46th AAGL Global Congress on MIGS
Enhancing Minimally Invasive Gynecologic Surgery Through Quality, Patient Safety and Innovation

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July—September 2017

Things to do in D.C.
★ Visit one of the 11 museums and galleries of The Smithsonian on the National Mall
★ Experience the First Amendment of the Constitution of the U.S. at Newseum
★ See a big theatrical production, including musicals, opera, and Shakespeare
★ Live concerts, from arena shows to intimate clubs
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Her endometriosis is in attendance

In an international multicenter survey of patients treated in tertiary care centers, it was reported that

endometriosis patients experience unresolved pain despite management

Could your endometriosis patients be suffering in silence?
Discover resources at HerEndometriosisReality.com that can help your patients open up about the true impact of their endometriosis pain.

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I recently read a trade article entitled “The Graying of Associations” which pointed out that organizations are not healthy if the age of their members does not stay young.

The AAGL will be celebrating its 46th Annual Meeting in November. It is clear the AAGL is not a new organization and many of the early members now fall into the class of “Graybeards”. So what is happening with the membership of the AAGL?

Over the past 5 years our membership has increased by 23%. And who are our members now?

They are not “Graybeards”. In fact the majority of members do not have beards. Female members now number 51.3% of our membership with 48.7% being males.

The largest single group of members is 31 to 40 years old (33.5%) followed by 41 to 50 years old (23.4%) with 51 to 60 years old next (19.1%). Only 13.2% are 60+ years old. The AAGL’s emphasis on including physicians in training accounts for 10.9% of our members.

The unwritten goal of the AAGL has always been “Make new friends and keep the old; one is silver and the other gold.” This appears to have kept us from becoming a “Graying Association”.

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

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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†Compared to ARISTA™ AH, based on preclinical testing in a swine acute liver biopsy model

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**Essential Product Information**

**INDICATIONS**

SURGICEL® Powder (oxidized regenerated cellulose) is used adjunctively in surgical procedures to assist in the control of capillary, venous, and small arterial hemorrhage when ligation or other conventional methods of control are impractical or ineffective.

**CONTRAINDICATIONS**

- Do not inject or place SURGICEL® Powder into an open blood vessel.
- SURGICEL® Powder should not be used to control hemorrhage from large arteries.
- When SURGICEL® Powder is used to help achieve hemostasis in, around, or in proximity to foramina in bone, areas of bony confluence, the spinal cord, or the optic nerve and chiasm, it must always be removed after hemostasis is achieved since it will swell and could exert unwanted pressure.
- SURGICEL® Powder should not be used for implantation in bone defects, such as fractures, since there is a possibility of interference with callus formation and a theoretical chance of cyst formation.

**WARNINGS**

- Closing with SURGICEL® Powder in a contaminated wound without drainage may lead to complications and should be avoided.
- SURGICEL® Powder should not be impregnated with anti-infective agents or with other materials such as buffering or hemostatic substances.
- SURGICEL® Powder is dry and there may be difficulties in precise delivery under certain circumstances. Unintentional device placement may result in powder scattering and device migration that may increase the risk of adhesion formation.
- Although SURGICEL® Powder is bactericidal against a wide range of pathogenic microorganisms, it is not intended as a substitute for systemically administered therapeutic or prophylactic antimicrobial agents to control or to prevent postoperative infections.
- Do not attempt to trim the applicator tip.

**PRECAUTIONS**

- SURGICEL® Powder should not be used in conjunction with autologous blood salvage circuits, because its fragments may pass through the transfusion filters of blood-scavenging systems.
- Use only as much SURGICEL® Powder (oxidized regenerated cellulose) as is necessary and apply only where needed for hemostasis. Remove any excess before surgical closure in order to facilitate absorption and to minimize the possibility of foreign body reaction.
- In urological procedures, minimal amounts of SURGICEL® Powder should be used and care must be exercised to prevent plugging of the urethra, ureter, or a catheter by dislodged portions of the product.
- Since absorption of SURGICEL® Powder could be prevented in chemically cauterized areas, its use should not be preceded by application of silver nitrate or any other escharotic chemicals.
- If SURGICEL® Powder is used temporarily to line the cavity of open wounds, it should be removed by irrigation with sterile water or saline solution after bleeding has stopped.
- Precautions should be taken in otorhinolaryngologic surgery to ensure that none of the material is aspirated by the patient (e.g., controlling hemorrhage after tonsillectomy and controlling epistaxis).
- This applicator tip is not intended for laparoscopic or other endoscopic use.

**ADVERSE EVENTS**

- Paralysis and nerve damage have been reported when other SURGICEL® products were used around, in, or in proximity to foramina in bone, areas of bony confluence, the spinal cord, and/or the optic nerve and chiasm.
- Blindness has been reported in connection with surgical repair of a lacerated left frontal lobe when other SURGICEL® products were placed in the anterior cranial fossa (see WARNINGS and PRECAUTIONS).
- Foreign body reactions have been reported with other products from the SURGICEL® Family of Absorbable Hemostats.
- Burning has been reported when other SURGICEL® products were applied after nasal polyp removal. Headache, burning, stinging, and sneezing in epistaxis and other rhinological procedures, and stinging when SURGICEL® product was applied on surface wounds (varicose ulcerations, dermabrasions, and donor sites) have also been reported.

For more information and technical questions, call 1-800-795-0012.

For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full package insert.

