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The Advincula Delineator is engineered to combine exceptional strength and safety with the ease and convenience of a disposable uterine manipulator. The shaft and Koh-Efficient® colpotomy system are fully integrated, providing unprecedented access, visualization and safety during TLH, LSH and LAVH procedures.

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April — June 2017

Focus on AAGL: Update on The Foundation of the AAGL .......................... 4
Education Calendar .................................................................................. 4
President’s Message: Planning for the Future ........................................... 5
SIG: Oncology – Clinical Opinion: Time for a Change ......................... 7
AAGL Board Nominations: Who Will Help Lead AAGL into the Future? . 8
From the Scientific Program Chair: Elevating the Science at the 46th AAGL Global Congress .......................................................... 9
SIG: Hysteroscopy – Cesarean-Induced Isthmocele: Is it on Your Radar? . 13
The Foundation: Grant Winners Announced (and preview The Foundation Fundraisers at the Global Congress) .............................................. 14-15
JMIG: JMIG’s Impact Factor Soars! ......................................................... 16
Practice Guidelines: New AAGL Practice Report ................................... 16
SIG: Vaginal Surgery – How Does Vaginal Hysterectomy Measure Up in The Era of VBM (Value Based Medicine) ........................................ 17
Louisville Workshop: A Louisville and AAGL Milestone –20 years! .... 18
FMIGS: Advanced Robotics Workshop for FMIGS Fellows ................. 19
FMIGS: Announcing FMIGS-International ............................................ 19
AAGL at ACOG: AAGL Subspecialty Session at this Year’s ACOG Annual Meeting ................................................................. 20
Member News: ....................................................................................... 21-23
In Memoriam: Ronald Elmer Batt, M.D., Ph.D. ...................................... 21
Focus on AAGL

Update on The Foundation of the AAGL

Franklin D. Loffer

The Foundation of the AAGL was established in 1993 by a generous grant from the Board of Directors of the AAGL. Its mission was to support educational courses, awards, scholarships and research grants to advance the use of minimally invasive surgery in women’s healthcare. It is a 501(c)(3) corporation governed by its own Board of Directors.

Recently, The Foundation Board has revised its bylaws to allow it to be even more active in reaching its goals. As an example, this year we are planning multiple fundraising events, including a Silent Auction during the AAGL Global Congress at the Gaylord Hotel in National Harbor, Maryland. The Silent Auction will be held on Wednesday, November 15, 2017. The Foundation will also be establishing new programs in addition to maintaining its longstanding programs. The latter include the following major activities:

**Fund for the Future**—The Foundation works with a number of corporate sponsors and private donors who fund this program, which supports the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS) training sites. Grantees are selected through a careful and thorough review of the applications by the Grant Selection Committee.

**Resident’s Circle Fund**—Contributions by individual AAGL member’s donations to this fund help to support the annual FMIGS Fellows and Residents Surgical Boot Camp. This program is also supported by a volunteer faculty who cover their own expenses, and by educational grants from our industry partners.

**Endowments**—The Foundation has received funding to establish 6 endowments. They are named for past leaders of the AAGL: Jay M. Cooper, Harrith M. Hasson, Jerome J. Hoffman, Jaroslav F. Hulka, Robert B. Hunt, and Jordan M. Phillips.

**Awards**—Numerous awards and prizes are made possible from funds provided by the endowments and from direct contributions to The Foundation.

As an AAGL member, you have already shown your dedication to your patients by adopting the tenets of less invasive gynecologic care. Hopefully, you have found your professional journey with the AAGL personally rewarding and will consider making a donation to The Foundation.

Please visit the Foundation website at [http://www.aagl.org/service/foundation](http://www.aagl.org/service/foundation)

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

**Global Endometriosis Summit**
July 20-21, 2017
Jon I. Einarssson, Scientific Program Chair
Marcello Ceccaroni, Co-Chair
Reykjavik, Iceland

**FMIGS Fellows and Resident Surgical Boot Camp**
August 4-6, 2017
Matthew Siedhoff, Scientific Program Chair
Arnold P. Advincula, Magdy Milad, Co-Chairs
New York, New York

**AAGL in Collaboration with ACOG**
Resident Education Day
October 7, 2017
Ted T.M. Lee, Chair
Nicolle M. Donnellan, Noah B. Rindos, Co-Chairs
Charlotte, North Carolina

**46th AAGL Annual Global Congress on MIGS**
November 12-16, 2017
Gaylord National Resort and Convention Center
National Harbor (Washington, DC), Maryland
Sawsan As-Sanie, Scientific Program Chair

**2nd Annual Workshop on Surgical Anatomy of the Pelvis and Procedures in Patients with Chronic Pelvic Pain**
December 8-9, 2017
Michael Hibner, M.D., Ph.D., Scientific Program Chair
Nita A. Desai, M.D., MBA, Co-Chair
Mark W. Dassel, M.D., Lab Chair
Phoenix, Arizona

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

AAGL Vision
The AAGL vision is to serve women by advancing the safest and most efficacious diagnostic and therapeutic techniques that provide less invasive treatments for gynecologic conditions through integration of clinical practice, research, innovation, and dialogue.

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Linda Michels
The Board of Directors and AAGL staff recently convened in Orlando for a strategic planning session to re-evaluate the mission and goals of the AAGL and plan for where we envision ourselves to be as an organization in five years.

As a rapidly growing global organization, we need to continually re-evaluate the healthcare landscape and develop initiatives to place the AAGL ahead of the curve for patient care, innovation, and the education of our membership.

One of the best ways to advance our initiatives is through collaboration. No single organization can make significant strides in improving healthcare without working with other similarly focused societies. A particular interest of mine is to develop tools to objectively measure surgical skills. The AAGL has developed the Essentials in Minimally Invasive Gynecology (EMIG) cognitive test and we are far along in developing a practical exam. We hope to work with ACOG, ABOG, and other stakeholders to introduce a validated tool to measure surgical skills. This will be an important step forward to enhance optimal patient outcomes.

