42nd Global Congress on Minimally Invasive Gynecology
NOVEMBER 10-14, 2013
National Harbor, Maryland

MISforWomen.com
Advancing MIG Through Patient Education
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By the Numbers
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Credentialing of Pelvic Surgeons
PAGE 9

ICD-10 – Change Is A-Comin’
PAGE 17
FOCUS ON AAGL

China and the AAGL – What a Difference 33 Years Make

In 1980, fifteen AAGL surgeons* under the leadership of Jordan M. Phillips visited China at their own expense to demonstrate laparoscopic and hysteroscopic surgery in 5 cities. These procedures were virtually unheard of at the time and our Chinese colleagues were eager learners. It was an exciting time.

Since that time Chinese surgeons have been active practitioners of endoscopic surgery and have accumulated extensive surgical experience. The surgical volumes at major Chinese hospitals are staggering when compared to those of the rest of the world.

Currently, under the leadership of our past president C.Y. Liu, the AAGL has developed relationships with 6 major Chinese hospitals. Their location and chairs are Beijing (Prof. Z. Zhang); Chongqing (Prof. Liang); Fuzhou (Prof. Chen); Hangzhou (Prof. S. Zhang); Shanghai (Prof. Sun Jing); and Xian (Prof. Xiang).

At this time each hospital invites several AAGL surgeons to lecture and operate. This allows for the experience of the AAGL surgeons to be compared to the Chinese counterparts, to the mutual benefit of both.

As these relationships mature they will allow the AAGL to share its experience in residency and fellowship training; in post graduate education; in clinical study designs; and other organizational structures developed over its 42 years of existence. As a result, the name of the AAGL will become better recognized in China.

In return, training programs for AAGL fellows can be developed in China promoting a better understanding of minimally invasive gynecological surgery which only very large series from China can provide.

The future is still exciting.


Franklin D. Loffer, M.D., FACOG, is the Executive Vice-President/Medical Director of the AAGL and resides in Phoenix, Arizona.

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Executive Vice President,
Medical Director
Franklin D. Loffer, M.D.
Executive Director
Linda Michels
MIS for Women
Minimally Invasive Surgery is an Option

- Connect with New Patients
- Share Your Physician Profile
- Detailed Information for Your Patients

AAGL Presents our new patient awareness website

www.MISforWomen.com

CAN PATIENTS FIND YOU? – Update Your Profile Today

Edward F. Shams, M.D.
Louisville, KY 40202
USA

Contact Edward F. Gordon, M.D.
Key Details:
Member of the AAGL since 2001
Specializes in Gynecology, Urogynecology

Edward F. Shams, M.D. – Biography
Dr. Shams is certified in advanced laparoscopy and hysteroscopy and he is an international educator of gynecologic endoscopy. He has published three books on Laparoscopy, Hysteroscopy, and Minimally invasive surgery, respectively. He has published a number of scientific papers. He serves on the OBGYN.net editorial board and is an ad-hock reviewer for several scientific journals. He has been a demanded speaker at conferences and courses and he has performed numerous live tel-surgeries world-wide.

(SAMPLE MEMBER PROFILE)

AAGL Members receive a personalized profile page, which includes a bio, affiliations, location and photo.

What does your profile look like?
Update your information and photo by logging in to www.aagl.org

The AAGL would like to thank Ethicon for the generous support provided in funding this project.
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Better surgery for a better world

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Enseal
By the Numbers

The numbers are adding up – the 42nd Global Congress on Minimally Invasive Gynecology promises to be an experience not to miss!

• Over 700 Abstract Submissions
• 29 PG Courses, including 3 full day PG courses on Endometriosis, Myoma and Hysterectomy
• 5 Simulation Labs
• 4 Cadaver Labs
• 9 Surgical Tutorials
• 4 Panel Sessions
• Highest early registration rate for any Global Congress

Vileland’s Law of Experimentation states, “If reproducibility may be a problem, conduct the test only once.” Throughout the program central themes and ideas will be repeated. The idea of reproducibility is key in medicine and science, just as practice is key in surgical performance. The Scientific Program Committee planned the program with this in mind. And while reproducibility and practice are paramount, we are calling to younger generations for innovation and creativity. By offering a diverse faculty and formats, we are able to incorporate new ideas and technology into the central themes of the program.

The educational program includes a variety of timely and important topics essential to the highest quality of surgical care. The Scientific Program Committee has worked diligently to select a diverse and balanced faculty, including many international members. We are also excited to present a variety of new topics, accompanied with the “tried and true.” Laparoscopy in Pregnancy and Fetal Surgery is an exciting new addition, along with a simulation lab on Office Hysteroscopy and Transvaginal Ultrasound. The very popular “Stump the Professors” session returns! This is not only an entertaining, but educational panel that is presented with three challenging cases in an attempt to “Stump the Professors.” Also, new this year is a special session focusing on the fellowship program – Make Me a MIG Surgeon! Current and recent fellows will provide insight into the FMIGS program directed towards residents or practitioners who desire in depth training in Minimally Invasive Gynecologic Surgery.

The Congress program will include presentations on innovative research and surgical practices throughout the Plenary and Open Communications sessions. Video Sessions will highlight unique surgical cases, procedures and technology from around the world. Along with the Surgical Tutorials, Panels and Live Surgeries, the Congress program will also host Virtual Posters and Video Festivals to complete the participant experience.

The setting for our meeting is the beautiful Gaylord National Hotel in Washington, DC. Situated on the Potomac River, the Gaylord National offers first-class accommodations and entertainment, including a 20,000 square foot spa and fitness center, indoor pool, fine dining and casual restaurants, all inside an 18 story glass atrium. There are scores of other venues of interest such as, George Washington’s home of Mt. Vernon, Old Town Alexandria, the Jefferson and Lincoln Memorials, the John F. Kennedy Center for the Performing Arts and a favorite for all, The Spy Museum. Washington, DC offers history, arts and culture for you and your family to enjoy.

It has been a pleasure to work with the Scientific Program Committee and the AAGL staff. I thank everyone for their dedication and tireless efforts to assure another stellar AAGL annual meeting. I look forward to seeing you at the 42nd Global Congress on Minimally Invasive Gynecology.

Welcome!

Ceana Nezhat, M.D., FACOG, FACS is Vice President of AAGL Adjunct Clinical Professor of Obstetrics & Gynecology, Stanford University School of Medicine Fellowship Director, Atlanta Center for Minimally Invasive Surgery & Reproductive Medicine

Honorary Chair Selected

As current President of the AAGL, it is my privilege to select Dr. CY Liu as Honorary Chair for the AAGL 42nd Global Congress in Minimally Invasive Gynecology.

