From the Scientific Program Chair

40th AAGL Global Congress in Minimally Invasive Gynecology

Forty years ago, the AAGL was on the cutting edge and ahead of its time and 40 years later I am proud to be part of this organization that has maintained this well deserved reputation. Serving as this year’s program chair, it has been a thrill to interact with the pioneers of our discipline as well as the young stars that will be responsible for our growth and energy over the next 40 years.

As a participant in the 2011 annual meeting, you will be able to learn from the masters whose experience took them down the “road less traveled” as well as educators from the most sophisticated academic centers. For example, Drs. C.Y. Liu and Harry Reich will demonstrate advanced surgery without disposables and Professor Linda Griffith from MIT will teach us about stem cell technology and systems biology. Novel programs this year will include video challenges, simulation competition, and robotic technology.

The 40th AAGL Global Congress will take place at the Westin Diplomat, Hollywood, Florida.

(Continued on page 6)

Current Staging for Endometrial Cancer

Endometrial cancer is the most common cancer we face as gynecologic oncologists. While the majority of women are diagnosed with early stage disease and do not require adjuvant therapy, debate continues regarding the optimal surgical management of this disease. We recently published a survey of SGO (Society of Gynecologic Oncology) members evaluating current practice patterns at the time of surgery including algorithms used to determine who to stage, surgical approach, and anatomic borders of lymphadenectomy. While most gynecologic oncologists agreed...

(Continued on page 6)

Robotics in Gynecology

As robotic technology is rapidly incorporated into the surgical repertoire of gynecologists, questions about appropriate credentialing abound. Standards for obtaining and maintaining robotic privileges vary by hospital, region, and sometimes, even specialty, with no medical evidence to actually support the number of procedures that are required by any one institution. The investment that is made in obtaining the required number of observed and proctored cases is considerable and efforts to evaluate and standardize this process are urgently needed. Once “robotic...

(Continued on page 4)

Let’s Scope Where the Continents Meet!

The “AAGL 5th International Congress on Minimally Invasive Gynecology” has been organized by collaboration of the American Association of Gynecologic Laparoscopists (AAGL) and the Turkish Society of Gynecological Endoscopy (TSGE) in Istanbul, one of the most beautiful cities of the world, between April 6-10, 2011. With intense efforts, the congress organizing committee has prepared a scientific program with rich content. Seven Postgraduate courses have been organized and the best surgeons in the field have been given tasks at these courses. In addition, we consider that with 6 live surgeries from several countries the Congress will be extremely exciting. These live surgeries will...
Focus on AAGL

More to Offer Than Ever

Ten years ago the AAGL website was several pages of pastel, blurred colored images and wording that had little more information in it than the announcement of meetings. And these announcements were generally not kept up-to-date. One of our employees was our “web master” and this responsibility was very far down on his list of priorities. What a difference a few years has made.

We now have 2 full time employees in our IT department. This has allowed us to completely revamp our website. Now virtually all of our interactions with AAGL members can be done online. But you would need to go to www.aagl.org to see what our site now offers members (and the public).

A partial listing of benefits for members includes:
• Over 750 videos demonstrating surgical techniques which you can select by surgeon or by the procedure.
• Social network platform for all members as well as for those participants in our 5 Special Interest Groups (SIGs).
• Live surgical events.
• Lectures from our annual and other meetings.
• “JMIG Today” which provides educational interviews with authors of selected publications in JMIG.
• “SurgeryU Tube” where members can post their own videos.
• Online access to current and past JMIG articles and the NewsScope.
• The enhancement of our CGE program and our Centers of Excellence.
• Online Event Registration for all regional and national events. To register for these events click on “Upcoming Event Registration” from the home page.
• The Calendar of Events lets you stay on top

(Continued on page 15)

From the President

The Fruit of Our Seeds

When I was inducted AAGL President during the Global Congress this last November, it caused me to reflect on the many initiatives that I inherited from my predecessors. As with any long term plan, many of these initiatives started several years ago and I am pleased to report here on the results of our efforts in several of them.

More than three years ago, the Board developed a committee to focus on Core Curriculum for Minimally Invasive Gynecology. After meetings and the committed work of many members, we are now in the process of writing questions for the cognitive portion of the competency test, “Essentials in Minimally Invasive Gynecology.” Beta testing of the test questions will be completed at the annual meeting this November and nationwide testing available in June 2012.

At the 2009 AAGL Global Congress, we launched our Centers of Excellence in Minimally Invasive Gynecology designation program under the direction of our Professional Interest Partner, the Council for Gynecologic Endoscopy, and administered by the Surgical Review Corporation. It is wonderful to see that we now have six sites that have been designated for the Commitment Level of Center of Excellence in Minimally Invasive Gynecology. We encourage you to apply for this special designation which reflects a hospital’s commitment to providing an environment in which excellent minimally invasive gynecologic procedures can be performed.

One of the most important developments has been the purchase of SurgeryU. We are now in our second year of integrating this interactive media platform into the AAGL website. I hope that you have taken advantage of the expanded video library that now contains more than 750 videos and that you have uploaded an exciting case to SurgeryU Tube. We have seen additional activity on the Social Network where our members are able to share videos, ideas and challenges. The coming year will bring more live surgical events, JMIG Today which will include highlighted articles and interviews, and webinars. This has been such

(Continued on page 23)
ROTOCUT™ G1
The New Morcellator Generation
Shorter Procedure Times, Faster OR Turnovers
Robotics in Gynecology (Continued from Page 1)

privileges” are granted, the question of which procedures any one surgeon should actually perform robotically is another issue of debate. I recently learned of representatives from Intuitive Surgical urging gynecologists to expand their robotic services to include sacrocolpopexy, an operation that classically has required separate credentialing. Should surgeons only be permitted to perform those procedures robotically for which they have open privileges? What mechanism should exist to allow interested surgeons to safely expand their surgical services into an arena such as this?

