45th AAGL Global Congress
ADVANCING MIGS THROUGH MENTORSHIP AND EMERGING TECHNOLOGY

MEMBER NEWS
AAGL Board of Director Candidates Announced

PRESIDENT'S MESSAGE
When Managing Growth, Slow and Steady Wins the Race

SIG: PELVIC PAIN
Endometriosis-Associated Pelvic Pain: Look Up and Think Outside of the Pelvis

FMIGS BOOT CAMP WRAP-UP
FMIGS Boot Camp Provides Mind-Expanding Workout

VI WRGC WRAP-UP
Interactive Demos and Sessions Highlight Successful VI WRGC

FROM THE SCIENTIFIC PROGRAM CHAIR
5 Questions with Dr. Stepp

FROM THE SCIENTIFIC PROGRAM COMMITTEE
Presenting the 2016 Keynote Speaker
HELP DECIDE WHO WILL LEAD AAGL

The 2016 Nominating Committee has done its job; now it’s time for the membership to do theirs. The committee recently selected candidates for the AAGL members to elect, based on a thorough review of the members who have expressed an interest in being considered and those members who have been recommended. Potential candidates’ vision statements and their past activities and contributions to the AAGL are determining factors for selection.

The important position of Secretary-Treasurer requires that a candidate has previously served on the board. This is to ensure that the candidates have an in-depth knowledge of the responsibilities of board membership.

The other candidates selected are for 2 positions from the general membership; 1 position for a member residing in Europe, Middle East, or Africa; and 1 from Canada and/or the United States. Next year the regional slots will be for Mexico, Central & South America and for India and the Pacific Rim.

When joining the Board, members are expected to recognize that their primary commitment is to the AAGL. They must place it first in all discussions and they must be willing to commit a considerable amount of their personal time to AAGL matters. Being a member of the Board of Directors of the AAGL is not meant to be an honorary position or a way of enhancing a personal agenda.

The Nominating Committee has provided candidates whom they feel meet these criteria. It is now up to the members of the AAGL to cast their votes for the people they feel should lead the AAGL over the next year. Voting officially opens October 5, 2016. Good luck to all of the worthy candidates.

Franklin D. Loffer, M.D., FACOG, is the Medical Director of the AAGL and resides in Phoenix, Arizona.

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The views and opinions expressed by the authors in this publication do not necessarily reflect those of NewsScope, its editors, and/or the AAGL.
WHEN MANAGING GROWTH, SLOW AND STEADY WINS THE RACE

The AAGL has grown from an organization of pioneers and early adopters, to a mature international society of almost 8000 members. We now have an amazing pool of talented members who represent, among others, clinical practice leaders, innovators, and representatives from the most prestigious academic medical centers. The growth and maturity of the organization is clearly visible at our annual meetings, where “this is how I do it” has been replaced by “here is the evidence.” The operations and priorities of the organization have been managed superbly by the office and the Board of Directors, and we are now beginning to reap the benefits of a slow and steady period of growth. I am very proud to have the opportunity to serve as the President of AAGL and would like to take this opportunity to outline some of the initiatives that I plan to support during my tenure.

As minimally invasive gynecologic surgery (MIGS) has gradually become the norm instead of the exception, the relevance of the AAGL has been called into question using the argument that MIGS is now within the purview of the generalist obstetrician-gynecologist. However, I would argue that we are more relevant than ever and further steps should be taken to distinguish outstanding MIGS surgeons. While there are outstanding surgeons amongst generalists who have not sought additional training, the reality is that surgical volumes are often not sufficient to sustain the steep learning curve of surgical excellence. High-volume providers have consistently been found to have better surgical outcomes than low-volume providers; therefore, it is in the best interest of patients for more experienced surgeons to perform the majority of complex cases. Efforts are already underway to obtaining a designation of focused expertise in MIGS. If this comes to fruition, this could be the first step towards a full-fledged, board certified subspecialty of advanced benign gynecologic surgery. This is obviously a long-term goal and requires meticulous planning and further development of our fellowship programs, but I intend to advance this agenda as President, in collaboration with FMIGS and our Board.

Another one of my initiatives is for advanced surgical training and the objective evaluation of surgical skills. The AAGL has gradually been taking the lead in MIGS surgical education. With greater resources available in terms of faculty, staff, and revenue, we are now in a position where we can deliver top-notch education with CME credit to our members and others in our specialty. However, we can do even better. We have begun the process to revamp SurgeryU, our video-based platform. This restructuring will focus on improving the interface and usability of this important educational medium. We are also developing our EMIG test and exploring partnerships with outside entities that will enable us to measure surgical skills in an objective and validated manner. This is important for credentialing and educational purposes. Other validated options to evaluate surgical skills are being explored to help our members to further develop their skills through innovative training methods. Stay tuned for details.

Going forward, the organization is, fortunately, now in a position to allocate more resources to new initiatives, such as outreach projects in developing countries, and to further the innovation efforts of our members. If we are to continue to grow, we need to continuously evaluate the value we bring to our members, and work towards further pushing the envelope in the initiatives we implement. The AAGL is primed for continued growth, and our most valuable resources are our innovative members who will guarantee our bright future. I look forward to serving my term as President with the talented Board and staff of the AAGL.