Dr. Liu, or C.Y., as most people know him, is an outstanding laparoscopic surgeon and a pioneer of laparoscopic techniques. He has served as President of AAGL and has extensively contributed to the teachings and advancement of laparoscopic surgery with publications, videos, presentations, and live surgeries at a national and international level. His memorable presidential address in 2010 entitled, “The Road Less Traveled” revealed the difficulties, opposition, and obstacles he’s encountered while developing and advancing laparoscopic surgery. We look forward to hearing his Honorary Address on Wednesday, November 13 at the Global Congress.

Javier F Magrina, M.D., is President of the Department of Gynecology at the Mayo Clinic Arizona, Director of Gynecologic Oncology and Barbara Woodward Lips Professor at the Mayo Graduate School of Medicine in Phoenix, Arizona.
Premier gynecologists will meet at the Gaylord National Hotel & Convention Center in National Harbor, Maryland, November 10-14, 2013.

Excellent education will be offered including:
- 4 telesurgeries
- 8 surgical tutorials
- 4 panels
- 29 Postgraduate courses including:
  - 4 hands-on cadaver labs
  - 2 hands-on suturing simulation labs (Non-CME activity)
  - 2 hands-on suturing simulation labs
  - 1 hysteroscopy and transvaginal ultrasound simulation lab
- 80+ exhibitors displaying the latest technology
- 4 industry-sponsored symposia
- 1800+ of your peers
- 33.75 hours of Continuing Medical Education credits

Things To Do in Washington, D.C.
- Smithsonian Institution
- United States Capitol
- National Mall
- National Air and Space Museum
- Lincoln Memorial
- Smithsonian National Zoological Park
- John F. Kennedy Center for the Performing Arts
- National Museum of Natural History
- National Gallery of Art

These activities and more are just a water taxi ride away to DC Central from the Gaylord Hotel.
## Postgraduate Day 1 – Sunday, November 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:45 am</td>
<td>Registration</td>
</tr>
<tr>
<td>8:00 am</td>
<td>State-of-the-Art Postgraduate Courses</td>
</tr>
<tr>
<td></td>
<td>Lunch — Discussion with the Experts</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Welcome Reception — 6:00pm – 7:30pm — Maryland A</td>
</tr>
</tbody>
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## Postgraduate Day 2 – Monday, November 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00 am</td>
<td>Registration</td>
</tr>
<tr>
<td>7:00 am</td>
<td>Applied Anatomy in Female Pelvic Surgery — 7:10am – 7:55am — Maryland A</td>
</tr>
<tr>
<td>8:00 am</td>
<td>State-of-the-Art Postgraduate Courses</td>
</tr>
<tr>
<td>12:15 pm</td>
<td>Lunch — Discussion with the Experts</td>
</tr>
<tr>
<td>5:45 pm</td>
<td>Opening Ceremony — Presidential Address / Awards — 5:40pm – 6:40pm — Potomac A</td>
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<tr>
<td>7:00 pm</td>
<td>Opening Reception in Exhibit Hall — 6:45pm — 8:00pm — Prince George A-B</td>
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## Congress – Tuesday, November 12

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00 am</td>
<td>Industry Sponsored Breakfast</td>
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<tr>
<td>7:30 am</td>
<td>Jordan M. Phillips Keynote Address / Honorary Address / Business Meeting / Award Announcements — 8:00am – 9:30am — Potomac A</td>
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<tr>
<td>10:00 am</td>
<td>Refreshment Break — Visit Exhibits</td>
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<tr>
<td>11:00 am</td>
<td>POTOMAC A: Plenary 1 — Laparoscopy 11:00am-12:00pm</td>
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<td></td>
<td>POTOMAC C: Surgical Tutorial 1 — Tissue Extraction 11:00am-12:00pm</td>
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<td></td>
<td>POTOMAC 1: Open Comm. 1 — Robotics 11:00am-12:00pm</td>
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<td>POTOMAC 4: Open Comm. 2 — Endometriosis 11:00am-12:00pm</td>
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<td>POTOMAC D: Open Comm. 3 — Hysteroscopy 11:00am-12:00pm</td>
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<td></td>
<td>POTOMAC B: Open Comm. 4 — Panel 1 — Hemorrhagic 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC C: Open Comm. 5 — Research 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC 1: Panel 2 — Make Me A Surgeon! 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC 4: Video Session 1 — Oncology 11:00am-12:00pm</td>
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<td>POTOMAC B: Video Session 2 — Oncology 11:00am-12:00pm</td>
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<tr>
<td>12:05 pm</td>
<td>POTOMAC A: Plenary 2 — Oncology 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC C: Surgical Tutorial 2 — Office Hysteroscopy 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC 1: Open Comm. 6 — Endometriosis 12:05pm-1:05pm</td>
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<td>POTOMAC 4: Open Comm. 7 — Reproductive Issues 12:05pm-1:05pm</td>
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<tr>
<td></td>
<td>POTOMAC B: Panel 3 — Laparoscope 12:05pm-1:05pm</td>
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<td>POTOMAC D: Panel 4 — Laparoscope 12:05pm-1:05pm</td>
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<td>POTOMAC A: Video Session 3 — Hysteroscopy 12:05pm-1:05pm</td>
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<td>POTOMAC B: Video Session 4 — Oncology 12:05pm-1:05pm</td>
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<tr>
<td>1:00 pm</td>
<td>POTOMAC B: Exhibits Open / Box Luncheon 1:00pm-3:30pm — Prince George A-B</td>
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<td></td>
<td>POTOMAC A: Symposio Iberoamericano — National Harbor 2 1:00pm-3:30pm</td>
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<tr>
<td></td>
<td>APAGE Symposium — National Harbor 12-13 1:10pm-2:10pm</td>
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<tr>
<td>2:15 pm</td>
<td>POTOMAC A: Plenary 3 — Hysteroscopy 2:15pm-3:15pm</td>
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<td>POTOMAC C: Surgical Tutorial 3 — Large Uterus 2:15pm-3:15pm</td>
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<td></td>
<td>POTOMAC 1: Open Comm. 8 — Endometriosis 2:15pm-3:15pm</td>
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<td>POTOMAC 4: Panel 5 — New Instruments 2:15pm-3:15pm</td>
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<td>POTOMAC B: Panel 6 — Make Me A Surgeon! 2:15pm-3:15pm</td>
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<td>POTOMAC D: Video Session 5 — Oncology 2:15pm-3:15pm</td>
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<td>POTOMAC A: Video Session 6 — Oncology 2:15pm-3:15pm</td>
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<tr>
<td>3:20 pm</td>
<td>POTOMAC A: Plenary 4 — Reproduction 3:20pm-5:00pm</td>
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<td></td>
<td>POTOMAC C: Surgical Tutorial 4 — Vaginal Cuff 3:20pm-5:00pm</td>
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<td>POTOMAC 1: Open Comm. 9 — Reproductive Issues 3:20pm-5:00pm</td>
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<td>POTOMAC 4: Panel 7 — Luparoscope 3:20pm-5:00pm</td>
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<td>POTOMAC B: Video Session 7 — Oncology 3:20pm-5:00pm</td>
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<td></td>
<td>POTOMAC D: Video Session 8 — Oncology 3:20pm-5:00pm</td>
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<tr>
<td>5:05 pm</td>
<td>POTOMAC B: New Technologies Symposium 5:05pm-7:05pm — Maryland B</td>
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<td>Hologic, Inc. Symposium 5:05pm-7:05pm — Maryland C 5:05pm-7:05pm — Maryland A</td>
</tr>
<tr>
<td>7:15 pm</td>
<td>In The Mix — 7:15pm — Pose Night Club</td>
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## Congress – Wednesday, November 13

