



AAGL *Advancing Minimally Invasive Gynecology Worldwide*

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NewsScope

**42nd Global Congress on
Minimally Invasive Gynecology**
NOVEMBER 10-14, 2013
Washington, D.C.

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BARCELONA
JUNE 5-7, 2014

SPAIN

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NewsScope

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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FOCUS ON AAGL

MISforWomen.com – Advancing MIG Through Patient Education



Dr. Loffer

The AAGL recently launched its new patient web site, MISforWomen.com, in conjunction with National Women's Health Week. The web site offers women education about the latest techniques in minimally invasive surgery (MIS), as well as access to top

gynecological surgeons who specialize in MIS.

One of the key elements of the site is the Medical Library, which has been vetted by AAGL physicians and provides visitors to the site with information on medical conditions, diagnostic tests and treatment options in non-technical terms. Additionally, the web site features a video library, discussion forum, physician finder, and physician/patient blog.

The AAGL has created this new offering to help women learn that minimally invasive surgery is a viable option for many gynecologic surgeries. While our focus in the past had primarily been on educating physicians in minimally invasive

techniques, we are now placing an emphasis on also educating prospective patients who may otherwise opt to have a laparotomy on the safety and benefits of MIS.

Members of the AAGL who are registered as practicing physicians are listed in the MISforWomen Physician Finder as a benefit of membership. Visitors to MISforWomen.com can find doctors based upon their location and practice specialty by clicking on the Physician Finder link that is featured on the home page.

I encourage all AAGL members to avail themselves of the opportunity to "introduce themselves" to prospective new patients via the Physician Finder by making sure your physician profile is up to date. You can learn more about how to update your profile at AAGL.org/updateprofile.

Franklin D. Loffer, M.D., FACOG, is the Executive Vice-President/Medical Director of the AAGL and resides in Phoenix, Arizona.

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Key Details:
Member of the AAGL since 2/24/1994
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Edward F. Shams, M.D. – Biography

Dr. Shams is certified in advanced laparoscopy and hysteroscopy and he is an international educator of gynecologic endoscopy. He has published three books on Laparoscopy, Hysteroscopy, and Minimally invasive surgery, respectively. He has published a number of scientific papers. He serves on the OBGYN.net editorial board and is an ad-hoc reviewer for several scientific journals. He has been a demanded speaker at conferences and courses and he has performed numerous live tele-surgeries world-wide.

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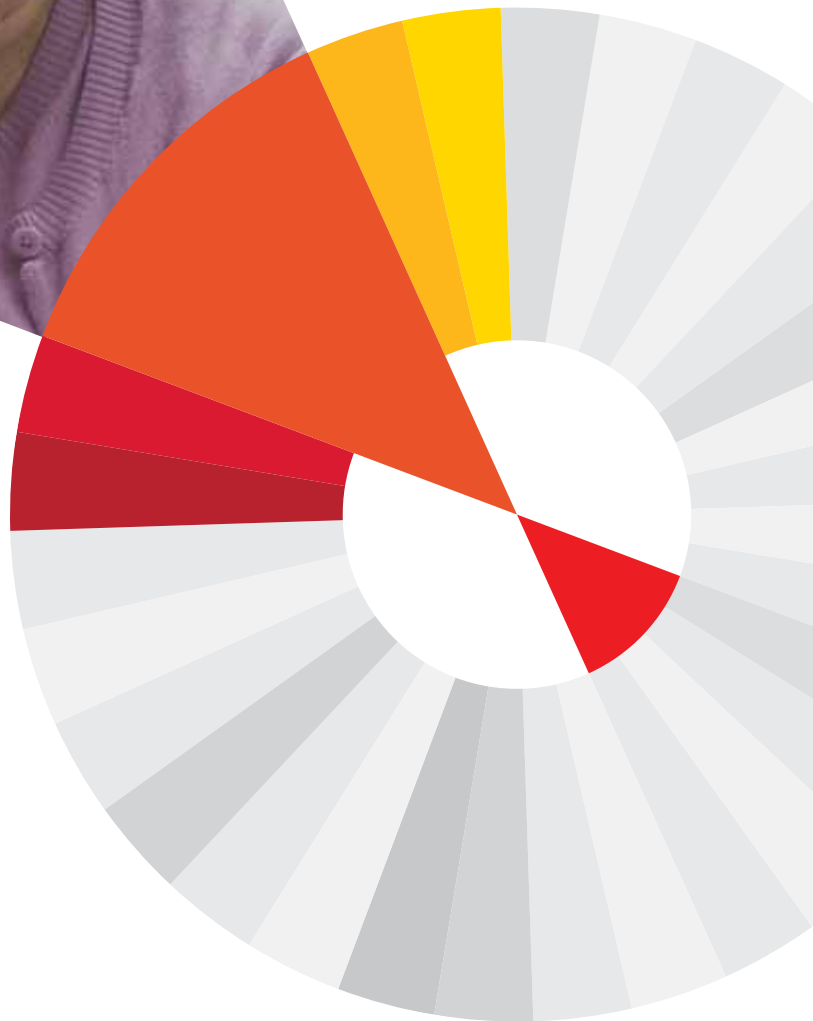
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Life, Liberty and the Advancement of MIGS



Dr. Nezhat

Founded in 1790, Washington, D.C. is the bustling capital of the United States and home to the 42nd AAGL Global Congress. The Scientific Program Committee has developed a program that moves from molecules

to robots through the science and art of minimally invasive gynecologic surgery.

The focus of the Scientific Program is endometriosis, fibroids and hysterectomy. These topics will be addressed from the simplest approach to the most complex cases, including prevention and management of complications. Providing a diverse educational experience is one of our goals. We are introducing new faculty, new topics and new techniques, while staying true to our roots. This mixture of fundamentals, combined with cutting edge medicine, promises to be an exciting program with presentations from world leaders in the field of MIGS, and rising practitioners on the cusp of new technologies and techniques.

While these innovative offerings provide new perspectives, the program will include: anatomy, vaginal surgery, mini- and single-port laparoscopy, fertility preservation in oncology patients, and an overview on current management of urinary incontinence. Of special interest are new offerings on laparoscopy in pregnancy and in-utero endoscopy for fetal surgery, and a course on pediatric and adolescent gynecology with an emphasis on adolescent endometriosis for early detection and management.