Jon Ivar Einarsson, M.D., Ph.D., MPH, is President of the AAGL, Director, Division of Minimally Invasive Gynecologic Surgery, Brigham and Women’s Hospital, Associate Professor, Harvard Medical School, Boston, Massachusetts.
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On July 22-24, 2016, the FMIGS Committee for Fellow Education, chaired by Dr. Matthew Siedhoff, hosted the 2nd Annual FMIGS Fellows and Residents Surgical Boot Camp. This 3-day, highly-impactful educational session was hosted by Florida Hospital and the Nicholson Center in Celebration, Florida and the Wyndham Grand Orlando Resort. Thirty-eight MIGS faculty from across the country volunteered their time and travel costs to put on a great course attended by 65 first- and second-year FMIGS fellows, and 50 residents. This was the first year that residents were invited to participate and the response was higher than expected. The course included 2 days of laboratory and simulation training, and one full day of didactic lectures, presented by experts in MIG. Each laboratory day started with short lectures on anatomy and suturing, followed by labs where participants were divided into stations that included cadaveric retroperitoneal dissection, hysteroscopy simulation, laparoscopic suturing, and robotics training. The course also included a Town Hall meeting for Fellows and Program Directors, an update on the Fellows Pelvic Research Network projects, and an informal dinner hosted by Dr. Arnie Advincula. The dinner provided an ideal opportunity for faculty, fellows, and residents to meet and network. A break-away session was also held for residents interested in applying for a MIGS fellowship, where faculty and current fellows discussed individual programs and the application process.

The 2016 FMIGS Fellows and Residents Surgical Boot Camp was a wonderful success, and has become a valuable, highly-anticipated educational opportunity. The FMIGS Board acknowledges its appreciation to the faculty and industry sponsors for the success of this course.

Amanda C. Yunker, D.O., MSCR
Assistant Professor, Vanderbilt Medical Center Department of Obstetrics and Gynecology Nashville, Tennessee

Cara R. King, D.O., MS, is Assistant Professor, University of Wisconsin School of Medicine & Public Health Division of Benign Gynecology, Minimally Invasive Gynecologic Surgery Department of Obstetrics and Gynecology Madison, Wisconsin
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ENDOMETRIOSIS-ASSOCIATED PELVIC PAIN: LOOK UP AND THINK OUTSIDE OF THE PELVIS

SIG: PELVIC PAIN

Chronic Pelvic Pain (CPP) is a debilitating problem that affects 15-20% of women in the United States. The significant suffering it causes leads to multiple surgeries and long-term medical therapies at a cost of $2.8 billion annually. Women with CPP suffer tremendously; they use three times more medication, have four times more gynecologic surgery, and are five times more likely to undergo hysterectomy than women without CPP. As in most other chronic pain conditions, its pathogenesis cannot be entirely explained by the presence or severity of pelvic pathology. For example, in women with endometriosis-associated CPP, there is little, if any, association between the severity of pain and the extent of endometriosis. Medical and surgical therapies are not always effective and pain frequently recurs, often without evidence of residual disease.

Emerging data suggests that CPP like most chronic pain states, is a heterogeneous condition that results from a complex interaction of ongoing nociceptive input from peripheral tissues (e.g., endometriosis), that can then be amplified and sustained by sensitization of either the peripheral nervous system (peripheral sensitization) and/or central nervous system (central sensitization). Central sensitization and chronic pain can then persist, independent of the presence of pelvic pathology. For example, we have observed that women with CPP regardless of endometriosis status and severity, exhibit hyperalgesia to experimental pain testing at a non-pelvic site. These brain changes are identified in women with CPP both with and without endometriosis, but are not seen in women with “pain-free” endometriosis. Furthermore, women with “pain-free” endometriosis demonstrate increased gray-matter volume in the periaqueductal gray, a key structure in the endogenous, pain inhibitory system. Thus, these findings suggest that women with pain-free endometriosis may experience little, if any, pelvic pain due to adaptive, antinociceptive activity of the central nervous system.

Given the growing evidence that chronic pain is frequently multifactorial and often sustained by amplification of central nervous system processing of pain, clinicians should be vigilant and thoroughly assess all possible causes of pelvic pain, including endometriosis, uterine, bowel, bladder, and musculoskeletal sources. When laparoscopy is deemed appropriate, the findings should be considered in the context of the whole patient. The importance of accurate diagnosis cannot be overemphasized. For example, incorrect diagnosis of endometriosis, both false positives and false negatives, can be associated with significant harm. It is important not to miss the diagnosis of endometriosis because even patients with mild disease often benefit from laparoscopic excision, when empiric medical therapy fails. On the other hand, over-diagnosis of endometriosis can also lead to significant harm, including relentless treatment aimed at presumed endometriosis (e.g., repetitive surgeries, medical and surgical castration), while ignoring other causes of pelvic pain that remain undiagnosed or undertreated. Ultimately, all potential causes of pelvic pain should be appropriately treated using an evidence-based approach. If treatment results are suboptimal, thoughtful consideration should be given to identifying and treating other sources of pain, including central sensitization. For example, it may be that some women will benefit from medical and cognitive therapies with proven efficacy in central pain conditions. Ultimately, further research is desperately needed to identify better diagnostic tools and effective therapies that are targeted to the needs of individual women who suffer from pelvic pain.

Sawas As-Sanie, M.D., MPH, is Assistant Professor, Director, Minimally Invasive Gynecologic Surgery and Fellowship, Director, Endometriosis Center, Department of Obstetrics and Gynecology, University of Michigan Health System, L4100 Women’s Hospital, Ann Arbor, Michigan.