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00 am</td>
<td>Industry Sponsored Breakfast</td>
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<tr>
<td>8:00 am</td>
<td>General Session / Award Announcements — 8:00am – 9:30am — Potomac A</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Refreshment Break — Visit Exhibits — 9:30am – 11:00am — Prince George A-B</td>
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<tr>
<td>11:00 am</td>
<td>POTOMAC A: Plenary 5 — Urology 11:00am-12:00pm</td>
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<td>POTOMAC C: Surgical Tutorial 5 — Single Incision 11:00am-12:00pm</td>
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<td></td>
<td>POTOMAC 1: Open Comm. 10 — Hysteroscopy 11:00am-12:00pm</td>
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<td>POTOMAC 4: Open Comm. 11 — Oncology 11:00am-12:00pm</td>
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<td>POTOMAC D: Panel 3 — Endometriosis 11:00am-12:00pm</td>
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<td>POTOMAC B: Video Session 5 — Hysteroscopy 11:00am-12:00pm</td>
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<tr>
<td>12:05 pm</td>
<td>POTOMAC A: Plenary 6 — Reproduction 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC C: Surgical Tutorial 6 — Endometrial Ablation 12:05pm-1:05pm</td>
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<td>POTOMAC 1: Open Comm. 12 — New Instruments 12:05pm-1:05pm</td>
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<td>POTOMAC 4: Open Comm. 13 — Urology 12:05pm-1:05pm</td>
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<td></td>
<td>POTOMAC B: Panel 4 — Stump the Prof! 12:05pm-1:05pm</td>
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<tr>
<td>1:05 pm</td>
<td>POTOMAC A: Resident Luncheon 12:30pm-1:30pm — National Harbor 2-3</td>
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<td>POTOMAC C: Exhibits Open / Box Luncheon 1:05pm-3:00pm — Prince George A-B</td>
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<td>POTOMAC B: FMIGS Graduation 1:05pm-3:00pm — National Harbor 10-11</td>
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<tr>
<td>2:15 pm</td>
<td>POTOMAC A: Plenary 7 — Complications 2:15pm-3:15pm</td>
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<td>POTOMAC C: Surgical Tutorial 7 — Laparoscopic Complications 2:15pm-3:15pm</td>
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<td>POTOMAC 1: Open Comm. 14 — Hysteroscopy 2:15pm-3:15pm</td>
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<td>POTOMAC 4: Open Comm. 15 — Robotics 2:15pm-3:15pm</td>
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<td>POTOMAC B: Video Session 7 — Oncology 2:15pm-3:15pm</td>
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<td>POTOMAC D: Video Session 8 — Oncology 2:15pm-3:15pm</td>
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<tr>
<td>3:20 pm</td>
<td>POTOMAC A: Plenary 8 — Urology 3:20pm-5:00pm</td>
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<td></td>
<td>POTOMAC C: Surgical Tutorial 8 — Endometriosis 3:20pm-5:00pm</td>
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<td>POTOMAC 1: Open Comm. 16 — Hysteroscopy 3:20pm-5:00pm</td>
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<td>POTOMAC 4: Open Comm. 17 — Hysteroscopy 3:20pm-5:00pm</td>
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<td>POTOMAC B: Video Session 9 — Oncology 3:20pm-5:00pm</td>
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<td></td>
<td>POTOMAC D: Video Session 10 — Reproductive Issues 3:20pm-5:00pm</td>
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<tr>
<td>5:05 pm</td>
<td>POTOMAC B: Covidien Symposia 5:05pm-7:05pm — National Harbor 10-11</td>
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## Congress – Thursday, November 14

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>8:00 am</td>
<td>How to Be an Efficient Laparoscopic Team — 8:00am – 12:00noon — National Harbor 2</td>
</tr>
<tr>
<td>8:00 am</td>
<td>CHESAPEAKE 4-6: Open Comm. 18 — Advanced Endoscopy 8:00am-9:55am</td>
</tr>
<tr>
<td></td>
<td>CHESAPEAKE 4-6: Open Comm. 19 — Advanced Endoscopy 8:00am-9:55am</td>
</tr>
<tr>
<td></td>
<td>CHESAPEAKE 4-6: Open Comm. 20 — Advanced Endoscopy 8:00am-9:55am</td>
</tr>
<tr>
<td>10:00 am</td>
<td>Teleosurgery Session — 10:00am – 1:00pm — Potomac A</td>
</tr>
</tbody>
</table>
Advanced Technology for a Full Spectrum of Minimally Invasive GYN Procedures

Whether facing a simple hysterectomy or severe endometriosis, the da Vinci® Surgical System provides a single platform to make minimally invasive surgery an option for more of your patients.

Single-Site® Instrumentation
EndoWrist® One™ Vessel Sealer
EndoWrist® One™ Suction/Irrigator
da Vinci® Skills Simulator™
Firefly™ Fluorescence Imaging

Salpingo-Oophorectomy
Endometriosis Resection
Hysterectomy for Cancer
Simple Hysterectomy
Myomectomy
Sacrocolpopexy

Simple
Complex

Photo of Firefly™ Fluorescence Imaging courtesy of Nathan Guerette, MD of The Female Pelvic Medicine Institute, Richmond, Virginia.

The da Vinci® System is cleared for commercial distribution in the U.S. for laparoscopic hysterectomy and salpingo-oophorectomy for benign conditions. While clinical studies support the use of the da Vinci® Surgical System as an effective tool for minimally invasive surgery for specific indications, individual results may vary. Contraindications applicable to the use of conventional endoscopic instruments also apply to the use of all da Vinci instruments, including Single-Site® Instrumentation. General contraindications for endoscopic surgery include bleeding diathesis, morbid obesity and pregnancy. Unless otherwise noted, products featured are cleared for commercial distribution in the U.S. and bear the CE mark. For availability and clearances outside the US, please check with your local representative or distributor.

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An Update on Existing Guidelines and Position Statements for the Credentialing of Pelvic Surgeons Performing Complex Urogynecological Procedures

The American Urogynecologic Society (AUGS) has recently released a position statement strongly opposing any restrictions on abdominal or vaginal mesh that would impair the ability of physicians to offer the best care for patients who present with pelvic prolapse.

