Annual Meeting in Las Vegas Wins Big

The 35th Annual Meeting in Las Vegas was a huge success! Attendance was the highest in AAGL history with 1,391 registrants from 54 countries. We received a record number of submissions for oral presentations, videos, and posters resulting in a meeting filled with superb scientific content.

The postgraduate courses were well attended and received excellent reviews. The hands-on courses were particularly well received and plans are underway to continue them next year. The pilot pre-congress workshop on Advancing Your Career in Minimally Invasive Gynecology had a great deal of enthusiasm. We hope to continue this program and add more practice management and marketing emphasis. As always, your feedback is very important to guide the direction of the AAGL, especially in our postgraduate courses.

The futuristic theme of the Las Vegas meeting began with an inspiring keynote lecture by Sherman Silber, M.D. on ovarian transplantation, followed by a fantastic general session – Future Vision: Technology Transforming Minimally Invasive Surgery coordinated by Steve Palter, M.D. How we are going to adapt and teach new technology was addressed in the general session on Endoscopic Credentialing and Teaching – the Future, chaired by Tony Luciano, M.D.

The surgical tutorials remained very popular and the addition of syllabus material was appreciated. The live surgery session was particularly good this year. The quality of the surgery was excellent. There was a wide diversity in cases as well as surgeons with operations from France, Germany, the United States, and Chile; the first South American transmission to the AAGL.

Throughout the meeting, the enthusiasm from the attendees and industry was palpable. Rich Gimpelson, AAGL President gave a moving presidential address – “If I Sell It For Junk, I Can Buy It For Junk.” I would encourage any of you who missed it to read his heartwarming speech in the March/April 2007 issue of JMIG. During the Honorary Luncheon, we had the pleasure of recognizing Harry Reich, M.D. as Honorary Chair of the meeting and Inducting Professor Ettore Cittadini as Honorary Member. These leaders in endoscopy have played a key role in filling AAGL’s mission to disseminate endoscopic surgery worldwide.

Although it was a lot of work, serving as Scientific Program Chair was a great honor and privilege. The success of the meeting would not have been possible without the generous contributions of my talented Scientific Program Committee, the AAGL Board, and the CME Committee. I would like to especially thank Linda Michels and Franklin D. Loffer for their flexibility and dedication.

The planning for next year’s Annual Global Congress in Minimally Invasive Gynecology in Washington, D.C. is well underway with the direction of Chuck Miller, Scientific Program Chair. The AAGL is holding the First AAGL International Congress in conjunction with SEGI in Palermo, Italy, June 20-24, 2007. We look forward to your participation in these excellent upcoming meetings.

See Page 6 for photos of the congress.

Video Journal – A Membership Benefit

Thanks to continuing support from Stryker Endoscopy, the Video Journal remains available online to all AAGL members. Go to http://www.aagl.org/ where the “Video Journal” tab takes you to the top 10 videos from our most recent AAGL annual meeting, educational videos featuring lectures from the annual AAGL resident’s course, and surgical videos with the highest viewing record over the past year. If you have not taken advantage of this valuable benefit of your AAGL membership, I encourage you to do so.

As we continue to move into the “online” world of medical education, AAGL is pleased to announce another “first”. Early in 2007, AAGL will begin accepting video submissions for publication in the Video Journal. Using the same review process utilized for articles submitted to JMIG, each video will be reviewed and graded. If accepted, the video will be placed in the Video Journal online, accessible to all AAGL members and residents worldwide.

From our experience with the first two years of the Video Journal, we have learned a great deal about how our members utilize online surgical videos. We will use this knowledge to maximize the value of this unique and valuable resource. We are very excited about this new endeavor and are looking forward to your submissions. Watch your email for the Video Journal “Instruction to Authors.”
The world now has two extremes of mail. There is that which comes to us through the post office (snail mail) and that which is almost instantaneous (email).

Snail mail is still necessary if you want to send an original hard copy. But then you can do that even more quickly, albeit more expensively, by one of the world wide courier services.