At the 2010 Robotic SIG meeting at AAGL, a lively debate amongst participants in reference to these topics occurred, with no consensus reached. Hospital committees are seeking guidelines to assist in the credentialing process with recommendations preferentially being made on the basis of data, not opinion. At my hospital, the Emerging Technology Committee recently presented a proposal requiring a minimum of 12 robotic cases per annum for maintenance of robotic credentialing—the defined number essentially being selected on the premise that lower surgical volume correlates with an increase in adverse outcomes.

A counter proposal was made suggesting that maintenance of credentialing be determined on a comprehensive audit of cases, including surgical times and all intra- and post-operative complications. It would seem rational that maintenance of credentialing for all surgical procedures, not just those performed with robotic technology, should follow a similar paradigm, a labor intensive but possibly highly effective method of determining ongoing surgical proficiency.

A recent publication by Geller et al in the Journal of Minimally Invasive Gynecology presents one evidence-based step in the complicated process of robotic credentialing: How to train residents and fellows in gynecology. They established a protocol that included online instruction and 2 hands-on modules, platform set-up and surgical skills. The platform set-up provided such things as orientation to the console and side cart, port placement, and instrument insertion and removal. Surgical skills included specific drills of tissue manipulation, dissection, and suturing using rubber models that simulate human tissue. The overall pass rates were 100% for docking, 90% for dissection, 11.8% for manipulation, and 0% for advanced suturing. From their results, one recognizes that robotic surgery requires new skills including simultaneous manipulation of multiple hand and foot instruments and increased application of specific skills less often used in laparoscopic surgery such as intracorporeal knot tying. Demonstration of proficiency on training models such as these prior to operating on a human being makes more rational sense than arbitrarily requiring x number of proctored cases for robotic credentialing.

The AAGL Special Interest Group in Robotics is working to address many of these questions through the establishment of credentialing guidelines. More studies on effective methods of training and demonstration of ongoing proficiency, however, are needed to base these recommendations on evidence and not mere consensus.

References:


Catherine A. Matthews, M.D. is Associate Professor and Division Chief of Urogynecology and Reconstructive Pelvic Surgery at University of North Carolina, Chapel Hill, North Carolina. This article is presented on behalf of the AAGL’s Special Interest Group on Robotics.
Eliminates Big Problems

The Carter-Thomason CloseSure System enables surgeons to close trocar port-sites efficiently and reliably. Our patented Pilot® Guide precisely angles the suture passer to capture all layers of tissue in a single pass. Ideal for both average and the more challenging obese patient, the Carter-Thomason CloseSure System assures reproducible and complete fascial closure of your laparoscopic procedures – on every site, every time.

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that patients with high risk subtypes should undergo a complete surgical staging, there was significant variability in practice in regard to endometrioid adenocarcinomas.

Women with grade 1 or 2 endometrioid tumors at the time of frozen section, with <50% myometrial invasion, and tumor size <2 cm had a 0% risk of lymph node involvement in a study at the Mayo Clinic.2 Identifying these patients intra-operatively could potentially save 33% of patients with endometrioid tumors a comprehensive surgical staging, however, the accuracy of frozen section varies by institution. While frozen section is routinely used at our institution to determine which patients require full surgical staging, only 31% of SGO members used this approach.

The recent publication of GOG LAP2, a prospective, randomized study comparing laparotomy to laparoscopy for the treatment of endometrial cancer showed significant benefits in the minimally invasive surgery group with similar pathologic and operative outcomes.3 As a result, minimally invasive surgery is now considered to be standard of care for the treatment of endometrial cancer. While the data on robotic surgery are not as mature, 31% of survey respondents use the robot for a majority of their endometrial cancer cases. The robotic approach, however, may have some limitations for surgeons who perform a para-aortic lymph node dissection up to the renal vessels. A combination of laparoscopy to access the high para-aortic nodes and robotic surgery is currently being evaluated at our institution.

Finally, the anatomic borders of the lymphadenectomy continue to be controversial despite information available from lymphatic mapping studies in women with endometrial cancer. Different techniques including blue dye injected into the uterine fundus and hysteroscopic injection have identified sentinel nodes in the pelvic lymph node basins as well as the para-aortic lymph nodes above the IMA.4,5 These findings suggest that para-aortic lymph nodes between the IMA and renal vein should be removed in patients at the time of surgical staging.

Despite being the most common cancer we treat as gynecologic oncologists, there is clear variability in our current approach to endometrial cancer. Fortunately, even with variability in practice, the 5-year survival for patients with early stage endometrial cancer remains high. At this point it is unclear if standardizing surgical practice patterns will improve outcomes for patients with endometrial cancer.

References:

Pamela T. Soliman, MD, MPH is Assistant Professor, Department of Gynecologic Oncology at the University of Texas MD Anderson Cancer Center in Houston, Texas. This article is presented on behalf of the AAGL's Special Interest Group on Oncology.
THE FOCUS IS ON YOU

- FREE to AAGL Members
- Streaming videos 24/7
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- Compatible with iPad and iPhone
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Visit us today at www.aagl.org/surgeryu to view our extensive library of videos on minimally invasive gynecologic surgery.
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The first deflectable-tip technology brings triangulation inside the patient.