We have developed state-of-the-art hands-on courses to expand skills and knowledge. This will provide our

attendees with a very practical and applicable experience. The ever-popular suturing courses are returning, along with intra- and retro-peritoneal anatomy. The robotics lab will include simulation and cadaver specimens with procedures for novice and advanced users. Placing a new twist on an old idea, the hysterectomy lab will take you step-by-step through laparoscopic and robotic procedures, while the vaginal hysterectomy lab showcases the art of vaginal surgery. Lastly, our newest offering on office hysteroscopy and transvaginal ultrasound rounds out the hands-on courses.

Throughout the meeting, minimally invasive surgery for endometriosis and myoma, including the utilization of



robotics, will be featured. During a very special general session, world-renowned endometriosis scientists will take us to the molecular level. Dr. Robert Taylor will cover hormone resistance in endometriosis, Dr. Asgi Fazleabas will share his experience with the use of an animal model to understand dynamics and mechanisms of hormone

resistance, and Dr. Linda Griffith will address systems biology and tissue engineering models to develop new therapeutics. This trio promises a lively and educational discussion.

The Jordan M. Phillips Keynote Speaker is Dr. Neil Martin, Professor and W. Eugene Stern Chair of Neurosurgery at the Ronald Reagan UCLA Medical Center. Dr. Martin was instrumental in



developing the UCLA Neurosurgery Clinical Quality Program, which is a comprehensive approach for improving quality of care, enhancing patient safety, increasing efficiency and reducing costs. The Keynote Address will cover how to initiate a comprehensive and innovative service-line clinical quality program that can successfully enhance patient

satisfaction, drive continuum of care efficiencies and improve the level of clinical quality and safety for the patient. The new era of health care will impact everyone, including the surgeon.

Please join us in Washington, D.C., which boasts world-class museums, including the iconic Smithsonian Institution, theaters, restaurants, green space, and history. Visitors can tour the National Mall to see the U.S. Capitol, the White House, the Washington Monument and Lincoln Memorial. You can also enjoy quaint and historical Old Town in Alexandria, Virginia by taking a short ferry ride from the Gaylord across the Potomac River. Best of all, many attractions in Washington, D.C. are free, including all national monuments, the Smithsonian Museums and the National Zoo.

I look forward to seeing you in D.C.!



Ceana Nezhat, M.D., FACOG, FACS is Scientific Program Chair for the 42nd AAGL Global Congress on Minimally Invasive Gynecology, Vice President of AAGL, Professor of Obstetrics & Gynecology - Adjunct Clinical at Stanford University School of Medicine in Stanford, California; Associate Professor of Obstetrics & Gynecology - Adjunct Clinical at Emory University School of Medicine, and Fellowship Director at Atlanta Center for Minimally Invasive Surgery & Reproductive Medicine in Atlanta, Georgia.

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Potential risks of any sacrocolpopexy or hysterectomy include: separation of the vaginal incision, blocked lung artery, and urinary tract injury. Potential risks of any myomectomy include: excess blood loss, scar tissue, weakening of the uterus during labor, pre-term birth, and tears or perforations in the uterine wall. Potential risks of any endometriosis resection procedure may include: bladder injury, abscess, urinary tract injury, and bowel obstruction. Special considerations related to minimally invasive surgery (MIS), including *da Vinci* Sacrocolpopexy and Hysterectomy are hernia. Special considerations related to MIS, including *da Vinci* Myomectomy and Endometriosis Resection, are hernia and pulmonary embolism. All surgeries carry risks of adverse outcomes. Results, including cosmetic results, may vary. Serious complications may occur with *da Vinci* Surgery, up to and including death. Patients who bleed easily, have abnormal blood clotting, are pregnant or morbidly obese are typically not candidates for minimally invasive surgery, including *da Vinci* Surgery. *Single-Site™* Instruments for the *da Vinci®* *Si™* System are cleared for commercial distribution in the U.S. for laparoscopic cholecystectomy, and for hysterectomy and salpingo-oophorectomy for benign conditions only. Other products featured are cleared for commercial distribution in the U.S. and bear the CE mark. For availability and clearances outside the US, please check with your local representative or distributor. For complete technical and labeling information, including indications, contraindications, warnings, precautions and safety information, please refer to www.intuitivesurgical.com/safety.

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¹ Siddiqui et al. Am J Obstet Gynecol. 2012 May;206(5):435.e1-5. Epub 2012 Feb 1. ² Geller et al. J Minim Invasive Gynecol. 2011 May-Jun;18(3):322-7. doi: 10.1016/j.jmig.2011.01.008. Epub 2011 Apr 1. ³ Barakat et al. Obstet Gynecol. 2011 Feb;117(2 Pt 1):256-65. ⁴ Nezhat et al. Fertil Steril. 2010 Dec;94(7):2758-60. Epub 2010 May 26. ⁵ Sener et al. J Minim Invasive Gynecol. 2006 May-Jun;13(3):245-8. ⁶ Brudie et al. Journal of Robotic Surgery, DOI 10.1007/s11701-011-0314-3. ⁷ Payne et al. J Minim Invasive Gynecol. 2008;15(3): 286-291. ⁸ Magrina et al. Eur J Gynaecol Oncol. 2011;32(5):476-80. ⁹ Lim et al. Gynecol Oncol. 2011 Mar;120(3):413-8. Epub 2010 Dec 30. ¹⁰ Scandola et al. J Minim Invasive Gynecol. 2011 Nov-Dec;18(6):705-15. 2011 Mar;120(3):413-8. Epub 2010 Dec 30. ¹¹ Bell et al. Gynecologic Oncology 111 2008:407-411.

INTUITIVE
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Surgery for Infertility: “Ovarian Reserve,” A Key Question



Dr. Chapron

In cases of surgery indicated in a context of infertility or desire for pregnancy, the question of “ovarian reserve” is of prime importance.

Age-related decline in oocyte quality

The results of ART decline in women 37 years of age and older.¹ (Fig. 1A) Conversely, the outcome of donor-egg ART (DE-ART) remains remarkably constant until the age of 45-50 years (Fig. 1A) and beyond.¹ This strikingly indicates that the

poorer pregnancy rates seen in older women in regular ART result from an age-related decline in oocyte quality. The DE-ART data therefore distinctly and forcefully refute the belief that the sharp increase in miscarriage rates seen in older women stems from uterine aging.

