



THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DISTRICT of COLUMBIA

Accreditation Period: 2015 - 2019



CHERIE Q. MARFORI, MD
Program Director



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Associate Program Director

2-YEAR PROGRAM

Description:

The faculty dedicated to this fellowship includes 4 fellowship-trained minimally invasive gynecologic surgeons with a large volume of complex gynecologic surgical cases. One fellow is accepted each academic year. Cases cover the full range of benign gynecologic surgery including advanced hysteroscopic, laparoscopic, robotic, vaginal, single-port, and 2-port access cases. Laparoscopic and vaginal approaches are used to perform prolapse repairs, both with and without mesh. Additionally, fellowship faculty includes gyn oncologists and a urogynecologist to further enrich the experience with the most complex of surgeries and dissections utilizing both conventional and robotic laparoscopy as well as laparotomy. Close relationships with reproductive endocrinologists provide a constant referral source for surgical management common to the infertile patient including endometriosis, adenomyosis, polyps, uterine septa, fibroids, ovarian cysts, and hydrosalpinges.

The fellow can expect to act as co-surgeon, primary surgeon, or teaching surgeon on over 400 major surgeries over the course of a 2-year fellowship. All hysterectomy routes are utilized and proficiency in TLH, LSH, robotic, and vaginal surgery will be obtained. Additionally, both straight-stick and robotic single-port and less-port procedures are performed. The level of complexity, even in benign surgeries is significant, as almost 15% of our minimally invasive hysterectomies are performed on uteri weighing over 1 kg. Myomectomies are also performed via hysteroscopy, straight-stick, robotic, mini-laparotomy with and without laparoscopic assistance, and via laparotomy when appropriate. Comfort in the retroperitoneal, presacral, rectovaginal, retropubic and pararectal spaces is stressed when addressing the massive uterus, extensive endometriosis, severe adhesive disease, retroperitoneal uterine artery ligation or pelvic floor repairs.

The fellow can also expect a rich office experience where medical management for abnormal uterine bleeding, fibroids, endometriosis, chronic pelvic pain, and prolapse are commonly encountered. Comfort with the use of pessaries, POP-Q exams, bedside TVUS, and appropriate referrals to pelvic physical therapy and urodynamics will be obtained. Office flexible and rigid hysteroscopy for both diagnostic and therapeutic measures are routine. Polypectomies, directed endometrial biopsies, mild-moderate Asherman's adhesiolysis are all routinely performed in the office and require little to no anesthesia with good technique and patient selection. In the OR arena, complicated hysteroscopic myomectomies and adhesiolysis, often with trans-abdominal ultrasound guidance, as well as endometrial resections are routine.

During the fellowship, the fellow will be encouraged to complete a 2-year graduate certificate program in Clinical Translational Research (Masters of Health Science Track). The graduate level credits associated with these programs are transferable and fulfill 50% of the Masters degree. Very motivated fellows will have the opportunity to complete the Masters Degree program at the discretion of the fellowship director. At a minimum, graduate courses in Biostatistics and Epidemiology are required.

The successful applicant will have a strong commitment to academic medicine with the expectation that multiple clinical or educational research projects will be completed during the fellowship and submitted for peer-reviewed publication. A commitment and passion for teaching is expected of all fellows. The fellow should expect to work closely with both medical students and residents in both the clinic and operative room. The fellow will also play an active role in the didactics and surgical skills education of the students and residents. The fellow is required to give a Grand Rounds presentation and present at bi-monthly regional MIGS journal clubs. The fellow also is expected to serve as a collaborator and research mentors for interested residents and students.

Progressive responsibility for the care of women with gynecological problems is emphasized. The first year fellow has their own gynecology clinic 1/2 day per week. The second year fellow will have 1 full day per week of clinic, incorporating office procedures, and generating surgical cases which will be either co-scrubbed with an attending faculty or simply proctored while the fellow takes the lead and instructs the resident staff. In-house OB call is required in the first year, one 24-hour weekend call per month. Night home call is required in both years to provide gynecologic back-up to the OB Attending in-house when patient complexity, acuity, or hospital volume requires additional hands. This call is shared with the MIGS attendings and co-fellow and averages 1 in 4.