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Each year the AAGL presents a full program of awards honoring the best in papers and posters. Supported by industry and the Foundation of the AAGL these awards recognize excellence. Here are the recipients of the awards that were presented at the 39th AAGL Global Congress of Minimally Invasive Gynecology on November 9, 2010 at Caesars Palace in Las Vegas, Nevada. Congratulations to all the award recipients. Submit your abstracts to the Call for Abstracts for the 40th Global Congress so they can be eligible for the AAGL Global Congress Award program.

**Golden Laparoscope Award**  
Supported by an educational grant from Olympus – Professor Level Support  
The author of the best video on laparoscopy receives a gold-plated, fully-operational laparoscope.  

Suketu Mansuria, M.D., Chair  
Video Committee  

Award Recipient  
**Single Incision Laparoscopy: Total Laparoscopic Hysterectomy with Sacral Colpopexy**  
Kevin J. E. Stepp, M.D.

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**Golden Hysteroscope Award**  
Supported by an educational grant from Olympus – Professor Level Support  
The author of the best paper on hysteroscopy receives a gold-plated, fully-operational hysteroscope.  

Andrea S. Lukes, M.D., Chair  
Award Recipient  
**A Randomized Double Blind Placebo Controlled Clinical Trial of Intravenous Conscious Sedation and Oral Analgesia for the Essure Permanent Birth Control Procedure**  
John A. Thiel, M.D.; Angelina T. Lukwinski, M.D.; Huse Kamencic, M.D.; Hyung Lim, Ph.D.

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**Daniel F. Kott Award**  
Supported by an educational grant from the Foundation of the AAGL  
This award honors Colonel Daniel F. Kott, an early pioneer in the field of medical audio/visual technology. Colonel Kott practiced at Tripler Army Medical Center where the AAGL held some of its earliest meetings and he was the first to videotape and document our early surgeries.  

Ralph J. Turner, M.D., Chair  
Award Recipient  
**Is Tissue Handling in Skills Training Measurable? A New Eureka?**  
Frank-Willem Jansen, M.D., Ph.D.; Sharon P. Rodrigues, M.D.; Tim Horeman, Jr.; Jenny Dankelman, Ph.D.; John J. van den Dobbelsteen, Ph.D.

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**Robotic Technology Award**  
Supported by an educational grant from Intuitive Surgical  
This award was established to recognize those members who are exploring the use of robotics in gynecologic surgery. Although only a few years old, this award has captured some of our most innovative research and honors the spirit for which the competition was established.  

Dobie Giles, M.D., Chair  
Award Recipient  
**Robotic Versus Traditional Laparoscopic Hysterectomy: A Comparison of Perioperative Outcomes for Benign Disease**  
Kristin E. Patzkowsky, M.D.; Noam Smorgick-Rosenbaum, M.D.; Samar S. Hassounah, M.D.; Arnold P. Advincula, M.D.; Arleen H. Song, M.D., MPH; Sawsan As-Sanie, M.D., MPH

(Continued on page 10)
AAGL Foundation Awards  (Continued from Page 9)

Kurt Semm Award
Supported by an educational grant from the Foundation of the AAGL
This award honors Professor Kurt Semm, an innovative surgeon, who very early on adapted quickly to the use of endoscopy to manage most gynecological problems. Professor Semm designed medical instrumentation to make endoscopic surgeries more effective and efficient and his legacy is evident by our continued use of his medical instruments and the use of his medical techniques in our everyday practice of medicine.

Liselotte Mettler, M.D., Chair

Award Recipient
Conventional Laparoscopic Versus Robotic-Assisted Laparoscopic Sacral Colpopexy: A Randomized Controlled Trial
Marie Fidela R. Paraíso, M.D.; Chi Chung Grace Chen, M.D.; John E. Jelovsek, M.D.; Anna Frick, M.D., MPH; Matthew D. Barber, M.D., MHS

Carlo Romanini Award
Supported by an educational grant from the Foundation of the AAGL
This award was established to honor Professor Romanini, a leader in the field of endoscopy in Italy and a physician dedicated to the diagnosis and treatment of endometriosis.

Errico Zupi, M.D., Chair

Award Recipient
Is Pouch of Douglas (POD) Obliteration a Marker of Bowel Endometriosis?
Su-Yen Khong, MBChB, MRCOG; Tommaso Bignardi, M.D.; Alan Lam, MBBS, FRCOG, FRACOG; Georgina Luscombe, Ph.D.

Best Paper in Minimally Invasive Gynecologic Oncology
Started just this year, this award recognizes the best paper on the challenging work of treating gynecologic oncology.

Pedro T. Ramirez, M.D., Chair

Award Recipient
Surgical Staging for Type II Endometrial Cancer: Laparotomy or Minimally Invasive Surgery?

Best Scientific Poster
Supported by an educational grant from the Foundation of the AAGL

James B. Robinson III, M.D., Chair

Award Recipient
Impact of Smoking on Perioperative Pulmonary Complications in Laparoscopic Surgery
Whitney A. Spannuth, M.D., Michael F. Frumovitz, M.D., MPH, Alpa Nick, M.D., Gabriel E. Mena, M.D., Pamela T. Soliman, M.D., MPH, Ricardo Dos Reis, M.D., Kathleen M. Schmeler, M.D., Pedro T. Ramirez, M.D.

(Continued on page 11)
AAVL Foundation Awards (Continued from Page 10)

Violet Bowen-Hugh, M.D. Award
Supported by an educational grant from the National Women’s Health Resource Center (through an educational grant from Ethicon Women’s Health & Urology)
Presented jointly by the National Women’s Health Resource Center, founded by Dr. Violet Bowen-Hugh, this award recognizes a member who has demonstrated long-term commitment or outstanding endeavors to increase women’s awareness of healthcare options especially in under-served areas.