Age-related decline in oocyte quantity

In an extensive work that took years to complete, Gougeon et al. quantified by histological analyses the age-related decline in primordial follicles (oocytes) present in the ovary. These investigators reported that the oocyte decline is bimodal in nature. First there is a “slow depletion” phase followed by the “rapid depletion” phase, starting in the late reproductive years.² (Fig. 1B) The accelerated oocyte loss, or rapid depletion, commonly starting at 37 years of age (Fig. 1B) is initiated by the number of primordial follicles remaining (<25,000 total), not by age itself.³

A parallel was thus rapidly drawn between the age-related decline in oocyte quality and the meager COS responses often seen in these women.⁵ Logically, the quality of COS response – an expression of oocyte quantity – was seen as predicting ART outcome and in a broader sense, the fecundity of women.⁶ This ultimately gave credence to the concept – erroneous, as we will see – that oocyte quality (pregnancy chances in ART) and quantity (COS responses) are inherently linked.⁷

The ovarian endometriosis and fertile oocyte donor models

The COS response in ART does not predict oocyte quality and ART outcome in two models in whom the oocyte decrease is age-independent:

- In ovarian endometriosis, the ovarian response to COS is dramatically reduced, but ART outcome is equivalent to that of age-matched controls.⁸
- Certain fertile women – oocyte donors in France – have COS yields that are markedly below average without reduction in oocyte quality.⁹

Ovarian reserve, a term bound for confusion

Ovarian reserve parameters – basal FSH and AMH levels and the antral follicle count (AFC) – predict the magnitude of COS responses.

For simplicity sake, at Chu Cochin we use a three-color coding system for interpreting ovarian reserve data (Fig. 2). Any apparent link between COS response – by extension, ovarian reserve testing – and ART outcome results from a confounding effect of age, not from a true independent association.

be replaced for the more descriptive and less deceiving one of ovarian response testing.

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Multiplying recipients paired with oocyte donors optimizes the use of donated oocytes. *Fert Steril* 2011;95:1633-8.

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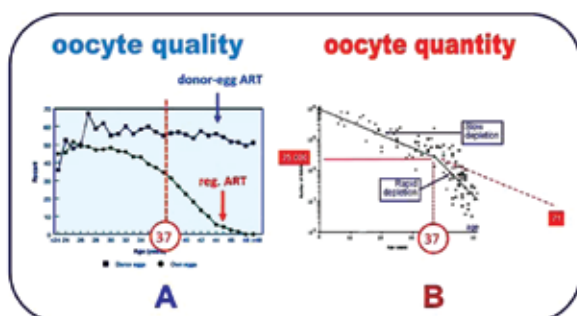


Fig. 1: Parallel age-related decrease in oocyte quality (A) and quantity (B). From Sunderam S. et al. 2012 (A)¹ and Faddy MJ. et al. 1992 (B)².

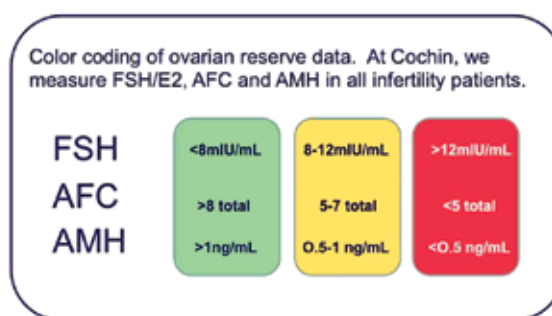


Fig. 2: Ovarian reserve testing in ART patients.

COS response and fecundity

From incept, ART has relied on ovarian stimulation for improving outcome through multiple ovulations and multiple-oocyte harvests. Over the years, ovarian stimulation for ART – known as controlled ovarian stimulation (COS) – has become a science in its own right. COS responses decline with age, with an increasing risk of so-called poor responses (COS yielding <3 oocytes) in older women.⁴

Conclusion

Ovarian reserve testing – any parameter used – predicts the magnitude of ovarian responses in ART, not fecundity. Yet, an enduring confusion erroneously intertwines the issues of oocyte quality and quantity in ART because aging is a confounding factor causing a concurrent decline of both oocyte quantity and quality. The term ovarian reserve, as catchy as it may be, is part of the confusion. It should

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This article is presented on behalf of the AAGL's Special Interest Group on Endometriosis and Reproductive Surgery.



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Dr. Stepanian

In the last two months, AAGL presented three highly successful webcast events through its SurgeryU HD streaming video platform. First on April 4th, 2013 Dr. Michael Pitter presented a robotic assisted multiple myomectomy case to our audience from Hackensack University Medical Center in New Jersey. Next, on April 25th, Dr. Jon Einarsson presented a case involving the laparoscopic excision of stage IV endometriosis from Brigham and Women's Hospital. Finally, on May 16th, Dr. Robert Zurawin presented our very first surgical equipment update presentation

from Baylor College of Medicine. Each of these events featured the presenter narrating one or more of their surgeries, along with an interactive Q&A session with the audience.

One of the most rewarding things about these live events is the global reach that they have. In looking at the viewership statistics, we can see hundreds of doctors watching our events from places like India, China, South Africa, Romania, and Turkey (along with more than 30 additional countries). We are truly living in an age where streaming video platforms like SurgeryU HD bring the classroom into the homes and offices of doctors anywhere on the planet, allowing AAGL to extend its reach and continue its mission to advance minimally invasive

surgery in ways we couldn't have dreamed of just 15 years ago.

Editor's Note: Dr. Rosanne Kho will be presenting a urogynecology case with interactive audience Q&A on SurgeryU HD coming up in July. AAGL will announce the specific date and time in an upcoming email message to all of our members.

Assia A. Stepanian, M.D. is Editor-in-Chief of SurgeryU. She is also in private practice at the Academia of Women's Health and Endoscopic Surgery in Atlanta, Georgia.



Make Me a MIG Surgeon!