REFERENCES


Learn More at Congress 2016!
DIDACTIC: PELV-610
Chronic Pelvic Pain 2.0: Decoding Peripheral and Central Factors to Optimize Patient Outcomes

This year’s Pelvic Pain SIG Chair, Sawas As-Sanie, has designed a course that will provide participants with a practical, state-of-the-art approach to the CPP patient and will review the clinical evaluation, appropriate multidisciplinary diagnostic workup, and innovations in medical and surgical treatment options. The prevention and management of perioperative pain and chronic post-surgical pain, including post-hysterectomy sterilization pain, will be discussed.
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This two-day course is designed for gynecologists seeking to advance their knowledge of pelvic anatomy and chronic pelvic pain. The morning will consist of didactic instruction.

The afternoon hands-on course will be divided into 3 labs, which will run concurrently and participants will switch at a designated time. The first lab will provide each participant the opportunity to treat patients with pelvic pain, particularly surgical treatment for severe endometriosis, including: dissection of pelvic anatomy, using unembalmed cadavers, with an emphasis on the retroperitoneal space, including pararectal/paravesical spaces, the ureters, and branches of the iliac arteries and associated pelvic nerves.

The second lab will highlight principles of common procedures used in the treatment of pelvic pain, such as nerve blocks and trigger point injections, specifically: diagnosis and treatment for abdominal wall and pelvic floor, specifically ilioinguinal, genitofemoral, pudendal and obturator nerves, by employing ultrasound-guided nerve blocks. Surgical access to these areas will be highlighted. Additionally, we will explore complications, particularly those related to mesh and other traditional gynecologic procedures.

The third lab, under the direction of a world-renowned pelvic floor physical therapist, will include hands-on training using the “Pelvic-mentor,” a pelvic model that can be used to evaluate patients with pelvic floor dysfunction, and improve understanding of the pelvic musculature in relation to the diagnosis and treatment of pelvic pain.
13th AAGL International Congress on Minimally Invasive Gynecology

13th AAGL International Congress on Minimally Invasive Gynecology and 5th Colombian Congress on Gynecologic Endoscopy

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3. We are honored to have, for the first time in Latin America, Dr. Mats Brännström, the specialist who performed the first successful uterus transplant.

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5. The event will take place in Cartagena, historical heritage of humanity.

6. It is an unprecedented opportunity to update your minimally invasive surgical techniques, which are at the forefront of gynecologic endoscopy.

7. We will offer innovative sessions, such as “How I do it”, with international faculty.

8. We will have 65 top notched international faculty members or speakers.

9. We are offering reduced registration fees if you register before February 21, 2017.

10. Interact with the most important thought leaders.
FROM THE SCIENTIFIC PROGRAM CHAIR

5 QUESTIONS WITH DR. KEVIN STEPP, SPC
45TH ANNIVERSARY GLOBAL CONGRESS

I taught myself single port surgery. I took a trainer home and practiced on my kitchen table every chance I got. Innovation of technique through the use of existing and emerging technologies, I feel, is key. I also encourage all my fellows and surgical residents to do regular critical review of their surgical skills by watching their own unedited surgical videos. Attendees will get the opportunity to immerse themselves in all of these elements at this year’s Congress, and continue to expand their greatness.

Q: This year’s program offers instruction and/or discussion on some controversial topics, such as tissue extraction and cosmetogynecology. Why tackle these topics now?

A: Women’s healthcare in general is such a prominent topic right now. Several aspects of women’s surgical care specifically are being talked about and investigated in so many arenas, and in such higher profile than ever before. As the leading society promoting minimally invasive gynecologic surgery worldwide, we owe it to our patients to keep abreast of all surgical options, techniques and technologies, to not only help improve women’s health, but their quality of life as well. We can’t shy away from something beneficial to our patients just because it may be considered controversial. After all, it wasn’t very long ago that minimally invasive surgery in general was considered controversial. Imagine where we would be if we never tackled the big topics.

Q: Many elements of the program content appeal specifically to related gynecologic subspecialties. Do you feel it’s important to have a sense of unity under the umbrella of MIG?

A: Many of our patients go to their GYN for any issue they may be experiencing related to their pelvic, sexual and reproductive health. While subspecialty expertise is absolutely necessary, it’s important for any sense of division or competition to be replaced by what is ultimately best for the patient, which I believe is MIGS. It is critically important that we continue to learn from each other. The value there is immeasurable. We have dedicated educational content for all of our related subspecialties: oncology, urogynecology, and infertility. The AAGL Special Interest Groups work diligently to disseminate their knowledge and expertise throughout our membership and beyond. And this year we’ve again invited fellows and residents from all Ob/Gyn subspecialties to come and learn more from each other. The more we can present a unified front, I feel we can more effectively achieve our mission of improving patient care in gynecologic medicine.

Q: What’s the most fulfilling thing you’ve experienced along the way to becoming the Scientific Program Chair of AAGL?

A: I’ve been humbled to be considered a leader in orchestrating the educational content for the Global Congress – a meeting that I’ve said many times is a “can’t miss” event for me and my team. This experience has definitely been a highlight of my career. I’m most looking forward to seeing how the attendees are impacted by what they will learn at the Congress. And I can’t wait to thank everyone for attending!