Email delivers the message or image almost immediately and to any where the recipient wants to receive it. The AAGL uses email so its members can receive:

- The AAGL-Endo-Issues which is our very popular list server.
- Online issues of JMIG and the NewsScope.
- First notification of meetings.
- Online meeting registration, dues payments, and voting.
- The AAGL Bulletin.

The AAGL does not give, sell or use its members email addresses except for AAGL activities. If you are one of the 18% of our membership who has not given use your email address you may do so by emailing it to ggalindo@aagl.org.

Please review your current address, phone number and email listing by going to www.AAGL.org and clicking on “Physician Information” and then click on “Find a Physician”.

P.S. You still will eventually get our hard copies by snail mail.

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A Call for Patient Advocacy

Over the past year, as your Editor of News Scope, I have commented on robotic surgery, educational opportunities within the AAGL and the changing face of the membership of our society. I have to the best of my ability, tried to present these topics in an amusing, "tongue in cheek" manner. At times, I believe I actually succeeded.

With my final editorial, however, it is my intention to speak to you with all the seriousness and passion that the written word allows. I call on each of us, as minimally invasive gynecologic surgeons, to advocate for patients and their gynecologic surgical concerns. Support must be given in direct patient care, as well as backing provided to deal with insurance reimbursement. Finally, as a group, we must lobby our law makers to recognize the importance of minimally invasive gynecologic surgery for women. These techniques can no longer be considered surgical alternatives; rather, when appropriate, a minimally invasive gynecologic surgery must be considered the procedure of choice.

Women must have the opportunity to locate surgeons in their communities adept in performing these minimally invasive techniques safely. Furthermore, insurance carriers must reward surgeons who are willing to gain expertise in these techniques that often times require advanced training, are technically more challenging and can be more time consuming than their “open” counterpart. Economics cannot be a reason to perform laparotomy. Finally, our law makers have to provide access to health care, so women have the opportunity to undergo minimally invasive gynecologic surgery.

In order to reach these lofty goals, public awareness must be heightened. Patients, employers, law makers and the insurance industry must be educated. While the AAGL, must accept the leadership role, this public relations initiative would appear to be quite costly; certainly beyond the means of our society. I therefore call on industry as well as private doctors to work in harmony under the guidance of the AAGL to fund this public relations initiative. Ultimately, with a concerted effort, I feel confident that we can positively impact a woman’s surgical outcome and make minimally invasive surgery the standard of care.
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Can be used with local anesthesia, with or without IV sedation**

97% of patients experience no post-procedural pain¹

91% of evaluable patients return to normal levels of menstrual bleeding, or lower²

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95% would recommend NovaSure to other women¹

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¹ NovaSure instructions for use.

* The NovaSure procedure includes a 90 second average treatment time.
** While it may be possible to perform the NovaSure Endometrial Ablation procedure without IV sedation, Cytyc does not represent or guarantee that this course of treatment is suitable for all patients. The choice of anesthesia protocols is solely within the discretion of the treating physician after a proper evaluation of the patient.
Preliminary Scientific Program

www.segionline.it/palermo2007
www.aagl.org

Palermo
June 20-24
2007

“Understanding and Treating Abnormal Uterine Bleeding”

Presidents: Ettore Cittadini, Franklin D. Loffer

1st AAGL International Congress on Minimally Invasive Gynecology
In conjunction with the

4th SEGi Annual Meeting
Presidents: Massimo Petronio, Errico Zupi
Surgical Crossfire Debate: Mesh/Grafts Should Be Used in Most Pelvic Reconstructive Surgery

**PRO**

Pelvic prolapse continues to be a challenging condition for the gynecologic surgeon and little has changed in our surgical approach from many decades ago. Based on improved understanding of the anatomy/pathophysiology, prolapse should be viewed as hernias with the primary goal of recreating the integrity of the endopelvic fascia with apical support. (Fig 1.)