Mark W. Dassel, Chair

The AAGL realizes that the specialty your residents choose will largely define their medical career. The difficult part for physicians is choosing a specialty. As they decide, we recommend that they ask questions, not only about the specialty itself, but about the life it will provide outside of work. With this in mind, we have developed a special session entitled, "Make Me a MIG Surgeon," scheduled for Tuesday, November 12, 2013 from 12:00 pm to 1:30 pm. This session will provide insight into a career in MIGS, as well as, an understanding of the AAGL and its associated fellowship, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS).

COURSE OBJECTIVES

At the conclusion of this activity, the participant will be able to:

1. Describe the mission and goals of the AAGL, as well as, the Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)
2. Use this session to navigate your "professional home" and engage in effective, collaborative and productive relationships with your peers
3. List important dates for the Fellowship in MIGS interview process
4. Describe the next generation of fellowship trained gynecologic surgeons
5. Identify strategies to maximize candidacy as an FMIGS fellow
6. Develop a plan for securing a fellowship position

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The Musculoskeletal Exam: Why Every Gynecologist Should Know How to Perform a Short One



Dr. Lamvu

Dealing with chronic pelvic pain (CPP) disorders can be frustrating for healthcare providers and patients. For gynecologic surgeons, this frustration is perpetuated by our lack of training in pain physiology and lack of treatment resources. However, there is no way of avoiding the problem of CPP since it affects nearly 15% of all reproductive age women and they usually present for first evaluation to their gynecologist. CPP is the primary indication for more than 10% of gynecology visits, 40% of laparoscopies and 12% of hysterectomies.^{1,2}

Admittedly, the evaluation of CPP is not easy. Patients often have a variety of vague symptoms such as dyspareunia, voiding dysfunction, constipation, and lower abdominal pain. Diagnosis is complicated by the potential of multiple diagnoses leading to pain, and although most women with CPP are first evaluated by a gynecologist, research shows that nearly 80% of etiologies of pelvic pain are not gynecologic. As a result, of the estimated 10 million women with CPP, nearly 60% will not get proper diagnosis and treatment. The role of surgery in the treatment of CPP remains controversial and gynecologic surgeons still have difficulty accepting that less than 20% of patients with CPP have a singular gynecologic cause for their pain such as endometriosis.

The multi-factorial nature of CPP makes it necessary that gynecologic surgeons begin to think differently about pain. Chronic pain is not the same as acute pain, it has different

pathophysiology and consequently response to surgical treatment will vary. When thinking of the etiology for pain, a surgeon must always consider four potential organ systems: intestinal, urologic, reproductive and musculoskeletal. The prevalence of musculoskeletal disorders among patients with CPP may be as high as 22%.² This is an important statistic because when the pain is generated or exacerbated by a

“The multi-factorial nature of CPP makes it necessary that gynecologic surgeons begin to think differently about pain.”

musculoskeletal cause, it will rarely respond to surgery or may worsen after surgery. In a CPP patient, the musculoskeletal exam should be done prior to surgery because it is easy to perform, does not require any invasive testing and untreated musculoskeletal abnormalities may worsen after surgery (yes, I have now said this twice).

The pre-operative musculoskeletal exam can be done briefly in less than 3 minutes. The surgeon should observe the patient's gait, movement and ability to sit. If the patient has difficulty with these simple functions, a musculoskeletal cause for the pain should be suspected. Next, the surgeon can gently palpate the muscles of the anterior abdominal

wall and lower back. Whether the patient is moving or still, muscles should be pliable, non-tender and should be able to contract and relax on command. The internal pelvic musculature such as the levator or obturator muscles can be assessed with a single digit examination through the vaginal canal. Palpation of pelvic floor muscles may cause patients to report “pressure” but they should not experience pain unless the muscles are unhealthy.²

Musculoskeletal contributions to CPP can be easily identified during the pre-operative physical examination. In patients with musculoskeletal dysfunction, primary treatment should involve multimodal approaches combining physical therapy and medications, not surgery. Failure to screen, identify and treat muscular abnormalities prior to surgery can lead to continued pain for the patient... and for the surgeon.

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Georgine Lamvu, MD, MPH is President of the International Pelvic Pain Society, and Director of Advanced Minimally Invasive Surgery and Gynecology at Florida Hospital, in Orlando, Florida.

This article is presented on behalf of the AAGL's Special Interest Group on Pelvic Pain.

Specialty Courses in Pelvic Pain offered at the AAGL 42nd Global Congress on Minimally Invasive Gynecology

PG 110 – Preoperative and Postoperative Pain Management and Deciding When to Do Surgery in a Chronic Pelvic Pain Patient

Luncheon - Discussion with the Experts

S22 - Chronic Pelvic Pain w/Michael Hibner

S23 - Pelvic Congestion Syndrome, Suggested Contemporary Laparoscopic and Medical Management Strategies for an Orphan Diagnosis



