minimally Invasive Gynecologic Surgeries</th>
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<td>P. Guha, F. Cardoza, A. Chen, T. Dinh, P. Paul, C. C. DeStephano</td>
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<th>Impact of a Cadaveric Simulation-Based Teaching Model on Surgeon Comfort and Skill with Suture Placement at the Time of Sacrosinous Ligament Fixation</th>
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<th>Robotic Hysterectomy for Cesarean Scar Ectopic Pregnancy</th>
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<th>Impact of Resident Involvement for Myomectomy Procedures: An Analysis of the American College of Surgeons National Surgical Quality Improvement Database</th>
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<th>Enhanced Recovery after Surgery</th>
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<th>Robotic-Assisted Laparoscopic Hysterectomy in Large Fibroid Uterus, Tips and Techniques</th>
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<th>Time</th>
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<th>Total Time Spent Training Might Be More Important Than Number of Individual Training Sessions While Building Laparoscopic Skills and Improving Performance</th>
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<td>B. S. Abittan, A. Ricardo, A. Grant, M. Nimaroff</td>
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<th>Intraoperative Transvaginal Sonography as an Adjunct to the Laparoscopic Management of Caesarean Scar Pregnancy</th>
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<th>Laparoscopic Sacral Colpopexy versus Pelvic Organ Prolapse Suspension: A Randomized Phase II Trial for Surgical Management of Pelvic Organ Prolapse</th>
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For over 47 years the AAGL’s commitment to education has been paramount to our mission of serving women by advancing the safest and most effective treatments for gynecologic conditions. We gratefully acknowledge the generous support from the following corporations who partner with us in achieving this mission.

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EXHIBIT HALL HOURS

Tuesday, Nov. 13 9:30 am – 3:30 pm
9:35 am – 11:00 am Refreshment Break
1:10 pm – 3:00 pm Lunch Break
3:30 pm Exhibits Close

Wednesday, Nov. 14 9:30 am – 3:30 pm
9:30 am – 11:00 am Refreshment Break
1:10 pm – 3:00 pm Lunch Break
3:00 pm Exhibits Close
Welcome Reception

Exhibit Hall
Monday, November 12, 2018
7:15 pm – 8:45 pm

The AAGL and our industry partners will host a reception to welcome you to the 47th AAGL Global Congress!
Join your friends and colleagues in the Exhibit Hall to sample hors d’ouvres, and enjoy complimentary beverages.
This is the perfect time to preview the exhibits and to join us in our grand Congress kick-off!

Exhibitor Descriptions

3-Dmed
Booth #925
255 Industrial Drive
Franklin, OH 45005
Phone: 937.746.2901
Website: www.3-dmed.com

3-Dmed’s focus is to provide top quality products to create and enhance the simulation experience. We continue to expand our product line and refine our existing products. Please see our upgraded trainers with larger screens, HD cameras and an optional HDMI output. Don’t forget: We also offer custom solutions as well!

3D Systems Simbionix
Booth #431
3581 South Alkire Circle
Littleton, CO 80127 USA
Phone: 303.273.5344
Website: www.simbionix.com

3D Systems offers comprehensive training solutions for Women’s Health professionals. Demo the Simbionix RobotiX Mentor simulator with robotic surgery modules that include hysterectomy, hysterectomy procedural tasks, and vaginal cuff closure. Experience the Simbionix LAP Mentor laparoscopic simulator with training modules that include essential GYN procedures, hysterectomy, and vaginal cuff closure. Don’t miss the portable LAP Mentor Express that is used for team training. Learn more at www.simbionix.com or request a demo at your institution at healthcare@3dsystems.com.

AAGL
Booth #707
6757 Katella Avenue
Cypress, CA 90630
Phone: 714.503.6200
Website: www.aagl.org

AbbVie, Inc.
Booth #719
1 North Waukegan Road
North Chicago, IL 60064
Phone: 847.937.8356
Website: www.abbvie.com

AbbVie is a global, research-driven biopharmaceutical company committed to developing innovative advanced therapies for some of the world’s most complex and critical conditions. The company’s mission is to use its expertise, dedicated people and unique approach to innovation to improve treatments across four therapeutic areas: immunology, oncology, virology and neuroscience. Follow @abbvie on Twitter, Facebook or LinkedIn or visit www.abbvie.com.

Acessa Health Inc.
Booth #F5
7004 Bee Cave Road, Bldg. 3, Suite 200
Austin, TX 78746
Phone: 866.511.9979
Website: acessaprocedure.com

Acessa Health is a women’s health innovator dedicated to advancing minimally invasive, uterine-sparing solutions for women with symptomatic fibroids. Acessa offers the only radiofrequency ablation system cleared by the FDA, for the treatment of symptomatic uterine fibroids under laparoscopic ultrasound guidance. The Acessa Procedure™ is clinically proven with long-term data as a safe alternative to hysterectomy; with nearly 3,000 procedures performed to-date and the only solution with a widely covered category 1 CPT reimbursement code.
### Exhibitor Descriptions

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<th>Advanced Endoscopy Devices</th>
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<th>A.I. Care LLC</th>
<th>Booth #433</th>
<th>Baxter Healthcare Corporation</th>
<th>Booth #807</th>
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</thead>
<tbody>
<tr>
<td>22134 Sherman Way</td>
<td></td>
<td>8200 Redlands Street</td>
<td></td>
<td>One Baxter Parkway</td>
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<tr>
<td>Canoga Park, CA 91303</td>
<td></td>
<td>Playa del Rey, CA 90293</td>
<td></td>
<td>Deerfield, IL 60015</td>
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<tr>
<td>Phone: 818.227.2720</td>
<td></td>
<td>Phone: 310.592.7919</td>
<td></td>
<td>Phone: 224.948.4738</td>
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<td>Website: <a href="http://www.aed.md">www.aed.md</a></td>
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<td>Website: <a href="http://www.baxter.com">www.baxter.com</a></td>
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Introducing new AED ENDOPRO-CAM™. AED offers a full line of High Resolution Endoscopes for Laparoscopy and Hysteroscopy. Precise Lap Forceps are available in 5 mm and 10 mm and also for Bariatric surgery. G Series Trocars and Cannulas are reusable and very cost effective. Tru-Vu Slim Line Hysteroscope features a SFR Channel and can be used for Office Procedures. Since 1985, AED has been one of the world's leading companies in the manufacturing, repairing, and servicing of endoscopy products, general instrumentation, and ancillary items.