To better understand how AAGL can focus on shaping their strategic environment over the next 24 months, the Board, along with AAGL’s senior staff members, conducted several discussion blocks focused on issues of concern to AAGL. These blocks included such topics as the membership experience, SurgeryU, professional development, collaboration with other medical societies, development of new technology, alignment with The Foundation of the AAGL, improved relations with industry partners, and international and patient outreach. The final discussion block focused on developing an issues dashboard to incorporate topics into future Board meetings, as appropriate, over the next one to two years, to ensure these topics don't fall by the wayside.

A few take-away messages from our recent strategic shaping session include ideas for providing all AAGL members exceptional value and benefit from joining and actively participating in our professional community; ideas for AAGL to be a recognized provider of superior opportunities for lifelong learning while establishing a clear career path in the MIGS profession; providing leadership opportunities to foster a secure, collaborative, and rewarding environment which is global, inclusive, and diverse, in order to promote development of volunteer leaders for the organization and the profession at-large; and aligning the AAGL Foundation with the overall AAGL vision and mission.

It was truly an honor to have been given the opportunity to work with the AAGL Board and staff at this retreat. I was gratified to see many of the issues discussed in May of 2015 have been resolved, and the Board is moving forward into an even more compelling future. I look forward to sharing many more of these strategic initiatives with you in the coming months and welcome new ideas from our membership.

As always, best wishes.

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.
New on SurgeryU

Workshop on Surgical Anatomy of the Pelvis and Procedures in Patients with Chronic Pelvic Pain

Scientific Program Chair: Michael Hibner, M.D., Ph.D.
Co-Chair: Nita A. Desai, M.D., MBA
Lab Chair: Mark W. Dassel, M.D.

In December of 2016, the AAGL embarked on a new, disease-oriented approach to the treatment of pelvic pain. Now you can experience this inaugural workshop and earn online CME for up to 16 videos presented at the AAGL’s highest rated course of 2016. Topics covered include:

- Pelvic Neuroanatomy
- Neuropathic Pelvic Pain
- Surgery in Patients with Adhesive Disease
- Lesser-Known Conditions Causing Pelvic Pain
- Treatment of Pelvic Floor Muscle Spasm
- and much more!

Watch Now on SurgeryU
www.SurgeryU.com
When Jordan M. Phillips founded the AAGL as the American Association of Gynecologic Laparoscopists in 1971, he clearly envisioned a worldwide organization to promote the health of women through minimally invasive gynecologic surgery. Since that time, the AAGL has grown exponentially to include over 7,500 members spanning the globe. Gynecologic oncology has maintained its role as a subspecialty of surgical prowess, and that has in large part been extended to minimally invasive surgery. How do the gynecologic oncologists of AAGL find their purpose in such a large member organization that includes members with diverse skill sets?

I believe the answer is found in the needs of women and their various geographic locations and resource settings throughout the world. Members of the AAGL are uniquely positioned to share knowledge and engage in group communications as no other organization facilitates. This is the responsibility of every member of AAGL and may be where gynecologic oncologists of AAGL find their purpose in such a large member organization that includes members with diverse skill sets?

So often we focus inward on the needs specific to our practice situation. In affluent countries, gynecologic oncologists with MIS interests focus on the minutia of the latest clinical trial - neoadjuvant chemotherapy with MIS interval debulking or lymph node mapping through MIS platforms. In such settings, professional roles are defined as practitioners implementing modern medicine, innovators developing new tools and techniques, and researchers synthesizing newly acquired data to change the world. In settings with more limited resources, surgeons that provide gynecologic oncology care have broader concerns related to policy development to allow women access to basic care, physician access to the educational materials and equipment necessary for care, and formalized training to narrow the scope of training and elevate the level of care delivered to women who have gynecologic malignancies or need complex pelvic surgery.

Lest Americans feel superior, it should be noted that while the United States has the highest per capita expenditure for health care services worldwide, it has recently ranked 37th in patient outcomes, and ranks last in health, even among industrialized nations. That said, the number of trained subspecialists is highest in industrialized nations, and members of affluent societies have the privilege of contributing knowledge and time to those in lower resource settings. Gynecologic oncologists, let us come together to see the world as one and use the virtual platforms and in-person meetings that AAGL provides to help each other!

My "clinical opinion" is that it is time to cast our vision outward and forward to work together across the breadth of diversity, experience, geography, skill sets, and resources to elevate the care that women receive everywhere. We must each see this as our responsibility as gynecologic oncologists of AAGL by articulating our needs, communicating with our international colleagues, and working together to meet the collective needs of women in our world.

Jubilee Brown, M.D. is the Chair of the AAGL's Special Interest Group on Oncology. She is Professor and Associate Director, Gynecologic Oncology, Levine Cancer Institute at the Carolinas HealthCare System, Charlotte, North Carolina.

REFERENCES:

AAGL Board Nominations

Who Will Help Lead AAGL into the Future?

The AAGL Nominating Committee will soon meet to determine the slate of nominees for the AAGL Board of Directors. The following five positions are open:

SECRETARY-TREASURER
Term of Office: 4 years, 2018 – 2021
Officer of the Board of Directors

Candidates for this position must have been a previous 2-year member of the Board of Directors. This position leads to Vice-President, President, and Immediate Past President. If you would like to be considered for this position, and have met the requirement of previous service to the Board, please review the Conflict of Interest (COI) Disclosure and Disassociation Policy for Executive Board Members at [www.aagl.org/boardcoi](http://www.aagl.org/boardcoi) then complete the Conflict of Interest Disclosure for AAGL Board Executive Committee questionnaire at [http://www.aagl.org/aaglboardcoi/](http://www.aagl.org/aaglboardcoi/).

You must also submit a one-page vision statement and your curriculum vitae to [nominations@aagl.org](mailto:nominations@aagl.org).

The deadline to submit your interest is July 24, 2017 by 11:59 pm PDT.

BOARD OF DIRECTORS POSITIONS
Term of Office: 2 years, 2018 – 2019

• Three candidates for the 2 positions from the General Membership
• Two candidates for the 1 position from the Pacific Rim/India/Asia region
• Two candidates for the 1 position from Mexico/ Central America/South America region

If you wish to be considered as a candidate for a Board of Director position, please submit a one-page vision statement and your curriculum vitae to [nominations@aagl.org](mailto:nominations@aagl.org).

It is time to get involved and help lead the AAGL!