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**References**

1. PRC07569A Brick vs. Atlas - Burst, jaw temp, sticking, TAZ, marching. Ethicon, Inc.
2. PROXISURE™ Suturing Device, Instructions for Use. Ethicon, Inc.

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All New SurgeryU - Here’s What Our Brand-New Website Will Offer

Suketu Mansuria

The Editorial Board of SurgeryU and I are very excited to share our progress thus far in updating and improving SurgeryU. We have been hard at work developing a completely brand-new site. This site will have many enhancements over the existing site as well as added functionality to improve the user experience. The new SurgeryU will be revealed at the 46th AAGL Annual Global Congress in November, but here is a sneak peek into some of the new features.

- An upgraded search engine to make finding videos easier. Videos can now be searched by author, key words, or type of content.
- Enhanced compatibility with mobile devices. The site will be much easier to navigate on smartphones and tablets, allowing for on-the-go viewing.
- Inclusion of full length, narrated videos. This will allow for improved surgical education by properly illustrating all of the steps and decision making during a procedure.
- The addition of chapters in longer videos. Adding chapters will make finding the specific part of the case that interests you much easier.
- A new category of videos called “Scrub Sink Teaching Moments”. These will be short videos that can be watched just prior to a case to reinforce or review a technique that will be utilized.
- Content from recent meetings. We are including the best lectures from some of our highest rated courses by renowned faculty. In case you missed a topic or lecture from a recent meeting, now you can find it on SurgeryU.
- A revamped layout to make navigating within the site more intuitive. Our goal is to make video surfing so much easier and enjoyable (you won’t even know where the time went!).
- Ability to share links. With this functionality, you can now send and share specific videos with other AAGL members.
- Ability to construct playlists and have favorites. Users will be able to make multiple playlists to organize their content and tag specific videos for future reference. These playlists can also be shared with other users.
- Functionality to “follow” surgeons or types of content. When new videos are posted by members you follow, a notification will be sent to your email immediately.

Our goal is to provide the premier educational website for our members, and I feel we are well on our way. The new site will be up and running in time for the Annual Global Congress and we hope you will take a few minutes to give it a browse. I am sure you will be impressed by the new format and functionality. From everyone on the Editorial Board, we thank you for your patience and look forward to your feedback. Stay tuned!

Suketu Mansuria, M.D., is the Editor-in-Chief of SurgeryU. He is Associate Professor, Assistant Director of Gynecologic Minimally Invasive Surgery, Magee-Women’s Hospital, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania
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Today, we are facing the challenges of cost and quality healthcare, and the relationship between innovation and healthcare costs is not always straightforward. A deep understanding of the surgical value of technology, paired with a cost-conscious approach to deliver excellent outcomes, are essential for continued advancement of minimally invasive gynecologic surgery.

We must go beyond direct cost
Most published cost studies tend to primarily focus on direct and capital costs; these are part, but not the whole, cost of care.

To accurately measure the cost of robotic-assisted surgery (RAS) in healthcare, several factors should be taken into account, such as surgeon’s training, skills, and volume; hospital operations; case complexity; length of hospital stay; complications; conversions, and more. The lower complication, readmission, and conversion rates that have been seen with RAS demonstrate its value and equivalence to other MIS approaches when it comes to the total cost of care.

We must consider opportunity cost
The value of RAS must also be seen in terms of opportunity cost, which can be understood as the potential savings one forgoes when an alternative approach is chosen. A thorough look at the total cost for each approach would help identify opportunities for savings, and hospital resources should shift to the higher-quality surgery to take advantage. For example, if open surgery is the chosen approach, what potential savings are lost when innovation isn’t chosen? The difference between the total cost of open surgery and the total cost of RAS is worth consideration, especially after the role that RAS plays in enabling more outpatient surgery is added in.

We can further improve cost
It is imperative that RAS education focus as much on economy as it does on technical skill acquisition. Surgical efficiency matters as much as surgical proficiency. Improving surgical efficiency is directly related to level of training, experience, and surgical volume. While the roles of preoperative simulated practice and continuous maintenance of certification models have not been fully explored, it stands to reason that the optimal use of simulation and outside repetition will also improve surgical efficiency and help control costs.

Hospital administrators share the responsibility for building efficiency and thus lowering costs by investing in well-honed RAS teams and standardizing RAS operations.

We cannot sacrifice innovation
If new technology is found to help provide a high quality of care, we must not immediately dismiss it based solely on its sticker price. We must look at the entire cost. The benefits of something new or disruptive can be hard to equate to dollars, but for the sake of quality care, we must be willing to calculate the cost. The technologies will get cheaper and the savings will grow as innovations sustainably show benefits.

Gaby Moawad, M.D., FACOG, is the Chair of the AAGL’s Special Interest Group on Robotics. He is Assistant Professor of Obstetrics and Gynecology, Director of GYN Robotic Surgery, and FMIGS Co-Director at The George Washington University School of Medicine & Health Sciences in Washington, D.C.

REFERENCES
2. Inpatient data: Nationwide Inpatient Sample (NIS), Healthcare Cost and Utilization Project (HCUP), Agency for Healthcare Research and Quality; Outpatient data: Truven Health Analytics
In August, Columbia University hosted the 2017 FMIGS Fellows and Residents Surgical Boot Camp in New York City. This year’s course, the third annual, was a remarkable departure from previous efforts in terms of expansion and innovation. The group of over 130 participants included 40 1st year fellows, 40 2nd year fellows, and 52 residents, who were taught by an outstanding group of 80 – yes, that’s right, 80 – faculty from across the country, ranging in experience from newly graduated fellows, to seasoned program directors, to the Executive Committee of AAGL’s Board of Directors.

