AAAGL/SRS FELLOWSHIP

2004-2005 PRECEPTOR SITES

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Program Description: This fellowship provides extensive, hands-on training for a wide range of endoscopic surgical techniques. Given the high volume of 500+ cases a year, the fellow can expect to become proficient in operative hysteroscopy, urogynecology, pelvic reconstructive surgery, infertility surgery, advanced operative laparoscopy and CO2 laser. Fellows will explore endometriosis treatment in-depth including bowel resections, entereorrhaphy, ureterolysis, and presacral neurectomy. Other hands-on experience will involve TLH, LAVH, myomectomies, adnexal surgeries, and adhesiolysis. Operative hysteroscopy will include the use of resectoscopic myomectomy, resection and ablation of endometrium. Laparoscopic pelvic reconstruction, and vaginal procedures eg TVT, colpopclosis, sacropinus fixation, vaginal hysterectomy etc, are performed.

In addition, the fellow will have multidisciplinary exposure to specialties such as colorectal surgeons performing laparoscopic bowel resection and repair, thoracic surgeons performing laparoscopic lung resection, and neisen fundoplication. Staff urologist will give hands on training in Cystoscopy, Ureteroscopy and Ureteral stent placement.

The fellow will be operating 4 to 5 half days a week. The remainder of the fellow's schedule consist of pre-operative work-ups, post-operative follow-ups, performing sonohysterograms, urodynamic studies, participating in the office practice, and supervising residents from Albany Medical Center.

One half-day a week, the fellow is expected to engage in a research project. Research opportunities are plentiful. There is a very wide variety of surgical procedures that are performed, allowing the fellow to choose and develop their research interests. The fellow will have access to all clinical information on patients.

Upon completion of this fellowship, the fellow will be able continue in academics as a leader in minimally invasive surgery.

ANDREW I. BRILL, M.D.
Professor Director, Gynecologic Endoscopy
Chief, General Obstetrics and Gynecology
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.

KEITH B. ISAACSON, M.D.
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Faculty: Keith Isaacson M.D., MD; Peter Rosenblatt M.D.; Tony Disciullo M.D.; Roger Ferland M.D.

Program Description: The fellowship program in Gynecologic Endoscopic Surgery is primarily based at Newton Wellesley Hospital where the fellow will participate in educational and clinical activities related to advanced hysteroscopic and laparoscopic surgery. Here the fellow will interact with PGY-3 residents from the Massachusetts General Hospital (MGH) and Brigham and Women's Hospital (BWH) combined program and have responsibility for teaching in the skills lab, the animal lab and in the operating room. The fellow will operate with Dr. Isaacson and private practitioners at Newton Wellesley Hospital and MGH. The fellow will spend at least one operating room day per week with urogynecologists Drs. Peter Rosenblatt and Tony Disciullo at Mt Auburn Hospital and one day a week performing advanced endoscopy at Brown University with Dr. Roger Ferland.
The clinical research opportunities are plentiful. The fellow will be involved in CIMIT (Center for Innovative Minimally Invasive Therapy), a conglomerate of Harvard Medical School, MGH, BWH, NWH, MIT, the federal government and industry. There is an active research program involving surgical simulation and education, prevention of medical errors and the operating room of the future. The fellow will also have the opportunity to participate in urogynecologic clinical studies and studies at Brown University with Dr. Ferland. The fellow will have the opportunity precept students in cadaver lab courses sponsored through the New England Association of Gyn Laparoscopy held 3-4 times per year.

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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.

DR. ROSE C. KUNG, M.D.
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Faculty: 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 consist 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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Program Description: The Gynecologic Endoscopy Fellowship at the Albert Einstein College of Medicine (AECOM)/Montefiore Medical Center (MMC) is an academic training program which offers wide exposure to advanced endoscopic surgery and a state-of-the-art minimally invasive surgery facility for research and training.
Fellows will be exposed to a wide variety of experiences during their training. The Department of Obstetrics & Gynecology and Women's Health at AECOM/MMC has one of the largest residency training programs in the United States (36 residents), as well as fellowship programs in every subspecialty of obstetrics and gynecology (ob/gyn). In addition to routine laparoscopic procedures, specialists from each Division will participate in the education of the advanced endoscopic fellow who will have exposure to procedures such as laparoscopic cancer staging and lymph node dissection, TVTs, laparoscopic retropubic procedures and vault suspensions, laparoscopic tubal reanastamosis, and resection of endometriosis. Furthermore, the Department of Surgery, which has its own laparoscopic fellowship, has agreed to allow our fellow to rotate through their Division to be exposed to bowel resections, cholecystectomies and bariatric surgery. Advanced hysteroscopic procedures including myoma resection and endometrial ablations are also routinely performed.

Requirements of the fellowship include successful completion of a biostatistics course and performance of research during protected time that will culminate in publication in a peer-reviewed journal. The advanced endoscopic fellow will play a large role in the teaching of laparoscopic surgery to ob/gyn residents. This fellowship is sponsored by an unrestricted educational grant from Conceptus, Inc.