AAGL Global Endometriosis Summit
July 20-21, 2017 | Harpa Conference Center | Reykjavik, Iceland

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

For more information, visit [www.aagl.org/iceland](http://www.aagl.org/iceland).
Elevating the Science at the 46th AAGL Global Congress

Sawsan As-Sanie

It’s my honor and pleasure to invite you to join us for the 46th AAGL Global Congress on Minimally Invasive Gynecologic Surgery, November 12-16, 2017 at the Gaylord National Resort and Convention Center. The entire Scientific Program Committee has been hard at work since last October to bring you a program that will ensure that all attendees gain some useful teaching points that they’ll be able to apply when they go back home.

The theme of this year’s meeting is Enhancing Minimally Invasive Gynecologic Surgery Through Quality, Patient Safety and Innovation. What this means to us is a focus on issues that we find to be really close to our hearts as MIG surgeons: improving patient outcomes through a patient-centered approach that balances both innovation and technology, as well as quality and safety. We would love to provide with you the skills to make sure that everybody has access to excellent outcomes, whether you are operating in high technology, high resource settings, or in settings where access to these tools and resources are not readily available.

The Postgraduate Courses will include opportunities for both the novice and the more advanced surgeon to expand on their skills. The meeting’s theme is echoed in PG courses focusing on optimizing quality and patient safety, planning your surgical strategy, a patient-centered approach to fibroid care, and a “teach the teacher” course to help you become a master. The always-essential laparoscopic suturing courses will be offered four times: three sessions in English and one session in Spanish. Collaboration with the AAGL Special Interest Groups has resulted in highly educational courses in areas such as oncology, vaginal hysterectomy, building a world class robotic program, endometriosis treatment, operative hysteroscopy, and more. Advanced courses in complex anatomy and chronic pelvic pain treatment are offered, fellows and residents will again have a dedicated course on developing career tools, and much, much more.

The scientific program has been streamlined to offer attendees the high-quality, evidence-based presentations that the AAGL Global Congress has long been known for. We are extremely proud to have received another high number of quality written and video abstracts, elevating the science of our society. Thank you to everyone who submitted your work for consideration of presentation. As session assignments are completed, we will update the science of our society. Thank you to everyone who submitted your work for consideration of presentation. As session assignments are completed, we will update the Block Program.

As our meeting has come to be known for both outstanding science and entertaining presentations, I’m very excited to announce this year’s “main stage” premier sessions! The edge-of-your-seat intrigue of Stump the Professors is back for a 6th straight year with new course chairs and new stumping cases. And in keeping with the theme of the past few years of creating an educational surgical spin-off of a popular television show, we’ll be taking on the always riveting cooking show, “Chopped.” Three surgeons will be pitted against each other in a surgical show-down of mystery baskets of “ingredients” … but instead of gummy bears and kale, the mystery “ingredients” are surgical procedures. None of the participants will know what’s “in the basket” until show time! But the best part is that this year’s session will also be a fundraiser for Fund for the Future, a vitally important fund through The Foundation of the AAGL created to foster interest in MIGs by providing grants to help support fellowships. Congress attendees will have the opportunity to “vote” for their favorite participant by making a tax-deductible donation to the Fund for the Future under that participant’s team name. Read the complete description of this innovative session in the Preliminary Scientific Program, available now on the congress website, and stay tuned for more information to come!

This year, in addition to the “Chopped” session, The Foundation of the AAGL is stepping up its fundraising efforts by offering you several fun, enriching, and educational events to participate in, all for the greater good of raising much needed funds for The Foundation. Visit the congress website for more details, and make sure to sign up for one or more events when you register.

Lastly, we’re very pleased to be returning to the Greater Washington D.C. area for the Congress. National Harbor has been voted one of the Top 50 U.S. Destinations for meetings and offers more than 30 dining spots with choices from decadent steakhouses to cozy coffee shops and everything in between; the Tanger Outlets for premium brand name shopping; and the new MGM National Harbor, offering a little taste of Las Vegas on the east coast.

We truly hope you will join us for what will surely be an exceptional Global Congress.

Sawsan As-Sanie, M.D., MPH, is the Scientific Program Committee Chair of the AAGL 46th Global Congress. She is also Associate Professor, Director, Minimally Invasive Gynecologic Surgery Fellowship, and Director, Endometriosis Center, Department of Obstetrics and Gynecology, University of Michigan Health System, Ann Arbor, Michigan.
46th AAGL Global Congress on MIGS

Located on the banks of the Potomac River, just minutes from downtown Washington, D.C., the Gaylord National is an ideal venue for the AAGL Global Congress. Explore National Harbor, voted one of the Top 50 U.S. Destinations for meetings, or enjoy all that the Gaylord, with “everything in one place,” has to offer.

A DESTINATION OF ITS OWN

A Beautiful View Inside
The soaring 19-story glass atrium and stately Federal-style architecture celebrate the spirit and history of our nation’s capital.

World Class Dining
Emark on a culinary experience you’ll never forget at the Gaylord’s “signature restaurant,” Old Hickory Steakhouse.

Spacious Comfort
The well-appointed guest rooms, many with balconies overlooking the atrium, are a welcoming respite after a full Congress day.

Award Winning Amenities
Enjoy the full-service spa and salon, well-equipped fitness center, and several shopping boutiques during your stay.

Go to www.aagl.org to register
November 12-16, 2017
Gaylord National Resort & Convention Center, National Harbor, Greater Washington, D.C.