The course began with a special workshop on simulation training on Thursday afternoon, led by physician scientists at Columbia with extensive experience in the field. On Friday, 2nd year fellows and the first crop of residents were taught using a combination of didactics, cadaveric dissection, including advanced sidewall dissection and ureteral reanastomosis (wow!); and, a completely new session this year, simulation-based learning focused on intraoperative crisis, obtaining informed consent, and delivering bad news.

On Saturday, the entire cohort was present and were taught in the classroom as well as in the lab, including hysteroscopy, suturing, tissue extraction, robotics, and electrosurgery. The 2nd year fellows and faculty attended a special leadership workshop that afternoon focused on time management (attention) and giving/receiving feedback, led by an executive from the corporate world.

On Sunday, the second cohort of residents and first year fellows were exposed to a specific training pathway on total laparoscopic hysterectomy, including

This course could not be possible without the generous in-kind equipment donations from our industry supporters - thank you for your support!
Introducing the New Members of the Fellowship Board of Directors

The Fellowship is proud to welcome the newest members who will serve on the Fellowship Board of Directors starting on January 1, 2018.

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Gainesville, Florida

Program Director Representative (New Position)
Gretchen E. H. Makai, M.D.
Christiana Care Health System
Newark, Delaware

We want to thank our Board members who will be stepping down at the end of the year for their dedication to the Fellowship Board: Magdy Milad (Immediate Past President); Suketu Mansuria (Director-at-Large); and Amanda Yunker (Director-at-Large; congratulations on being selected by the Board to the position of Secretary-Treasurer).

lecture and lab-based learning. Surgical film sessions with presentations from master surgeons and attendee submissions were peppered throughout the course. There were a lot of moving parts, but the final product was a spectacular combination of interactive learning that really catapulted this course into the future of learning in medicine.

As course chairs, Dr. Advincula and I would like to extend a special thank you to the faculty who donated their time, travel, and energy to teach these talented young surgeons, and to the AAGL office staff, and the staff at Columbia University for their tireless efforts organizing and administering such an ambitious effort.

Matthew Siedhoff, M.D., MSCR is the Vice-President of the FMIGS Board of Directors. He is Associate Professor of Minimally Invasive Gynecologic Surgery at Cedars-Sinai Medical Center in Los Angeles, California.
Every year, the excitement of the Annual Global Congress dies down, the Scientific Program Committee and Board of Directors take the time to read through all of the post-activity evaluations and comments submitted by the attendees with the intent to continue to improve the quality of the program year after year to meet the needs of our diverse group of Congress delegates. This year’s program was born from addressing these needs directly, with PG courses and labs for sub-specialists, novice and advanced surgeons, and a more streamlined Congress program of high-quality, evidence-based scientific presentations. We’ve adjusted the Congress Days to have 6 concurrent breakout sessions instead of 8, giving attendees more opportunities to attend sessions that are important to them. And we’ve limited the PG courses and labs to 2 days instead of 3, allowing for attendees to have focused time for these exceptional learning experiences.

It is our sincere hope that returning attendees will find that this year’s Congress reflects the growth and evolution that AAGL has been experiencing in recent years, and that our new attendees will discover that they’ve found a home at AAGL and will mark their calendars for next year’s meeting. We look forward to seeing you at the 46th Annual AAGL Global Congress in National Harbor, located in the Greater Washington, C.D. area, in November!
While You’re in Washington, D.C. …

The Capital City of the U.S. is teeming with historical, cultural, theatrical, and architectural sites and experiences. In addition to the fundraising social events that AAGL is putting on (see pages 14–15), below is a sample of what exciting events are also happening.

**The Smithsonian**
The Smithsonian offers 11 museums and galleries on the National Mall, and 6 other museums and the National Zoo in the greater National Capital Area. Admission is always free. Popular museums include:
- **Air and Space Museum**
  - Featured exhibition: Clouds in a Bag
- **American History Museum**
  - Featured exhibition: Modern Medicine and the Great War
- **American Art Museum**
  - Featured exhibition: Edvard Munch: Color in Context
- **African American Museum**
  - The newest addition to The Smithsonian collection

**Newseum**
The Newseum promotes, explains, and defends free expression and the five freedoms of the First Amendment of the Constitution of the United States: religion, speech, press, assembly, and petition. Featured exhibitions include:
- **Creating Camelot: The Kennedy Photography of Jacques Lowe**
- **Make Some Noise: Students and the Civil Rights Movement**

**Theatrical Productions**
Many productions make their way to Washington, D.C. – sometimes before they get to Broadway! Here are a few productions to choose from:
- **Book of Mormon**
- **Washington National Opera “Alcina”**
- **The Pajama Game**
- **Twelfth Night**
- **Shakespeare Theater Company**
  - **Mean Girls** (making its pre-Broadway World Premier)

**Concerts**
Artists big and small play in the many musical venues around the city, such as:
- **Janet Jackson at the Capital One Arena**
- **Bob Dylan at The Anthem**
- **Silverspun Pickups at 930 Club**
This year is going to be different! In an effort to expand our fundraising efforts and create more networking opportunities with fellow physicians, we are excited to offer, for the first time, The Foundation - After Hours events. Our goal: to provide evening activities that are unique, fun, and that support the efforts of The Foundation of the AAGL with new opportunities. All proceeds from each of the 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.