**AEGEA Medical, Inc.**  
Booth #F1

4055-A Campbell Avenue  
Menlo Park, CA 94025  
Phone: 650.218.7225  
Website: www.aegameical.com/

The AEGEA Vapor System is the first FDA-approved endometrial ablation system designed for the doctor's office. AEGEA Medical's Adaptive Vapor Ablation technology utilizes the naturally expansive power of water vapor to deliver a safe, effective and quick endometrial ablation procedure that conforms to uterine cavities with unique differences.

**Aesculap, Inc.**  
Booth #533

3773 Corporate Parkway  
Center Valley, PA 18034  
Phone: 610.797.9300  
Website: www.aesculapusa.com

Aesculap offers a wide variety of laparoscopic instruments that improve surgical performance and patient care during minimally invasive surgery. The portfolio of products includes a comprehensive range of reusable and reposable gynecologic instruments such as needle holders, graspers, scissors and forceps. Aesculap's portfolio also includes a range of advanced energy devices for advanced gynecologic procedures. Visit the booth today to learn more about Aesculap's best-in-class products.

**Avanos (Acute Pain)**  
Booth #915

43 Discovery, Suite 100  
Irvine, CA 92618  
Phone: 800.448.3569  
Website: www.AvanosPainManagement.com

Avanos is a medical device company focused on delivering clinically superior breakthrough solutions that will help patients get back to the things that matter. Headquartered in Alpharetta, Georgia, Avanos is committed to creating the next generation of innovative healthcare solutions which will address our most important healthcare needs, such as reducing the use of opioids while helping patients move from surgery to recovery. Avanos develops, manufactures and markets its recognized brands in more than 90 countries.

**Avanos**  
Booth #731

1539 Orchard Park  
Houston, TX 77077  
Phone: 281.851.1064  
Website: www.alesi-surgical.com

Alesi Surgical was founded in 2009 by a leading UK minimal access surgery training center, to develop a proprietary technology, Ultravision™. Ultravision™ optimizes the efficiency of laparoscopic surgery whilst minimizing patient exposure to carbon dioxide and preventing the release of the smoke into the OR during surgery.

**Applied Medical**  
Booth #525

22872 Avenida Empresa  
Rancho Santa Margarita, CA 92688  
Phone: 949.713.8000  
Website: www.appliedmedical.com/

Applied Medical is dedicated to developing and providing technologies that enable advanced surgical procedures and optimize patient outcomes. It is our mission to achieve this while also reducing healthcare costs and offering unrestricted choice. Applied is committed to advancing minimally invasive surgery by offering clinical solutions and sophisticated training, including workshops, symposia and our simulation-based training programs.

**Boston Scientific**  
Booth #406

300 Boston Scientific Way  
Marlborough, MA 01752  
Phone: 508.683.4000  
Website: www.appliedmedical.com

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**BLUE ENDO**  
Booth #331

8097 Flint Street  
Lenexa, KS 66214  
Phone: 800.233.8448/913.492.5888  
Website: www.blueendo.com

BLUE ENDO will be displaying innovative devices for MIGS including the Spirotome Endoscopic Biopsy System, ClearView and ClearView TOTAL Uterine Manipulator and other products for robotic and traditional laparoscopic surgery.

**Baxter Healthcare Corporation**  
Booth #807

One Baxter Parkway  
Deerfield, IL 60015  
Phone: 224.948.4738  
Website: www.baxter.com

From emergency surgeries to elective surgeries, Baxter's advanced surgery products are trusted across a variety of specialties including neurological, spinal, cardiovascular, bariatric, gynecological, orthopedic and reconstructive microsurgery. When you need us most, the our clinically differentiated surgical care products support hemostasis, tissue sealing, reconstruction, tissue repair, and intraoperative patient care. Our robust portfolio has been demonstrated to reduce intra- and post-operative complications that require costly blood transfusions and extend operating time. Less complications often translates into faster recovery for your patients and greater cost efficiencies for your hospital or clinic.

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Phone: 224.948.4738  
Website: www.baxter.com

From emergency surgeries to elective surgeries, Baxter's advanced surgery products are trusted across a variety of specialties including neurological, spinal, cardiovascular, bariatric, gynecological, orthopedic and reconstructive microsurgery. When you need us most, the our clinically differentiated surgical care products support hemostasis, tissue sealing, reconstruction, tissue repair, and intraoperative patient care. Our robust portfolio has been demonstrated to reduce intra- and post-operative complications that require costly blood transfusions and extend operating time. Less complications often translates into faster recovery for your patients and greater cost efficiencies for your hospital or clinic.
### Exhibitor Descriptions

<table>
<thead>
<tr>
<th>Company</th>
<th>Booth #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brainchild Surgical Devices</td>
<td>#826</td>
</tr>
<tr>
<td>1258 E. 22nd Street</td>
<td></td>
</tr>
<tr>
<td>Brooklyn, NY 11210</td>
<td></td>
</tr>
<tr>
<td>Phone: 212.389.2599</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.laproshark.com">www.laproshark.com</a></td>
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</tbody>
</table>

Brainchild Surgical is an innovative, class leading manufacturer of cutting edge surgical devices. We are proud to introduce the newest addition to our lineup: the Lapro-Shark™ port site closure system. We invite you to 1030 to take the Lapro-Shark™ for a spin and finally stop the port closure struggle.