AAGL POSTGRADUATE COURSES

PG DAY ONE (NOVEMBER 12, 2017)

Morning courses 7:00am - 11:00am

<table>
<thead>
<tr>
<th>Course Code</th>
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<td>Didactic/Simulation Lab: Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies</td>
<td>Lydia E. Garcia</td>
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<tr>
<td>SAFE-609</td>
<td>Didactic:</td>
<td>Optimizing Quality and Patient Safety</td>
<td>Amanda Nickels Fader</td>
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Afternoon courses 12:30pm - 4:30pm

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<tr>
<td>ROBO-601</td>
<td>Cadaveric Lab:</td>
<td>Creating Systematic Proficiency</td>
<td>Devin M. Garcia</td>
</tr>
<tr>
<td>ANAT-603</td>
<td>Cadaveric Lab:</td>
<td>Navigating the Retroperitoneum: The Road to Performing Complex Laparoscopic Gynecologic Surgery</td>
<td>Yukio Sonoda</td>
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<td>Complex Surgical Spaces Demystified with Hands-on Experience: Anatomy Every Gynecologist and Urogynecologist Should Know</td>
<td>Marlene Carbon</td>
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<td>Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies</td>
<td>Jamie Kroft</td>
</tr>
<tr>
<td>ENDO-609</td>
<td>Didactic:</td>
<td>Minimally Invasive Management of Complex Endometriosis: From Imaging Pearls to Fertility-Sparing Surgery to Hysterectomy</td>
<td>Ken R. Sinervo</td>
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<tr>
<td>PELV-611</td>
<td>Didactic:</td>
<td>Pelvic Pain – Making It Right: Effectively Fixing Painful Complications</td>
<td>Meri H. Dossel</td>
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PG DAY TWO (NOVEMBER 13, 2017)

Morning courses 7:00am - 11:00am

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<tbody>
<tr>
<td>COMPLX-700</td>
<td>Didactic:</td>
<td>Oncology: Complex Surgical Anatomy and Procedures</td>
<td>Pamela T. Soliman</td>
</tr>
<tr>
<td>HYST-702</td>
<td>Didactic:</td>
<td>Laparoscopic Hysterectomy from Basic to Complex</td>
<td>Nash S. Moawad</td>
</tr>
<tr>
<td>NEUR-704</td>
<td>6-HOUR COURSE:</td>
<td>7:00am – 2:30pm</td>
<td>Grace Y. Liu</td>
</tr>
<tr>
<td>VHY-705</td>
<td>Didactic w/Live Cadaveric Demo:</td>
<td>Vaginal Hysterectomy: Mastering the Most Minimally Invasive Approach to Hysterectomy and Taking It to the Next Level</td>
<td>Michael Hovancik, Nicoli Lemos</td>
</tr>
<tr>
<td>TEACH-708</td>
<td>Didactic:</td>
<td>Become the Master Shifu You Always Wanted to Be</td>
<td>Sangeeta Senapati</td>
</tr>
<tr>
<td>HSC-710</td>
<td>FULL-DAY COURSE:</td>
<td>7:00am – 3:30pm</td>
<td>Navneet Kaur Dhillon-Singh</td>
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Afternoon courses 12:30pm - 4:30pm

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<tr>
<td>FIBR-712</td>
<td>Didactic:</td>
<td>Contemporary Fibroid Therapies and Musical Hits from the 80s: Might There Be an Association?</td>
<td>M. Jonathon Solnik</td>
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<td>SAFE-609</td>
<td>Didactic:</td>
<td>Optimizing Quality and Patient Safety</td>
<td>Amanda Nickels Fader</td>
</tr>
</tbody>
</table>

Afternoon courses 12:30pm - 4:30pm

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Didactic:</th>
<th>Course Title</th>
<th>Chair</th>
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<tbody>
<tr>
<td>ROBO-601</td>
<td>Cadaveric Lab:</td>
<td>Creating Systematic Proficiency</td>
<td>Devin M. Garcia</td>
</tr>
<tr>
<td>ANAT-603</td>
<td>Cadaveric Lab:</td>
<td>Navigating the Retroperitoneum: The Road to Performing Complex Laparoscopic Gynecologic Surgery</td>
<td>Yukio Sonoda</td>
</tr>
<tr>
<td>URO-605</td>
<td>Cadaveric Lab:</td>
<td>Complex Surgical Spaces Demystified with Hands-on Experience: Anatomy Every Gynecologist and Urogynecologist Should Know</td>
<td>Marlene Carbon</td>
</tr>
<tr>
<td>SUTR-607</td>
<td>Didactic/Simulation Lab:</td>
<td>Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies</td>
<td>Jamie Kroft</td>
</tr>
<tr>
<td>ENDO-609</td>
<td>Didactic:</td>
<td>Minimally Invasive Management of Complex Endometriosis: From Imaging Pearls to Fertility-Sparing Surgery to Hysterectomy</td>
<td>Ken R. Sinervo</td>
</tr>
<tr>
<td>PELV-611</td>
<td>Didactic:</td>
<td>Pelvic Pain – Making It Right: Effectively Fixing Painful Complications</td>
<td>Meri H. Dossel</td>
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PG DAY TWO (NOVEMBER 13, 2017)

Morning courses 7:00am - 11:00am

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<thead>
<tr>
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<tbody>
<tr>
<td>COMPLX-700</td>
<td>Didactic:</td>
<td>Oncology: Complex Surgical Anatomy and Procedures</td>
<td>Pamela T. Soliman</td>
</tr>
<tr>
<td>HYST-702</td>
<td>Didactic:</td>
<td>Laparoscopic Hysterectomy from Basic to Complex</td>
<td>Nash S. Moawad</td>
</tr>
<tr>
<td>NEUR-704</td>
<td>6-HOUR COURSE:</td>
<td>7:00am – 2:30pm</td>
<td>Grace Y. Liu</td>
</tr>
<tr>
<td>VHY-705</td>
<td>Didactic w/Live Cadaveric Demo:</td>
<td>Vaginal Hysterectomy: Mastering the Most Minimally Invasive Approach to Hysterectomy and Taking It to the Next Level</td>
<td>Michael Hovancik, Nicoli Lemos</td>
</tr>
<tr>
<td>SUTR-706</td>
<td>Didactic/Simulation Lab:</td>
<td>Laparoscopic Suturing: Practical Applications for Tissue Reapproximation, Intracorporeal and Extracorporeal Knot Tying, Barbed Suture, and Suturing Technologies</td>
<td>Jamie Kroft</td>
</tr>
<tr>
<td>TEACH-708</td>
<td>Didactic:</td>
<td>Become the Master Shifu You Always Wanted to Be</td>
<td>Sangeeta Senapati</td>
</tr>
<tr>
<td>HSC-710</td>
<td>FULL-DAY COURSE:</td>
<td>7:00am – 3:30pm</td>
<td>Navneet Kaur Dhillon-Singh</td>
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Afternoon courses 12:30pm - 4:30pm