The justification for such a statement is stated below:

1. Complete restriction on use of surgical mesh was not the intent of the FDA safety communication.
2. The decision on surgical alternatives should be made by the patient and her surgeon.
3. A ban on surgical mesh would prohibit surgical studies mandated by FDA and recommended by the NIH, ACOG and AUGS.
4. In some circumstances, transvaginal mesh may be the most appropriate surgical option.
5. Any restriction of mesh slings or transabdominal mesh is clearly not supported by any professional organization or the FDA.
6. Instead of a ban on mesh, AUGS has recommended the implementation of credentialing guidelines for mesh procedures performed by qualified surgeons.

When adopting new and complex procedures into our surgical armamentarium, we must look at patient safety and long-term outcomes as the primary objectives. This requires a surgeon with adequate surgical skills, knowledge and experience and appropriate and ongoing volume to maintain those skills. Pelvic prolapse repairs are complex procedures and serious adverse events can be encountered. Therefore, we must have guidelines for privileging and credentialing of physicians who perform these complex surgical procedures.

Credentialing of Physicians for the Transvaginal Surgical Mesh Placement and Sacrocolpopexy for Pelvic Organ Prolapse – AUGS and ACOG Recommendations and Guidelines:

A woman has a 7% lifetime risk of requiring a POP surgery and a 29% risk of a repeat procedure during her lifetime. Synthetic mesh has been used to provide durability and greater success with these procedures. Due to some long term safety concerns with the vaginal placement of mesh, ACOG and AUGS have made the following recommendations for quality assurance for use of vaginal mesh in prolapse repairs:

1. Vaginal mesh repair in POP should be reserved for high-risk individuals as recurrence and contraindication to abdominal procedure.
2. Outcome reports must include subjective and objective success, complications and reoperation rates.
3. Device specific training, anatomical knowledge and experience in reconstructive surgery.
4. New products must demonstrate long term safety and efficacy.
5. A registry for surveillance, audit and outcomes review of implants is recommended.
6. Randomized trials comparing native tissue to mesh with long term follow up are needed.
7. Informed consent must include discussion of risks, benefits and alternatives.

AUGS makes a clear statement that “placement of mesh for POP should only be performed by surgeons who are board certified or eligible in Obstetrics and Gynecology or Urology who also have requisite KNOWLEDGE, SURGICAL SKILLS and EXPERIENCE in reconstructive pelvic surgery.” A new procedure requires a new skill and a learning curve. Sacrocolpopexy is a highly effective and durable procedure used to treat apical uterine and vault POP. It involves placement of a graft from the anterior and posterior walls of the vagina to the anterior longitudinal ligament of the sacrum, therefore, certain serious complications can occur with this procedure.

Recommendations published for surgeons who perform or wish to begin performing such procedures include:

1. Documentation of general knowledge either by fellowship training in FPMRS or CME in pelvic anatomy and reconstructive surgery.
2. Specific knowledge and training for each procedure to be performed including sacrocolpopexy.
3. Case lists for skill documentation for fellowship trained surgeons and a proctoring program of at least 5-10 procedures to demonstrate independent ability for each procedure.
4. Experience documentation by either completing a fellowship or demonstration that a minimum of 50% of one’s practice is dedicated to pelvic floor disorders, including a minimum of 30 surgical cases for POP.
5. Maintain experience and privileges for non-mesh vaginal repairs, sacrocolpopexy and cystoscopy.
6. Annual internal audits to be performed.
7. A robust method to monitor outcomes and complications of such procedures.
8. Understand the key points of an informed consent for sacrocolpopexy including potential benefits and complications, other surgical alternatives and nonsurgical options such as pessary use, repeat procedures and potential mesh-related complications such as exposure/erosion through vaginal epithelium or viscera.

Conclusion

It is imperative that hospitals establish and enforce strict processes to both credential and audit surgeons with specific expertise, experience, training and skill to perform POP and incontinence procedures. It is also critical for surgeons performing these complex procedures to be adequately trained with a proctor present for each type of transvaginal mesh procedure or sacrocolpopexy for which they are seeking to receive credentials.

AUGS strongly suggests and proposes the following strategies:

1. Adoption of published AUGS credentialing guidelines for transvaginal mesh and sacrocolpopexy at local hospitals.
2. Establishing a broad group of trained pelvic floor reconstructive experts to review cases and complications of both mesh and non-mesh prolapse repair.
3. Ensuring appropriate resources and patient management systems to identify and manage mesh and non-mesh related complications.
4. Track both surgeons and specific products being implanted since that can influence efficacy and complications and assess surgeon performance individually.
5. Mandate a thorough and standardized informed consent for mesh placement to standardize the quality of the mesh-related procedures.

References:

2. The American College of Obstetricians and Gynecologists, Committee on Gynecologic Practice, Committee Opinion Number 513, December 2011. 118, vol 6, p. 1459-64

Neena Agarwala, MD, MSc is a Board Certified Female Pelvic Medicine and Reconstructive Surgeon, Chair of AAGL’s Special Interest Group on Urogynecology, and Associate Director of Advanced Minimally Invasive Surgery in Gynecology at St. Luke’s Roosevelt Hospital in Manhattan, New York. She received her fellowship training from Dr. C.Y. Liu and has served as Associate Professor and Director of Urogynecology for 9 Years at UNMC before moving to New York.

This article is presented on behalf of the AAGL’s Special Interest Group on Urogynecology.
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Please see additional Important Safety Information about Essure on next page.
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Anatomy of a Live Telesurgery – A Behind-the-Scenes Look at AAGL’s SurgeryU Live Event Production

Starting in 2008, AAGL became one of the first medical societies in the world to provide its members with live streaming surgeries and webinars through its SurgeryU Live platform. For 2013, we are on track to produce the largest number of live events on minimally invasive gynecologic surgery that we’ve ever presented, with a total of 14 live streaming events planned by the end of this year.

Many members have asked, “What goes into producing one of these live events?” The process usually begins six months prior to the event when a hospital site, a presenter/surgeon, and a topic are selected to be featured on SurgeryU. Next, our video production team works with the hospital from which the event will originate to make sure that they can send high-definition quality video streams out to several thousand video streaming servers worldwide, which deliver the video to our viewers over the web. When it’s finally time to begin the broadcast, our production team sends the fully-produced video stream to several thousand video streaming servers worldwide, which deliver the video to our viewers over the web.

As Assia A. Stepanian, M.D. is Editor-in-Chief of SurgeryU. She is also in private practice and is busy preparing for the 10th AAGL International Congress on MIGS to be held in the beautiful and historic city of Barcelona.

Originally established by the Romans, Barcelona is a city with a rich cultural history. Today, it serves as the capital of Catalonia and is still one of the busiest port towns in the Mediterranean. In addition to being an economic powerhouse, it is one of the top tourist destinations in Europe, drawing sports and art enthusiasts alike. Visitors can wander through the streets of the city and experience the whimsical genius of Antoni Gaudi firsthand, relax on a boat in the sunny harbor, or cheer on their favorite sports teams in one of the city’s many world-class stadiums.