Craig J. Sobolewski, M.D., Chair
Award Recipient
Edward J. Stanford, M.D., M.S.

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

Marshall L. Smith, M.D., Chair
Award Recipient
Sexual Function before and One Year after Laparoscopic Sacrocolpopexy
Charbel G. Salamon, M.D.; Amir Shariati, M.D., MS; Patrick J. Culligan, M.D.

IRCAD Award
Supported by an educational grant from Karl Storz Endoscopy-America
The IRCAD award is presented to recognize the best research in education acknowledging innovative ideas in teaching. The winner is honored by receiving a fully paid week-long visit to the IRCAD institute in France.

Gregory J. Raff, M.D., Chair
Award Recipient
Prevention and Management of Complications of Laparoscopy
Jessica A. Shepherd, M.D.; Resad P. Pasic, M.D., Ph.D.

Robert B. Hunt Endowed Award
Supported by an educational grant from the Foundation of the AAGL Robert B. Hunt Endowment
Dr. Hunt had a strong leadership role in the AAGL. He was the President of the AAGL and the Foundation and from its inception he was the Editor-in-Chief of The Journal of the AAGL, now The Journal of Minimally Invasive Gynecology. He was instrumental in creating a well-respected academic journal which continues to inform and educate physicians worldwide.
(September/October 2009 - July/August 2010)

Stephen L. Corson, M.D., Chair
Award Recipient
Office Endometrial Ablation with Local Anesthesia Using the HydroThermAblator System: Comparison of Outcomes in Patients with Submucous Myomas with Those with Normal Cavities in 246 Cases Performed Over 5½ Years
Mark H. Glasser, M.D.; Peter K. Heinlein, M.D.; Yun-Yi Hung, Ph.D., MPH

(Continued on page 12)
AAGL Foundation Awards (Continued from Page 11)

Jay M. Cooper Award

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 natural born leader with enormous perceptual and communication skills. Always comfortable with innovation, he was an inventive and strategic thinker whose vision was bold and far reaching. He was one of the most respected advocates and global teachers in hysteroscopic surgery and actively participated in new product development including technical evolution, clinical validation, regulatory approval and delivery to market.

Gary N. Frishman, M.D., Chair

First Place Award Recipient

Mechanical Bowel Preparation for Gynecologic Laparoscopy: A Prospective Randomized Trial of Oral Sodium Phosphate Solution Versus Single Sodium Phosphate Enema
Linda C. Yang, M.D., MSc; Deborah Arden, M.D.; Ted T.M. Lee, M.D.; Suketu M. Mansuria, M.D.; Amy N. Broach, M.D.; Lori D’Ambrosio, M.D.; Richard Guido, M.D.

Second Place Award Recipient

Incidence of Vaginal Cuff Dehiscence after Laparoscopic Closure with Bi-Directional Barbed Suture
Matthew T. Siedhoff, M.D.; Amanda C. Yunker, D.O.; John F. Steege, M.D.

Adding Office Hysteroscopy to Your Practice

Hands-on Workshop with Live Case Presentations

3 Hours of Hands-on Experience • Enrollment Limited to 20 Participants

The Advanced Gynecologic Surgery Institute
Chicago, Illinois
Saturday Workshops
April 16, 2011
September 24, 2011 (Residents Only)
Charles E. Miller, M.D.
Scientific Program Chair
Register Online:
www.aagl.org/chicago2011

SimSurg Education Center
San Francisco, California
Friday Workshops
May 6, 2011
Andrew I. Brill, M.D.
Scientific Program Chair
Register Online:
www.aagl.org/sanfran2011

Over the past several years, the number of office-based gynecologic surgical procedures has skyrocketed. Factors cited in this trend toward in-office surgery are better reimbursement, greater efficiency for both patient and physician, as well as the ability to provide a familiar environment for the patient. At each workshop, a skilled hysteroscopist will instruct you in techniques and assist you in practicing skills to effectively add diagnostic and operative hysteroscopic procedures to your practice to meet the expectations of your patients and insurance carriers alike.

The above workshops are non-CME.

These workshops are supported in part by an educational grant from Karl Storz Endoscopy-America, Conceptus, and Boston Scientific.
Trust the data. She trusts you.

Contraceptive failures per 1000 women at year 3:

Essure® 1.6
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“I’m Sure.”
Essure is the most effective permanent birth control.

*No direct comparative data exists.

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Introducing the New LigaSure Advance™ Pistol Grip

The New LigaSure Advance™ device is a monopolar tip laparoscopic vessel sealer and divider that offers multifunction capability in one instrument.

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It all adds up to efficient procedures and consistent performance for you and your patients.

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Russian Society of Gynecologists-Endoscopists

Since its founding in 1991, the Russian Society of Gynecologists-Endoscopists (RSGE) has worked hand in hand with the AAGL to advance endoscopic technologies in the Russia Federation and in Europe. These programs have exemplified how, in a few short years, the level of minimally invasive gynecological care can be brought into everyday surgery. I hope many of you will have a chance to experience this wonderful 20th anniversary.

Franklin D. Loffer, M.D.
Executive Vice President/Medical Director, AAGL

The unique design of these meetings comprised daily non-stop interactive live surgery performed in 2-3 operating rooms by a team of international experts and presentations both on common clinical practices (with their critical revision) and on the innovations in gynecology. More than 12,000 specialists have attended the meetings over the past 20 years. This resulted in the widespread use of endoscopy from the center of Russia to all other regions and to its introduction into clinical practice not only in the centers of excellence but in the primary care hospitals as well.