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<td>Gaby N. Moawad</td>
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</tr>
<tr>
<td>FIBR-712</td>
<td>Didactic:</td>
<td>Contemporary Fibroid Therapies and Musical Hits from the 80s: Might There Be an Association?</td>
<td>M. Jonathon Solnik</td>
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THIS MEETING IS NOT JUST ANOTHER ENDOSCOPY MEETING !
IT’S ABOUT “THE FUTURE OF GYNECOLOGIC SURGERY”

MAINS TOPICS

- Teaching gynecologic surgery (New tools for training, the ideal curriculum? E learning pitfalls and limits? …)
- Quality in surgery
- The future or robotic surgery from tele manipulators to independent robots
- Which image on our screens in 10 years?
- The ideal pneumoperitoneum
- Will or should the OR become an Airline Cockpit?
- Improving surgical safety
- Computer Science explained to surgeons
- Augmented reality
- Surgeon and social networks

www.gynecologic-surgery.com

Meeting in English with simultaneous translation
Cesarean-Induced Isthmocele: Is It on Your Radar?

Linda D. Bradley

An under-recognized cause of post-menstrual spotting, pelvic pain, abnormal uterine bleeding, and secondary infertility, is a cesarean-induced isthmocele. With the increasing number of births worldwide by cesarean deliveries, gynecologists must be aware of this novel problem.

An isthmocele is defined as a triangular defect and reservoir-like pouch of fibrotic tissue involving a prior C-Section scar on the anterior wall of the uterine isthmus. Dr. H. Morris, a pathologist, described significant pathologic changes in 51 hysterectomy specimens near the region of the post-caesarean section scar. These changes included: distortion and widening of the lower uterine segment (75%); “overhang” of congested endometrium above the scar recess (61%); polyp formation within the uterine scar (16%); moderate to marked lymphocytic infiltration (65%); residual suture material with foreign body giant cell reaction (92%); capillary dilation (65%); free red blood cells in the endometrium representing recent hemorrhage (59%); breakdown of the endometrial scar (37%); and adenomyosis confined within the uterine scar (28%).

Findings are more prevalent during the early proliferative phase post-menstrually. While not completely understood, its etiology associated with deficient wound healing after a cesarean section, number of cesarean deliveries, uterine position, labor prior to cesarean section, and surgical closure.

Blood accumulating in the pouch contributes to suprapubic pain, may affect quality of cervical mucus, sperm motility and sperm transport, and may lead to secondary infertility. Embryo transport may be affected due to distortion in the endocervical and endometrial cavity during in vitro fertilization. Additional complications may include cesarean scar ectopic pregnancy; increased complications during gynecologic procedures, including uterine evacuation, hysterectomy, insertion of an intrauterine device, or endometrial ablation. Pregnancy complications include uterine dehiscence and uterine rupture during an ongoing pregnancy.

The prevalence of clinically symptomatic isthmocele ranges from 19.4% to 88%. Imaging techniques include office hysteroscopy, transvaginal ultrasound (TVUS), saline infusion sonography (SIS), and pelvic MRI. Distention of the uterine cavity during SIS make delineation and view of the defect more easily seen than with TVUS alone—and it is less expensive than MRI. Additionally, with SIS, the myometrial thickness overlying the isthmocele is reproducible and provides guidance for the surgical approach or advice regarding future pregnancy. The classic appearance includes a typical U-shaped or V-shaped hypoechoic or anechoic fluid accumulation in the region of the cesarean incision.

Treatment options and surgical techniques for symptomatic isthmocele depend on symptoms and desire for future pregnancy. These options include: medical management, robotic, laparoscopic, combined hysteroscopic and laparoscopic approach, endometrial ablation or vaginal approaches. Currently, there is no universally accepted consensus or “best-practice” for the treatment of cesarean-induced isthmocele.

Raimondo and colleagues were successful in correcting cesarean induced-isthmocele with operative hysteroscopy. In 80% of patients with abnormal uterine bleeding and suprapubic pain, symptoms improved. In 7% of patients, other symptoms improved; however, 13% did not notice improvement clinically.

To improve the care of women with symptomatic cesarean-induced scars, more quality studies that include longer follow up, including pregnancy and delivery outcomes, post-procedural imaging, increased sample size, and improved description of surgical methodological techniques employed in treatment will enable clinicians to provide the most robust informed consent. Treatment may not be an “either/or” possibility, but may include multiple modalities including a hysteroscopic approach.

Linda D. Bradley, M.D. is Chair of the Special Interest Group on Hysteroscopy, and a Past-President of the AAGL. She is Professor of Surgery, Vice Chair Obstetrics/Gynecology and Women’s Health Institute, Cleveland Clinic, Cleveland, Ohio.

REFERENCES

What's new for 2017?

This year we're excited to offer several unique, fun, and fulfilling opportunities to support the efforts of The Foundation through multiple fundraising events and opportunities. All proceeds from each of these events go toward The Foundation's mission of continued progress in the field of minimally invasive gynecology.

We hope you'll join us for one or more of these events and enjoy the networking and social atmosphere - all for a greater cause.

Silent Auction
Wednesday, November 15, 2017
(7:00 pm - 9:00 pm)
Preceding the Presidential Gala

Imagine yourself on a trip of a lifetime. Or advancing your surgical skills during an observership with a high-profile surgeon. Are championship sports events more your thing? Perhaps you've always wanted to buy an original piece of art. All this and more will be available for bid with all proceeds benefiting the Foundation. Come see if your dreams can be fulfilled.

Congressional Crawl
Monday, November 13, 2017
(8:30 pm - 12:30 am)

$75.00

No trip to the greater Washington, D.C. Area is complete without touring our national monuments. This evening tour lets you visit them without the usual daytime crowds, allowing you to take in the history and beauty as they're bathed in bright lights against the dark sky - a truly unique and memorable experience.
One of the main functions of the mission of The Foundation of the AAGL is to provide scholarships, teaching grants, and financial support to worthy research. For the second straight year, The Foundation is proud to announce the recipients of the Exxcellence in Clinical Research Course grants and the MIGS research grants.

A sincere thank you to all who submitted their interest in these grants, and congratulations to all the grant recipients.