FROM THE SCIENTIFIC PROGRAM CHAIR

Q: The theme of this year’s Congress is "Advancing Minimally Invasive Gynecology through Mentorship and Emerging Technology". What can attendees expect to experience based on this theme?

A: I’m extremely proud of the enthusiasm and effort of our Scientific Program Committee in planning this year’s program. In a way, they have all acted as mentors in their thoughtful inclusion of content for as many topics as time will allow. There’s truly something for all attendees, whether they’re currently considered experts in MIGS or not. Our Keynote Speaker, Dr. Scott Parazynski, genuinely embodies this year’s theme. His unique experiences in innovation in dire situations, and his dedication to mentoring the next generation of NASA astronauts, sets the stage for an engaging address that will surely leave us all with the desire to get up even earlier tomorrow and push ourselves to be more than we were yesterday. And our marquee event, “Operating with the Stars,” is the ultimate experience of mentorship, live on stage, promising to be a lot of fun for everyone. Lastly, with the record number of over 870 abstracts submitted this year, it’s clear that attendees want to share their knowledge, research and experience to further advance MIGS. I’m looking forward to this year’s Congress more than any other year!

Q: In your opinion, what is the difference between a good surgeon and a great surgeon?

A: Anyone who dedicates his or her life and career to medicine is exceptional, in my opinion. I think the elements that take a physician to that next level of greatness is a commitment to lifelong learning and the desire to try to do things better. I can’t emphasize enough the power of practice – not just in the OR, but outside as well, and as often as possible. My relatable story is about how

AAGL and the Scientific Program Committee Announce Five Time NASA Shuttle Astronaut Dr. Scott Parazynski as the 2016 Keynote Speaker

The AAGL Scientific Program Committee is pleased to announce that they have selected Dr. Scott Parazynski as this year’s Keynote Speaker for the AAGL Global Congress. Dr. Parazynski – a five-time space shuttle flier, space walker, medical doctor, and Mt. Everest summiteer – has spent the past thirty years pioneering innovative technologies and creating mentorship and training programs that have allowed his colleagues to live and work in harsh environments like space. He is currently running his own technology start-up called Apogee Interests, LLC based in Houston, Texas. At this year’s AAGL Global Congress, he will speak about the obligation and opportunity to innovate, and on strategies for mentorship that can be used to open up a field like minimally invasive surgery to an even wider audience.

Dr. Parazynski will deliver his Jordan M. Phillips Keynote Address during the Opening Ceremony on Tuesday, November 15, 2016 at 6pm at the Rosen Shingle Creek Convention Center, Orlando FL. Register now at aagl.org/Orlando
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Join over 2,000 of your colleagues in Orlando, for the 45th AAGL Global Congress on MIGS

This year’s Congress is set to deliver innovative and engaging content, with more postgraduate courses, surgical tutorials and panel discussions than ever before. The general sessions will be educational, enriching, inspiring and entertaining. We jump start the general sessions with the ever-popular live cadaveric demonstration on anatomy, followed by the commencement of the Opening Ceremony. AAGL has some surprises in store so you won’t want to miss it. The Opening Ceremony will culminate with the highly anticipated Jordan M. Phillips Keynote Address, a presentation that is sure to take us all to places we’ve never been before. Our panel for Stump the Professor is more diverse than ever. For a unique and entertaining educational experience, we’re excited to present “Operating with the Stars” – inspired by the hugely popular television show “Dancing with the Stars”. We close the Congress as we always do with our exceptional slate of live surgeries. We look forward to seeing you at the 45th Anniversary Global Congress in Orlando in November!
For more information or to register please visit www.aagl.org
How AAGL's Video Series Helps Train Physicians in Nicaragua

AAGL's mission is to advance minimally invasive gynecologic surgery both locally and worldwide. With this in mind, AAGL generously made available the Master Course on vaginal hysterectomy to a newly created training program. Gynecologist from Stanford University School of Medicine, and Kaiser Permanente-Richmond and Oakland, established “Global Outreach for Gynecologic Surgery,” (GO GYNS), a training program for gynecologic surgeons in low resource environments. The program debuted this fall in Nicaragua, chosen because it is designated by the United Nations as a developing economy and it also is reported to be the second poorest country in the Western hemisphere, with severely limited medical capacity.

The setting for the training was a Nicaraguan government teaching hospital. We specifically chose a teaching hospital, as it aligned with the goal to increase the capacity of gynecologic care given by Nicaraguan physicians by training both residents and practicing gynecologists. The hospital has two active Ob/Gyn operating rooms with basic surgical equipment, including both general and spinal anesthesia capabilities. There is limited blood available in the hospital; 4 units of PRBC. The country’s only blood bank is located 2 hours away in the capital city of Managua.

The GO GYNS curriculum was designed based on the hospital faculty's perceived need. The faculty identified their discomfort with the vaginal approach to hysterectomy resulting in a low rate of vaginal hysterectomy (only 7%), with the other 93% being an abdominal approach. Unfortunately, laparoscopy is not available in government run hospitals.

The GO GYNS program consisted of the video series provided by AAGL SurgeryU “Master Course on Vaginal Hysterectomy,” and was further supplemented with lectures and hands-on simulations by the GO GYNS team. This video series proved extremely helpful in outlining the techniques of vaginal hysterectomy in a stepwise manner.