Monday Night, November 13th:
The Congressional Crawl
An Evening Tour of Washington D.C. (Bus will depart from the front of the Gaylord Hotel at 8:30 pm and return to the hotel at 12:30 am)

No trip to the Washington, D.C. area is complete without touring the spectacular sites of this city. This evening tour offers the highlights of the most important sites. Staffed by registered D.C. Guides, this 4-hour tour starts at The Capitol, home to the Congressional decision makers. After a brief photo stop, the tour will continue down Pennsylvania Avenue, with full commentary of the sites along the way, including: the National Gallery of Art, US Navy Memorial, and the FBI Building, as you continue towards the White House. Next stop is the Washington Monument and Jefferson Memorial, on route to the Lincoln Memorial. An additional stop at The Martin Luther King Memorial, the newest memorial to the National Mall, will follow. As you continue the Congressional loop back down the Mall, your guide will point out some of the more important buildings belonging to the Smithsonian, National Archives, and Museums. This intimate tour lets you experience the sites 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. November can be cold, so please dress appropriately.

Tuesday Night, November 14th:
Urban Pub Crawl
(First bus leaves at 8:30 pm and returns at 12:30 am)

Hip and trendy bars, extraordinary restaurants – these are the cornerstones of DC nightlife. Tonight, we begin at a renowned local restaurant, with your hosts, Andy Sokol, Michael Hibner, and Gaby Moawad where you can enjoy drinks and hors d’oeuvres, socialize, and network. As the night progresses, visit some of DC’s trendiest locales. Networking and fundraising like you’ve never done before! This event includes food, 2 drinks, and round-trip transportation.
Wednesday Morning, November 15th:
Barre3 Fitness Class
(6:00 am - 7:00 am in the Gaylord Hotel, room to be announced)
If fitness is more your forté, then the sunrise Barre3 class will 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. Join us for this exhilarating class. Do your body some good and support The Foundation, all at the same time. No experience is required for this class.

Fun in FUNdraising
Wednesday, November 15, 2017
Cherry Blossom Ballroom Terrace, 7:00 pm to 9:00 pm
This year, another first. In addition to The AAGL Foundation After-Hours events, we offer a spectacular display of opportunities in support of our fundraising endeavors through our silent auction, open to all Congress attendees prior to the Presidential Gala. These include a range of travel and leisure, artwork, and Physician Observerships, to provide an array of opportunities for every person.
Imagine yourself on a trip of a lifetime in beautiful Costa Rica; or the opportunity to sail on an America’s Cup Yacht around San Diego Harbor. Or the hottest (and hardest to get) ticket in town can be yours – orchestra seats to see the groundbreaking, Tony Award-winning smash hit musical “Hamilton” in Los Angeles.
If golf is your sport, go to where it all began in St. Andrews, Scotland. The birthplace of golf and the British Open Championship, Scotland is many golfers’ dream vacation destination. Want to stay closer to home? Be at Opening Day of The Masters. With its rare combination of mystery, prestige, and exclusivity, The Masters Tournament attracts the world’s attention to Augusta, Georgia each April. The Masters is truly unforgettable.

Maybe it’s not golf, but car racing...NASCAR. Enjoy a package for two that provides classroom training AND the ability to drive real NASCAR Sprint Cup cars on a professional super-speedway track for two 8-minute racing sessions per driver. This is a driving experience like no other racing experience or racing school – and one you will surely never forget!

Finally, introducing Carla Negron, renowned Puerto Rican modern artist. Carla specializes in vibrant colors, modern mystic, and brilliant interpretation of the feminine. If you’ve always wanted to buy a piece of modern art, here’s your opportunity. Carla has graciously donated works* created especially for The AAGL Foundation Silent Auction, and your purchase furthers the goal of fundraising success.

Wednesday Night, November 15th:
The AAGL Foundation Silent Auction and Presidential Gala
(The Silent Auction precedes the Gala)
AAGL is proud to celebrate with all its attendees, faculty, and sponsors at the biggest and best party of the Congress week, our all-inclusive Gala on Wednesday, November 15, 2017! Prior to the start of the Gala is the Silent Auction, starting at 7:15 p.m., where you can bid on some amazing items (preview all the great opportunities and items offered in support of the Foundation efforts in the printed program included in your delegate bag). Then, Gala ticket holders will proceed up to Pose Rooftop Lounge, the Gaylord’s sensational and exclusive night-club for music, drinks, and dancing. Space is limited this year to 500 guests, so get your tickets early for this fabulous event. You won’t want to miss the Gala this year!

The Foundation of the AAGL was established in 1993 as a means of raising financial support for the development and application of emerging technologies that benefit women’s healthcare. Funds raised by The Foundation are used to provide educational courses, scholarships, grants, and awards for scientific accomplishments.
AAGL Global Endometriosis Summit Wrap-Up

The AAGL Global Endometriosis Summit in Reykjavík, Iceland was by all accounts a resounding success. The spectacular venue, Harpa Conference Center, provided the perfect environment for a productive meeting and was also conveniently located at the harbor in downtown Reykjavík. We had outstanding faculty present on a wide variety of subjects pertaining to the diagnosis and management of endometriosis.