42nd AAGL 2013 GLOBAL CONGRESS ON MINIMALLY INVASIVE GYNECOLOGY

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- United States Capitol
- National Mall
- National Air and Space Museum
- Lincoln Memorial
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Course Number	Chair/Co-Chair	Morning Courses 8:00 AM – 12 NOON	Afternoon Courses 1:30 PM – 5:30 PM	Course Limit	Addl. Fee	Page No.
DAY 1 – SUNDAY, NOVEMBER 10, 2013						
PG 101	Charles H. Koh Dobie L. Giles	Laparoscopic Suturing – The “Vertical Zone” (SIMULATION LAB) - NON-CME ACTIVITY		40	\$375	19
PG 102	Grace M. Janik Elizabeth E. Ball		Laparoscopic Suturing – The “Vertical Zone” (SIMULATION LAB) - NON-CME ACTIVITY	40	\$375	19
PG 103	Vadim Morozov Maurizio Rosati	Intra and Retroperitoneal Anatomy – Landmarks and Pearls of Dissection		141	\$175	19
PG 104	Nucelio Lemos Pamela T. Soliman		Intra and Retroperitoneal Pelvic Anatomy with Focus on Neuropreservation and Complication Prevention (CADAVER LAB)	27	\$875	20
PG 105	Antonio R. Gargiulo Douglas N. Brown	SIG Robotics – Understanding the Robotic Surgery Controversy and Maximizing the Gains		107	\$175	20
PG 106	Michael C. Pitter Antonio R. Gargiulo		SIG Robotic Lab – Pelvic Anatomy through the Eyes of the Robot: Learn How to Tackle Complex Pathology Safely (CADAVER ADVANCED)	24	\$875	20
PG 107	C.Y. Liu Linda Brubaker	Minimally Invasive Approach to Pelvic Organ Prolapse		80	\$175	21
PG 108	S. Robert Kovac Lisa M. Peacock		Pelvic Organ Prolapse – Vaginal Approach	60	\$175	21
PG 109	Charles E. Miller Nutan Jain	Myoma (FULL DAY COURSE)		80	\$350	21
PG 110	Georgine M. Lamvu Michael Hibner	SIG Pelvic Pain – Preoperative and Postoperative Pain Management and Deciding When to Do Surgery in a Chronic Pelvic Pain Patient		150	\$175	22
PG 111	Emilio O. Fernandez Carlos Fernandez		Clinical Management of Endometriosis – From Mild to Severe	100	\$175	22
PG 112	Farr R. Nezhat Nicole D. Fleming	Laparoscopic Management of Complex Gynecologic Pathologies – Large Masses, Myoma, Cysts		120	\$175	22
PG 113	Shailesh P. Puntambekar Arnaud Wattiez		How to Manage Your Minimally Invasive Complications without Conversion	150	\$175	23
DAY 2 – MONDAY, NOVEMBER 11, 2013						
PG 201	Joseph L. (Jay) Hudgens Benoit Rabischong	Laparoscopic Suturing: Intracorporeal, Extracorporeal, Barbed Suture and Suturing Techniques (Simulation Lab)		40	\$375	27
PG 202	Aarathi Cholkari-Singh Hye-Chun Hur		Laparoscopic Suturing: Practical Tips for Needle Management, Knot Tying and Suture Use (Simulation Lab)	40	\$375	27
PG 203	Resad P. Pasic Eve Zaritsky	The Hysterectomy Playbook		120	\$175	28
PG 204	Resad P. Pasic Mona Orady		Step-by-Step Laparoscopic Hysterectomy (Cadaver Lab)	26	\$875	28
PG 205	Camran R. Nezhat Anastasia Ussia	Minimally Invasive Management of Complex Gynecologic Pathologies –Severe Endometriosis, Endometrioma, and Frozen Pelvis (FULL DAY COURSE)		150	\$350	28
PG 206	Amanda Nickles Fader Fatih Sendag		The Skinny on the Mini: Minilaparoscopy, LESS, Robotic Single-Site and the Next Frontier in Alternative Access	75	\$175	29
PG 207	Jim Tsaltas Mark Surrey		SIG Reproductive Surgery/Endometriosis – Best Management of Endometriosis-Related Infertility	60	\$175	29
PG 208	Paul D. Tulikangas Barbara S. Levy	Vaginal Hysterectomy – Studebaker or Ferrari?		118	\$175	29
PG 209	Rosanne M. Kho Eric R. Sokol		Vaginal Hysterectomy for the Non-Prolapsed Uterus: Mastering the Preferred Approach to Hysterectomy (Cadaver Lab)	24	\$875	30
PG 210	Nadeem Abu-Rustum Audrey Tsunoda	SIG Oncology – Fertility-Preserving Surgery in Gynecologic Oncology: A New Standard of Care		121	\$175	30
PG 211	Neena Agarwala Vincent R. Lucente		SIG Urogynecology – Overview of Management and Evaluation of Urinary Incontinence	50	\$175	30
PG 212	Joseph S. Sanfilippo Sara Brucker	Pediatric & Adolescent Gynecology – A “How To” Approach		40	\$175	31
PG 213	Anthony A. Luciano Richard J. Gimpelson	How to Incorporate Office Hysteroscopy and Ultrasound into Your Practice		80	\$175	31
PG 214	Richard J. Gimpelson Isabel C. Green		Office Hysteroscopy and Transvaginal Ultrasound – The Works (Simulation Lab)	40	\$375	31
PG 215	Ruben Quintero Jan Deprest	The Mother and the Patient in the Uterus – Laparoscopy in Pregnancy		75	\$175	32
PG 216	Craig J. Sobolewski Malcolm G. Munro		Surgical Energy in the 21st Century	50	\$175	32

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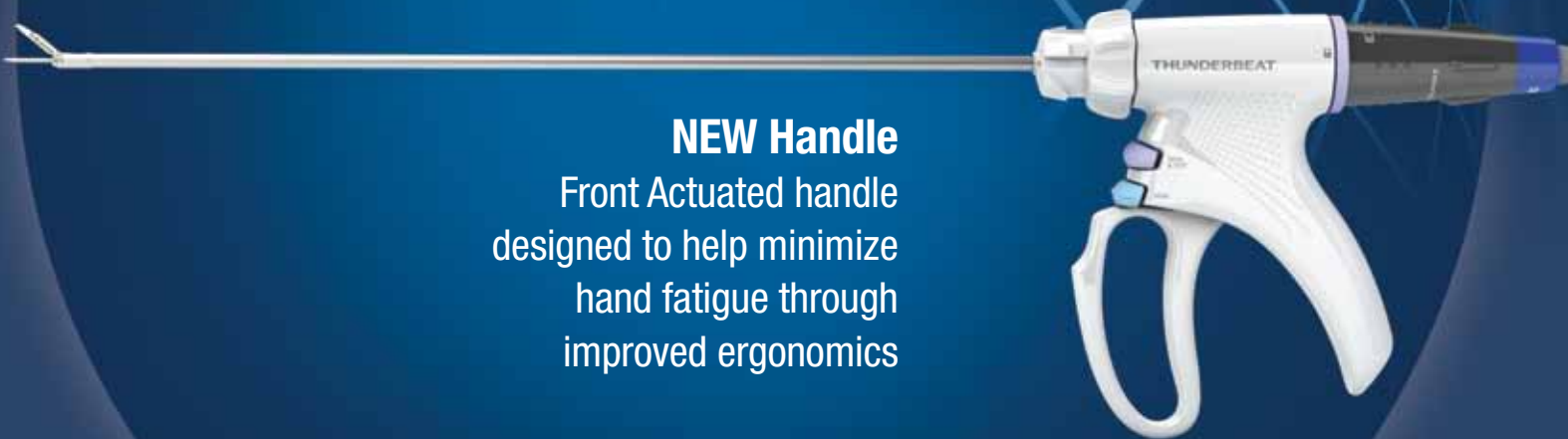
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"The journal has an ever expanding role in highlighting research and clinical outcomes associated with minimally invasive techniques. In the modern era of increased scrutiny of the practice of medicine, an evidence-based approach to gynecologic surgery is necessary. JMIG should be the journal that attracts the landmark papers that can influence how clinicians practice."