The physicians and residents were found to have strong surgical skills, excellent fundamental knowledge and were fast adapters to the new techniques presented. Plans are now being made to return to Nicaragua and provide consulting in the evaluation of appropriate surgical candidates, followed by mentoring during actual surgery.

By the conclusion of the program it was clear that imparting vaginal hysterectomy techniques with the aid of the AAGL Master Course on Vaginal Hysterectomy video series, will enable physicians to confidently provide better and safer care for women in developing countries.

Kay Daniels M.D., is Clinical Professor, Obstetrics and Gynecology and Co-Director of OBSim at Stanford University School of Medicine, Palo Alto, California.

ASSIA STEPANIAN, MD  SUKETU MANSURIA, MD

PASSING THE TORCH...

AAGL honors outgoing SurgeryU Editor-in-Chief, Assia Stepanian, MD, and welcomes incoming Editor-in-Chief, Suketu Mansuria, MD

Back in 2009, AAGL boldly embraced the future of video-based surgical education through its acquisition of the SurgeryU platform. During that first year, guided by the leadership of SurgeryU’s co-founder, Dr. Assia Stepanian, AAGL hosted its very first live event from the University of Louisville, which was watched by 9 viewers. Since then, she has provided dedicated leadership to SurgeryU, producing more than 60 live events viewed by more than 11,000 surgeons from well over a hundred countries. This member engagement resulted in a milestone of over a million minutes of viewership in 2015!

In just 7 years, SurgeryU has become the leading portal for MIGS. Individual events now bring together international audiences of 1,500+ physicians. Under Dr. Stepanian’s leadership, SurgeryU has been through a structural evolution with the completion and implementation of multiple projects.

Today, SurgeryU has truly become a global platform, as evidenced by the impressive expansion of the video library and the continued shift to online video-based teaching. We are truly thankful to Dr. Stepanian for her vision and valiant leadership in our continued efforts to bring minimally invasive surgical education to every corner of the world.

This year, in accordance with AAGL policy, the Board of Directors invited interested AAGL members to apply to become the next Editor-in-Chief of SurgeryU. After a careful review process, the Board of Directors selected Dr. Suketu Mansuria from the University of Pittsburgh Medical Center to serve as SurgeryU Editor for the next three years. Dr. Mansuria is currently in the process of assembling the new SurgeryU Editorial Board, and plans to outline his vision for the future of SurgeryU during the upcoming AAGL Global Congress in November.

The Board of Directors would like to thank Dr. Stepanian for her pioneering contribution to AAGL, and congratulate Dr. Mansuria on his new role as Editor-in-Chief.
The vaginal route has been declared to be the preferred approach to hysterectomy by ACOG because of low-cost and safety. Unfortunately, TVH (total vaginal hysterectomy) remains underutilized. Incidence of TVH still hovers around 20%, while the abdominal route is still the most commonly used approach. Decreasing surgical volumes, diversification of MIS approaches, absence of financial incentives, and payer scrutiny of the proposed route have all contributed to this inequity. Initiatives to increase TVH rates pioneered by Kaiser (which included referrals, proctoring program, and surgeon education courses with models and cadavers), are difficult to implement in most settings. Nationwide, the average total number of TVHs performed by graduating residents was 19.4, just barely over the minimum exposure threshold of 15, and much lower than the number needed to get through initial learning curve.

Teaching TVH via simulation is valuable and effective because it removes the pressure of time and stress of a live case, allows learners to repeat difficult parts of the procedure multiple times, and helps to shorten their learning curves. For your reference and resource, here are some of the existing models available.

The “Flowerpot” is a low-cost model developed by Dr. Kristina Altman, using a pool noodle and a stocking vagina with yarn affixed to a plastic flowerpot. A “how-to” recipe for replication is available on the ACOG website (search under Education and Events→Curriculum Resources→Simulations Consortium→Simulations working group toolkit).

Another useful model is called the “Milk Carton” and was designed by Dr. Johnny Yi. The TVH Prompt trainer was developed and validated by Joyce Greer and consists of a uterus made of inexpensive materials affixed to a commercial shoulder dystocia trainer with realistic pelvis and perineum. Her article includes a “how-to” guide.

The Miya model is a commercial product with a life-sized pelvis and replaceable realistic silicone vagina, uterus, and ligaments. It comes preassembled, however the downside is cost.

A vaginal suturing trainer can be easily made using a pegboard and bracket to practice the basics of vaginal suturing, clamp and needle placement, and vaginal knot tying can be found on ACOG website as described above.

We hope that you find this information helpful in your education of the future generation of surgeons. Sim on!

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This past August 5-6, the AAGL and co-chairs, Drs. Arnold P. Advincula and Michael C. Pitter, hosted the 6th World Robotic Gynecology Congress at the Grand Hyatt in Grand Central Station, New York. Attendees hailed from as far away as China, Australia and Brazil, to name just a few of the countries represented. Through a specially constructed surgical stage, an interactive pedagogical format was incorporated, whereby live cadaveric demonstrations were utilized by pioneers in the field to teach fundamental principles involved in port placement and docking, with single and multiport access on the various robotic platforms, as well as best practice techniques with specific clinical applications. Hysterectomy and reproductive surgery, including fibroid and endometriosis management and pelvic reconstruction, were covered in detail.