This is difficult in patients who have weak tissue and/or large defects, especially in the case of enterocoeles. Traditional repairs advocate bunching of weak tissue with high failure rates as well as pelvic pain, vaginal narrowing, and dyspareunia in our attempt to gather strong tissue laterally. Twenty to 30% of prolapse surgeries fail on short term followup. General surgeons reduced similar failure rates for ventral hernia repairs by 50% using interposition of a synthetic mesh. This is now considered standard of care.

Mesh/graft augmentation makes sense. Reinforcing midline plication or site-specific defect repair with a second layer of strength combining apical support should result in greater durability. Choice of materials, techniques, and procedures continues to evolve and will most likely continue to undergo rapid advancement with increasing experience.

Critiques comment that traditional repairs work well, there is no data to support material use, and complications are frequent/severe. Traditional repairs have not had high long term success rates and few of our traditional/current repairs have good long term comparative data to support use. Complications can be reduced by proper technique and will improve with greater study of the technique and evolution of materials/methods.

**CON**

The current blind mesh kits suspend the vagina to exit points distal (or caudal) to the ischial spine. In a study using 12 passes in 6 cadavers, the mean distance of vaginal “apical” entry was 4.8 cm from the hymen. The vagina is supposed to be elastic, but is not with mesh replacement of the vagina. Are we creating a generation of women with inelastic, stiff vaginas and how will these work for sexual activity?

Except for the anterior compartment we have existing successful procedures.

Conventional vaginal apical operations like high uterosacral vault suspensions or sacrospinous ligament suspensions have success rates in the 80-90 percent range (Review presented). Conventional posterior repairs have success rates approximating 90%. Dr. Kohli reported objective surgical cure rates of 95% with a vaginal hysterectomy and uterosacral vaginal vault suspension compared to 86% with vaginal hysterectomy and mesh vault suspension (Kohli et al IUGA 2006, Abstract 150). I would listen to his data.

The opinions, viewpoints, conclusions, recommendations and statements in the Clinical Opinion column are solely those of the author(s) and are not-attributable to the sponsor, publisher, editor or editorial board of NewsScope, the AAGL, or any of its affiliates.

We must remind ourselves constantly that FDA approval for devices, the 501K process, is much less strict with materials than with drugs. Marketing is allowed if the device is “substantially equivalent” to other devices on the market. FDA approval does not assure efficacy, safety, or any outcome data! Mesh placed vaginally for reconstruction is largely unstudied, unproven, and should be considered experimental.

History is filled with mesh nightmares. The Protegen sling was recalled in 1999, because at just 5 centers, 34 removals were required including 7 urethral erosions and 6 urethrovaginal fistulas. In a series of 108 Goretx slings there was a 40% wound infection rate and a 22% removal rate. Nineteen patients required intravaginal slingplasty mesh removals at a single center for intractable mesh infections.

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References

Las Vegas Wrap Up

Grace M. Janik, Scientific Program Chair, opens the AAGL 35th Annual Meeting in Las Vegas.

Golden Hysteroscope Award – Best Hysteroscopy Paper
Malcolm G. Munro (l) accepts award from Rafael F. Valle, Chair (c) and Charlie Goodson (m) on behalf of Gyrus ACMI, the supporting company for this award.

Golden Laparoscope Award for Best Surgical Video
Tommaso Falcone (m), accepts award from Resad P. Pasic, Chair (r) and Marc Levinson on behalf of Olympus Corp., the supporting company for this award.

Jerome J. Hoffman – Postgraduate Prize Paper
H. Kamencic (m) accepts award from Prabhat Ahluwalia, Chair (r) and Scott Peairs on behalf of Tyco Healthcare, the supporting company for this award.

Daniel F. Kott Award for the Best New Instrumentation
Steven F. Palter (l) accepts award from Ralph J. Turner, Chair. Supported by the Foundation of the AAGL.

Kurt Semm Award for the Best Paper on Pelviscopy
Angelos Villo (2nd from left) accepts award from Prof. Semm’s son, Patrick, Liselotte Mettler and David J. Levine, Chair. Supported by WISAP.