If you have not had a chance to join the AAGL for one of our previous international meetings, you must make plans to attend this one. The meeting will be held at the Barcelo Sants hotel. This avant-garde hotel a space age flare, is conveniently located near the AVE, metro lines and the Barcelona railway.

If you would like to register for the congress or submit a paper or video for consideration, please go to www.aaglbarcelona2014.com
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Indocyanine Green (ICG) emerged in recent years as an excellent dye for sentinel lymph node (SLN) mapping. ICG has been available for more than 50 years as a medical imaging agent given via the intravenous route to evaluate liver and cardiac function; it also has ophthalmic applications.

The molecule is mainly metabolized by the liver and has a very short half-life of 3-4 minutes after intravenous administration. ICG has a peak spectral absorption at approximately 800 nm and when used with appropriate near infrared imaging devices has a very bright green image that is easily seen with endoscopic cameras immediately following a cervical injection.

In the USA, ICG is available as a green powder in glass bottles containing 25 mg of Indocyanine Green. This is usually mixed with 10-20 mL of sterile water prior to cervical injection.

Intraoperative imaging platforms for ICG are available on various devices including the daVinci platform, the PINPOINT laparoscopic system (Novadaq), and the SPY Elite open system (Novadaq). If the robotic platform is being used, the 25 mg dry powder bottle is mixed with 20 mL of sterile water in the operating room, and 2-4 mL is injected directly into the cervix in similar fashion to that of blue dye only or Tc radiocolloid.

ICG is currently the preferred imaging dye at many institutions utilizing SLN in the treatment of gynecologic malignancies because of its simplicity, high detection rate, and ease of utilization. The future of SLN mapping in uterine and cervical cancer will likely rely on continued improvements and modern imaging techniques similar to near-infrared imaging and ICG.

**References:**


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**Figure 1.** Right external iliac sentinel lymph node identified during stage I cervical cancer surgery using ICG injection into the cervix.
Congratulations to the Newest COEMIG Designees

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The summer meeting of ACOG’s Committee on Health Economics and Coding took place in Washington D.C. on July 18th and 19th. This committee is comprised of 10 members who are selected from the general membership of the College, 4 ex-officio members who represent ACOG at the national CPT and Relative Value Scale Update Committee meetings, and liaisons from the subspecialty organizations including AAGL, ASRM, AUGS, SGO, and SMFM.

A significant portion of the meeting was spent discussing the upcoming transition from ICD-9 to ICD-10 that will take place on October 1, 2014. Hopefully, all of our AAGL members are well on their way in planning for this change. One very simple step that clinicians might consider is to have your billing personnel run a report to determine the most frequently utilized ICD-9 codes that are currently used within your clinic. Then, have the coding staff in your practice “cross walk” them over to the new codes within the ICD-10 system. The codes in ICD-10 have a much higher degree of specificity. As an example, in ICD-10 “cystitis” will need to be coded as either with or without hematuria. ACOG will be offering tools such as laminated coding crosswalk guides that should be available for purchase in the near future.

The AAGL is hosting a webinar on the topic of ICD-10 for its general membership on October 10, 2015.

The remainder of the meeting was spent discussing a variety of coding issues, some of which may directly impact our members. The SMFM liaison reported that some BC/BS providers have decided to not reimburse the professional component of an ultrasound procedure (reported with a -26 modifier) when it is performed on the same day as an Evaluation and Management service. SMFM and ACOG believe that this is unfair and arbitrary and is not supported by any coding guidelines including CMS (Center for Medicare and Medicaid Services), the Correct Coding Initiative (CCI) or CPT, and will be working together to rectify this change.

Every 5 years CMS selects codes that must be reviewed for Relative Value Scale valuation. For example, if some new technology has been developed that makes the work associated with that procedure easier, or permits the patients to spend less time in the hospital, CMS may decide to reduce the RVU value for that procedure. All of our hysterectomy codes should be coming up for review in the next cycle. This review process may necessitate surveying physicians who perform this service. We may need your help in completing these surveys in the future. We’ll be providing more details as they become available.

As it has been said before, “the only thing that is constant is change.” It has also been said “the only people who like change are wet babies.” Whether we like it or not, all of us are going to get a new diaper come October 2014.

Craig Sobolewski, MD, is Assistant Professor and Chief of the Division of Minimally Invasive Gynecologic Surgery at Duke University, in Durham, North Carolina. He has been the AAGL liaison to the ACOG Committee on Coding and Health Economics since 2003.

Mark R. Hoffman, MD is a member of the AAGL Coding Committee and is the apprentice to the AAGL Liaison at the ACOG Committee on Coding and Health Economics. He is also the Fellow Representative on the AAGL Fellowship Board, and Clinical Assistant Professor of Obstetrics and Gynecology at the University of Kentucky in the Division of Gynecologic Subspecialties.

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ICD-10 – Change Is A-Comin’

Dr. Sobolewski

Dr. Hoffman

“All of our hysterectomy codes should be coming up for review in the next cycle”

If you have questions or comments regarding the CareerScope, please contact Craig Cocca, Interactive Services Manager, at ccocca@aagl.org
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Make Me a MIG Surgeon!
Mark W. Dassel, Chair
The AAGL realizes that the specialty your residents choose will largely define their medical career. The difficult part for physicians is choosing a specialty. As they decide, we recommend that they ask questions, not only about the specialty itself, but about the life it will provide outside of work. With this in mind, we have developed a special session entitled, “Make Me a MIG Surgeon,” scheduled for Tuesday, November 12, 2013 from 12:00 pm to 1:30 pm. This session will provide insight into a career in MIGS, as well as, an understanding of the AAGL and its associated fellowship, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS).

COURSE OBJECTIVES
At the conclusion of this activity, the participant will be able to:
1. Describe the mission and goals of the AAGL, as well as, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)
2. Use this session to navigate your “professional home” and engage in effective, collaborative and productive relationships with your peers
3. List important dates for the Fellowship in MIGS interview process
4. Describe the next generation of fellowship trained gynecologic surgeons
5. Identify strategies to maximize candidacy as an FMIGS fellow
6. Develop a plan for securing a fellowship position

Course offered at the 42nd AAGL Global Congress on Minimally Invasive Gynecology
Tuesday, November 12, 2013
12:05pm - 1:45pm

Register at www.aagl.org/makemeasurgeon
In our continuing effort to make the Journal of Minimally Invasive Gynecology (JMIG) as cutting edge and as multimedia rich as possible, AAGL is pleased to announce that the JMIG app for Apple, Android, and Kindle Fire tablets and smartphones will be released in mid-October.

The JMIG app will allow AAGL members to access the current issue of the JMIG (as well as back issues) on most touch computing devices. You will be able to peruse each issue much in the same way as you flip through the print edition of the journal, but when you come to a link for a video, a discussion forum, or a related web site, you will be able to access that content right within the app. For examples, our new video articles will now allow you to play the related videos back in a full-screen window right on your device.