Perceived controversies in robotic surgery were addressed head-on, specifically related to proper pathways for training and privileging, and strategies surrounding cost containment. Perspectives from Asia, Europe and Canada, were shared by international faculty in the lively panel discussions. Highlights of the meeting included a special interactive session on complications, as well as a robotic simulation Olympics. A multitude of exhibitors were present to support this meeting and to showcase both supportive and cutting-edge surgical technology. Attendees also

A special thanks goes out to the AAGL office staff, whose tireless behind-the-scenes work not only makes high level productions such as VI WRGC a success, but also allows for content from these meetings to be captured live for real-time audience viewing and for future on-demand education on the Surgery U platform.

Arnold P. Advincula, M.D., FACOG, FACS, is Immediate Past President of AAGL, Professor of Obstetrics & Gynecology, Vice-Chair of Women’s Health and Chief of Gynecology, Sloane Women’s Hospital at Columbia University in New York, New York.

Michael Pitter, M.D., FACOG, Assistant Professor of Obstetrics & Gynecology, Columbia University Medical Center, New York, New York.
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AAGL CareerScope

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Are you looking for a new job in minimally invasive gynecology, or are you looking to take your career to the next level? AAGL members can access AAGL CareerScope as a benefit of their membership through our web site at AAGL.org to access hundreds of positions in MIG surgery. The CareerScope job board is updated several times per day as new positions are added to the jobs database. Additionally we offer members the opportunity to post jobs to CareerScope to attract surgeons from our highly qualified membership to their practice. To access CareerScope, visit AAGL.org and enter your member ID and password at the top of the screen. Once you are logged in, you will see CareerScope in the left side bar of the web site.

If you have questions or comments regarding the CareerScope, please contact Craig Coca, Interactive Services Manager, at ccoca@aagl.org

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TELEFLEX WECK® EFX SHIELD® SYSTEM
With the Weck® EFx Shield® System from Teleflex, you can close laparoscopic port sites with precision and safety. Featuring the industry’s first shielded wing design, this unique closure system helps prevent sharps-related injuries and post-surgery complications. Easy to learn and use, the EFx Shield System can help give you more confidence and control. Every close. Every time. www.weckefx.com

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The new ClearView TOTAL is your all-in-one solution for improved visibility and delineation of the vaginal fornices during TLH. The ClearView TOTAL offers industry-leading range of motion and manipulation, featuring 3 sizes of colpotomy cups (3.0, 3.5 and 4cm) and a vaginal occluder balloon included within each disposable kit. Furthermore, each colpotomy cup is compatible with both electrosurgical and ultrasonic platforms. Contact BLUE ENDO for more information. www.blueendo.com

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The ways in which our Key Partners support the mission of the AAGL include:

• Committing year round support through our Corporate Sponsorship program.
• Funding our fellowship sites.
• Giving unrestricted educational grants to enhance our programs.
• Supporting our hands-on seminars with workstations.
• Providing support for scholarly activities.
• Funding unrestricted grants for MISforWomen.com.
• Advertising in The Journal of Minimally Invasive Gynecology, the official journal of the AAGL, and ordering reprints of articles to disseminate to physicians.

The support from our Key Partners is in accordance with ACCME guidelines for commercial support.

AAGL
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DIAMOND
($300,000 - $400,000+)

RUBY
($170,000 - $300,000+)

EMERALD
($150,000 - $170,000+)

SAPPHIRE
($60,000 - $150,000+)

OPAL
($35,000 - $60,000+)

AMETHYST
($20,000 - $35,000+)

A partner is defined as “someone who shares an activity.” The AAGL acknowledges the corporations who partner with the AAGL to keep open the doors to educating the next generation of minimally invasive gynecologists. With their support the AAGL can provide more programs that will educate physicians and provide better patient care.