Some highlights from the meeting include a lunch symposium where Silja Ástþórsdóttir presented the perspective of patients with endometriosis and the challenges they face. There were three pre-recorded telesurgeries by expert surgeons, Drs. Marcello Ceccaroni, Arnaud Wattiez, and Mario Malzoni, that the audience thoroughly enjoyed. Having the surgeons present without having to focus on performing the surgery created a very dynamic discussion between them and the participants. The top 6 research and video abstracts were presented, with Dr. Roberto Clarizia winning the prize for best presentation with an impressive series of 383 patients with urinary tract endometriosis. Professor Marc Possover gave an outstanding presentation on the management of pelvic nerve endometriosis, providing a plethora of practical tips and tricks on this subject.

The venue at Harpa enabled the participants to continuously interact with each other and exchange ideas since all the presentations took place in the same lecture hall, providing continuity and a very collegial environment. The participants and faculty enjoyed the experience of a focused meeting with high impact experts, since the most valuable information that is gained from a scientific meeting is often during the discussion portion of the event.

In addition to the scientific content and learning, many participants took the opportunity to explore Reykjavík and the rest of the country during the trip. Iceland is a very popular tourist destination due its the unique unspoiled natural beauty and landscapes. Many participants and faculty took day trips to the surrounding areas, such as the Golden Circle, þingvellir, and Gullfoss Waterfall, while others ventured further and drove all the way around the island country of Iceland. The meeting itself concluded with a dip into the beautiful Blue Lagoon followed by a gala dinner at Lava Restaurant that overlooks the Lagoon site.

I am personally very grateful to the AAGL staff as well as the outstanding faculty for their contribution, and for making the meeting so successful. I am also very grateful for how many participants attended the meeting and for their high level of participation. I think it is safe to say that everyone involved came away from the meeting feeling educated, energized, and enabled to take better care of their patients with endometriosis. This format of a focused high impact meeting on a particular subject appears to be a very productive method of education and exchange of ideas, and the AAGL will continue to explore future summits on other subjects in the near future.

Hope you enjoyed the last few weeks of summer. I am looking forward to seeing you at the 46th AAGL Global Congress in November!

Best wishes, Jon

Jon Ivar Einarsson

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Some highlights from the meeting include a lunch symposium where Silja Ástþórsdóttir presented the perspective of patients with endometriosis and the challenges they face. There were three pre-recorded telesurgeries by expert surgeons, Drs. Marcello Ceccaroni, Arnaud Wattiez, and Mario Malzoni, that the audience thoroughly enjoyed. Having the surgeons present without having to focus on performing the surgery created a very dynamic discussion between them and the participants. The top 6 research and video abstracts were presented, with Dr. Roberto Clarizia winning the prize for best presentation with an impressive series of 383 patients with urinary tract endometriosis. Professor Marc Possover gave an outstanding presentation on the management of pelvic nerve endometriosis, providing a plethora of practical tips and tricks on this subject.

The venue at Harpa enabled the participants to continuously interact with each other and exchange ideas since all the presentations took place in the same lecture hall, providing continuity and a very collegial environment. The participants and faculty enjoyed the experience of a focused meeting with high impact experts, since the most valuable information that is gained from a scientific meeting is often during the discussion portion of the event.

In addition to the scientific content and learning, many participants took the opportunity to explore Reykjavík and the rest of the country during the trip. Iceland is a very popular tourist destination due its the unique unspoiled natural beauty and landscapes. Many participants and faculty took day trips to the surrounding areas, such as the Golden Circle, þingvellir, and Gullfoss Waterfall, while others ventured further and drove all the way around the island country of Iceland. The meeting itself concluded with a dip into the beautiful Blue Lagoon followed by a gala dinner at Lava Restaurant that overlooks the Lagoon site.

I am personally very grateful to the AAGL staff as well as the outstanding faculty for their contribution, and for making the meeting so successful. I am also very grateful for how many participants attended the meeting and for their high level of participation. I think it is safe to say that everyone involved came away from the meeting feeling educated, energized, and enabled to take better care of their patients with endometriosis. This format of a focused high impact meeting on a particular subject appears to be a very productive method of education and exchange of ideas, and the AAGL will continue to explore future summits on other subjects in the near future. Hope you enjoyed the last few weeks of summer. I am looking forward to seeing you at the 46th AAGL Global Congress in November!

Best wishes, Jon

Jon Ivar Einarsson, M.D., Ph.D., MPH, is President of the AAGL. He is also Director, Division of Minimally Invasive Gynecologic Surgery, Brigham and Women’s Hospital, Associate Professor, Harvard Medical School, Boston, Massachusetts.
The AAGL Pelvic Pain SIG has identified as a goal the increased education of the medical community in the area of chronic pelvic pain. To this end, we have developed a survey that has been sent to current and former FMIGS fellows to identify their opinions on the role of chronic pelvic pain education within fellowship programs. A similar survey has been sent to ACGME accredited OB/GYN residency programs. We anticipate that these data will help to guide future developments in pelvic pain education.

It is estimated that 6-27% of women suffer from chronic pelvic pain. The number of these patients actually receiving treatment is challenging to estimate. Anecdotally, many pelvic pain practitioners report seeing patients who have been treated for extended periods of time ineffectually, incorrectly, or not to the level of patient satisfaction.

A potential source of the under-treatment of this population is the lack of attention that the subject matter has historically engendered in the medical education system among medical schools, residency programs, fellowship programs, and post-graduate CME courses.