Now over 2,000 gynecologists from 47 regional subjects of Russian Federation are members of RSGE.

The Russian Society of Gynecologists-Endoscopists (RSGE) was founded in 1991 and is celebrating its 20th anniversary and affiliation with AAGL this year. The main goal of RSGE from the very start was the spread of endoscopic technologies throughout Russia. This was provided by annual (or in some years, twice a year) international workshops and congresses dedicated to various problems of gynecology and incorporating advanced endoscopic courses involving acknowledged international experts and AAGL and ESGE authorities.

Dr. Adamyan

Professor Leila V. Adamyan, M.D. is President of the Russian Association of Gynecologists-Endoscopists.

Affiliated Societies Spotlight

More to Offer Than Ever (Continued from Page 2)

of the latest information regarding upcoming events, including the ability to add events to your digital calendar with a single click of the mouse.

• CME certificates are available for download for the 2009 and 2010 Global Congresses simply by logging into your member account and clicking on the required certificate.

A partial listing for the benefit for patients includes:

• Find a Physician interested in minimally invasive surgery in their locality.

• Identify the particular areas of interest of those physicians.

• Patient education videos.

• Patient education topics.

• Glossary of gynecological terms.

The AAGL Board of Trustees has dedicated the resources to see that www.aagl.org continues to remain a strong resource and learning tool for its members and the public. Please visit www.aagl.org to experience all the resources the AAGL offers for you.

Franklin D. Loffer, M.D. is the Executive Vice President/Medical Director of the AAGL.
KARL STORZ Owner Honored
Dr. Sybill Storz, owner and managing director of KARL STORZ, was awarded the German Federal Cross of Merit on November 11, 2010. Citing her entrepreneurial and personal achievements the ceremony emphasized her service to the economy and the common good. The Order of Merit of the Federal Republic of Germany is the sole and highest decoration that the Federal Republic of Germany awards to people who have rendered outstanding service to society.

In 2009, the AAGL honored KARL STORZ with the Distinguished Contribution to Minimally Invasive Gynecology Award, in recognition of exceptional leadership and commitment to promoting the adoption of minimally invasive gynecology worldwide which has resulted in the betterment of healthcare for women.

New SIG
The AAGL Board recently approved a new Special Interest Group (SIG) focusing on Pelvic Pain. The officers of the new group are Drs. Fred Howard, chair, and Michael Hibner, vice chair, and Board Members. Drs. John Steege and Eduardo Schor. The AAGL Board hopes the formation of this new SIG will increase our member’s awareness of the many issues surrounding this significant issue and promote research, education and patient care in this common but complex problem.

To become a member of this or any of the other SIGs the AAGL has (Endometriosis & Reproductive Issues, Oncology, Robotics, Urogynecology), please go to www.aagl.org/SIG.

Minister-President Stefan Mappus and Dr. h. c. mult. Sybill Storz

New Products
MiniLap Graspers & Electrosurgical Instruments from Stryker
MiniLap grappers and MiniPolar Electrosurgical Instruments enable access and instrumentation in one precision-crafted laparoscopic device. The access insertion needle offers time-saving entry into the abdominal cavity while eliminating the need for single incision closure at the end of procedure. With five different grasper tip styles and four different electrosurgical instruments, MiniLap grappers and MiniPolar Electrosurgical Instruments offer benefits to both the surgeon and the patient.

AAGL 5th INTERNATIONAL CONGRESS ON MINIMALLY INVASIVE GYNECOLOGY
in conjunction with
TURKISH SOCIETY OF GYNECOLOGICAL ENDOSCOPY (TSGE) IV ANNUAL SCIENTIFIC MEETING
LET’S SCOPE WHERE THE CONTINENTS MEET!
April 6-10, 2011 - Swissôtel the Bosphorus, Istanbul, TURKEY
www.tsge2011.org
The AAGL Research Committee Publishes Results of the 2009 Innovation Forum

Abstract: A standard approach to encouraging innovation in surgery is not well described. As an exploratory strategy, the 2009 AAGL Research Committee conducted an Innovation Forum at the 38th Global Congress. Initial committee deliberation internally about the format of the proposed forum was paired with findings from an internet-based survey widely distributed to determine key problems gynecologic surgeons felt were in need of solutions. Results from 263 respondents suggested that improved techniques and instrumentation to gain access vaginally for hysterectomy and also for laparoscopic access in obese patients were high priority areas. The Forum’s design encompassed these suggestions, and included both a series of lectures on the process of equipment design from a patent lawyer and two patent-holding surgeons, and an interactive innovation workshop where participants came together to brainstorm strategies to address these identified problems. The results are presented in the proceedings.

For full text article, please go to: www.aagl.org/innovationforum

Thirteenth Annual Advanced Workshop on Gynecological Laparoscopic Anatomy & Surgery on Unembalmed Female Cadavers
May 20-21, 2011

The University of Louisville
Louisville, Kentucky

9 Hours of Hands-On Experience
Enrollment Limited to 27

Course Overview
This postgraduate workshop has been designed for gynecologists with advanced laparoscopic skills who desire to master retroperitoneal and Space of Retzius anatomy and the various surgeries performed therein, including the performance of TVT/TOT surgery and cystoscopy.