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MEMBER NEWS

WELCOME NEW MEMBERS

June 1, 2016 — August 31, 2016

Mohamed Abdel Maksoud, M.D.
Akram A. I. Abdelaal, M.D.
Noor Abualnadi, M.D.
Abdel Fattah Agameya, M.D.
Vandana Agarwal, M.D.
Aastha Aggarwal, M.S.
Cesar Aguilar Campuzano, M.D.
Norma Aguilar Garza, M.D.
Arzu Ahadova, R.N.
Entidhar Al Sawah, M.D.
Fatema Mohamed Alhajeri, M.D.
Hind Ali, M.D.
Hilary Allen, M.D.
Sarah Elizabeth Allen, M.D.
Jawaher Bautista, M.S., D.O.
Kelly Castelhano Batista, M.D.
Dominique M. Barnes, M.D.
Temple L. Barkate, M.D.
Elise Bardawil, M.D.
Cynthia Frances Barbara, M.D.
Yochay Bar Shavit, M.D.
Mona Amit Bansal, M.D.
Claudia Balderas Rosales, M.D.
Juan Carlos Balcazar Rodriguez, M.D.
Greer Barrow, M.D.
Cynthia Frances Barbara, M.D.
Lisa Masters, M.D.
Tina Lee Leong, M.D.
Aleta Lee, M.D.
Lindsay Bonnett, M.D.
Isabela Bottura, M.D.
Marie-Elisabeth Bouchard, M.D.
Neesee Kimberly Boulden, M.D.
Andrea Bowen, M.D.
Kelly Rose Bowen, D.O.
Donald Ray Bradley, M.D.
Jose Manuel Brambila Duran, M.D.
Elaine Mary Brantley, D.O.
Erin Brown, D.O.
Gail D. Brown, M.D.
Jose Antonio Buenfil Lozano, M.D.
Benjamin Bustos, M.D.
Timberly Butler, M.D.
Jennifer Christine Cannon, D.O.
Metin Capar, M.D.
Meredith Kate Carbono, D.O.
Andres Casanova, M.D.
Humberto Castello Castro, M.D.
Susana Castro Laura, M.D.
Sabrina Rocio Cervantes, M.D.
Ekaterina Chadwick, M.D.
Austin Yi Chen, M.D.
Xinyan Chen, M.D.
Yumei Chen, M.D.
William Chong, M.D.
Christian Ronald Choque Hidalgo, M.D.
Diane Christopher, M.D.
Amanda Chu, M.D.
Chunjai Powell Clarkson, M.D.
Lauren Sophie Cline, M.D.
Hayley Coker, M.D.
Mindy Colgrove, M.D.
Ron Collaris, M.D.
Anna Marie Connolly, M.D.
Adela Cope, M.D.
Claudio Crispi, M.D.
Juan Carlos Balcazar Rodriguez, M.D.
Tamara Cvetanovic, M.D.
Efren Jesus Inzunza Gaxiola, M.D.
Becky Rose, M.D.
Rahamatulla Latheef, M.D.
Alex Alyce Lagneaux, M.D.
Erin Kunkel, M.D.
Ryan D. Kuefler, M.D.
Yan Kuang, M.D., Ph.D.
Merrit Koskelo, M.D.
Traci-Lynn Hirai, M.D.
Douw W.G. Holder, M.D.
Danielle A. Holland, M.D.
Michael Anthony Holland, D.O.
Bernd Holthaus, M.D.
Katherine Horn, M.D.
Mallonie Hoover, M.D.
Manju Hotchandani, M.D.
Fei Huang, M.D.
Alexander Hubb, M.D.
Young Bin Hwang, M.D.
Katherine Sengbha Hyon, M.D.
Carly M. Ingalls, M.D.
Efren Jesus Inzunza Gaxiola, M.D.
Hiroe Ito, M.D.
Matthew Izett, M.D.
Iloabuchi N. Izuka, M.D.
Ricardo Jauregui Tejeda, M.D.
Chandana Sirimewan Jayasundara, M.D.
Annie Lu Jenkins, M.D.
Amelia Marie Jennigan, M.D.
Xibeii Jia, M.D.
Joy Johnson, M.D.
Johannes H. Jonsson, M.D.
Jessica Karn, M.D.
Kiyoshi Kanno, M.D.
Furozandeh Karkhane, M.D.
Jagadeesana Karuppaswamy, M.D.
Brittany Kausen, M.D.
Janisse Kershenvich, M.D.
Arzoo Khalid, FRANZCOG
Nidhi Khosla, M.D.
Hanyakung Kim, M.D.
Min Kyu Kim, M.D.
Su Mi Kim, M.D.
Jalyn Kleckman, M.D.
Amber Klinczak, M.D.
Jens Christian Knudsen, M.D.
Theodore Kolarova, M.D.
Merrit Koskelo, M.D.
Erin Kizmaz, M.D.
Yan Kuang, M.D., Ph.D.
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Rahamatulla Latheef, M.D.
Jeannette Marie Bing Lauritzen, M.D.
AAGL BOARD OF DIRECTORS CANDIDATES ARE ANNOUNCED
Voting Opens October 3, 2016

The Nominating Committee is pleased to announce the following candidates for 2017 Board of Directors. Please note that voting ballots will be sent by electronic mail. We encourage you to make your voice heard by having your vote counted!

**SECRETARY-TREASURER**

**JUBILEE BROWN, M.D.**
Levine Cancer Institute, Carolinas HealthCare System
Charlotte, North Carolina

**MARIE FIDELA R. PARAISO, M.D.**
Cleveland Clinic Foundation
Cleveland, Ohio

**DIRECTORS FROM THE GENERAL MEMBERSHIP**

**AARATHI CHOLKERI-SINGH, M.D.**
The Advanced Gynecologic Surgery Institute
Naperville, Illinois

**JIN HEE (JEANNIE) KIM, M.D.**
Columbia University Medical Center
New York, New York

**RICHARD B. ROSENFIELD, M.D., FACOG**
Pearl Women’s Center
Portland, Oregon

**DIRECTORS FROM CANADA/UNITED STATES**

**SUKHBIR “SONY” SINGH, M.D., FRCSC**
Ottawa Hospital - Riverside Campus
Ottawa, Ontario, Canada

**WILLIAM M. BURKE, M.D.**
Columbia University Medical Center
New York, New York

**DIRECTORS FROM EUROPE/MIDDLE EAST/AFRICA**

**MARCELLO CECCARONI, M.D., PH.D.**
Sacred Heart Hospital
International School of Surgical Anatomy
Negrar, Verona, Italy

**SVEN BECKER, M.D., PH.D.**
Frankfurt University Hospital
Frankfurt, Germany

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**GLOBAL ENDOMETRIOSIS SUMMIT**

IN COLLABORATION WITH THE NORDIC SOCIETY OF ENDOMETRIOSIS

REYKJAVIK, ICELAND | HARPA CONFERENCE CENTER | JULY 20-21, 2017

Jon I. Einarsson, Scientific Program Chair
Marcello Ceccaroni, Co-Chair
AAGL EXPERT TALKS

AAGL’S ONLINE MASTER COURSE ON LAPAROSCOPIC HYSTERECTOMY

LEARNING OBJECTIVES: At the conclusion of this activity, the participant will be able to: 1) Discuss the differences and similarities between the ipsilateral and suprapubic schools of laparoscopy and their step-by-step approaches to laparoscopic hysterectomy; 2) demonstrate medial and lateral approaches to laparoscopic ureteral identification and dissection; 3) demonstrate posterior/pararectal and anterior/median umbilical approaches to ligating the uterine artery at its origin; 4) discuss various dissection techniques to maximize surgical efficiency and minimize complications; and 5) articulate strategies for difficult laparoscopic hysterectomy.