Here is a prime example. Every few years the Council on Resident Education in Obstetrics and Gynecology (CREOG) releases educational objectives; the most recent is the 11th Edition of Educational Objectives: Core Curriculum in Obstetrics and Gynecology, released in 2016. This document provides learning points for ACGME accredited OB/GYN residency training programs. The only educational guidance for chronic pelvic pain is a 48-word overview. With respect to CREOG, all topics are necessarily brief given the amount of subject matter necessary to cover. Additionally, the 11th edition newly added pudendal neuralgia and myofascial pain syndrome; a step in the right direction. However, for the purpose of chronic pelvic pain resident education, there is no further educational guidance.

In contrast, FMIGS has recognized chronic pelvic pain in its educational objectives for several years, and displays a more robust 467-word description. In recent years, the AAGL (along with its SIG), and the International Pelvic Pain Society (IPPS), among others, have done much to expand pelvic pain curriculum. IPPS has developed pelvic pain educational resources that can be found at www.pelvicpain.org. The AAGL Annual Global Congress has held a PG course each year since 2012, and in 2016 sponsored a well-received pelvic pain CME course separate from the annual congress which focuses on chronic pelvic pain diseases, treatments, and relevant anatomy. This course will be repeated December 8-9, 2017, again with AAGL’s sponsorship.

The AAGL Pelvic Pain SIG is excited to be involved in this next level of raising awareness for chronic pelvic pain, so that we can focus on providing education to patients, residents in training, fellowship trainees, and practicing attending physicians. We believe further education of these groups is the way to correct the gross under-treatment of women with chronic pelvic pain in society today.

Mark W. Dassel, M.D. is the Chair of the AAGL’s Special Interest Group on Pelvic Pain. He is Surgical Director of the Chronic Pelvic Pain Program, Director of the Endometriosis Center at the Cleveland Clinic in Cleveland, Ohio.

JMIG on the Cutting Edge: Twitter Journal Club #JMIGJC

The concept of Journal Club was introduced over 120 years ago. These days, Journal Club for most of us is a scheduled face-to-face educational forum to evaluate and discuss the current literature, and is usually limited to participants within an institution. However, with increased use of social media amongst medical professionals, one emerging concept is social media based journal clubs such as Twitter Journal Club.

Twitter Journal Club incorporates the traditional Journal Club’s aim of evaluation and dissemination of evidence-based literature, but differs from the traditional club as it is an online asynchronous discussion that reaches a much larger audience that is global rather than local, and is publicly accessible. Thus far, this concept has been adopted by only a few scientific journals in various specialties such as urology, emergency medicine, nursing, and obstetrics and gynecology.

In March of 2016, the Journal of Minimally Invasive Gynecologic Surgery (JMIG) launched its own Twitter Journal Club, the first gynecologic surgery Journal Club on Twitter. The JMIG Journal Club is hosted over a 48 hour-period every third Wednesday and Thursday of each month. Participants from all over the world can join the Journal Club anywhere and anytime during this time frame. The selected article is advertised one week prior to each Journal Club on Twitter. The JMIG Journal Club is hosted by Beth Israel Deaconess Medical Center in Richmond, Virginia.

Mireille Truong, M.D. is the JMIG Social Media Editor. She is Director of Minimally Invasive Gynecologic Surgery at Virginia Commonwealth University Medical Center in Richmond, Virginia.

#JMIGJC – Join the Club!

- July JMIG Journal Club Twitter, July 19-29. Hosted by Newton Wellesley Hospital
  - Physician Education on Controllable Costs Significantly Reduces Cost of Laparoscopic Hysterectomy
- June JMIG Journal Club Twitter, June 21-22. Hosted by Cleveland Clinic Florida
  - Proximal Tubal Patency Demonstrated Through Air Infusion During Flexible Office Hysteroscopy Is Predictive of Whole Tubal Patency
  - Feasibility of Robotic-Assisted Laparoendoscopic Single-Site Surgery in the Gynecologic Oncology Setting
  - Core Privileging and Credentialing: Hospitals’ Approach to Gynecologic Surgery

Here are the recent articles that were featured on Twitter JMIG Journal Club:

- August JMIG Journal Club Twitter, August 16-17. Hosted by Beth Israel Deaconess Medical Center
  - Utilization of Opportunistic Salpingectomy at Time of Benign Hysterectomy
- September JMIG Journal Club Twitter, September 20-21. Hosted by University of Alabama at Birmingham
  - Proximal Tubal Patency Is Predictive of Whole Tubal Patency

Top 5 reasons to participate in JMIG Twitter Journal Club

1. Network and exchange ideas locally and globally
   Participants have the opportunity to not only network but discuss recent articles with the authors themselves, experts in the field, colleagues, and other medical professionals from around the country and around the world. @AAGLJMIG now has over 800 followers!

2. Learn and stay current with literature in minimally invasive gynecologic surgery
   Generally, recent or landmark articles from JMIG are selected. This allows participants to stay up-to-date with the most recent articles published in JMIG while learning from each other through discussions. The JMIG Journal Club provides another means of critically evaluating the literature.

3. Promote research and research ideas
   JMIG Journal Club provides a way to highlight and disseminate research in MIGS, whether it’s your own or your colleagues’. Through exchange of ideas, this could potentially generate research ideas and collaboration. All posts are featured on the front page of the AAGL website (www.aagl.org).

4. Participate any place, any time
   The benefit of social media is that you can participate as much and as little as you want, and choose when and how you want to participate. All you need is a Twitter account, follow @AAGLJMIG, and then search the hashtag #JMIGJC.