<table>
<thead>
<tr>
<th>BTL</th>
<th>#906</th>
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<tbody>
<tr>
<td>362 Elm Street</td>
<td></td>
</tr>
<tr>
<td>Marlboro, MA 01752</td>
<td></td>
</tr>
<tr>
<td>Phone: 866.285.1656</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.bodybybtl.com">www.bodybybtl.com</a></td>
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</tbody>
</table>

Founded in 1993, BTL has grown to become one of the world’s largest manufacturers of medical and aesthetic equipment. With over 1,500 employees located in more than 53 countries, BTL has revolutionized the way to offer the most advanced non-invasive solutions for women’s wellness, body shaping, skin tightening and other medical aesthetic treatments. BTL’s pelvic suite brand include BTL EMSELLA. Additional information can be found at [www.bodybybtl.com](http://www.bodybybtl.com/).

<table>
<thead>
<tr>
<th>Buffalo Filter</th>
<th>#830</th>
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<tbody>
<tr>
<td>5900 Genesee Street</td>
<td></td>
</tr>
<tr>
<td>Lancaster, NY 14086</td>
<td></td>
</tr>
<tr>
<td>Phone: 716.835.7000</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.buffalofilter.com">www.buffalofilter.com</a></td>
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</tbody>
</table>

The operating room should be a place of healing. But in the presence of surgical smoke, it can become a harmful environment to the estimated 500,000 healthcare workers exposed to laser or electro surgical smoke each year. Buffalo Filter is dedicated to changing that, helping healthcare companies do no harm to their staff by ridding the world’s operating rooms of the hazards associated with surgical smoke. Be part of the solution and join us in Booth #830 and test drive the latest in surgical smoke evacuation pencil technology. Don’t you want to have a say in preference?

<table>
<thead>
<tr>
<th>Caldera Medical</th>
<th>#120</th>
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<tbody>
<tr>
<td>5171 Clareton Drive</td>
<td></td>
</tr>
<tr>
<td>Agoura Hills, CA 91301</td>
<td></td>
</tr>
<tr>
<td>Phone: 818.483.7614</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.calderamedical.com">www.calderamedical.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Caldera Medical is a Women's Pelvic Health medical device company which focuses on improving the quality of life for women. Caldera Medical develops, manufactures, and markets differentiated surgical implants for the treatment of Stress Urinary Incontinence (Desara® Sling System) and Pelvic Organ Prolapse (Vertessa® Lite).

<table>
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<tr>
<th>Channel Medsystems</th>
<th>#824</th>
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<tbody>
<tr>
<td>5858 Horton Street Suite 200</td>
<td></td>
</tr>
<tr>
<td>Emeryville, CA 94608</td>
<td></td>
</tr>
<tr>
<td>Phone: 510.338.9307</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.channelmedsystems.com">www.channelmedsystems.com</a></td>
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</table>

With a 60-year legacy of commitment and dedication to women’s health, Coloplast offers innovative solutions for the treatment of SUI and POP, featuring products such as the Altis® Single Incision Sling System, Aris® and Supris® full length slings, Restorelle” Y-Contour™, Restorelle DirectFix™ and Axis” and Suspend® biologic grafts.

<table>
<thead>
<tr>
<th>Coloplast Corp.</th>
<th>#912</th>
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<tbody>
<tr>
<td>1601 West River Road</td>
<td></td>
</tr>
<tr>
<td>Minneapolis, MN 55411</td>
<td></td>
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<tr>
<td>Phone: 800.258.3476</td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.coloplast.us">www.coloplast.us</a></td>
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</table>

Coloplast Corp. is a leading global medical technology company that specializes in the development and sale of surgical and patient monitoring products and services that allow our physician customers to deliver high quality care and, as a result, enhanced clinical outcomes for their patients. Our broad portfolio of products are recognized as technological leaders by healthcare professionals within the Orthopedic, Laparoscopic, Robotic and Open Surgery, Gastroenterology and Pulmonology, and Cardiology and Critical Care specialties across the world.

<table>
<thead>
<tr>
<th>CONMED Corporation</th>
<th>#530</th>
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<tbody>
<tr>
<td>525 French Road</td>
<td></td>
</tr>
<tr>
<td>Utica, NY 13502</td>
<td></td>
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<tr>
<td>Phone: 315.624.3516</td>
<td></td>
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<tr>
<td>Website: <a href="http://www.conmed.com">www.conmed.com</a></td>
<td></td>
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</tbody>
</table>

CONMED is a global medical technology company that specializes in the development and sale of surgical and patient monitoring products and services that allow our physician customers to deliver high quality care and, as a result, enhanced clinical outcomes for their patients. Our broad portfolio of products are recognized as technological leaders by healthcare professionals within the Orthopedic, Laparoscopic, Robotic and Open Surgery, Gastroenterology and Pulmonology, and Cardiology and Critical Care specialties across the world.

<table>
<thead>
<tr>
<th>CooperSurgical</th>
<th>#112</th>
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<tr>
<td>75 Corporate Drive</td>
<td></td>
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<tr>
<td>Trumbull, CT 06611</td>
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<tr>
<td>Phone: 203.601.5200</td>
<td></td>
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<tr>
<td>Website: <a href="http://www.coopersurgical.com">www.coopersurgical.com</a></td>
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</table>

CooperSurgical is a leader in manufacturing and marketing a wide range of trusted and innovative brands that assist clinicians in improving the health of women, babies, and families worldwide.