COURSE OUTLINE

PART 1: DIDACTIC
Step-by-Step Approach to Laparoscopic Hysterectomy

T.T.M. Lee, J.I. Einarsson

- Port Placement
- Round Ligament Incision and Development of a Bladder Flap
- Management of Upper Pedicles (Utero-Ovarian and Infundibulopelvic Ligaments)
- Securing Uterine Artery and Cardinal Ligament
- Colpotomy
- Vaginal Cuff Closure

Strategies and Techniques for Large Fibroids

J.I. Einarsson

Strategies and Techniques for a Dense C-Section Scar

T.T.M. Lee

PART 2: CADAVERIC DEMONSTRATION
Pelvic Retroperitoneal Dissection

J.I. Einarsson, T.T.M. Lee

- Developing Pelvic Spaces
- Medial and Lateral Approach to Ureteral Identification and Dissection
- Anterior/Median Umbilical and Posterior/Pararectal Approaches to Isolating Uterine Artery at its Origin

Laparoscopic Hysterectomy

J.I. Einarsson, T.T.M. Lee

Since the first laparoscopic hysterectomy was performed by Dr. Harry Reich in 1988, significant technological advances in visualization, instrumentation and advanced vessel sealing technology, along with the incorporation of anatomy-based strategies and techniques, have made the procedure safer and more efficient. The conversation has now evolved from choosing whether or not to perform laparoscopic hysterectomy, to choosing port placement and the steps and strategies related to the chosen approach.

AAGL SurgeryU continues the highly successful Online Master Course series with this two-part webinar exploring laparoscopic hysterectomy in a step-by-step fashion for the two predominant choices of port placement: two ipsilateral ports; or suprapubic/midline and lateral ports. Performed and instructed by two of the most reputable laparoscopic surgeons in the world, this course is designed for residents, fellows, and surgeons in practice who want to expand their understanding of laparoscopic anatomy and surgical techniques. The didactic portion will detail the above, and will also include anatomy-based strategies and techniques in difficult hysterectomies, and much more. The webinar will conclude with a cadaveric pelvic retroperitoneal dissection, focusing on techniques for identification and dissection of the ureter, in addition to common approaches to isolation of the uterine artery from its origin, culminating with a total laparoscopic hysterectomy. You may view this enduring CME activity online at AAGL.org/laparoscopy.

JON IVAR EINARSSON, M.D., PH.D., MPH
Director
Division of Minimally Invasive Gynecologic Surgery
Brigham and Women’s Hospital
Associate Professor Harvard Medical School
Boston, Massachusetts

TED T.M. LEE, M.D., FACOG
Director of Minimally Invasive Gynecologic Surgery
Magee Women’s Hospital
University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania

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### 2016 AAGL MEETINGS

**46th AAGL Annual Global Congress on MIGS**  
November 12-16, 2016  
Gaylord National Resort and Convention Center  
National Harbor (Washington, DC), Maryland

Workshop on Surgical Anatomy of the Pelvis and Procedures in Patients with Chronic Pelvic Pain  
December 9-10, 2016  
Michael Hbrner, Scientific Program Chair  
Nita Desai, Co-Chair  
Mark Dassel, Lab Chair  
St. Joseph’s Hospital and Medical Center Phoenix, Arizona

### 2017 AAGL INTERNATIONAL MEETINGS

**13th AAGL International Congress on MIG in partnership with the Federation Colombiana de Obstetricia y Ginecologia (FECOLSOG)**  
February 22-24, 2017  
Juan Diego Villegas-Echeverri, Scientific Program Chair  
Rafael Padrón Burgos, Jimmy Castañeda, José Duván López, Co-Chairs  
Pedro Escobar, Carlos Fernandez-Ossadey, AAGL Co-Chairs  
Cartagena de Indias, Colombia

**Global Endometriosis Summit in collaboration with the Nordic Society of Endometriosis**  
July 20-21, 2017  
Jon I. Einasson, Scientific Program Chair  
Marcello Ceccaroni, Co-Chair  
Harpa Conference Center Reykjavik, Iceland

### 2017 AND 2018 AAGL MEETINGS

**3rd Annual MIGS Symposium: The Next Generation**  
April 19-22, 2017  
Jamal Mourad, Scientific Program Chair  
Talking Stick Resort  
Scottsdale, Arizona

**FMIGS Fellows and Residents Surgical Boot Camp**  
August 4-6, 2017  
Location to be determined

**47th AAGL Annual Global Congress on MIGS**  
November 11-15, 2018  
MGM Grand Hotel Las Vegas, Nevada