– Tommaso Falcone, M.D., Editor-In-Chief



Tommaso Falcone, M.D.
Editor-In-Chief

Cleveland Clinic – Cleveland, OH

Dr. Falcone is a graduate of the McGill University Faculty of Medicine in Montreal, and is currently the Obstetrics and Gynecology Institute Chair at the Cleveland Clinic. His medical specialties include advanced laparoscopic surgery, infertility, in-vitro fertilization, microsurgery for tubal ligation reversal, surgery for endometriosis, and infertility surgery.



Rosanne Kho, M.D.
Associate Editor

Mayo Clinic – Phoenix, AZ

Dr. Kho is a graduate of Tulane Medical School in New Orleans. She finished her Urogynecology Fellowship training at the Mayo Clinic AZ and is an Associate Professor with the Mayo Graduate School of Medicine. She is the current fellowship director for the minimally invasive fellowship program at the Mayo Clinic in Arizona. Her practice focus is on minimally invasive robotic and vaginal surgery.



Gary N. Frishman, M.D.
Deputy Editor

Brown Medical School – Providence, RI

Dr. Frishman is a graduate of the medical school at Columbia University in New York City. Dr. Frishman's research interests include laparoscopy, post-operative adhesion formation, the effects of various energy delivery sources including lasers and electrocautery, menopause and infertility, including in vitro fertilization. He is also actively involved in resident and medical student education and research, in addition to his duties as Deputy Editor of JMIG.



Pedro Ramirez, M.D., U.T.M.D.
Associate Editor

Anderson Cancer Center – Houston, TX

Dr. Ramirez is a Professor and the Director of Minimally Invasive Surgical Research and Education in the Department of Gynecologic Oncology at MD Anderson Cancer Center. He graduated residency in Obstetrics and Gynecology from Columbia-Presbyterian Medical Center in New York in 1998. His areas of research interest include minimally invasive surgery, fertility preservation in women with gynecologic malignancies, and novel approaches to the surgical staging of patients with gynecologic cancers.



Antonio M. Setubal, M.D.
Media Editor

Hospital da Luz – Lisbon, Portugal

Dr. Setubal received his medical degree from the University of Lisbon in 1981, and is currently Director of the Department of Obstetrics and Gynecology, Hospital da Luz – Lisbon. His areas of specialty include endometriosis, fibroids, infertility, and reconstructive pelvic floor surgery. Dr. Setubal is the first person to take on the role of Media Editor for the JMIG, and is responsible for bring new media content, such as video articles, to our readership.



Jeffrey R. Wilson, Ph.D.
Statistical Editor

Arizona State University – Tempe, AZ

Jeffrey Wilson is a Professor of Statistics and Biostatistics and Co-Director of the Biostatistics Core in the NIH Center for Alzheimer at Arizona State University. He is the former Director of the School of Health Management and Policy in the W. P. Carey School of Business. He has served as a co-principal investigator for a number of grants including the Arizona Disease Research Commission and the NIH, and provided research support to many hospitals and health organizations.

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

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

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- Advertising in The Journal of Minimally Invasive Gynecology, the official journal of the AAGL and ordering reprints of articles to disseminate to physicians.

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Do You Want Your Survey Sent to AAGL Members?



Dr. Einarsson

Survey based research can provide important information about pertinent topics such as provider attitudes and evolving practice trends. AAGL members have the opportunity

to submit proposals for survey research to the AAGL Research Committee (ARC). ARC is in turn tasked with reviewing the proposals and to provide the AAGL Board with a recommendation on whether to implement the proposed survey studies. In an effort to ensure that our members are not inundated with multiple surveys each year, the ARC has developed criteria to evaluate the relevance and quality of the proposed survey study. Among the criteria is the submission of a study summary from the investigators with discussion of goals, methods and survey design, IRB approval from the principal investigator's home institution and a limitation on the annual number of surveys distributed. Only a total of 3 surveys will be distributed each year, one per quarter, excluding the quarter immediately preceding the annual meeting. Surveys may be distributed electronically or via hard copy. The AAGL Board makes the final decision on whether to distribute surveys to our members and it is important to note that an application does not guarantee acceptance. We sincerely hope that AAGL members take full advantage of this opportunity and submit their innovative survey study ideas to the AAGL Research Committee. The full criteria and investigator questionnaire can be accessed on the AAGL web site at www.aagl.org/surveyrequest.

Jon Ivar Einarsson, MD, MPH, is the Director of the Division of Minimally Invasive Gynecologic Surgery at Brigham and Women's Hospital, and an Associate Professor, at Harvard Medical School in Boston, Massachusetts.

AAGL Board Nominations



Dr. Isaacson

The AAGL Nominating Committee will soon select eight members of the AAGL as candidates for four trustee positions for the years 2014 and 2015.

Four of the candidates will be from the general membership and four must come from specific regions.

This year, two candidates will be from Pacific Rim/India/Asia and two from Mexico/Central America/South America. (Next year, the regional candidates will be from Europe/Middle East/Africa and from Canada/United States).

In addition, two other members will be selected from the general membership to run as candidates for the position of Secretary-Treasurer. This position leads to Vice-Presidency and then the Presidency of the AAGL and proposed candidates must have previously served on the AAGL Board of Trustees.

If you wish to be considered as a candidate for one of these positions, you should ask five AAGL members to submit your name along with a short letter or email of support. These should be sent to nominations@aagl.org. Please note that recommendations must be received no later than **July 5, 2013**.

It is time for you to voice your opinion about your future elected officers.

Keith B. Isaacson, M.D. is the 2013 Immediate Past President of the AAGL and Associate Professor of Ob/Gyn at Harvard Medical School, and the Director of Partners Center for Reproductive Medicine and Surgery at Newton Wellesley Hospital MIGS Center, in Newton, Massachusetts.