Through an aggressive growth strategy, CooperSurgical offers over 600 products utilized primarily by obstetricians and gynecologists in surgical and other medical procedures where ever they occur: in hospitals, surgical centers, medical offices, and fertility clinics. Come to the CooperSurgical Booth 112 to experience our product offering.
EndoVentions Medical, LLC  Booth #116
380 Channing Way, #371
San Rafael, CA 94903
Phone: 631.897.9281

EndoVentions Medical is pioneering new technology to address current and future needs in delivering efficient and economical delivery of healthcare in gynecological MIS procedures. Our first innovative product, a Modular Digital Hysteroscope, offers considerable versatility and utility in performing all hysteroscopic procedures ranging from a simple diagnostic procedure to more complex morcellation/tissue removal procedures in virtually any procedural site: OR, outpatient, and office settings.

ESPIONER Medical  Booth #930
Global Medical Partners
190 Industrial Road, Suite 2
Wrentham, MA 02093
Phone: 888.384.8490
Website: www.espinermedical.com and www.famin.eu

Espiner Tissue Retrieval Bags provide the features laparoscopic surgeons need—Durability, impermeability and ease of use.

Made from Rip-stop nylon, they are resistant to tearing—even if punctured; The unique coating of polyurethane prevents leakage of biological fluids and the bags may be reused multiple times in same procedure.

The EcoSac design eliminates the need for an introducer, while the Master E-Sac design comes with its own introducer for automatic opening of the sac mouth & external laparoscopic control.

Developed through collaboration with surgeons, Espiner’s Tissue Retrieval Systems deliver time savings, cost efficiencies and more importantly - improved patient outcomes.

Ethicon US, LLC  Booth #614
Route 22 West
Somerville, NJ 08876
Phone: 513.337.7286
Website: www.ethicon.com

Ethicon, part of the Johnson & Johnson Medical Devices Companies, has made significant contributions to surgery for more than 60 years from creating the first sutures, to revolutionizing surgery with minimally invasive procedures.

Our continuing dedication to Shape the Future of Surgery is built on our commitment to help address the world’s most pressing health care issues and improve and save more lives. Through Ethicon’s surgical technologies and solutions including sutures, staplers, energy devices, trocars and hemostats and our commitment to treat serious medical conditions like obesity and cancer worldwide, we deliver innovation to make a life-changing impact.

Expert Alternatives  Booth #118
6 Briarcro Drive
East Hampton, NY 11937
Phone: 917.880.6591
Website: www.expertalternatives.com

Expert Alternatives is a company that seeks to provide scientifically verified, natural alternative treatments for common gynecologic problems. Fibrova is the first offering from the company. It is a proprietary blend of vitamins D and K as well as green tea extract and chaste berry extract formulated to help control both the symptoms and growth of fibroids.

Femasys  Booth #907
3950 Johns Creek Court, Suite 100
Suwanee, GA 30024
Phone: 770.500.3910
Website: www.femasys.com

Femasys is a privately held corporation committed to transforming women’s healthcare worldwide. Femasys has developed a groundbreaking non-surgical sterilization solution (FemBloc® Permanent Contraceptive System) that allows physicians to deliver a Biopolymer permanent block the fallopian tubes in a procedure that reduces patient risks and costs. The company has also expanded options for women with its commercially available product for diagnosis of infertility (FemVue® Saline-Air device) that present significant advantages for the patient, physician, and healthcare system.

FzioMed, Inc.  Booth #F10
231 Bonetti Drive
San Luis Obispo, CA 93401 USA
Phone: 805.549.7126
Website: www.fziomed.com

FzioMed develops and commercializes absorbable surgical biomaterials based on its patented polymer science, for use in surgical applications including spine, orthopedics, tendon, peripheral nerve, gynecology and general surgery.
Oxiplex® spine gel helps reduce adhesion formation and related symptoms such as pain. Oxiplex/AP® is designed for peritoneal surgery applications. Oxiplex/IU® serves to separate surgically traumatized opposing tissue surfaces in the uterine cavity. Dynavisc® is an adhesion barrier gel for tendon and peripheral nerve surgeries.

GENICON Booth #632

6869 Stapoint Court, Suite 114
Winter Park, FL 32792
Phone: 407.657.4851
Website: www.geniconendo.com

GENICON is recognized as an emerging leader in the design, production, and distribution of patented surgical instrumentation focused exclusively on laparoscopic surgery, its product line includes, Specimen Retrieval Bags, Trocar Cannula Systems, Gravity and Powered Lavage Products (Suction/Irrigation Systems ); Mono-Polar and Bipolar Instrumentation in 3mm and 5mm diameters, Reusable and Single use Ligation systems, and more. Given our experience in supplying our products to hundreds of surgeons around the world, we are proud of our attention to quality throughout our entire product offering.

GYNEX Corporation Booth #631

14603 NE 87th Street
Redmond, WA 98052
Phone: 888.486.4644
Website: www.gynexcorporation.com

GYNEX is committed to providing superior, precision-crafted equipment and instruments specifically for vaginal, cervical and uterine procedures. Gynex provides high quality products at competitive pricing to those providing the highest quality services, enhancing the care and improved health of women everywhere.

Gynesonics, Inc. Booth #623

600 Chesapeake Drive
Redwood City, CA
Phone: 612.702.8632
Website: www.gynesonics.com

Gynesonics believes that women deserve safe, effective, incision-free alternatives to hysterectomy and myomectomy for the treatment of symptomatic uterine fibroids. The Sonata® System for Sonography-Guided Transcervical Fibroid Ablation performed by gynecologists was recently granted FDA approval and is now commercially available in the United States and Europe.

HealthCare Partners, a DaVita Medical Group Booth #1020

700 E. Warm Springs Road, Suite 230
Las Vegas, NV 89119

Hologic, Inc. Booth #413

250 Campus Drive
Marlborough, MA 1752
Phone: 508.263.2900
Website: www.hologic.com

Hologic is the global champion of women’s health, improving and saving lives through early detection and proactive treatment with The Science of Sure. The company focuses on diagnostics, breast health, GYN solutions, aesthetics, and skeletal health.