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RONALD L. LEVINE, M.D. & RESAD PASIC, M.D., PH.D.

RONALD L. LEVINE, M.D.
Professor and Director of the Section of Operative Gynecologic Endoscopy
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Faculty: Jon Reinstine, M.D., James Holtman, M.D.

Program Description: Program Description: The fellowship in Gynecologic Endoscopic Surgery at the University of Louisville, Louisville, Kentucky is a one-year academic program. The program not only incorporates the fellow in the university setting where they are involved with the teaching of residents, but also involves a rotation through a very active private practice in Operative Endoscopy. The entire gamut of endoscopic surgery will be experienced by the fellow including training in urogynecologic procedures and pelvic reconstruction. The fellow will also have the ability to attend and to work in the cadaver laboratory. This experience in teaching residents anatomy on the cadaver by laparoscopy is an outstanding and unique
opportunity. During the one year, the fellow will attend a biostatistics course that is taught at the University of Louisville and will participate in academic conferences. During the year the fellow will be expected to participate in an independent research project that is expected to be published in a peer reviewed journal at the culmination of their year. At the end of this fellow's training, they should be able to confidently perform most advanced laparoscopic and hysteroscopic procedures and be eminently qualified to continue on in academics in a supervisory capacity.

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Program Description: Our practice is limited to laparoscopic surgery, and we operate three full days per week (Monday, Tuesday, and Friday) when I am in town. Our practice is basically a referral practice, therefore, the majority of our cases are considered as complicated to extremely complicated. We have a state-of-art endoscopic surgical suite at East Ridge Hospital where we do practically all our surgeries. We do our own bowel resections, ureteral surgery, including ureteral resection and reanastomoses, and bladder surgery for severe endometriosis or surgical injury.

Our special interest is in the field of laparoscopic management of urinary incontinence and pelvic floor reconstruction for the genital prolapses. We have performed a large number of laparoscopic enterocele repair, vaginal vault/uterovaginal suspension, retropubic paravaginal suspension, Burch colposuspension, suburethral sling procedure (we use patient's own fascia lata exclusively). We have also performed TVT on some selected patients. We have had a fellowship program in Advanced Gyn. Endoscopic Surgery for the past seven years and at end of his/her fellowship training, he/she would be exposed to at least 350 major complicated laparoscopic surgeries. Upon finishing their training, we expect them to be very good in laparoscopic surgical pelvic anatomy, proficient in laparoscopic suturing and knot tying, comfortable in identifying and dissecting all major pelvic structures in difficult and complicated cases. They would also know how to avoid and manage complications laparoscopically. liu

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Faculty: Eberhard C. Lotze, M.D., George M, Grunert, 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.

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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.

CAMRAN R. NEZHAT, M.D.
Director, Center for Special Minimally Invasive Surgery
Clinical Professor of OB/GYN & Surgery
President Elect, Vice President of Society of Laparoscopic Surgeons

Consultant Surgeons:
MYRIAM J. CURET, M.D. FACS., HARCHARAN S. GILL, M.D. FACS,
RALPH S. GRECO, M.D. FACS., WM. LEROY HEINRICHS, M.D., PH.D.,
CEANA H. NEZHAT, M.D., FACOG, FACS, FARR R. NEZHAT, M.D., FACOG, FACS
CHRISTOPHER K. PAYNE, M.D., FACS, ANDREW A. SHELTON, M.D., FACS,
MARK WELTON, M.D., FACS, RICHARD WHITE, M.D., FACS,
& CHRISTOPHER K. ZARINS, M.D., FACS

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Program Description: The fellowship is a gynecologic endoscopic fellowship under the direction of Dr. Camran Nezhat along with other faculties and consultants whom include, Farr Nezhat M.D. FACOG, FACS, Ceana Nezhat M.D.FACOG, FACS, Wm. LeRoy Heinrichs, M.D, Ph.D, Myriam J. Curet M.D. FACS, Harcharan S. Gill M.D. FACS, Ralph S. Greco M.D. FACS, Christopher K. Payne M.D. FACS, Andrew A. Shelton M.D.FACS, Mark Welton M.D.FACS, Richard White M.D. FACS and Christopher K. Zarins, M.D., FACS. The setting is The Center for Special Minimally Invasive Surgery, Stanford University Hospital, and Stanford University Medical Media and Information Technologies (SUMMIT), Palo Alto, CA. The primary training goal is improving patient care and to teach advanced endoscopic operative skills to individuals who are interested in propagating the field of endoscopic pelvic surgery. A secondary goal is to contribute new knowledge about learning and teaching with advanced surgical trainers.