Additionally, the table of contents has been enhanced to allow you to quickly scan through the articles in each issue and jump to the articles that interest you the most through a single tap on the related ToC entry. Furthermore, you will be able to receive a “push notification” on most devices to alert you as soon as the latest issue of the Journal is on newsstands. Last, but not least, you will be able to alert your colleagues to important new research in the Journal through the app’s “Clip and Send” feature, which will allow you to share clippings from the Journal via email or social media.

All AAGL members will be able to access the current issue and all available back issues of the JMIG in the JMIG app as part of your membership to the Association at no additional charge.

The JMIG app will be available on the iOS App Store and on Google Play beginning in mid-October. We will provide additional information on how to download and install the app in an upcoming e-mail to all members, so watch your email inbox for more information or contact: Craig Cocca, Interactive Marketing Manager, AAGL ccocca@aagl.org | 714.503.6200.

There’s an App for That! AAGL to Release JMIG for Apple, Android, and Kindle Fire Tablets and Smartphones
MEMBER NEWS

Professor Gomel Receives Honors

The AAGL is honored to announce that Professor Victor Gomel was awarded the Jacques and Jacqueline Salat-Baroux Award on January 9, 2013 by the French National Academy of Medicine in Paris, France. This prestigious award is aimed at promoting clinical and scientific work in the field of human reproduction.

He has received honorary memberships and awards of excellence from numerous international scientific societies and universities, including his own Faculty of Medicine, in recognition of his pioneering work in gynecologic surgery and reproductive medicine. Professor Gomel was also the recipient of the prestigious award of Chevalier of the Légion d’Honneur, given to him by Jacques Chirac, President of France and was elected “Fellow” to the World Academy of Art and Science.

Professor Gomel has been a member of the AAGL for more than 30 years, served as president in 1999, and we congratulate him on this most recent recognition of his excellent work and commitment to women’s health.

Welcome New Members


Tamar Achjian, M.D.
Vinita M. Alexander, M.D.
Najla N. Alsowayan, M.D.
Meredith J. Alston, M.D.
Whitney Alston, M.D.
Crystal Alvarez, M.D.
Eric Yao Amakpa, M.D.
Julio Antonio, M.D.
Joelle M. Aoun, M.D.
Mendez Arceo, M.D.
Jessica C. Arluck, M.D.
Katrin Susanne Arnolds, M.D.
Marina Arutyunyan, M.D.
Cynthia Arvizo, M.D.
Ahmad Awada, M.D.
Martina Ayad, M.D.
Sameh Azazy, M.D.
Matthew Bagdan, M.D.
Nader Nageh Bakhit, M.D.
Lyliana Resende Barbosa, M.D., Ph.D.
Jessica N. Barker, M.D., M.S.
Sarah Baxley, M.D.
Sandra Ann Baydock, M.D.
Arabo Ibrahim Bayo, M.D.
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Duify Casey, M.D.
Aldana Catalina, M.D.
Lori Harker Cavender, M.D.
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Belinda Cedillo, M.D.
Pradthana Challapalli, M.D.
Joseph T. Chambers, M.D.
Rexanna Chan, M.D.
Emily Chang, D.O.
Yin-Yi Cherry Chang, M.D.
Charalampos Chatzicharalampous, M.D.
Tiffany A. Chen, M.D.
Moon Kyoung Cho, M.D.
Wico Chu, M.D.
Yoon Chun, M.D.
Amanda Rose Cipolla, M.D.
Brian Mullin Clark, M.D.
Stephen Russ Clendenin, M.D.
Aviad Cohen, M.D.
Kevin Conaway, M.D.
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Jorjan Jesus Cruz, M.Sc.
Chao Shi Cui, Jr., M.D.
Paulina Cybulskia, M.D.
Tara Daley, M.D.
Lone Dalsgaard, M.D.
Jeffrey Davis, D.O.
Thomas W Davis, Jr, M.D.
Julie DeCesare, M.D.
Sheetal Jay Dedania, M.D.
Priya Deka, M.D.
Laura Delcore, M.D.
Frank Diaz Deleon, M.D.
Luis Delgado, M.D.
Russ Delonzo
Eduardo Coelho Dias, M.D.
Stavros Diavatis, M.D.
Erika Dickson
Zaid Diken, M.D.
Robin Brown Dillard, M.D.
Irene Dimitriadis, M.D.
Michael Divon, M.D.
Philip Adam Dodd, M.D., FACOG
Chi P. Dola, M.D.
Christopher Michael Domush, M.D., FACOG
Lihua Dong, M.D.
Meridith Lynn Douglas, R.N.
Teryn Driver, M.D.
Ruth T. Dubyel, DO, MBA
Erik E. Duecy, M.D.
Cindy Maria Duke, M.D.
Holly Dunn, M.D.
Benjamin Eastham, M.D.
Elaine Ebanks, M.D.
Nelson C. Echebiri, M.D.
Heidi Edsill, M.D.
Ashley Einck, M.D.
Michel El Alam, M.D.
Welcome New Members (Continued)


Lenore Ellett, M.D.
Emad Elsamadicy, Abdalla , M.D.
Marygrace Elson, Elson, M.D.
Pamela Emoney, M.D.
Allie Evans, M.D.
Maureen E. Farrell, M.D.
Domenic Russel Federico, M.D.
Nicholas Feranec, M.D.
Gustavo Leme Fernandes, M.D.
Luciana Fernandez
Gerald Feuer, M.D.
Olga T. Filippova, M.D.
Rachelle Findley, M.D.
Amy Flammer, M.D.
Kellie F. Flood-Shaffer, M.D.
Valerie Alyss Flores, M.D.
Lisa Foglia, M.D.
Michael R. Foley, M.D.
Lisa Foglia, M.D.
Natali Franzblau, M.D.
Sri B Gottimukkala, M.D.
Floyd Keith Goodman, M.D.
Mercedes L. Gonzalez, M.D.
Merry Yuan Gong, M.D.
Maria M. Gomez Velez, M.D.
Fernando Gomez
Araceli Garcia, M.D.
John B. Gebhart, M.D.
David Ghozland, M.D.
Terry M. Gibbs, D.O.
Luciana Fernandez
Nate Jones, M.D.
Steven Johnson, M.D.
Rafael Marin, M.D.
Becca J. Marks, M.D.
Alberto Martelo, M.D.

Erin Jorgensen, M.D.
Valerie A. Jones, M.D.
Nate Jones, M.D.
Steven Johnson, M.D.
Bryan Justin Hill, M.D.
Rafael Norberto Hernandez, M.D.
Bryan Harwood, M.D.
Sara Christine Harris, M.D.
Charlotte Jean Hirt, M.D.
Alexis Anne Homan, M.D.
Joey Asghar, M.D.
Jonfts Asghar, M.D.