Da Vinci Award for the Best Paper on Robotics
Arnold Advincula (m) accepts award from Javier Margina, Chair (r) and Robin Close on behalf of Intuitive Surgical, the supporting company for this award.

IRCAD Award for the Best Fellow Paper on Minimally Invasive Gynecology
Linda Lewis accepts award from Keith B. Ivason (r), Chair and Thomas Prechtl on behalf of Karl Storz Endoscopy America, the supporting company for this award.

Jay M. Cooper Award for the Best Paper on Minimally Invasive Gynecology
Lawrence Lin (l) accepts award from Anthony A. Luciano, Chair. Supported by the Foundation of the AAGL.

IRCAD Award for the Best Fellow Paper on Minimally Invasive Gynecology
Linda Lewis accepts award from Keith B. Ivason (r), Chair and Thomas Prechtl on behalf of Karl Storz Endoscopy America, the supporting company for this award.

Fellowship in Gynecologic Endoscopy Graduation
Anthony A. Luciano, President (l) and CY Liu, Preceptor (r), present plaque to Todd R. Jenkins for completing one year fellowship.

The exhibit hall was full and well attended.

Richard J. Gimpelson (l) accepts Presidential plaque from Franklin D. Loffer.

Prof. Ettore Cittadini (l) accepts plaque as Honorary Member from Franklin D. Loffer.

Harry Reich, Honorary Chair (r) with John R. Miklos, faculty member.
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Conceptus Incorporated manufactures and markets the Essure® Permanent Birth Control system, an innovative medical device and procedure designed to provide a non-incisional alternative to tubal ligation, which is the leading form of birth control worldwide. The Essure system is approved for sale in many countries, including the United States, Europe, Australia, Canada, Mexico, Central and South America, and New Zealand. Conceptus is working to make Essure available world-wide upon receipt of appropriate regulatory and/or governmental clearances.

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With headquarters located in Spencer, Indiana, Cook Women’s Health is a member of the Cook family of companies. COOK (www.cookmedical.com) is the world’s largest privately held medical device manufacturer and is a leading designer, manufacturer and global distributor of minimally invasive medical device technology for diagnostic and therapeutic procedures. Since its founding in 1963, Cook has created innovative technologies for assisted reproduction, gynecology and obstetrics, radiology, cardiology, urology, critical care medicine, general surgery, endovascular medicine, gastroenterology and endoscopy. In particular, Cook Women’s Health is utilizing its expertise to further the advancements in high-risk obstetrics, gynecology and pelvic floor repair.

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Report of the Nominating Committee

As Chair of the Nominating Committee, I am pleased to report that the AAGL significantly improved the nomination process this year. In addition to coordinating the process with our strategic plan, we had an excellent slate of candidates who agreed to run for office, and we successfully instituted a new electronic voting system. With this new system, a record number of ballots were cast. We look forward to the continuous improvement of the nominations process which is critical to the future success of the AAGL. On behalf of the Nominating Committee and membership, I congratulate the new board members and thank all candidates for running.

New Board Members

Secretary-Treasurer: Resad P. Pasic

Trustees - General Membership
Gary N. Frishman
Javier F. Magrina

Trustee – Europe/Middle East/Africa
Martin Farrugia, United Kingdom

Trustees – North America
Krisztina I. Bajzak, United States

membership news

AAgl 2007 ONLINE Takes AAgl Meeting to Global Audience

For the second year in a row AAGl has teamed up with OBGYN.net to produce an online version of selected presentations from the most recent global congress. This year we have included a wonderful new feature, daily podcast reports from the congress floor available online immediately post event at www.aagl.org and www.obgyn.net/aagl2007. Besides the daily overviews given by the Executive Board, news and commentary were provided by both attendees and presenters alike.

Industry support has increased dramatically this year with four of the eight industry sponsored symposia being made available online beginning in January 2007 along with a recast of a portion of the live telesurgery, key presentations and much more. A video walk around of the exhibit hall on the opening night highlights new technology and it’s just plain fun to watch all the energy in the room. Classic AAGL energy and excitement resonate throughout.