5. Get involved with social media as a medical professional
   A whopping 80% of online users refer to the Internet and/or social media for health information, and the 3rd most common activity online is searching for health information. On the other hand, up to 70% of medical information online is inaccurate, even on educational websites. By having an online presence as a medical professional, we can help disseminate correct, evidence-based information.

JMIG on the Cutting Edge: Twitter Journal Club #JMIGJC

Mireille Truong, M.D. is the JMIG Social Media Editor. She is Director of Minimally Invasive Gynecologic Surgery at Virginia Commonwealth University Medical Center in Richmond, Virginia.
Paving The Way for 21st Century Surgeons!

Michel Canis

“"The Future belongs to those who believe in the beauty of their dreams”
—Eleanor Roosevelt

On behalf of AAGL, APAGE and ESGE, we invite you to join us for an exciting and open conversation on the future of Gynecologic Surgery!

We began the 21st century convinced that within 20 years, laparotomy would cease to exist. Yet 17 years later, we are still faced with hurdles in decreasing the number of laparotomies performed for benign indications.

Wide spread adoption of laparoscopic surgery has been limited by functionality and/or affordability of the existing technology, and ergonomic issues continue to remain a challenge with many platforms.

Even a simple laparoscopic procedure such as a routine ovarian cystectomy can damage the ovary and negatively affect the ovarian reserve if tissue is not handled delicately and proper surgical technique is not employed.

Complications specific to laparoscopic procedures early in a surgeon’s career may arise from a lack of appropriate exposure or visualization, inappropriate rough tissue handling exacerbated by the lack of tactile feedback with laparoscopic instruments or general inexperience with procedures performed.

Despite our many advances, minimally invasive procedures are not available everywhere in the world and novel technology for endoscopic procedures are expensive and their clinical benefits still not proven.

In this rapidly changing world, we invite surgeons and experts from all corners of the world to take a moment, in Clermont-Ferrand, to engage in an important conversation to shape the direction of gynecologic surgery for the next 20 years. Teaching, quality metrics, credentialing criteria, and the role of new instruments such as robotics, augmented reality, and pneumoperitoneum parameters will be discussed without any preconceived biases!

Join us April 4-6, 2018 for Beyond Gynecologic Surgery: From Imagination to Innovations and Education in Clermont-Ferrand, France.

Michel Canis, M.D., Ph.D. is Director of Gynecologic Surgery, Head of Department of Gynaecology & Obstetrics, CHU Clermont-Ferrand, Clermont-Ferrand, France.

Beyond Gynecologic Surgery
From Imagination to Innovation & Education

This meeting is not just another endoscopy meeting! It’s about “the future of gynecologic surgery”

April 4-6, 2018
Congress & Exhibition Center Polydôme
Clermont-Ferrand France

www.gynecologic-surgery.com
Emphasizing the Importance of MIGS Education in OB/GYN Residency: An AAGL and ACOG Collaboration

"AAGL and ACOG are dedicated to improving access to minimally invasive surgical education"

Proficiency in Minimally Invasive Gynecologic Surgery (MIGS) is an essential tool for graduating Ob/Gyn residents, as highlighted by the ACGME milestone of performing independent laparoscopy and managing surgical complications¹. Surgical techniques such as laparoscopic suturing can be incorporated into resident education with dedicated faculty and the proper curriculum. AAGL and ACOG are dedicated to improving access to minimally invasive surgical education, through workshops and the development of educational curriculum materials.

In order to continue to promote MIGS proficiency in Ob/Gyn resident trainees, AAGL and ACOG are excited to announce the first in a series of collaborative resident and program director courses. This one-day program will be held in Charlotte, North Carolina on Saturday October 7th during the ACOG districts I and IV Annual Meeting, with more dates at future ACOG district meetings to be announced in 2018. This course is designed to provide high-yield surgical education to residents interested in acquiring and enhancing laparoscopic skills, as well as educational techniques and guidance in curriculum development for program directors and other faculty educators. Participants will obtain knowledge and techniques that will serve as a framework for immediate implementation and incorporation into the participant’s home institution.

The morning session will consist of presentations on fundamental laparoscopic topics of pelvic anatomy, dissection techniques, suturing, abdominal access, and strategies for tackling the difficult hysterectomy. Participants will be able to attend luncheon roundtables on pelvic pain, vaginal cuff dehiscence, and applying for an AAGL Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS). The afternoon will consist of a suturing workshop for the residents and a course for residency program directors/faculty on MIGS curriculum development. Two expert surgical educators, Ted Anderson of Vanderbilt University Medical Center, and Nicole Donnellan of Magee-Women’s Hospital, will be leading the workshop. The day will conclude with a laparoscopic skills competition for residents to showcase their skills! We look forward to seeing you in Charlotte.

Nicole M. Donnellan, M.D. is Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences at Magee-Women’s Hospital of the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania.

Noah B. Rindos, M.D. serves as the Fellow Board Representative to the FMIGS Board of Directors. He is Assistant Professor, Department of Obstetrics, Gynecology and Reproductive Sciences at Magee-Women’s Hospital of the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania.

REFERENCES:

AUGS Award

A Prestigious Award

It gives us great pleasure to announce that our AAGL Secretary-Treasurer and future 2019 President, Dr. Marie Fidela Paraiso, has been awarded the honor of being the 2017 Raymond A. Lee Lecturer and Keynote Speaker for the upcoming AUGS (American Urogynecologic Society) 38th Annual Scientific Meeting in Rhode Island, October 3-7, 2017. This lecturership “honors one person annually who contributed to the development and surgical advancement of urogynecology”. Dr. Paraiso has the additional honor of being the first woman to receive this award.