Natasha Ann Lowe, M.D.
A. Nagar, M.D.
Vicky Hadid, M.D.
Emily Hadley, M.D.
Taylor Hahn, M.D.
Ari Hamerof, M.D.
Lee Marvin Hammons, M.D.
Alicia Han, M.D.
Enas Hanna, M.D.
Reina M.A. Harris, M.D.
Sara Christine Harris, M.D.
Zhanetta Harrison, M.D.
Katherine A. Hartzell, M.D.
Bryna Harwood, M.D.
Joanna Hatfield, M.D.
Michael Jay Hdez
Joel Boone Heller, M.D.
Amy Hempel, M.D.
Allison Hensley, M.D.
Marcia L. Hernandez, D.O.
Rafael Noberto Hernandez, M.D.
Sandra Herrera, M.D.
Lindsay Ross Heulit, M.D.
Bryan Justin Hill, M.D.
Ansley Lowder Hilton, M.D.
Nicolai Hinds, M.D.
Mark K. Hiraoaka, M.D.
Cassandra Jean Hirt, M.D.
Alexis Anne Homan, M.D.
Xiaoyin (Rachel) Home, M.D., FACOG
Staci Hopkins
Alvarado Hormisias, M.D.
Joanna E. Horvitz, M.D.
Margaret C. Howe, M.D.
Kequin Hua, M.D.
Jordan Hylton, M.D.
John Ibrahim, MBBCch
Rania Ibrahim, D.O.
Elzahra A. Ibrahim Mohamed, M.D.
Imran J. Iqbal, MD, BS
Salikah Iqbal, M.D.
Kiichi Isaka, M.D.
Michael Jakub, Jr., MS
Brooke Elaine Jemelka, M.D.
Bryan Steven Jewell, M.D.
Julio Yamil Jimenez, M.D.
Amy M. Johnson, M.D.
Nate Jones, M.D.
Valerie A. Jones, M.D.
Natalie J. Jones, M.D.
Erin Jeong, M.D.
Kelmy Eulalia Jurado, M.D.
Carson Tyler Kaeser, M.D.
Ari Hashimoto, M.D.
Noushin Khoshbakht, M.D.
Ludwig Kiesel, M.D.
Kevin C. Kiley, M.D.
Sang Gap Kim, M.D., Ph.D.
TaeHee Kim, M.D.
Theresa Kinsley, M.D.
Pinar Hatice Kodaman, M.D., Ph.D.
Behnam Ben Kohanim, M.D.
Audeleine Susanne Kortenhorst, M.D.
Kendall Kovacs, M.D.
Adriane Kelly Krause, M.D.
Flavia Sousa Kronily, M.D.
Maggie Kuhlmann-Capek, M.D.
Ivan V. Kuklev, M.D.
Vinod Kumar, M.D.
Eve Ladwig-Scott, B.S., M.D.
Mien Lam, M.D.
Eudardo Lara-Torre, M.D.
Cancelliere Laura, M.D.
Denney Layson, M.D.
Maria Gori, Lea, M.D.
Mathieu LeBoeuf, M.D.
Doo-Haeng Lee, M.D.
Jessica Lee, M.D.
Toy Lee, M.D.
Scott Lentz, M.D.
Christa Elena Lepiki, M.D.
Shuk On Annie Leung, M.D.
Adrienne L. Li, M.D.
Menghui Li, M.D.
Xiaohao Li, M.D.
Pamela Liao, M.D.
Valerie Libby, M.D.
Daniela Lico, M.D.
Becky Anette Lim, M.D.
Ana Luisa Limon, M.D.
Richard McEaster Loftis, Jr., M.D.
Parker Brian Long, D.O.
Poonam Loomba, M.D.
Miguel de Jesus Lopez, M.D.
Natasha Ann Lowe, M.D.
Qi Lu, M.D.
Dr. Luan
Ashley Lubbecki, D.O.
Lea Luketic, M.D.
Basil Trench Lyndoh, M.D.
Laura MacIsaac, M.D.
Heidi MacVittie, M.D.
Sarah Maheux-Lacroix, M.D.
Kevin Mahoney, D.O.
Marie Maltais, M.D.
Kelly J. Manahan, M.D.
Francesca Marengo, M.D.
Rafael Marin, M.D.
Becca J. Marks, M.D.
Alberto Martelo, M.D.

Laura Martha, M.D.
Jared Martin, M.D.
Antonio Martinez, M.D.
Fernando Martinez, M.D.
Jason Carlisle Massengill, M.D.
Heather Elaine Maune, M.D.
Karli Mayo, M.D.
William John McAuley, M.D.
Carmen McCaffrey, M.D.
Mary Hayes McCaffrey, M.D.
Stephen A. McCartney, M.D.
Maureen A. McDonald, M.D.
Susan McGill, M.D.
Philip Gordon McMenemy, Jr., M.D.
Bruno Amaral Medeiros, M.D.
Elizabeth Melendez, M.D.
Ruth Lily Merid, M.D.
Miyam Meza, M.D.
Hana Mikkachi, M.D.
Mikhail, M.D.
Alan R. Miner, D.O.
Yolanda Joy Mines, M.D.
Douglas Miyazaki, M.D.
Aida Moeini, M.D.
Luis Monsivais, M.D.
Enrique Montbrun, M.D.
Jessica Moore, M.D.
Edan D. Moran, M.D.
Stephanie Ann Morbeck, D.O.
Lillian Rachel Morris, M.D.
Dana Morrison, M.D.
Kristen Mosier, M.D.
Susan M. Mou, M.D.
Latasha Murphy, M.D.
A. Nagar, M.D.
Welcome New Members (Continued)