Intuitive Surgical, Inc. Booth #125

Intuitive Surgical, Inc. 1020 Kifer Road Sunnyvale, CA 94086-5304 Phone: 408.523.2100 Fax: 408.523.1390 Website: www.intuitive.com/

At Intuitive®, innovating for minimally invasive care is the passion that drives us. Our robotic-assisted da Vinci® Surgical System helps empower doctors and hospitals to make surgery less invasive than an open approach. Working with doctors and hospitals, we’re continuing to develop new, minimally invasive surgical platforms and future diagnostic tools to help solve complex healthcare challenges around the world.

Jeunesse Innovations Booth #1018

5780 SW 25th Street, Unit 8
Hollywood, FL 33023
Phone: 305.915.1525

LEXION Medical Booth # 819

545 Atwater Circle
St. Paul MN 55103
Phone: 877.9.LEXION
Website: www.lexionmedical.com

LEXION Medical has developed the world’s first intelligent CO2 Insufflator utilizing real-time intracavitary pressure and delivers 100% CO2 without the use of air to compensate. LEXION specializes in delivering warm and humidified CO2 and removing 100% of surgical smoke during laparoscopic and robotic procedures.
LSI SOLUTIONS® Booth #813

1856 Corporate Drive, Suite 135
Norcross, GA 30093
Phone: 855.546.2633
Website: www.linamed.com

LiNA Medical is dedicated to developing innovative, simple to use devices designed to improve patient care within minimally invasive gynecology.

LiNA manufactures the LiNA OperåScope™ single-use operative hysteroscopy system. OperåScope was designed specifically for the office without the cost and complexity of traditional hysteroscopy. LiNA also offers the LiNA Librata™ cordless balloon ablation device, the LiNA Xcite™ cordless laparoscopic morcellator as well as the LiNA Bipolar Loop™ and LiNA Gold Loop™ for laparoscopic supracervical hysterectomy.

LSI SOLUTIONS® Booth #813

7796 Victor-Mendon Road
Victor, NY 14564
Phone: 585.730.9279
Website: www.lsisolutions.com

LSI SOLUTIONS® is a medical device company dedicated to advancing minimally invasive therapeutics through research, development, and manufacturing of minimally invasive surgical instruments. Our customer is ultimately a patient. Our technology challenges human illness. Our mission is to lead the world in medical production innovation. Please visit booth #813 to learn more about our McCarus-Volker FORNiSEE® uterine manipulator, our RD-180° automated suture running device and our Ti-Knot® titanium fastening device.

Lumenis, Inc. Booth #933

2077 Gateway Place, Suite 300
San Jose, CA 95110
Phone: 408.764.3824
Website: www.lumenis.com

360° of delicate and precise approach to gynecological health

The CO₂ laser wavelength is the adequate energy for gynecological (GYN) surgery with highly predictable tissue effects and low thermal impact to non-target tissue.

CO₂ laser has the smallest zone of thermal spread in comparison with all other energy based devices and other wavelengths therefore the unprecedented ability to operate near critical structures and delicate anatomy which are the common characteristics for all GYN and Pelvic anatomical structures.

Luminelle Booth #F3

158 Wind Chime Court, Suite #201
Raleigh, NC 27615
Phone: 888.855.9360
Website: www.Luminelle360.com/
www.Uvision360.com

The Luminelle DTx Hysteroscopy System is a simplified, fully integrated hysteroscopy system designed with patients and physicians in mind. The System provides the key elements that physicians desire for office diagnostic and therapeutic procedures. We accomplish this through employing the latest in high-tech optics and our understanding of the needs of our physicians, their staff the benefits for their patients. The System has FDA clearance for both Hysteroscopy and Cystoscopy.

Marina Medical Instruments, Inc. Booth #424

8190 West State Road 84
Davie, FL 33324
Website: www.marinamedical.com
Phone: 954.924.4418

Marina Medical designs, develops and delivers surgeon-focused solutions for Gynecology, UroGynecology and Pelvic Reconstruction fields of surgery. Stop by our booth to see the latest instrumentation innovation designed by your colleagues. Se habla espanol. Falamos Portugueses

Medical Impact Booth #F8

A-507,583,Yangcheon-ro,Gangseo-gu,
Seoul,Korea 07547 (Woolim
Blue9,Yeomchang-dong)
Phone: 82.2.6225.3300
Website: www.medicalimpact.co.kr

Medical Impact is based out of Seoul, Korea and is a developer of innovative medical devices in the laparoscopic and intervention fields. Our company has a skilled and experienced research and development team. Our goal with our innovative products is to build Medical Impact into a globally recognized medical device manufacturer in the future. Our two main products are the EZ-Close and CLOCAR and are both used to close port sites after laparoscopic surgery.

Meditrina Booth #F9

91601 S. De Anza Boulevard, Suite 165
Cupertino, CA 95014
Phone: 408.471.4877
Website: www.meditrina-inc.com

Meditrina introduces a compact, plug-and-play disposable hysteroscopy system that features integrated video, fluid management, and tissue resection. The system is designed to perform diagnostic and therapeutic procedures in an office or outpatient setting. NOT AVAILABLE FOR SALE OR INVESTIGATIONAL USE.

Medtronic Booth #606

Operational Headquarters
710 Medtronic Parkway
Minneapolis, MN 55432-5604
Phone: 763.514.4000
Toll-free: 800.633.8766
Fax: 763.514.4879
Website: www.medtronic.com

Making healthcare better is our priority and we believe technology can play an even greater role in improving people’s lives. In addition to alleviating pain, restoring health, extending lives, we work in partnership with others to create seamless, more efficient care. Learn how we’re taking healthcare further, together at Medtronic.com.