Initially some societies worried that online representation would compromise registration and attendance at the actual meetings. However, AAGL jumped in and said, “Let’s give it a try!” The ability to expose gynecologists worldwide to the energy and educational values of AAGL has driven not only meeting attendance, but membership as well. Due to the AAGL’s pioneer spirit to try something new, OBGYN.net has been approached by other sub-specialty organizations to replicate the success of the AAGL/OBGYN.net collaboration.

Four New AAGL Registries

At the recent annual meeting in Las Vegas, Nevada, Michael P. Diamond, Chair of the AAGL Research Committee announced the establishment of four new AAGL registries. These registries which deal with diverse aspects of operative endoscopy, are related to management of cervical ectopic pregnancies, complications of the use of vaginal mesh in urogynecological procedures, and metastases at trocar sites and the vaginal cuff after performance of gynecological oncologic surgical procedures. Prior registries, which are still available for contributions are on the topics of trocar site complications, vaginal cuff complications after hysterectomy, and pregnancies after endometrial ablation. All registries can be found under the Research Tab on the left side of the AAGL website at “aagl.org”. Contributions to the registries can be made by both AAGL members and non-members. The performance of the registries is conducted under the approval from the Wayne State University IRB, Detroit, MI, USA. For any questions contact Jan Lombardi at jlcmbardi@aagl.org
Welcome New Members
September 1, 2006 to December 14, 2006

Maher Abou-Seido, M.D.
Jose A. Acosta, M.D.
Sang-Tae Ahn, M.D.
Olukayode A. Akinlaja, M.D.
Damian P. Agla, M.D.
Riccardo Alessandrelli, M.D.
Lisa M. Allen, M.D.
Lani Almas, M.D.
Patrick S. Anderson, M.D.
Lawrence A. Anyanwu, M.D.
Hippolito Aparicio, M.D.
Bruno Arduino, M.D.
Nikorn R. Arunakul, M.D.
Sunday O. Asaju, M.D.
Olukayode A. Akinlaja, M.D.
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Olukayode A. Akinlaja, M.D.
Korean Society of Gynecologic Endoscopy

The Korean Society of Gynecologic Endoscopy is one of the world's oldest and largest endoscopic societies. The quality and quantity of their work can be seen by the large number of submissions to the Journal of Minimally Invasive Gynecology and the many presentations made at the AAGL Annual Meetings.

There are 58 Korean endoscopists who are also members of the AAGL. This makes them one of the largest groups of members in Asia and the Pacific Rim.

The KSGE's interest in establishing an evaluation and training program shows they will continue to be leaders in minimally invasive gynecologic surgery.

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

NS: When and how was your society established?
KSGE: The Korean Society of Gynecologic Endoscopy (KSGE) was founded in December in 1988. Founder President: Yeun Seok Chang, Secretary: Shin Yong Moon. The founding board was composed of endoscopists experienced in endometriosis, infertility, obstetrics as well as oncology.

NS: What is its mission statement/primary goal?
KSGE: The primary goals of KSGE are investigation and research for theoretical and applicatory gynecologic endoscopy, and communication of updates and new development in the endoscopic field. For this purpose, we hold a symposium two times a year and publish the Korean Journal of Gynecologic Endoscopy four times a year. In addition, we are always trying to share knowledge and experience with other societies in the United State, Europe and Asia. Our society plans to establish a scientific platform to evaluate training and certification.

NS: Approximately how many members are there?
KSGE: We have about 630 members.

NS: What are some of the benefits of membership?
KSGE: Our members are informed at workshops and symposias and benefit from reduced registration fees. The Newsletters and the Korean Journal of Gynecologic Endoscopy (ISSN 1229-3849) which is published by the KSGE, are offered to all members. Above all, the updated information provided by this society would be the most important benefit to our members.

NS: Is there additional information you would like to provide about your society?
KSGE: Our society has so many excellent laparoscopists and speakers experienced in infertility, endometriosis, gynecologic oncology and robotic surgery. We are always trying to communicate with other societies such as -AAGL, APAGE etc. Our web site is http://www.ksgendo.or.kr

new members (cont.)