Dr. Raymond A. Lee, who’s 50-year career culminated at the Mayo Clinic, was a pioneer in urogynecologic surgery, teaching and mentoring countless physicians, and was influential in getting urogynecology approved as a subspecialty. The Raymond A. Lee Endowment was established by AUGS in August 2010.

Dr. Paraiso’s lecture, scheduled to be delivered Thursday, October 5th at 2:00pm, will be titled “Life-long Learning, Loving What You Do, and Paying it Forward”, and will outline her 20-year journey to achieving personal and professional happiness and balance, as well as discuss the tenets that are most important to her: teamwork, mentorship, self-assessment and reflection, and lifelong learning.

Please join us in congratulating Dr. Paraiso on this very prestigious award.
AAGL Board Candidates

Welcome New Members

June 1, 2017 — August 31, 2017

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Amos Akindji Akinyibi, M.D.
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Kathleen D. Brown, M.D.
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Lenny Bryan, M.D.
Miakia Martinez Buci, M.D.
Jennifer Burgart, M.D.
Linda Burkett, M.D.
Brian Andrew Burnett, M.D.
Fei Cai, M.D.
Alma G.C. Carcamo, M.D.
Stefanie Cardamone, M.D.
Ana Carmona Barrosi, M.D.
Askriti R. Carrubba, M.D.

Tirechelle Monique Carson, M.D.
Serena Chan, M.D., FACOG
Manisha Chandra, M.D.
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Catharina Forsgren, M.D.
Hilary Frank, M.D.
James Fugger
Andrew Michael Futterman, D.O.
Beritile Gaigbe-Tagbe, M.D.
Elisabetta Garbati, M.D.
Jose Ignacio Garcìa de la Torre, M.D.
Rafael Garcia Orduña, M.D.
Edna Ruth Garcia Porras, M.D.
Carlos Arturo Garcia Rivera, M.D.
Nuria Soledad Garcia-Ruiz, M.D.
Francis John Edward Gardner, M.D.
Nisha Garg, M.D.
Isabelle Gauthier, M.D.
Christopher A. Gayle, M.D.
Vanessa Genro, M.D.
Rebecca Gore, M.D.
Abigail Gifford, M.D.
David Glassman, D.D., FACOG
Whitney Goldsberry, M.D.
Alejandro Gomez-Viso, M.D.
Nina Gordon, M.D.
Manosureh Gorginzadeh, M.D.
Jennifer Lee Grasch, M.D.
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Yurina Greenstein, M.D.
Jaimie Greenwald, M.D.
Danielle Suzanne Grunloh, M.D.
Xin Guan, M.D.
Oscar Ariel Guiglioli, M.D.
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Chris Hardwick, M.D.
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Derrick R. Havin, M.D.
Zara Hazavei, M.D.
Christine Mae Helayou, M.D.
Paulina Hernandez Castanon, M.D.
Keigo Hirakuma, M.D.
Leah Hon, M.D.
Leah Hong, M.D.
Staci Hopkins, M.D.
Amanda L. Horton, M.D.
Saf Hossain, M.D.
Olivia Hostetter, M.D.
Eileen Hou, M.D.
Hyejin Hwang, M.D.
Giovanna Milhomem Ignacio, M.D.
Navalorn Inigkapirsi, M.D.
Pavya Javidian, M.D.
Deven Harirbhai Jogal, MBSB, OGD

Member News

The Nominations Committee is pleased to announce the following candidates for the 2018 Board of Directors. Please note that voting ballots will be sent to all AAGL members in good standing that have voting privileges by electronic mail. We encourage you to make your voice heard by casting your vote for AAGL leadership. Voting will be open October 2 – November 1, 2017.

Secretary/Treasurer
Jubilee Brown
Levine Cancer Institute, Carolinas Healthcare System, Charlotte, North Carolina

Andrew Sokol
Medstar Washington Hospital Center
Georgetown University, Washington, D.C.

General Membership
Gabby Moawad
The George Washington University School of Medicine & Health Sciences, Washington, D.C.

Amanda Nickles Fader
Johns Hopkins Medical Institution, Baltimore, Maryland

M. Jonathan Solnik
Mount Sinai Hospital, Toronto, Canada

Pacific Rim/India/Asia
Tae Joong Kim
Samsung Medical Center, Sungkyunkwan Univ. School of Medicine, Seoul, South Korea

Shailesh Puntambekar
Galaxy Care Laparoscopy Institute, Pune, Maharashtra, India

Mexico/Central and South America
Jaime Albornoz Valdes
Unit of Reproductive Medicine, Santiago, Chile

Thiers Raymundo Soares
State University of Rio de Janeiro, Rio de Janeiro, Brazil

www.aagl.org | July—September 2017
Welcome New Members

June 1, 2017 — August 31, 2017

5th Joint Conference of COGA and AAGL on MIGS
BEIJING CHINA
December 6-10, 2017

For more information, please visit www.aagl.org/pdf/beijing-2017-RB2.pdf
This two-day course is designated 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.

Join us December 8-9 in Phoenix for this comprehensive workshop.
To register go to: www.aagl.org
Improve Operational Efficiency
KARL STORZ Office Hysteroscopy Solutions
Visit us at AAGL Booth #501, or for more information call 1-800-421-0837.