Mimic Technologies, Inc. Booth #122

811 First Avenue, Suite 408
Seattle, WA 98104
Phone: 800.918.1670
Fax: 206.623.3491
Website: www.MimicSimulation.com

Mimic Technologies partners with hospitals to help manage robotic training, credentialing, and remediation programs by leveraging Mimic’s comprehensive offering of robotic simulation products, training curriculums, and cloud-based data analytic support. Visit us at Booth#122 to demo our cloud-based data analytics, MScore Portal”, and try your hand at Robotic Team Training on the flagship dV-“Trainer” and XTT”. Compete in the Robotic Simulation Olympics on the portable FlexVR® simulator - have fun, improve skills, earn bragging rights!
### Minerva Surgical, Inc.  Booth #106

101 Saginaw Drive  
Redwood City, CA 94063  
Phone: 650.284.3500  
Website: www.minervasurgical.com  

Minerva Endometrial Ablation System delivers the result patients are asking for: Zero Bleeding. Minerva produced 72% of Amenorrhea Rate, twice as high as the nearest competitor. Recent market research suggests that 90% of women interested in an endometrial ablation prefer Amenorrhea vs. a significant reduction in bleeding. MINERVA ES features proprietary Extension Tubes that flow CO₂ evenly throughout the entire uterine cavity to detect perforations. Visit www.minervasurgical.com to learn more.

### NinoMed, LLC  Booth #325

241 Parker Road  
Chapel Hill, NC 27517  
Phone: 919.818.3711  
Website: www.safe-t-secure.com  

NinoMed, LLC is a medical device and business analytics company passionate about inventing and developing innovative products and services designed to provide improved patient care, safety, efficiency and value. Safe-T-Secure® by NinoMed is the Original All-In-One Integrated Trendelenburg Patient Positioning Solution for Robotic and Laparoscopic Surgery.

### OBG Management  Booth #1025

7 Century Drive, Suite 302  
Parsippany, NJ 07054  
Phone: 973.290.8228  
Website: www.mdedge.com/obg  

This monthly publication offers reviews of sound, evidence-based best practices that equip OBGyns to provide optimal patient care. Under the guidance of Editor-in-Chief, Robert L. Barbieri, MD, OBG MANAGEMENT is dedicated to the professional development of OBGyns. Articles in print are interactively reinforced with technique and expert commentary videos and audio interviews through www.mdedge.com/obg.

### OmniGuide Surgical  Booth #1015

4 Maguire Road  
Lexington, MA 02421  
Phone: 888.666.4484  
Website: www.omni-guide.com  

OmniGuide Surgical is the leader in flexible fiber CO₂ laser technology; providing products that enhance surgical accuracy, access, and control for minimally invasive surgery, laparoscopy, and robotic-assisted surgery. Domain Surgical, an OmniGuide Company, provides a patented ferromagnetic technology designed to provide safety and predictability in select surgical procedures that require cutting, coagulating and sealing tissue.

### OTTO Trading, Inc.  Booth #827

1921 Carnegie Avenue, Suite C  
Santa Ana, CA  92705  
Phone: 714.540.5595  

OTTO Trading, Inc. (OTTO) offers superior quality healthcare products and services designed to provide improved patient care, safety, efficiency and value. OTTO’s extensive product line includes urology, women’s health, obstetrics and gynecology, general surgery and urology products. Our diverse product line is conveniently available through one nationwide catalog.

### Olympus America Inc.  Booth #213

3500 Corporate Parkway  
Center Valley, PA  18034  
Phone: 508.804.4786  
Website: www.olympus.com  

Olympus is a global technology leader, crafting innovative optical and digital solutions in medical technologies; life sciences; industrial solutions; and cameras and audio products. Throughout our nearly 100-year history, Olympus has focused on being true to society and making people's lives healthier, safer and more fulfilling.

Our Medical Business works with healthcare professionals to combine our innovative capabilities in medical technology, therapeutic intervention, and precision manufacturing with their skills to deliver diagnostic, therapeutic and minimally invasive procedures to improve clinical outcomes, reduce overall costs and enhance quality of life for patients. For more information, visit medical.olympusamerica.com.

### Pelvalon  Booth #633

923 Thompson Place  
Sunnyvale, CA  94085  
Phone: 650.276.0130  
Website: www.pelvalon.com  

Pelvalon was founded in 2010 and developed the Eclipse System for female loss of bowel control. The Eclipse System is a non-surgical therapy consisting of a vaginal insert and handheld pump, and offers immediate results. Development of Eclipse originated from Stanford University's Biodesign program, a collaboration between the schools of Medicine and Engineering. Eclipse is currently available in limited geographies across the US.

### Percepto Inc.  Booth #1019

3560 Polaris Avenue, Suite 27  
Las Vegas, NV  89103  
Phone: 702.272.2666  
Website: https://percepto.co  

Percepto Inc. is a Hollywood-based technology company that delivers a robotic platform for industrial and commercial inspections. The platform combines Percepto’s proprietary software, including computer vision algorithms, autonomous robotics, and wireless communication systems to inspect and maintain assets, using flying robots that are equipped with cameras, sensors, and scanners.

### Perfect Choice Skin Care  Booth #828

2004 Bob White Court  
Mary Esther, FL  32569  
Phone: 702.886.6065  
Website: www.perfectchoiceskincare.com  

Perfect Choice Skin Care is dedicated to the professional development of ObGyns. Articles in print are interactively reinforced with technique and expert commentary videos and audio interviews through mdedge.com/obg.

### Pee Bee India Endoscopy  Booth #114

Mahavir Apts, B-12, Pant Nagar, Ghatkopar East, Mumbai - 400075  
India  
Phone: + 91.22.25016833  
Cell: + 91.98200.65293  
Fax: + 91.22.25014725  
Website: www.peebecindia.com  

Established in 1999 PEE BEE INDIA ENDOSCOPY grew in just a few years with innovative ideas and professional products to become a dependable partner in the Indian medical instruments market. The best materials and most modern techniques have made PEE BEE INDIA ENDOSCOPY well known name among the surgeons and specialists.