Sung Hoon Park, M.D.
Francesca Piccione, M.D.
Amy E. Pollack, M.D.
Christophe Poncelet
Luis Ernesto Ramos, M.D.
Firooz Ravangard, M.D.
Owen Regan, M.D.
Thomas J. Reid, M.D.
Gerardo P. Reilly, M.D.
Mark A. Rettenmaier, M.D.
Eric R. Rittenhouse, M.D.
Tosha L. Rogers, D.O.
Christine Ronanowski, M.D.
Jack N. Rothman, M.D.
Daniel L. Rowland, M.D.
Alicia Ruiz, R.N.
Dana M. Russo, D.O.
Khaled Sakhel, M.D.
Hesham A.F. Salem, M.D.
Bruno Salerno, M.D.
Christian J. Sanchez, M.D.
Julie A. Sanders, M.D.
Marco Santagata
Francesco Maria Sbano, M.D.
Andrea Scarfi, M.D.
Jose M. Septien Guevara, M.D.
Ali Reza Shamshirsaz, M.D.
Pari Shimoyma
Meera Sinha, M.D.
David Small, M.D.
Philip J. Smelcer, M.D.
Paula L. Smith
Lindsay J. Snyder, M.D.
Alejandro Sojo, M.D.
Robert D. Southwick, M.D.
Hugo R. Sovino, M.D.
Roberta Speyer
Michael L Sprague, M.D.
Tony Sproston, M.D.
Lori J. Stack, M.D.
Meliss Stank, M.D.
Elizabeth A. Strickland, M.D.
Johanna Su, M.D.
Staci Swavely
Maureen Swezey, M.D.
Ian H. Taras, M.D.
Alberto Tartaglione, M.D.
Delara Tavakoli, M.D.
Luis F. Tobon, M.D.
Dawn Troutman, R.N.
Marcial Turcios, M.D.
Miguel Umana, M.D.
Giacomo Valducci, M.D.
Rodrigo A. Vasquez, Jr., M.D.
Sebastiaan Veersema, M.D.
Danielle Vicus, M.D.
Natalia V. Waters, M.D.
Sheila Watson, M.D.
Simon Weiss, M.D.
James L. Wilder, M.D.
Renato Zeloni, M.D.
Jorge H. Zepeda-Ortega, M.D.
Tina Ziainia, M.D.
future meetings

AAGL & AFFILIATED MEETINGS

16th Annual Comprehensive Workshop on Minimally Invasive Gynecology for Residents and Fellows
Fred M. Howard, Scientific Program Chair
April 20-21, 2007
Hyatt Regency O’Hare – Chicago, Illinois

9th Annual Advanced Workshop on Gynecologic Laparoscopic Anatomy and Minimally Invasive Surgery Including TVT & TVO
Resad P. Pasic, Scientific Program Chair
James M. Shwayder, Lab Director
May 18-19, 2007
The University of Louisville – Louisville, Kentucky

1st AAGL International Congress on Minimally Invasive Gynecology in Conjunction with the 4th Annual SEGi Meeting “Understanding & Treating Abnormal Uterine Bleeding”
Massimo Petrino & Errico Zupi, Presidents
June 20-24, 2007
Palermo, Italy

Global Congress of Minimally Invasive Gynecology
AAGL 36th Annual Meeting
Charles E. Miller, Scientific Program Chair
November 14-17, 2007
Wardman Park Marriott – Washington, D.C.

XVII Annual Congress of the ISGE – World Congress of Gynecological Endoscopy in Affiliation with AAGL Advancing Minimally Invasive Gynecology Worldwide
June 4-7, 2007
Bari, Italy

2nd AAGL International Congress on Minimally Invasive Gynecology in Conjunction with V Brazilian Congress of SOBENGE “Endometriosis: Individualized Therapies and Strategies for Prevention”
September 3-6, 2008
Hotel Serrano – Gramado - Rio Grande do Sul, Brazil