INTERNATIONAL HOSTED MEETING

Cape Town Filled with Excitement



Dr. Van der Wat

Held in Cape Town, the 9th AAGL International Congress on MIGS, April 9-13, 2013 was quite a "happening!" Four hundred one delegates from 35 countries gathered at the foot of Table Mountain to participate in the academic program and social events whilst experiencing the wonderful ambiance of Cape Town. The Congress was a huge

enter into the fray of MIGS.

For the advanced endoscopic surgeon, live surgery sessions were held with world-renowned surgeons presenting advanced surgical techniques during their operations. Newer areas of interest, such as robotic surgery, were included in the programme and our keynote speakers enthralled the audience with their vast knowledge on a variety of subjects. Special thanks and recognition go to our industry sponsors, whose total commitment made this event and its associated workshops such a resounding success.

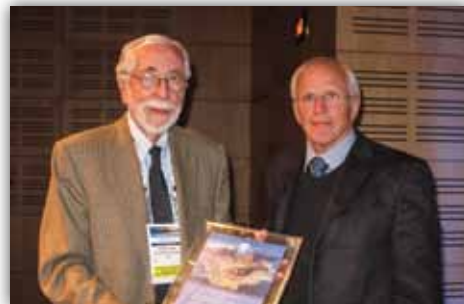
The AAGL was also pleased to present Professor Johannes Van der Wat with Honorary Membership. Dr. Van der Wat attended his first AAGL meeting in New Orleans in 1973 and he continued to participate in the AAGL meetings for the next 30 years. Brian Cohen, another South African originally from Zimbabwe, and a former President of the AAGL, outlined Dr. Van der Wat's accomplishments and contributions to science and his long commitment to teaching endoscopic surgery in South Africa. It was a wonderful tribute to long standing member and contributor to our field.

Facebook and Twitter will be buzzing with amazing anecdotes and photographs

taken on the pre- and post-conference safaris. Delegates and Board Members took the opportunity to mingle with the proud beasts of Africa, some of them experiencing unique,



success, thanks to the efforts of SASREG's organising committee and the unstinting support of the AAGL organization and its Board of Directors, who contributed generously to the academic program. The Scientific Committee introduced a novel programme in which three experts addressed specific topics in triology sessions. The broad-based programme dealt with endoscopic aspects of infertility and related subjects. This allowed generalists to



Dr. Loffer presents Dr. Kruger, Scientific Covenor, a plaque from the AAGL.



Dr. Brian Cohen (L) acknowledges Dr. Johannes Van der Wat's (R) long time membership in the AAGL.

"wild" moments of animal interaction seldom seen by human eyes. For many, this was a once-in-a-lifetime experience. We extend our heartfelt gratitude to everyone who organised and participated in this event.

Dr. Johannes van der Wat, MB.BCh., FCOG, is Honorary Consultant for Endoscopic Surgery at the University of Witwatersrand in Johannesburg, South Africa. He was Congress President at the 9th AAGL International Congress on MIG in Cape Town, South Africa, jointly hosted by AAGL/SASREG.



Dr. Paul LeRoux, Congress Chairman, welcomes attendees to the congress.



Dr. Johan Van Der Wat and family at the Opening Ceremonies.

Hellenic Society of Gynecological Endoscopy (HSGE)

The HSGE is an excellent example of what a small group of enthusiasts can accomplish. In 20 years since their founding they have brought many of their colleagues into the world of MIGS; provided teaching opportunities; established an accreditation program; and are making an effort to influence their government for the benefit of their patients.

They can serve as a model for other countries who have not yet organized to foster MIGS.

– Franklin D. Loffer, M.D. is Executive Vice President/Medical Director of AAGL



George Pados

The Hellenic Society of Gynecological Endoscopy (HSGE) was established in 1993 by a small number of well-renowned endoscopists in Greece. There were 27 founding members. Currently there are 245 members and 12 honorary life members. The HSGE has its own website (www.eege.gr) and publishes a newsletter for society members.

The HSGE has organized three very successful Panhellenic Congresses on Gynecologic Endoscopy. In addition two constitutional assemblies have taken place and we recently approved a plan for accreditation in gynecological laparoscopy and hysteroscopy, based on the principles of AAGL which includes 4 and 3 levels, respectively.

The mission of the HSGE is to promote minimally invasive gynecological surgery in Greece. The number of unnecessary laparotomies in this country is still high, especially in state hospitals. Therefore, the HSGE has the challenging task of trying to reverse this trend through a network of actions and activities including: an open dialogue with the Ministry of Health and Ministry of Education, organization of scientific activities on endoscopic surgery in gynecology, establishment of an advanced accreditation system, and establishing guidelines for endoscopic procedures.

George Pados is Immediate Past President of the Hellenic Society of Gynecological Endoscopy (HSGE).

Officers of the Hellenic Society of Gynecological Endoscopy (HSGE):

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Visit Barcelona Next Summer!

Did you miss our recent AAGL International Congress in Cape Town, South Africa? This highly successful scientific program was attended by more than 400 physicians, including many physicians from Africa and Australia who were attending their first AAGL meeting.

If you missed us in South Africa, we are pleased to announce that our next AAGL International Congress on MIGS will be held in Barcelona, Spain from June 5-7, 2014. We encourage you to register now!



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Alvin M. Siegler M.D., DSc. (1923-2013)



Friends and colleagues were saddened to learn of the passing of the AAGL's 8th President, Alvin Siegler on May 4, 2013. Dr. Siegler graduated from NYU School of Medicine and later received a Doctorate of Medical Science (DSc) from the University of Pennsylvania. He was an Emeritus Professor of Obstetrics and Gynecology at SUNY Health Science Center in Brooklyn until his retirement.

Dr. Siegler specialized in infertility and was a pioneer in gynecologic endoscopy. He co-authored seven books primarily on the use of endoscopy in gynecologic surgery and authored the book, *Hysteroscopy: Principles and Practice*, which was the first colored textbook published by the AAGL. He was among the first physicians to use the hysteroscope to search for abnormalities within the uterus. Much of his writings and lecturing were devoted to this subject.

He leaves a legacy of dedication to scholarship, research, teaching, and the excellent and compassionate care for patients. Much of what the AAGL is today can be traced back to his early leadership.