### OTTO Trading, Inc.  Booth #827

1921 Carnegie Avenue, Suite C  
Santa Ana, CA  92705  
Phone: 714.540.5595  

OTTO Trading, Inc. (OTTO) offers superior quality healthcare products and services designed to provide improved patient care, safety, efficiency and value. OTTO’s extensive product line includes urology, women’s health, obstetrics and gynecology, general surgery and urology products. Our diverse product line is conveniently available through one nationwide catalog.
### Exhibitor Descriptions

<table>
<thead>
<tr>
<th>Pura Vida</th>
<th>Booth #833</th>
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| 4285 Wagon Trail Avenue  
Las Vegas, NV 89118  
Phone: 470.236.5593  
www.puravidacorner.com or www.avologit.com | |

Pura Vida is a national distributor for business solutions in numerous industries. Mainly involved in medical, health, and beauty industries, we also devote ourselves to various other fields in order to achieve productivity, confidence, and the tenacity to be successful in everyday life.

<table>
<thead>
<tr>
<th>Richard Wolf Medical Instruments Corp.</th>
<th>Booth #407</th>
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</table>
| 353 Corporate Woods Parkway  
Vernon Hills, IL 60061  
Phone: 847.913.1113  
Website: www.richardwolfusa.com | |

Richard Wolf Medical Instruments is dedicated to improving patient outcomes through innovation in endoscopy. For over 100 years, Richard Wolf has pursued endoscopic solutions focused on improving surgical results while reducing patients’ trauma. In the pursuit of the spirit of excellence, Richard Wolf prides itself on quality and innovation.

<table>
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<tr>
<th>Sciton</th>
<th>Booth #919</th>
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</table>
| 925 Commercial Street  
Palo Alto, CA 94303  
Phone: 408.497.0676  
Website: www.sciton.com | |

Sciton is committed to providing the best laser and light technologies to medical professionals who want superior value, performance, and results. Our passion, innovation, and commitment to customers inspire us to develop high-quality medical devices that provide the best possible experience for both the physician and the patients. The aesthetic practice can benefit from our products by incorporating a variety of treatments, including laser-assisted lipolysis, skin resurfacing, hair removal, phototherapy, wrinkle reduction, scar reduction, and acne.

<table>
<thead>
<tr>
<th>Surgical Science, Inc.</th>
<th>Booth #1024</th>
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</table>
| 7831 East Bush Lake Road  
Minneapolis, MN 55439  
Phone: 952.457.8704  
Website: www.surgicalscience.com | |

Surgical Science has been a leader in the field of surgical simulation training for 18 years. We develop and market virtual reality simulators for evidence based laparoscopic and endoscopic training. Through simulations, students, novice surgeons and medical doctors can improve their psycho-motor skills, instrument handling and confidence required to perform advanced medical and surgical procedures. Our simulators are compact, ergonomic and equipped with state-of-the-art haptic feedback that induces true to life tactile sensations. Together, software modules with powerful graphics and pedagogical instructions, deliver an immersive, multi-sensory training experience. Training centers and institutes worldwide use our complete systems for practice, validation and certification of students, surgeons, and medical doctors.

We are the only surgical simulation training company that has a validated certification program. The American Journal of Surgeon published a study concluding that Resident subjects who follow a predefined curriculum on Surgical Science LapSim™ demonstrated a 60% decline in errors during their first 10 procedures in the OR, and a 40% reduction in operating time, as compared to the control group.

<table>
<thead>
<tr>
<th>Suture Ease, Inc.</th>
<th>Booth #126</th>
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| 1735 N. First Street, Suite 300  
San Jose, CA 95112  
Phone: 408.459.7595  
Website: www.suturease.com | |

Suture Ease develops and markets innovative technologies that combine efficacy and ease of use for enhancing laparoscopic procedures. Their flagship device, the CrossBow Fascial Closure System, enables reproduceable trocar site closure by utilizing a unique ‘snares guide’ technology in combination with a proprietary suture passer.

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<tr>
<th>Teleflex Medical</th>
<th>Booth #425</th>
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| 3015 Carrington Mill Road  
Morrisville, NC 27560  
Phone: 866.246.6990  
Website: www.teleflex.com/surgical | |

Teleflex is a global provider of medical technologies designed to improve the health and quality of people’s lives. Every patient deserves less trauma, and our surgical device portfolio provides percutaneous, fascial closure, and ligation product solutions to push the limits of minimally invasive surgery.

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<tr>
<th>The O.R. Company</th>
<th>Booth #832</th>
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| 1625 South Tacoma Way  
Tacoma, WA 98409  
Phone: 253.441.6509  
Website: www.theorcompany.com | |

The O.R. Company develops, manufactures and supplies high quality, innovative surgical devices — from niche consumables to proprietary surgical instruments — for minimally invasive and open surgery. With a strong focus on gynecology, we identify surgical needs and develop safe and effective products to address these needs.
Thermi, an Almirall Company Booth #1012

3131 W. Royal Lane, Suite 150
Irving, TX 75063
Phone: 866.981.5017
Website: www.thermi.com

Thermi, an Almirall company, is a global leader in advanced temperature-controlled radiofrequency technology. Thermi systems offer versatile modalities and safely deliver rapid results through controlled heating using RF to impact positive tissue change and naturally stimulate collagen production. Clinicians use Thermi technology to help address common signs of aging and/or weight loss, which may include fine lines, post-baby body, cellulite, loose skin and intimate tissue laxity, and empower people to take control over their skin, body and intimate life.

TransEnterix, Inc. Booth #713

635 Davis Drive, Suite 300
Morrisville, NC 27560
Phone: 919.765.8400
Website: www.transenterix.com

TransEnterix is a medical device company that is pioneering the use of robotics to improve minimally invasive surgery by addressing the clinical and economic challenges associated with current laparoscopic and robotic options. Through “responsible robotics,” we have addressed the constraints of value-based healthcare to optimize outcomes.