The following grant recipients will receive a research grant for up to $10,000 to fund a research project related to minimally invasive gynecology. The research must occur between 7/1/2017 and 6/30/2018.

Emily Davidson, Cleveland Clinic
“A randomized-controlled trial of post-operative narcotic quantities after minimally invasive urogynecologic surgery”

Sukhbir “Sony” Singh, The Ottawa Hospital
“Predicting the presence of deep infiltrating endometriosis from routine transvaginal ultrasound images”

Cara King, University of Wisconsin-Madison
“Application of motion based technology in the objective assessment of laparoscopic suturing of a validated vaginal cuff simulation model”

The following grant recipients will receive funding to attend the six-day Exxcellence in Clinical Research Course this August 19-25 in Stevenson Washington. This course is sponsored by The Foundation for Exxcellence in Women's Health Care.

Sara Farag
Miami Lakes, Florida

Nisse Clark
Boston, Massachusetts

Carolyn Piszczek
Portland, Oregon

Kristen Riley
Seattle, Washington

Shanti Mohling
Chattanooga, Tennessee

Urban Pub Crawl
Tuesday, November 14, 2017
(7:30 pm - 12:30 am)
$150.00

Barre3 Fitness Class
Wednesday, November 15, 2017
(6:00 am - 7:00 am)
$25.00

Hip and trendy bars, extraordinary restaurants - these are the cornerstones of what night life in DC has come to be known for. Join us as we visit some of DC’s trendiest locales for delicious hors d’oeuvres and creative craft cocktails. Your local hosts will ensure that you have a great time, and a safe time with dedicated shuttle drivers. Networking and fundraising like you’ve never done before!

If fitness is more up your alley, then a sunrise Barre3 class will certainly get your day started right. Barre3 delivers a full body workout using only low-impact movements from 3 different disciplines - ballet barre, pilates, and yoga. No experience is required. Do your body some good while you support the Foundation’s efforts. What could be more fulfilling than that?

www.aagl.org | April—June 2017
New AAGL Practice Report: Practice Guidelines on Intrauterine Adhesions, Developed in Collaboration With the European Society of Gynaecological Endoscopy (ESGE)

The AAGL Practice Committee presents the first revised AAGL guideline since its inception more than seven years ago, when it began producing evidence-based guidelines for AAGL members. This revision is also the first to be written in conjunction with a partner organization - the European Society of Gynaecological Endoscopy (ESGE) - bringing together clinicians from the United States, Europe and Australia to examine the evidence available and suggest best practice for clinicians globally.

There have been substantial changes since the first Guidelines, published back in January 2010, with 7 randomized clinical trials (RCTs) examining primary prevention and demonstrating that the type of surgery is likely to contribute to de novo adhesion formation, and the use of adhesion barriers being effective in adhesion prevention, although the longer-term effect on fertility with the use of these barriers is unknown at this time. When a woman has adhesions that are treated, secondary prevention has also been assessed with 5 RCTs now published recently, reporting that semi-solid barriers, IUDs, stents, and amnion grafts all reduce repeat adhesion formation. Again, the evidence for subsequent pregnancy is not defined, and these treatments should be used in well-conducted clinical studies until the exact benefit is demonstrated.

The newest innovation is a study that uses intrauterine stem cells following surgery, with pregnancies reported. In accordance with the pyramid of evidence, it is imperative that this be recognized as a potential only, and not be undertaken outside of rigorous research protocols, until safety and efficacy can be firmly established.

Dissemination of this Practice Guideline would not have been possible without the collegial spirit of Elsevier and Springer publishing houses, which have allowed dual simultaneous publication. It is clear that the evidence is the same the world over, and that we all want to practice optimal and evidence based gynecology. Any guideline team will also tell you that there is a substantial volume of work involved in their production, and inter-society collaborations that promote cooperation, unity, and reduce duplication, are clearly advantageous. I look forward to future combined Guidelines that may be endorsed by many, for the benefit of women everywhere.

Jason Abbott is Associate Professor Gynaecological Surgery, School of Women's and Children's Health, The University of New South Wales in Sydney, Australia, and the Chair of the AAGL Practice Committee that was responsible for this project.
How Does Vaginal Hysterectomy Measure Up in The Era of VBM (Value-Based Medicine)?

"The meaning of ‘value’ in medicine continues to be debated, as multiple factors and obstacles make the economists’ formula of quality ÷ cost quite difficult to compare across institutions and geographic regions."

The preferred approach to hysterectomy for benign indications is vaginal because of low-cost and overall safety. Unfortunately, vaginal hysterectomy rates remain low at around 20%. In the prior issues of NewsScope we addressed potential reasons why, but now we are taking a closer look at finances.

The meaning of “value” in medicine continues to be debated as multiple factors and obstacles make the economists’ formula of quality ÷ cost quite difficult to compare across institutions and geographic regions. Yet, given the direction our healthcare system is taking, it is important to consider.

First, with regard to “quality,” it has been well established across multiple studies that the vaginal approach is associated with the lowest cost, shortest operating time and fewest complications overall. That said, there are almost no true randomized trials in which the surgical teams have equal proficiency in all approaches. In addition, no “standard” exists when it comes to surgical technique. A recent systematic review attempted to create evidence-based clinical practice guidelines when comparing vaginal hysterectomy techniques. Authors reported their results in several domains, but noted that minimal data exist to guide surgeons, and that further study was needed.

Second, with regard to cost, one problem is clear: estimates vary widely based on how calculations were made. Factors such as patient selection, surgical experience, OR time and staffing, use of disposable devices, trainees’ involvement, study periods, length of follow up, inpatient vs. outpatient setting, health systems, countries, regions, and viewpoints (societal and institutional) differ greatly. Other tangible factors such as marketing and patient demand are hard to quantify. Still, however limited, most trials consistently demonstrate that vaginal hysterectomy is the most cost-effective route, with some estimates showing that the robotic route costs, on average, $2,253 more per patient than vaginal hysterectomy. With laws and regulations affecting payments that are ever changing, and political instability in health care, these calculations are even more challenging.

