AAGL/SRS FELLOWSHIP

2002-2003 PRECEPTOR SITES

PRABHAT K. AHLUWALIA, M.D.
140 Burwell Street
Little Falls, NY 13365
Tel: (315) 823-1111
Fax: (315) 823-5334
Email: pkahluwalia@hotmail.com

Program Description: To be provided at a later date.

ANDREW I. BRILL, M.D.
Professor Director, Gynecologic Endoscopy
Chief, General Obstetrics and Gynecology
University of Illinois at Chicago
(MC 808) 820 S. Wood Street
Chicago, IL 60612-7313
Tel: (312) 996-9618
Fax: (312) 996-4238
Email: abrill@uic.edu
Prefers to be contacted by email

Program Description: The Fellowship in Gynecologic Endoscopic Surgery at the University of Illinois at Chicago incorporates a comprehensive clinical and laboratory-based program that engages the entire gamut of operative laparoscopy and hysteroscopy. A high surgical volume is balanced by an active resident physician service and private referral practice that is well recognized throughout the region.

Opportunities for basic research and advanced training in endoscopic surgery are readily available within a newly constructed state-of-the-art multidisciplinary training facility dedicated to minimally invasive surgery. Using this resource, the Fellow will remain actively engaged in the ongoing training of thirty-two resident physicians in the fundamentals of gynecologic endoscopic surgery.

CHARLES H. KOH, M.D.
GRACE M. JANIK, M.D.
Reproductive Specialty Center
2315 N. Lake Drive
Milwaukee, WI 53211
**Program Description:** The center specialized in all aspects of laparoscopic microsurgery for fertility, hysteroscopic surgery, and myomectomy. Advanced endometriosis is undertaken in cooperation with general surgeons and urologists, which allow complete laparoscopic treatment of bowel, urological, as well as pelvic endometriosis. Pelvis reconstructive surgery is also undertaken for all phases of pelvic organ prolapse. Both clinical research and prospective participation in trials from the main aspect of fellowship research.

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**Facility:** Dr. J. Bodley, Dr. N. Durand, Dr. P. Lee, Dr. G. Liu, Dr. J.E. Morgan

**Program Description:** Sunnybrook and Women’s College Health Sciences Centre is a teaching facility that is associated with the University of Toronto. Because our facilities and the number of competent laparoscopic pelvic surgeons, we are able to offer a diverse and intense one year fellowship program. Hopefully, when an individual finishes their fellowship training, they will be able to act as a resource person in their own institution and build up a minimally invasive surgery program. We hope to expose the Fellow to as many difficult cases as possible within a 12-month period with various staff surgeons who are proficient in these procedures themselves. This will enable him or her to rapidly move up along the learning curve with the idea that eventually the fellow will be sufficiently proficient technically to perform procedures with senior residents assisting. We will be able to offer a fellowship that includes advanced laparoscopic surgery in the areas of urogynecology and pelvic reconstruction, endometriosis and infertility, alternatives to hysterectomy (e.g., myomectomy), and bowel surgery.

The typical weekly schedule will consists of the following:

1. 3-3.5 days in the operating room learning advanced laparoscopic and hysteroscopic surgery.
2. 0.5-1 day in the REI clinic assessing women with endometriosis, infertility, leiomyomas or in the Urogynecology Unit assessing women with incontinence and/or prolapse. This would include training in transvaginal, transvesical ultrasound, multi-channel urodynamics, cystoscopy and hysteroscopy.
3. 0.5-1 day of protected time to research. The fellow will be supervised to complete a research
project of their choice within the year. The fellow will be able to attend various Clinical Epidemiology and Biostatistics courses held by the University of Toronto throughout the academic year and may enroll in the diploma in Clinical Epidemiology.

(4) 16 hours (8 sessions) spread out over the year will be spent in teaching junior residents in the Surgical Skills Lab on principles of laparoscopic surgery, hysteroscopic surgery, electrosurgery and LASER.

The fellow may be asked to cover sperm wash patients or perform IUI on the occasional weekends when the staff is unavailable. A well, they be expected to cover for patients who may come to ER as a result post operative complications. They are not expected to cover any Obstetrics.