Utah Medical Products, Inc. Booth #F7

7043 South 300 West
Midvale, UT 84047
Website: www.utahmed.com
Phone: 800.533.4984

Utah Medical Products provides specialized gynecologic medical devices known to improve clinical outcomes and mitigate risk. The highly effective Filshie™ System includes the NEW single patient use Sterishot II Applicator. Sterishot II provides consistent clip closure for every patient, eliminates the risk of applicator damage during sterile processing and the need for annual recalibration. Finesse+™ Systems and UtahLoop™ electrodes are the standard for providing reliable CIN lesion removal and conclusive histopathology for LETZ™.

Vascular Technology, Inc. Booth #130

12 Murphy Drive
Nashua, NH 03062
Phone: 603.594.0092
Website: www.vti-online.com

Vascular Technology, Inc. is a medical device firm specializing in the manufacturing of Intraoperative Doppler systems for virtually every surgical specialty. Disposable probes are proven reliable and eliminate the possibility of equipment failure during procedures. At this year’s conference, we will be showcasing ROSI (Remotely Operated Suction and Irrigation), which gives the surgeon control of suction and irrigation at the robotic console with a foot switch.

Wayne State College of Medicine Booth #1031

Dr. Edward Lichten
555 S. Old Woodward Avenue, Suite 700
Birmingham, MI 48009
Phone: 248.593.9985

Wolters Kluwer Booth #1009

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103
Phone: 215.521.8300
Website: shop.lww.com

Wolters Kluwer provides trusted clinical technology and evidence-based solutions that engage clinicians, patients, researchers, students, and the next generation of healthcare providers. With a focus on clinical effectiveness, research and learning, safety and surveillance, and interoperability and data intelligence, our proven solutions drive effective decision-mak- ing and consistent outcomes across the continuum of care.
WHY GAMBLE WITH YOUR IN-OFFICE HYSTEROSCOPY & CYSTOSCOPY PROCEDURES?

Visit Booth #F3

Indicated for both Hysteroscopy and Cystoscopy
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SUTR-607
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COMPLX-701
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HYST-703
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SUTR-706
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SUTR-707
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HSC-709
AAGL acknowledges that it has received educational grants from the following companies: Boston Scientific, CooperSurgical, Hologic, KARL STORZ Endoscopy-America, Inc., LiNA Medical, Minerva Surgical, Olympus America Inc., Richard Wolf Medical Instruments Corporation, UVision360/Luminelle.

AAGL acknowledges that it has received in-kind support from the following companies: Durable Equipment: Boston Scientific, CooperSurgical, Hologic, KARL STORZ Endoscopy-America, Inc., LiNA Medical, Medtronic, Minerva Surgical, Olympus America Inc., Richard Wolf Medical Instruments Corporation, UVision360/Luminelle; Disposable Supplies: Boston Scientific, CooperSurgical, Hologic, KARL STORZ Endoscopy-America, Inc., LiNA Medical, Medtronic, Minerva Surgical, Olympus America Inc., Richard Wolf Medical Instruments Corporation, UVision360/Luminelle.

General Session I
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General Session III
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CME faculty for the 47th AAGL Global Congress on Minimally Invasive Gynecology are required to disclose all financial relationships with any commercial interest. These noted with an asterisk have nothing to disclose.

2018 AAGL Global Congress on MIGS

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<tbody>
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<th>Timothy Deimling, MD, MSc</th>
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<td>Hershey, Pennsylvania</td>
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<td>Consultant: Gynesonics</td>
<td>Consultant: AbbVie</td>
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<th>Nisse Clark, MD*</th>
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<td>Retired</td>
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<td>Narberth, Pennsylvania</td>
<td>Avellino, Italy</td>
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<th>Humberto Jose Dionisi, MD</th>
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<th>Attilio Di Spiezo Sardo, PhD, MD*</th>
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<tr>
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<td>Assistant Professor, University Federico II of Naples</td>
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<th>Nicole Michelle Donnellan, MD*</th>
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<td>Chair, Department of Obstetrics and Gynecology, Stanford University</td>
<td>Asst Prof, Asst Program Director FMIGS, Magee-Womens Hospital of UPMC</td>
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<tr>
<th>Marisa Dahman, MD, MPH*</th>
<th>Jorge Enrique Dotto, MD*</th>
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<tr>
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<td>Gynecology, Universidad de Buenos Aires</td>
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<td>Buenos Aires, Argentina</td>
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<tr>
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<th>Erica Candice Dun, MD, MPH*</th>
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<tr>
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<th>Amanda Ecker, MD*</th>
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<tr>
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<td>Associate Fellowship Directory - MIGS, St. Joseph’s Hospital and Medical Center Phoenix, Arizona</td>
<td>Assistant Professor, University Federico II of Naples</td>
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<tr>
<th>Amanda Nickles Fader, MD*</th>
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<tr>
<td>Chair Ob Gyn, Cleveland Clinic Cleveland, Ohio</td>
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<td>Consultant: Intuitive Surgical</td>
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<tr>
<th>Martin Farrugia, MD, PhD, FRCOG, ACGE</th>
<th>Afshin Fazel, MD, PhD*</th>
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<tr>
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<th>Afshin Fazel, MD, PhD*</th>
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<td>Ishai Levin, Professor, MD, BPharm, MBA*</td>
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In nationwide surveys, over 1200 women between the ages of 30 to 50 were asked to share their thoughts about reducing or eliminating their heavy menstrual bleeding.

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Sunday, Nov. 11, 12:30pm - SUTR-607: Advanced Suturing

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December 1-2, 2018
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Marcello Ceccaroni, President
July 11-13, 2019 · Verona, Italy

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Juan Diego Villegas-Echeverri, Scientific Program Chair
August 16-18, 2019
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