Friday, May 20, 2011
7:50am Introduction and Course Overview
8:00am Fundamental Laparoscopic Pelvic Anatomy
8:40am Patient Positioning and Abdominal Entry
9:20am Question & Answer Session
9:30am Refreshment Break
9:40am Energy Modalities in Endoscopic Surgery
10:20am Applied Pelvic Anatomy for Management of Endometriosis and Adnexal Disease
11:00am Laparoscopic Suturing
11:40am Question & Answer Session
12:00pm Working Lunch

Video: Laparoscopic Dissection and Laparoscopic Suturing
1:00pm – 5:00pm Hands-on Cadaver Dissection
(3 participants per cadaver)
• Review Surface Anatomy of the Pelvis
• Anatomy and Technique of Performing Uterosacral Ligament Suspension
• Retroperitoneal Spaces, Vessels, Nerves Dissection
• Dissection of Pelvic Sidewall

Saturday, May 21, 2011
8:00am Pearls of Laparoscopic Hysterectomy
8:40am Laparoscopic Treatment of Apical Prolapse
9:20am Slings and Things
10:00am Complications of Laparoscopy and How to Avoid Them
10:40am Question & Answer Session
10:50am Refreshment Break
11:00am Hands-on Cadaver Dissection
• Anatomy and Refined Techniques of Performing Laparoscopic Hysterectomy
• Dissection of the Space of Retzius
• Laparoscopic Suturing
1:00pm Lunch
1:30pm Hands-on Cadaver Dissection – Continued
• Laparoscopic Repair of Bowel, Bladder and Ureteral Injury
• Review of Laparoscopic Anatomy
• Vaginal Pelvic Floor Reconstruction using TVT, Trans Obturator Slings, TVT Secure
4:30pm Complete Evaluation Forms – Adjourn

Resad P. Pasic, M.D., Ph.D., Scientific Program Chair
To Register go to www.aagl.org/louisville2011

5th Annual General Meeting
& 3rd Annual Scientific Conference
Mombasa, Kenya

Date: Thursday 18th / Friday 19th August 2011
Venue: The Mombasa Hospital, Mombasa
Theme: “Back to Basics...”
Convener: Dr. Aruna Chudasama
Consultant Obstetrician & Gynecologist
Email: charm.ivf@gmail.com
(Deadline for abstracts 15th July, 2011)
Registration: KESES Members Ksh. 10,000.00
Non Members Ksh. 20,000.00
International Delegates US$ 250.00

Transport and accommodation arrangements are to be made individually for all upcountry and international delegates.
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Expand your treatment options for patients with urge incontinence, urgency-frequency, or urinary retention who have failed or could not tolerate more conservative treatments.

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InterStim® Therapy for Urinary Control is indicated for the treatment of urinary retention and the symptoms of overactive bladder, including urinary urge incontinence and significant symptoms of urgency-frequency alone or in combination, in patients who have failed or could not tolerate more conservative treatments. Contraindications: Diathermy. Patients who have not demonstrated an appropriate response to test stimulation or are unable to operate the neurostimulator.

Warning: This therapy is not intended for patients with mechanical obstruction such as benign prostatic hypertrophy, cancer, or urethral stricture.

Precautions/Adverse Events: Safety and effectiveness have not been established for bilateral stimulation; pregnancy, unborn fetus, and delivery; pediatric use under the age of 16; or for patients with neurological disease origins such as multiple sclerosis. The system may be affected by or adversely affect cardiac devices, electrocautery, defibrillators, ultrasonic equipment, radiation therapy, MRI, theft detectors/screening devices. Adverse events include pain at the implant sites, new pain, lead migration, infection, technical or device problems, adverse change in bowel or voiding function, and undesirable stimulation or sensations, including jolting or shock sensations. For full prescribing information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic’s website at www.medtronic.com. Product technical manual must be reviewed prior to use for detailed disclosure. USA Rx Only. Rev 0409
40th AAGL Global Congress in Minimally Invasive Gynecology
(Continued from Page 1)

audience participation in surgical tutorials, the best of Listserv, and an international panel discussion on surgical credentialing. We will also take advantage of our location and offer yoga on the beach prior to each morning session.

The format for the annual meeting has been very successful and the attendance continues to grow. Every year, we try slight modifications based on the feedback of the membership. This year is no different. We will have two days of Postgraduate courses and eliminate the pre-congress format. For those who are interested in viewing the top research abstracts, there will be a plenary session in which all abstracts which won an award (Golden Hysteroscope, Golden Laparoscope, etc.) will be presented. During the Opening Session, we will have presentations by three outstanding women who have contributed to the awareness, research and therapy for endometriosis. On the second day of the meeting, the entire Congress can witness the latest developments in team training and surgical simulation. Much of the congress will have audience response systems available to stimulate participation and obtain instant objective feedback.

The scientific program committee will continue its tireless efforts to put on the most exciting and innovative congress to date. The call for abstracts for this year’s ACM has recently been released and we are again expecting a record number of quality submissions. Mark your calendars for November 6-10, 2011. It is going to be a terrific and stimulating meeting in Hollywood (Florida).