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**C.Y. LIU, M.D.**

Chattanooga Women’s Laser Center
1604 Gunbarrel Road
Chattanooga, TN 37421
Tel: (423) 899-6511
Fax: (423) 899-1160
Email: cyliu@bellsouth.net

**Program Description:** To be provided at a later date.

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**EBERHARD C. LOTZE, M.D.**

The Women’s Hospital of Texas
7550 Fannin
Houston, TX 77054
Tel: (713) 512-7065
Fax: (713) 512-7834
Email: elotze@obgynassociates.com

**Faculty:** Eberhard C. Lotze, M.D., George M, Grurnert, M.D., Randall C. Dunn, M.D., Cecilia T. Valdes, M.D., Peter K, Thompson, M.D.

**Program Description:** The fellowship experience will encompass a broad range of a general gynecologic surgical practice. Emphasis is on safety and efficiency in endoscopic technique. The fellow will become proficient in total and sub-total laparoscopic hysterectomy techniques, retropubic Burch and paravaginal suspension, culdeplasty and uterosacral ligament colposuspension. In addition the fellow will acquire skills in adnexal surgery including advanced stages of endometriosis, ovarian cystectomy, adhesiolysis and dissection of the lateral pelvic sidewall for exposure of the ureters.
Myomectomy cases are carefully triaged to either open or endoscopic approaches. Hysteroscopic experience will include polypectomy, myomectomy, septal incision and endomyometrial resection/ablation. Experience in cystoscopy, TVT placement, introduction to the uterine cryoablation techniques, as well as basic understanding in the application of laser energy (CO2, KTP) will be available.

The fellow is responsible for preoperative evaluation and postoperative care of all surgical cases. The fellow will have the opportunity to work with three reproductive endocrinologists to acquire additional skills in surgical problems relating to infertility. Office transvaginal sonography and hysteroscopy exposure is available.

THOMAS L. LYONS, M.D.
Center for Women’s Care and Reproductive Surgery
1140 Hammond Drive, Suite 6230-F
Atlanta, GA 30328
Tel: (770) 352-0037
Fax: (770) 391-0020
Email: cwcrs@mindspring.com

Faculty: Dr. Tom Lyons - Primary faculty. Dr. Robert Albee, Dr. Barry McKernan, Dr. John Miklos - Ancillary faculty.

Program Description: This fellowship program focuses on the diagnosis and management of gynecologic disease using the latest in minimally invasive techniques. Pelvic ultrasound is emphasized in diagnosis along with other innovative tools. Laparoscopy and hysteroscopy are the therapeutic options available surgically. The percentage of pathology are as follows: endometriosis 60%, leiomyomata 20%, pelvic floor reconstruction 15%, and oncology 5%. At the end of the program the fellow should be able to perform LAVH, LSH, LH, Lap myomectomy, Lap excision of endometriosis. Lap pelvic floor reconstruction, basic retroperitoneal dissection, hysteroscopic resection/ablation, hysteroscopic myomectomy, and other more basic techniques.

The center performs about 250 minimally invasive major surgical procedures per year and the fellow would be involved in these in addition to seeing a small group or patient on their own. During the year I expect that the fellow will write or participate in 2-3 scholarly papers as well as teaching students and residents that may be visiting in our center. The ancillary faculty members are well known laparoscopic surgeons in the area who may consult on our patients and will be available for educational experiences during the year. This fellowship was the first that was established and accredited by AAGL and for the last 5 years has been successful in training competent gyn endoscopists for work in our communities. The fellowship is sponsored by an educational grant from Ethicon EndoSurgery.
Faculty: James Shwayder, M.D., John C. Slocumb, M.D., and Michael L. Moore, M.D.

Program Description: The fellow is exposed to a wide variety of endoscopic procedures. Operative endoscopy includes laparoscopic supracervical hysterectomy, laparoscopic myomectomy, stage III and IV endometriosis, and complete pelvic reconstruction. There is also a considerable operative hysteroscopy experience. Diagnostic procedures taught include diagnostic hysteroscopy, transvaginal hydrolaparoscopy, and micro-laparoscopy. All diagnostic procedures are performed in the office.