The surgical experience includes operative hysteroscopic techniques in dealing with uterine anomalies, intrauterine fibroids, polyps, septum, tubal obstruction and adhesions, bleeding etc. The laparoscopic training includes understanding and treating advance endometriosis. This
includes ovarian, peritoneal, GI, GU endometriosis and other extra-genital endometriosis. Role of laparoscopy in hysterectomy will be thoroughly thought. The fellow will also learn the disciplines of approaching and treating fibroids, infertility pathology, ovarian pathology, and urogynecologic procedures for incontinence and pelvic reconstruction and also gynecologic oncology. In addition to laparoscopic procedures the fellow will become proficient in ultrasonography, cystoscopy, stent placement, and proctoscopy. A unique feature of this program is the availability of laparoscopic and hysteroscopic virtual reality simulators that provide force feedback (haptics), which helps in improving surgical skills and developing teaching skills. Fellows will spend time in the lab to further their training on anesthetized animals.

Research plays a significant role in advancing medicine and improving patient care. Fellows are encouraged to participate in technical innovation for the advancement of minimally invasive surgery and surgical education and training. The fellowship includes both advanced clinical and basic science research opportunities at Clark research center. All fellows are expected to be productively involved in the writing and research experience. These include abstracts, poster presentations, video presentations, journal publications, grants, and experimental designs.

This is a 1 to 3 year program. The decision to offer an extension is made at the end of the first year. There are 40 to 50 applicants per year. The applicants are chosen from AAGL/ASRM and direct applicants.

The week is usually organized as one day clinic and 4 days of OR. There are in average 2-3 cases per day. The fellows are required to attend OB/Gyn grand rounds on Mondays and General Surgery grand rounds on Tuesdays during the academic calendar. Other educational activities are encouraged out of the medical school and the university.

Fellows have opportunities to rotate through Mount Sinai School of Medicine, Mount Sinai Medical Center, New York, NY with Dr. Farr Nezhat and The Nezhat Medical Center P.C., Atlanta, Georgia with Dr. Ceana Nezhat.

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**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.

JOSEPH S. SANFILIPPO, M.D., MBA, Director
TED LEE, M.D., Co-Director
University of Pittsburgh School of Medicine

JOSEPH S. SANFILIPPO, M.D., MBA, Director
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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).

The fellowship at Magee-Womens Hospital/University of Pittsburgh Medical Center is a one-year intense academic training program in gynecologic minimally invasive surgery. The fellow will benefit from the expertise, experience, and surgical volume of five faculty members dedicated to minimally invasive surgery with specialty and fellowship training in REI and MIS.

The fellow's week is typically spent as follows:

1 day in the office – The faculty in the MIS program has a large referral practice, and under the guidance of a faculty member, the fellow will see new patients referred for surgery. The focus of these office sessions will be on proper pre-operative evaluation and decision-making. At the completion of his/her training, the fellow will be proficient in: the multi-system approach to the evaluation of chronic pelvic pain/endometriosis, the proper evaluation of pelvic organ prolapse and incontinence, and the minimally invasive management of common gynecologic problems (i.e. fibroids, adnexal masses, abnormal uterine bleeding).
3 ½ days Operating Room – The fellow participates in laparoscopic and hysteroscopic procedures brought to the OR by the faculty of the MIS program. The primary responsibility is to acquire advanced surgical skills through hands-on experience, and secondarily they are expected to teach residents and students in the OR.

½ day academic time – This is protected time to pursue:

- resident education – the fellow is responsible for the weekly MIS conference (which comprises case presentations, in-depth discussion of various MIS related topics, and surgical tutorials), laparoscopy trainer (we have a dedicated room with multiple laparoscopy trainers which allows the fellow to review basic and advanced skills, such as laparoscopic suturing), one weekly didactic session for residents on the MIS rotation, and the pig lab (this lab is run once every 5-6 weeks and allows the fellow to review laparoscopic skills in a realistic setting).

- research – the fellow will have ample opportunity for a research project. Through our association with the Magee-Womens Hospital Research Institute and our extensive patient database, the fellow will be able to design and execute prospective and retrospective trials under the mentorship of the program faculty.

The fellow will have no call responsibilities or obstetric responsibilities.

Due to the varied backgrounds of the faculty in the MIS program, fellows will graduate well versed in all of the following procedures:

- Laparoscopy
  - Hysterectomy (total and supracervical)
  - Myomectomy
  - Excision of endometriosis (including radical pelvic sidewall dissections and bowel surgery for the frozen pelvis)
  - Presacral neurectomy
  - Prolapse repair/Pelvic reconstruction (sacralcolpopexy, uterosacral vaginal vault suspension, paravaginal defect repair
  - Incontinence (Burch retropubic colposuspension)
  - Infertility (fimbrioplasty)

- Hysteroscopy
  - Resection of submucosal fibroids
• Endometrial Ablation

• Synechiolysis

Our expectation is that at the completion of the fellowship, the fellow will be an extremely qualified minimally invasive surgeon, and that he/she will pursue a career in academic medicine and train future generations of pelvic surgeons.