Keith B. Isaacson, M.D. is the Vice President of the AAGL and Scientific Program Chair for the 40th AAGL Global Congress on Minimally Invasive Gynecology. He is an Associate Professor of Obstetrics at Harvard Medical School and the Director of Partners Center for Reproductive Medicine and Surgery at Newton Wellesley Hospital MIGS Center in Newton, Massachusetts.
Welcome New Members

December 4, 2010 – March 14, 2011

Maria E. Abadilla, M.D.
Lisa Nicole Abaid, M.D., M.P.H.
Mohamed Elmahdy
Abdelmoneim, Ill, M.D.
Heather Abe, D.O.
Sozdar Abed, M.D.
Nazima Abrarova, M.D.
Sara Rebecca Ackermann, D.O.
Ramon Ahumada, M.D.
Asma Akbara, M.D.
Catherine Marie Albright, M.D.
Natalia Alejandro-Cordero, M.D.
Michael Allon, M.D.
Chris Allphin, M.D.
Pedro M. Alvarez, M.D.
Johnson O. Amu, MBBS, MRCOG
Radu Apostol, D.O.
Antonio Belpiede, M.D.
Keith Patton Berkle, M.D.
Joel M. Bernstien, M.D.
Jemel Maurice Bingham, M.D.
Megan Bird, M.D.
Amber Bledsoe, M.D.
Allison Jill Bloom, M.D.
Valarie Bohamier, M.D.
Tonje Bohlin, M.D.
Virginia Kathryn Bond, M.D.
Migdalia Zoe Bonilla, M.D.
Brianne M. Brandt-Griffith, M.D.
Lynae Maria Brayboy, M.D.
Kevin David Breniman, M.D.,
FACOG
Amy Dawn Brockmeyer, M.D.
Jeffrey B. Brown, M.D., FACOG
Lindsey Bruce, M.D.
Pamela Marina Calderon, M.D.
Emily Campito, M.D.
Fabiola S.M. Campos, M.D.
Vernon Terence Cannon, M.D.
Matthew Cantor, M.D.
Thomas A. Caputo, M.D.
Fonzini Carlo, M.D.
Genalyn Adona Carreon, M.D.
Jorge F. Carrillo, M.D.
Emerita Rafaela Castillo, M.D.
Dina Joseph Chamsy, M.D.
Chandra Chellappan, M.D.
Ingrid Cherrytree, M.D.
Christian Chouchani, M.D.
Michelle Chu, M.D.
Sarah Coad, M.D.
Jennifer Dye Conde, M.D.
Nellie Sarah Crawford, M.D.
Konstantinos Daglas, M.D.
Christina Dancz, M.D.
Kristin Dardano, M.D.
Carolyn Florence Davis, M.D.
Nicolette Denevaux, M.D.
Priyal Dholakiya, M.D.
Pablo Diaz Spindola, M.D.
Sara I. Diaz Valentin, M.D., MS,
FACOG
Cindy Dodard, M.D.
Christian Dolensek, D.O.
Ernesto Luis Dominguez, M.D.
Naidne Doris, M.D.
Sarah Kathleen Dotters-Katz, M.D.
Joy C. Draper, M.D.
Todd Andrew Drexel, D.O.
Richard Scott Duff, M.D.
Tannaz Ebrahimi Adib, M.D.
Geraldine Ekpo, M.D.
Ramadan Elmahdy El Sugy, M.D.
David Rich Ellington, M.D.
Lauren Elliston, M.D.
Britt Erickson, M.D.
Francisco Ulises Estrada, M.D.
Francisco U. Estrada Ontiveros, M.D.
Tanaz R. Ferzandi, M.D.
Jeffrey Fichter, M.D.
Maurizio Filippini, M.D.
Jason Fong, M.D.
Ylbe Franco-Palacios, M.D.
Alhambra Frarey, M.D.
Luisa Galdi, D.O.
William Dario Garcia, Ill, M.D.
Carlos Andres Garcia Gonzalez, M.D.
Arlene E. Garcia-Soto, M.D.
Absonal Garza Leal, M.D.
Leila Ghadian Ronizi, M.D.
Stacey A. Godley, M.D.
Kara Goglia, M.D.
Karen Pearce Gold, M.D., MSCI
Erika Gomez, M.D.
Roberto C. Gomez Sepulveda, M.D.
Yana Goncharova, M.D.
Sarah Goodrich, M.D.
Melissa Anne Goodwin, D.O.
Constantine Gorelick, M.D.,
FACOG
Richard M. Groom, M.D., FACOC,
FACS
Scott Michael Gulinson, M.D.,
FACOG
Deidre Gunn, M.D.
Jyotirmoy Hajra, MBBS, MS
Cameram Michelle Halsell, D.O.
David Harari, M.D.
Lea Harms, M.D.
Deborah Ann Hendry, M.D.
Paul Andrew Henning, M.D.
Joan Hier, M.D.
Heather Pfeffer Hilkowitz, M.D.,
FACOG
Kelly Rae Hodges, M.D.
Sarah Hodgson, M.D.
Caroline M. Hodsdon, M.D.
Melissa Holtz, M.D.
Tara Hood, D.O.
David L. Howard, M.D., Ph.D.
Candace Nicole Howe, M.D.
Jean Elizabeth Huff, M.D.
Erinn Elizabeth Huffman, M.D.
Stacey L. Hughes, M.D.
Laura Jacques, M.D.
Nisha Jagasia, MBBS
Jason S. James, M.D.
Meryl Kahan, M.D.
Rajani Kancharla, M.D.
Elizabeth Kathryn Kane, M.D.,
FACOG
Sunjung P. Kang, M.D.
Kelly Kantartzis, M.D.
(Continued on page 23)
Workshop Objectives
At the conclusion of this workshop, the participants will be able to:

1. Determine the fundamental techniques in laparoscopic suturing.
2. Apply sound surgical principles and appropriate use of energy sources in laparoscopic hysterectomy.
3. Identify relevant pelvic anatomy in advanced gynecologic surgeries.
4. Summarize various techniques for single incision laparoscopic surgery in gynecology.
5. Review the various applications of robotic technology in gynecology.
6. Diagnose manage and prevent laparoscopic complications.

Scientific Program Chair:
Ted Teh Min Lee, M.D.