The office also has an accredited in-house operating room for operative hysteroscopy and operative transvaginal hydrolaparoscopy. The Fellow is expected to do approximately 1,000 transvaginal ultrasounds during the course of the year to become expert in ultrasound for diagnosis. Also, urodynamics are performed on site as part of the fellowship training. There is considerable exposure to infertility evaluation and therapy, including intrauterine insemination and ovulation induction. The Fellow is expected to attend regular grand rounds, will go to the American Association of Gynecologic Laparoscopists Annual Meeting, and if a paper is accepted that tuition will be paid for the following year. The Fellow will engage in resident educational activities. There is only one day a week allotted to research.
Program Description: A one-year fellowship consists of intensive training in advanced laparoscopic pelvic reconstructive surgery, different methods of laparoscopic hysterectomy, and infertility surgery. Each fellow will develop skills in laparoscopic Burch, paravaginal repair, sacrocolpopexy, myomectomy, endometriosis ablation, LAVH, TLH, supracervical hysterectomy, uses of surgical mesh, and other advanced procedures. There is extensive clinical training in: multichannel urodynamics, cystoscopy, biofeedback, pelvic floor stimulation, office hysteroscopy, ovulation induction with IUI, pelvic ultrasonography, anal manometry, anal sonography, pudendal and perineal nerve terminal motor latencies, sacral reflexes and evoked potentials, and pelvic floor EMG testing. If interested, experience in sacral modulation is available. Upon completion, the fellow will have strong clinical skills and training in advanced gynecologic surgery, with an emphasis in advanced laparoscopic pelvic reconstructive surgery.

Program Description: One year intense academic training program which will focus on minimally invasive surgery. Primary focus is gynecologic endoscopic surgery with multidisciplinary interaction within the University of Pittsburgh Medical Center (UPMC).

Extensive faculty supervision from both didactic and practical aspects of minimally invasive surgery. Independent research project with mentor. The project expected to be submitted at a national level and published in a peer-reviewed journal. Development of an independent private practice in Women’s health care. Coordinate weekly case review - education conference. Interact with resident staff in a teaching capacity as Junior Faculty. The Fellow will also be integrated into the call schedule.
Program Description: The purpose of this program is to train a physician who has completed his four-year ABOG, Inc-approved residency to become a microsurgeon to provide the highest level of care in reproductive pelvic surgery including tubal anastomosis, and other tubal microsurgical procedures. An increasing focus will include extensive reconstructive surgery through laparoscopic techniques. This includes a large number of patients with extensive endometriosis, pelvic adhesions, ovarian masses, hydrosalpinges and chronic tubo-ovarian complexes. The laparoscopic approach is both cosmetically desirable and greatly decreases recovery time.

Other reproductive techniques include hysteroscopic and laparoscopic myomectomies, endometrial ablation, ovarian cystectomies, and transcervical tubal cannulation in patients with a proximal tubal block and not salpingitis isthmica-nodosa. An additional component of the training includes the management of patients with pelvic pain due to different gynecologic pathologies (i.e., endometriosis). A combination of surgical and medical therapy is used. Thus, patients with extensive endometriosis can receive adjuvant therapy with GnRH analogs and/or progestogens to prevent recurrent endometriosis and pelvic pain. The Fellow will become familiar with controlled supraovulation followed by gamete intrafallopian tube transfers by vaginal laparoscopy and other assisted reproductive technologies (ART). The surgical procedure is done in our approved outpatient surgical treatment facility licensed by the state of Tennessee Health Facilities Commission (HFC).

In summary, this fellowship training consists of a large well-established reproductive medicine clinical practice, a CAP approved embryoology laboratory to support Assisted Reproductive Technologies, and a Tennessee HFC certified and licensed outpatient surgical facility where many of these surgical procedures are performed. Thus, in my view this would be an ideal setting for the training of a fellow interested in complex endoscopic and pelvic surgery for the enhancement of reproductive efficiency.