



Accreditation Period: 2019-2023

THE GEORGE WASHINGTON UNIVERSITY WASHINGTON, DISTRICT OF COLUMBIA



CHERIE Q. MARFORI, MD
Program Director



Maria Victoria Vargas, MD, MS
Associate Program Director

FACULTY

TWO YEAR PROGRAM



2-Year Program																																	
Optional Degrees: <input type="checkbox"/> MPH <input type="checkbox"/> MBA <input checked="" type="checkbox"/> MS <input checked="" type="checkbox"/> Other: Graduate Certificate in Clinical & Translational Research <input type="checkbox"/> None																																	
Number of Faculty:																																	
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">GYN Faculty: 4</td> <td style="width: 50%;">UROGYN Faculty: 1</td> </tr> <tr> <td>REI Faculty:</td> <td>ONCOLOGY Faculty: 2</td> </tr> <tr> <td>GU Faculty:</td> <td>General Surgery Faculty:</td> </tr> <tr> <td>Colorectal Faculty:</td> <td>Other:</td> </tr> </table>	GYN Faculty: 4	UROGYN Faculty: 1	REI Faculty:	ONCOLOGY Faculty: 2	GU Faculty:	General Surgery Faculty:	Colorectal Faculty:	Other:																								
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Computer Simulation Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
Training Labs:																																	
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Protected Academic: Hours/per week: 0.5 days Hours/per month: 2 days																																	
Clinical Focus/Special Interest:																																	
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Description of Program:

The faculty dedicated to this fellowship includes 3 fellowship-trained minimally invasive gynecologic surgeons with a large volume of complex gynecologic surgical cases. One fellow is accepted each academic year. Cases cover the full range of benign gynecologic surgery including advanced hysteroscopic, laparoscopic, robotic, vaginal, single-port, and 2-port access cases. Laparoscopic and vaginal approaches are used to perform prolapse repairs, both with and without mesh. Additionally, fellowship faculty includes gyn oncologists and a urogynecologist to further enrich the experience with the most complex of surgeries and dissections utilizing both conventional and robotic laparoscopy as well as laparotomy. Close relationships with reproductive endocrinologists provide a constant referral source for surgical management common to the infertile patient including endometriosis, adenomyosis, polyps, uterine septa, fibroids, ovarian cysts, and hydrosalpinges.

The fellow can expect to act as co-surgeon, primary surgeon, or teaching surgeon on over 400 major surgeries over the course of a 2-year fellowship. All hysterectomy routes are utilized and proficiency in TLH, LSH, robotic, and vaginal surgery will be obtained. Additionally, both single-port and reduced-port procedures are performed. The level of complexity, even in benign surgeries is significant, as almost 10% of our minimally invasive hysterectomies are performed on uteri weighing over 1 kg. Myomectomy exposure is abundant and are performed via a MIGS approach >95% of the time. Comfort in the retroperitoneal, presacral, rectovaginal, retropubic and pararectal spaces is stressed when addressing the massive uterus, extensive endometriosis, severe adhesive disease, retroperitoneal uterine artery ligation or pelvic floor repairs.

The fellow can also expect a rich office experience where medical management for abnormal uterine bleeding, fibroids, endometriosis, chronic pelvic pain, and prolapse are commonly encountered. Office flexible and rigid hysteroscopy for both diagnostic and therapeutic measures are routine. Polypectomies, directed endometrial biopsies, and Asherman's adhesiolysis are all routinely performed in the office and require little to no anesthesia with good technique and patient selection. In the OR arena, complicated hysteroscopic myomectomies and adhesiolysis, often with trans-abdominal ultrasound guidance, as well as endometrial resections are routine.

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

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

quarterly regional MIGS journal clubs. The fellow also is expected to serve as a collaborator and research mentors for interested residents and students.

Progressive responsibility for the care of women with gynecological problems is emphasized. The first year fellow has their own gynecology clinic 1/2 day per week. The second year fellow will have 1 full day per week of clinic, incorporating office procedures, and generating surgical cases which will be either co-scrubbed with an attending faculty or simply proctored while the fellow takes the lead and instructs the resident staff. In-house OB call is required in the first year, one 12-hour weekend shift per month. GYN home call is required in both years to provide gynecologic surgical back-up to the Attending in-house when patient complexity, acuity, or hospital volume requires additional hands. This call is shared with the MIGS attendings and co-fellow and averages 1 in 4.