Enrollment Information
AAGL Advancing Minimally Invasive Gynecology Worldwide
6757 Katella Ave., Cypress, CA 90630 USA
PH: 800-554-2245 or 714-503-6200
FAX: 714-503-6201
Email: generalmail@aagl.org
Register: www.aagl.org/pittsburgh2011

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ENROLLMENT LIMITED TO 60
Fellowship in Minimally Invasive Gynecologic Surgery

Fellowship year July 1, 2012 to June 30, 2013

<table>
<thead>
<tr>
<th>Important Dates of the Fellowship:</th>
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<tr>
<td><strong>Deadline to submit application:</strong></td>
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<td>July 1, 2011</td>
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<tr>
<td><strong>Interviews with applicants:</strong></td>
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<td>To be determined by each site.</td>
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<td>To be scheduled no later than September 2011</td>
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<td><strong>Submission of Rank List:</strong></td>
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<td>October 7, 2011</td>
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<td><strong>Notification of match results:</strong></td>
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<td>October 28, 2011</td>
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For more information or an application contact:
Arcy Dominguez, Administrative Assistant
FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY
6757 Katella Avenue • Cypress, CA 90630-5105
Phone: (800) 554-2245 or (714) 503-6200
Fax: (714) 503-6201 or (714) 503-6202
E-mail: adominguez@aagl.org
www.aagl.org

**FELLOWSHIP IN MINIMALLY INVASIVE GYNECOLOGIC SURGERY**
affiliated with the
AAGL Advancing Minimally Invasive Gynecology Worldwide
and the
Society of Reproductive Surgeons
(an affiliate society of the American Society for Reproductive Medicine)

The Fellowship in Minimally Invasive Gynecologic Surgery, an affiliate of the AAGL and the Society of Reproductive Surgeons, is sponsoring fellowships in advanced gynecologic endoscopy. These fellowships were created with the goal of producing a standardized training program. The Fellowship provides an opportunity for gynecologists who have completed their residency to acquire additional skills in minimally invasive gynecologic surgery.

Educational objectives focus on evidence based medicine, anatomical principles, instrumentation, operative laparoscopy and operative hysteroscopy. The Fellowship offers in depth experience using state-of-the-art techniques to treat abnormal uterine bleeding, pelvic pain, myomata, endometriosis, adhesive disease, and pelvic relaxation.

This fellowship also aims to further research in the field of minimally invasive gynecology. Fellows are required to complete a scholarly contribution to be presented at the annual meetings of the AAGL and ASRM.

The Fellowship in Minimally Invasive Gynecologic Surgery actively encourages applications from postgraduate physicians aspiring to develop their surgical skills in minimally invasive gynecology.

“Educating the Surgeons of Tomorrow”
The theme during my induction, just a few months ago, was “We Are Family” which continues to reflect the inclusive nature of the AAGL. I encourage you to contact me if you have any comments, concerns, or ideas or if you have new seeds that you would like to see us plant.

Linda D. Bradley, M.D. is the President of the AAGL and Vice Chair of Obstetrics and Gynecology at Magee Women’s Hospital in Pittsburgh, PA.

NewsScope
Call for Abstracts
Open through April 29, 2011
Submit your written or video abstract for the
40th AAGL Global Congress of Minimally Invasive Gynecology
www.aagl.org

Education Calendar

The following educational meetings are sponsored by, in affiliation with, or endorsed by the AAGL.

April 6-10, 2011
5th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Turkish Society of Gynecological Endoscopy
Swissôtel The Bosphorus • Istanbul, Turkey
Website: www.tsge2011.org

April 16, 2011 & September 24, 2011
Adding Office Hysteroscopy to Your Practice
The Advanced Gynecologic Surgery Institute
Chicago, Illinois

April 13-16, May 5-7 & June 2-4, 2011
1st International Post Graduate Course in Minimally Invasive Gynecology
Sirio Libanes Hospital • Sao Paulo, Brazil

May 5-6, 2011
World Robotic Gynecology Congress III
JW Marriott Hotel • Washington, D.C.

May 6-9, 2011
5th Cine-Australia-Asia Pacific Forum for MIG and 20-Year Anniversary of Hysteroscopic Developments in China
Regal Hong Kong Hotel • Hong Kong, SAR, China

May 6, 2011
Adding Office Hysteroscopy to Your Practice
SimSurg Education Center • San Francisco, California

May 20-21, 2011
13th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy & Surgery on Unembalmed Cadavers
University of Louisville • Louisville, Kentucky

June 4-6, 2011
Innovations in Minimally Invasive Gynecologic Surgery – Hysterectomy and Beyond
Magee Womens Hospital • Pittsburgh, Pennsylvania

June 6-9, 2011
XXIV International Congress “New Technologies for Diagnosis and Treatment of Gynecologic Diseases”
Moscow, Russia

December 9-11, 2011
6th AAGL International Meeting in partnership with the Japan Society of Gynecologic and Obstetric Endoscopy and Minimally Invasive Therapy and in association with the 12th APAGE Annual Scientific Meeting • Osaka, Japan

April 25-28, 2012
7th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Argentine Society of Laparoscopic Surgery (SACIL)
Buenos Aires, Argentina

AAGL Annual Meetings

November 6-10, 2011
40th AAGL Global Congress of Minimally Invasive Gynecology
The Westin Diplomat • Hollywood, Florida

November 5-9, 2012
41st AAGL Global Congress of Minimally Invasive Gynecology
Caesars Palace • Las Vegas, Nevada

November 10-14, 2013
42nd AAGL Global Congress of Minimally Invasive Gynecology
Gaylord National Resort & Convention Center on the Potomoc • National Harbor, Maryland