Consider the broader picture. We would argue that the “decision for surgery” is the most important consideration in managing benign uterine disease. Since the current reimbursement system is fee-for-service (RVUs for surgeons, DRGs for hospitals), high surgical volume is incentivized over conservative management. Let’s also not forget that RVUs for minimally invasive approaches are lower overall since these procedures are typically performed in an outpatient setting despite the fact that they commonly require more intraoperative time, effort, and “work.” They require advanced skills, which now often means additional training. Without question, the cost of healthcare in the US is too high, and value-based payment systems are coming.

When hysterectomy for benign conditions is the right choice, the vaginal approach – which has been proven to be feasible under most circumstances – will be the clear winner. It is our job now to ensure that minimally invasive surgeons have the skills and experience necessary to counsel our patients well and choose the route of hysterectomy wisely.

REFERENCES:
In the city of Louisville, after the dust settled from the Kentucky Derby, another ongoing tradition was in full-swing—the 20th Annual AAGL Advanced Workshop on Gynecologic Laparoscopic Anatomy and Minimally Invasive Surgery Including Pelvic Floor Reconstruction. This is the longest running cadaver course in the world, and has attracted over 550 attendees from more than 34 countries since 1998.

The director of the course, Dr. Resad Pasic, intends for this course to solidify knowledge of pelvic anatomy and improve surgical technique. He also believes that gynecologists are sometimes confined to the intra-peritoneal space of the pelvis. You can often times hear him telling his fellows: “Familiarity of the pelvic sidewall and retroperitoneal spaces is crucial. Go beyond! Explore these spaces; this is how you will become an expert surgeon.” He envisions the same goals for the attendees of this conference.

This year, there were 27 participants from 7 countries, including the United States, Canada, Costa Rica, Australia, the United Kingdom, Brazil, and Peru. The two-day course was comprised of didactics and hands-on cadaveric dissection. Lecture topics included basic anatomy, hysterectomy, laparoscopic myomectomy, retroperitoneal dissection, pelvic sidewall dissection, laparoscopic suturing, pelvic floor reconstruction, and incontinence procedures.

A unique feature of this year’s course was the involvement of past fellows. Seven former fellows served as faculty, along with Dr. Pasic, Dr. Shan Biscette, Lab Director for the course, and Dr. Sean Francis, Chair of the Obstetrics and Gynecology Department at the University of Louisville. This arrangement catered to intimate instruction for participants, who were divided by skill level, to enhance the learning experience for each individual. There were three participants for each cadaver, allowing each person ample time to practice surgical technique, ask questions, and review pertinent anatomy. In addition, various companies made their products available for trial. This included instruments for intra-abdominal entry, assorted electrosurgical tools, and even samples of hemostatic agents and adhesion barriers. The course also offered a station dedicated to laparoscopic suturing and knot tying with one-on-one instruction, which many found extremely helpful.

Course attendee, Dr. Amy McGaragham from Boston, appreciated the in-depth review of the retroperitoneal anatomy, stating, “Even those who are comfortable with laparoscopy can attend this course to advance their skills and knowledge of spaces that we do not enter every day.” Dr. Aishawarya Sarkar graduated residency in 2015 and felt this course gave her great tips on surgical technique and anatomy. She exclaimed, “I would recommend this course to everyone!”

Despite 20 years, and counting, we are constantly evolving. Dr. Biscette, who has been integral to the implementation of this course, says she is “always amazed by the attendance from participants both nationally and internationally. The enthusiasm from these colleagues continues to fuel our passion for surgery and encourages us to pass on our pearls of wisdom.” We incorporate the feedback of both the faculty and attendees to make each year better than the last. We are thankful to AAGL for this ongoing partnership and are already preparing for next year!

Traci E. Ito, M.D., is a first-year Fellow in Minimally Invasive Gynecologic Surgery at the University of Louisville in Louisville, Kentucky.
This past March 2017, the AAGL hosted its first Advanced Robotics Workshop for FMIGS Fellows under the leadership of Drs. Arnold Advincula and Gerald Harkins. After applications were submitted and reviewed, 24 FMIGS fellows were eventually selected to participate in a 2-day intensive and interactive deep dive into the advanced applications of robotics in minimally invasive gynecologic surgery. A combination of didactics and small group discussions complemented the hands-on cadaveric component on six robotic surgical systems.

Highlights included strategic port placement and docking demonstrations, tips and tricks for single site and reduced port robotics, cost containment strategies, and trouble-shooting. Advanced robotic suturing and dissection techniques were also addressed and applied in the cadaveric setting. Enhancing the program were the dedicated faculty who possessed years of experience performing robotic surgery for complex gynecologic conditions.

A heartfelt thanks goes out to our key industry partners whose in-kind product support and unrestricted educational grants make endeavors such as the Advanced Robotics Workshop for FMIGS Fellows possible. Intuitive Surgical also deserves a special thank you for allowing the AAGL to have this event at their state-of-the-art robotic surgery training facility in Norcross, Georgia. Given the overwhelmingly positive feedback regarding this focused robotics experience, planning for our next workshop is already underway with the hopes of increasing the number of fellows able to participate. We look forward to an even bigger and better course in 2018.

Arnold P. Advincula, M.D., FACOG, FACS, is the Immediate Past-President of the AAGL. He is Levine Family Professor of Women’s Health, Vice-Chair, Department of Obstetrics & Gynecology, Chief of Gynecology, Sloan Hospital for Women, Medical Director, Mary & Michael Jaharis Simulation Center, Columbia University Medical Center, New York-Presbyterian Hospital, New York, New York.

Announcing FMIGS-International

Magdy Milad

A 2017 initiative approved by the FMIGS Board will allow non-US and Canadian fellowship programs to apply for FMIGS-International (FMIGS-I) designation. A committee composed of a diverse group of clinician-educators has worked hard to establish standards by which international fellowship sites can be recognized for their educational training capacity.

The mission of FMIGS-I is to provide a uniform training program for gynecologists who have completed her/his residency in obstetrics and gynecology and desire additional knowledge and surgical skills in minimally invasive gynecologic surgery so they may: (a) serve as a scholarly and surgical resource for patients and referring physicians; (b) have the ability to care for patients with complex gynecologic surgical disease via minimally invasive techniques; (c) establish sites that will serve a leadership role in advanced endoscopic and reproductive surgery; and (d) further research in minimally invasive gynecologic surgery. International fellowship programs will have similar requirements as those in the United States and Canada that include a 2-year curriculum, didactics, minimum case experience, competency-based training, assessment, and research.