Paru Nagar, D.O.
Haider Najjar, M.D.
Ahmed Nazer, M.D.
Menahem Neuman, M.D.
Kendra Nicole Newell, M.D.
Anh T. Nguyen, M.D.
Megan Northup, M.D.
Beth Obenauf, M.D.
Edilson Da Costa Ogueda, M.D.
Heidi Olander, M.D.
Adan Oliveros, M.D.
Annette Cecille Moredo Olandriz, M.D.
Francisco Orejuela, M.D.
Eduard Orozco, M.D.
Luis Orozco, M.D.
Joaquin Orrego, M.D.
Allfonso Orta, M.D.
Ludmila Ostrovsky, M.D.
Adegboyega Babatunde Oyebajo, M.D.
Hafeez R. Padiyath Abdul, M.D.
Luz H. Perez-Rivas, M.D.
Rafael Perez Vidal, M.D.
Jessica Lanise Pippen, M.D.
Peter Edward Palacio, M.D., FACOG
Adekboyega Babatunde Oyebajo, M.D.
Kendra Lorraine Segura, M.D.
Eran Segev, M.D.
Dennis R. Scribner, Jr., M.D.
Jennifer L. Savitski, M.D.
Fawzi Saoud, M.D.
Alicia Sanders, M.D.
Jose de Jesus Sanchez, M.D.
Catherine R. Salva, M.D.
Kendra Lorelaine Segura, M.D.
Lila F. Sen, M.D.
Allison Elizabeth Serra, M.D.
Joseph Sgroi, M.D.
Mimi E. Shaifer, M.D.
Akhil Shah, M.D.
Gavin Puthoff, M.D.
Carlos Eduardo Queiroz, M.D.
Fabio E. Quijano, M.D.
Hemashree Rajesh, M.D.
Christina I. Ramirez, M.D.
Elizabeth Randle, M.D.
Lisa A. Rauh, M.D.
Chadburn B. Ray, M.D.
Priyamvada N. Reddy, M.D.
Aisha Redmond, M.D., FACOG
Maria Cristina Redondo, M.D.
Mishanta Reyes
Jeanine M. Ricca, D.O.
Christina Rice, D.O.
Gwendolyn Lavonne Riddick, D.O.
Caroline R. Riedenstein, M.D.
Michelle Krystina Roach, M.D.
John M. Robinson, D.O.
Kimberly Robinson, M.D.
Nicholas F. Rockefeller, M.D.
Guadalupe Rodriguez, M.D.
Nerique Rodriguez, M.D.
Sarah Rogan, M.D.
Vanessa Laibl Rogers, M.D.
Jose Roiz-Hernandez, M.D.
Fernando Roldan, M.D.
Zheng Li Rong, M.D.
Kathleen Ann Rooney, M.D.
Michelle Rougerie, M.D.
Paola C. Royo Pena, M.D.
Jesus Ruiz, M.D.
Reinaldo V. Ruiz, M.D.
Jose Luis Ruvalcaba, M.D.
Amanda R. Ryan, M.D.
Adrian Jose Maria Saavedra Sanchez, M.D.
Gulcin Sahin Ersoy, M.D.
Sara Saliem, M.D.
Carlos Salinas, M.D.
Catherine K. Salva, M.D.
Jose de Jesus Sanchez, M.D.
Alicia Sanders, M.D.
Fawzi Saoud, M.D.
Jennifer L. Savitski, M.D.
Dennis R. Scribner, Jr., M.D.
Erin Segev, M.D.
Jenny-Hanh Thi Tran, D.O.
Diana M. Tran-Kim, D.O.
Michelle Vasko, D.O.
Carlos Felipe Veles
Alejandro Verduzco, M.D.
Johanna Voutyras, M.D.
Brian Wagner, M.D.
Kaitlyn A. Wald, M.D.
Sheneika Walker, M.D.
Dhea C. Wallace-Chau, M.D.
Cedric Absalaam Walls, M.D., FACOG
Andrea Hendrika Walsh, M.D.
James Denton Ward, D.O.
Elizabeth Wegner, M.D.
Robert Welch, M.D.
Briana T. Wellington, M.D.
Tony S. Wen, M.D.
Courtney Wiese, M.D.
Yasmin Wilkinson, M.D.
Freager Sinclair Williams, M.D.
Sharon Williams, M.D.
Summer Nicole With, M.D.
Mark Wolf, M.D.
Kristen Wolfe, M.D.
Tienne Wong, M.D.
Prittha Workman, M.D.
Ma Xueyao, M.D.
Weihong Yan, M.D.
Grace Guimei Yao, M.D.
Ahmet Tevfik Yoldemir, M.D.
Alice Yoong, R.N.
Ray Yoong, M.D.
Andrew Daniel Yu, M.D.
Taechin Yu, M.D.
Muhseen Yusuf, M.D.
Amy Zhai, M.D.
Yan Zhai, M.D.
Hui Jue Zhang, M.D.
Xinmei Zhang, M.D.
Hui Jue Zhang, M.D.
Yan Zhai, M.D.
Muhseen Yusuf, M.D.
Amy Zhai, M.D.
Yan Zhai, M.D.
Hui Jue Zhang, M.D.
Course Description
This two-day course is designed for physicians interested in incorporating minimally invasive gynecologic surgery (MIGS) into their surgical armamentarium, and for recent graduates interested in reinforcing their knowledge of MIGS. The course will focus on the fundamentals of minimally invasive surgery, and provide current evidence and recommendations regarding laparoscopic, robotic and vaginal hysterectomy. The program will consist of a series of didactic lectures that will establish the key elements necessary to convert almost all of your abdominal hysterectomies to MIGS; by proper patient selection and surgical approach and how to implement them safely with cost efficiency in the operating room. Each approach to hysterectomy will be broken down into simple and reproducible steps. We will also address how best to prevent, diagnose and manage intra and post-operative complications. In addition, there will be two live surgeries showcasing both laparoscopic and robotic techniques. The hands-on lab portion of the course will include suturing stations, robotic and simulation stations as well as stations to participants for different energy sources and morcellators. Experienced preceptors will be overseeing each training station giving individualized attention.

The AAGL designates this live activity for a maximum of 21 AMA PRA Category 1 Credit(s)™.
Educational Workshops

December 5-6, 2013
5th Annual Meeting on Video Assisted Laparoscopic & Robotic Hysterectomy with Comprehensive Hands-on Workshop on Laparoscopic Suturing & Knot-Tying
Scientific Program Chair: Farr Nezhat
The Roosevelt Hotel • New York, New York

October 31-November 2, 2013
14th Annual Congress of the APAGE and Minimally Invasive Therapy
Scientific Program Chair: Duk-Soo Bae
Ritz-Carlton Seoul - Seoul, Korea

December 7-9, 2013
COGA Joint Meeting
Scientific Program Chair: Zhang Zhenyu
Beijing, China

March 2014
24th Chinese Endoscopy Doctors and 5th National Gynecology Endoscopic Conference
Scientific Program Chair: Jie Chen
Fujian People Hospital - Fuzhou, Fujian, China

AAGL Annual Meetings

November 10-14, 2013
42nd AAGL Global Congress on Minimally Invasive Gynecology
Scientific Program Chair: Ceana H. Nezhat
Gaylord National Hotel & Convention Center on the Potomac
Washington, D.C.

November 17-21, 2014
43rd AAGL Global Congress on Minimally Invasive Gynecology
Scientific Program Chair: Arnold P. Advincula
Vancouver Convention Centre
Vancouver, British Columbia

November 15-19, 2015
44th AAGL Annual Global Congress on Minimally Invasive Gynecology
MGM Grand Hotel
Las Vegas, Nevada

AAGL International Meetings

June 4-7, 2014
10th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Spanish Gynaecological and Obstetrics Society (Gynaecological Endoscopy Section)
Scientific Program Chair: Francisco Carmona Herrera
Barcelona, Spain

June 15-19, 2015
11th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Israel Society of Gynecological Endoscopy
Scientific Program Chair: Moty Pansky
Jerusalem, Israel

The following educational meetings are sponsored, endorsed or acknowledged by the AAGL.