FMIGS-I training is not a substitute for FMIGS training and is not intended to prepare minimally invasive gynecologic surgeons to provide clinical care in the US or Canada.

Interested programs can find the link on the aagl.org website under “fellowships,” to be posted in July 2017. Interested candidates can also find the application on the same page. Thank you to all the committee and staff members for their work on seeing this exciting initiative come to fruition.

Magdy Milad, M.D., MS is the Immediate Past-President of the Board for the Fellowship in Minimally Invasive Gynecologic Surgery. He is the Albert B. Gerbie Professor of Obstetrics and Gynecology at Northwestern Feinberg School of Medicine, Chief of Gynecology and Gynecologic Surgery at Northwestern Memorial Hospital, Chicago, Illinois.
Pamela T. Soliman

The AAGL had the opportunity to host a subspecialty session for the second consecutive year. The session, entitled *Minimally Invasive Approaches to Gynecologic Procedures*, was presented on Sunday, May 7 at the 2017 ACOG Annual Meeting: Next Generation of Health Care, in San Diego, California. Together with Drs. Ted Lee and Michael Frumovitz, we were able to address important issues in gynecologic surgery. We reviewed current guidelines for making the best decision about who needs surgery and what is the best procedure. This included strategies to avoid a chance encounter with a gynecologic malignancy, as well as current guidelines for elective oophorectomy and salpingectomy.

Participants watched surgical videos on the key anatomic structures within the pelvis and retroperitoneum, and learned how to use this knowledge to gain access to the pelvis during a difficult hysterectomy. This included innovative options for tissue extraction and morcellation in the current era. We discussed difficult surgical decision-making, and how best to provide safe care for obese women undergoing minimally invasive surgery. And finally, we offered tips to avoid bowel and bladder complications, as well as advice on managing complications.

Overall, the course was well attended and well received. The audience was engaged and asked a lot of great questions. The AAGL looks forward to hosting another subspecialty session at next year’s ACOG Annual meeting.

Pamela T. Soliman, M.D., MPH is Associate Professor and Deputy Chair, Department of Gynecologic Oncology and Reproductive Medicine at MD Anderson Cancer Center, Houston, Texas, and a past AAGL Board member.

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6th Annual “Stump the Professors” Call for Cases

Everyone loves a good mystery! Especially one that can lead to the right diagnosis and treatment plan for a patient in need.

If you’ve ever been stumped by a case, had a case that was challenging and exciting to manage, or just walked away thinking “that was an amazing case”, come share that experience with your peers in this engaging and informative format. Three intriguing, mind-boggling, complex cases will be presented to a panel of recognized experts. Based on their vast clinical knowledge and experience, the panelists will try to accurately assess the correct treatment and diagnosis. Your job is to make it as challenging as possible for the panelists...to stump the professors! Get creative in this no holds barred presentation.

**WHO IS ELIGIBLE:**
All AAGL members (domestic or international)

**OUTLINE:**
One-page case summary, including final diagnosis (750 word MAX)

**SUBMIT:**
Email to Art Arellano, aarellano@aagl.org
Dr. Ronald Elmer Batt died April 25, 2017 after a short illness. He is survived by his wife, 12 children and step-children; 31 grandchildren and step-grandchildren; 6 step-great-grandchildren; and 3 sisters.

Ron was raised near Buffalo, New York and attended the University of Buffalo School of Medicine. After graduation, he served as Research Fellow in reproductive endocrinology at Harvard Medical School, Assistant-in-Surgery at Peter Bent Brigham Hospital, and as a Clinical Fellow at the Mayo Clinic in Rochester, Minnesota. He was a lieutenant in the US Navy Medical Corp 1960-1962. He returned to Buffalo in private practice in 1970 and was affiliated with the University of Buffalo School of Medicine since 1972. Ron joined the University of Buffalo School of Medicine’s full-time faculty in 1995. He was honored by UB with the Medical Alumni Lifetime Achievement Award in 1998.

He began publications on endometriosis in 1977 with “Conservative Surgery for Endometriosis in the Infertile Couple.” Dr. Jordan Phillips invited him to an AAGL conference in Beijing, China, where he presented a keynote lecture on June 19, 1985.

Following his trip with Dr. Phillips, Ron continued to be a loyal supporter of the AAGL and served as a book reviewer, editorial board member, member of the advisory board, and ad-hoc reviewer. He enjoyed intellectual contacts, personal friendships, and the propagation of information in his many years of attending the AAGL meetings. Ron was also honored with the 2015 Harry Reich Award by the Endometriosis Foundation of America.

Ron is missed by those who had the privilege and pleasure of knowing him. Ron was a kind and thoughtful member of our community, a friend, a mentor, a scholar, a scientist, and an historian. He was an excellent clinician with boundless energy and perennial cheerfulness. He will be missed by his friends, his students and those who benefit from his contributions to medical knowledge.
Member News

Welcome New Members
March 1, 2017 — May 31, 2017

Anne Hutchinson, M.D.
Loi ly idoniboye, M.D.
Crin gu Antonio I on enza, M.D.
Patic cia Ir v ine, M.D.
Kather  y Dixon Isham, M.D.
Manu sia I ain, M.D.
Tee-Yuu Jang, M.D.
John J arrel, M.D.
Linga liang, M.D.
Solmar Jimenez-Diaz, M.D.
Cheryne Joharsson, MBBS, FRACGP
Til lanny L. Jones, M.D.
Na an a Akua Ijuam, M.D.
Triha Sarit K adakia, M.D.
Sandesh Om vanaka Kade, M.D.
Murat Kale, M.D.
Wioletta Kapa duia, M.D.
M eredi th Kapner, M.D.
D ergen Karp arnek, M.D.
L im na Katiz, M.D.
M anpreet Kaur, M.O.
M augehan Keddy, M.D.
Barbara Akosa K erkhof, M.D.
E. Denai l Kert, M.D.
Patr ilat Khireva, M.D.
Ann ie I hah Kim I, M.D.
Jiyoung Kim, M.D.
Tana Kim, M.D.
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2. Based on internal report # 15003596, Preclinical test using analog tissue. 2016.