The AAGL Foundation in conjunction with the Siegler Family are developing a prize in honor of Dr. Alvin M. Siegler to be presented at this year's 42nd Global Congress in November. Additional details regarding the award will be sent to the membership in the coming months.

Welcome New Members

March 1, 2013 – May 15, 2013

Camille A. Castaneda Abaya, M.D.	Sima Bin, M.D.	Roberto Alonso Cordero, M.D.	Meredith Fields, DO
Suleiman Abuanzeh, M.D.	Stephanie Senich Bjork, M.D.	Bradley Corr, M.D.	Mark A. Fierro, M.D.
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Emily Adams-Piper, M.D.	Olivia Bolles, M.D.	Pedro Sanchez Cortes, M.D.	Ansres Tonatihu Flores, M.D.
Christian A. Adan-Campos, M.D.	Mae Kathleen Borchardt, M.D.	Thusitha Cotter, M.D.	Salomon Fourie
Amos Adelowo, M.D.	Hennie Botha	Oliver P. Cruz Orozco, M.D.	Leslie A. Foxlow, M.D.
Sami Ahmad, M.D.	Ursula Botha, M.D.	Stephanie Cummings, M.D.	Rafael Fraile, M.D.
Wadha M. Al Ghafri, M.D.	Sarel Brand, M.D.	Christine Curry, M.D.	Valerie A. French, M.D.
Mona Mustafa Alairan, M.D.	Leslie Breiten, M.D.	Hanan Hussein Dahlawi, M.D.	Lauren Fuhrig, M.D.
Helen A. Dunnington, M.D.	Mary Grace Bridges, M.D.	Stefanos Dailianas, M.D.	Erwin Gaertner, M.D.
Romina Alvarez, M.D.	Michael D. Brooks, M.D.	Yusuf Dasoo, M.D.	Rajesh Gangaram, M.D.
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Charmaine C. Anderson, M.D.	Iman Suliman Butalag, M.D.	Shamsa Deeb, M.D.	Jill D. Gibson, M.D.
Andrea Andrea, M.D.	Michael Cady, M.D., FACOG	Vrinda Dhruve Devani, M.D.	Jonathon Gibson, M.D.
Margarita Maria Aponte, M.D.	Pedro De Paula Caldas, M.D.	Razak Dhansay, M.D.	Jessica Earline Gill, M.D.
Aaron Armstrong, D.O.	Jamie A. Calderon Tapia, M.D.	Andre Diedericks	Linnea Goodman, M.D.
Ramon Aronius, M.D.	LaShonda Carlton, M.D.	Mitch Dizon, M.D.	Laura Graves
Ritika Arora, M.D.	Jacqueline Carpenter, D.O.	Olivier Donnez, M.D.	Yana X. Greenstein, M.D.
Brian Assent, M.D.	Eleonora Cekova, M.D.	Ariel K. Dubin, M.D.	Andrea S. Griem, M.D.
Febe Backer, M.D.	Kristin B. Chalk, M.D.	Molly Dudley Shields, M.D.	Meghan Griffin, D.O.
Jayanthilall Bagratee	Dennis J. Chamberlain, M.D.	Karen Duncan, M.D.	Matthew Grolle, M.D.
Brad Baker, M.D.	Uma Chandavarkar, M.D.	Andrew K. Dunham, M.D.	Christina Grubbs, M.D.
Jeremy Baker, M.D.	Lyndsey Charo, M.D.	Elhami Ebeid, MRCOG	Cyndi Gundlach
Lauren K. Hastings Banks, M.D.	Szu Yu Jenny Chen, M.D.	Alex Edwards, M.D.	Sabina Han, M.D.
Allison Barton, M.D.	Shelly Chvotkin, D.O., FACOG	Nahed ElGammal, M.D., FACOG	Anna Jang Hanson, M.D.
Tricia Bass, M.D.	Aisling Anne Clancy, M.D.	Al Enriquez, M.D.	John Alexander Harris, M.D.
Yamilee Bermingham, M.D.	Leslie H. Clark, M.D.	Aline Estefanes Eras, M.D.	Sarah Harris, M.D.
M. Bhana	Nicholas Clark, M.D.	Nate Evans, D.O.	Evan Harrison, M.D.
Samuel Bharksuwan, M.D, FACOG	Shlomi Bezalel Cohen, M.D.	Rebecca Falik, M.D.	Lara Harvey, M.D.
Thomas Michael Bickley, D.O.	Valeria M. Contreras Crowley, M.D.	Jacquia Fenderson, M.D.	Natalie Hatcher Rochester, M.D.
Jack Biko, M.D.	Carrie Corbett, M.D.	Aaron Ferda, M.D.	Sherif Anis Hebisha, M.D.

Welcome New Members (Continued)

March 1, 2013 – May 15, 2013

Sarah S. Hebl, M.D.	Mohammed Mazen Malak, M.D.	Alexandra Pellicena, M.D.	Molly Strong, M.D.
Salvador Hernandez Higareda, M.D.	Annika Malmberg, M.D.	Nigel Pereira, M.D.	Jaco Strydom
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Bruce Howard, M.D.	Nomonde Mbatani, M.D.	Priya Prasad, M.D.	Abraham Topete Diosdado, M.D.
Elizabeth Hugo, M.D.	Liz McCarrell, M.D.	Silvio Pulita, M.D.	Maria C. Torres-Gavvala, M.D.
Victor Hulme, M.D.	Amy McGaraghan, M.D.	Mackenzie Purdy, M.D.	Morgan Tucker, M.D.
Heinrich Husslein, M.D.	Katie McGuire, M.D.	Jonna M. Quinn, D.O.	A. Tulgay, M.D.
Kathryn Hawkins Imgrund, M.D.	Jeremiah E. McNamara, M.D.	Mookan Rajagopal, M.D.	Jana J. Rivera Tusalem, M.D.
Buthaina Jabir, M.D.	Erin Medlin, M.D.	Arvind Ramsabag, M.D.	Meghan Louise Valentine, M.D.
Amy Kolleen Jackson, M.D.	Iara Del Mar Melendez Barrios, M.D.	Ryan Rasmussen, M.D., M.B.A	Satish Vallabh, M.D.
Nidhi S. Jacob, M.D.	Abbey Lynn Mello, M.D.	Melodi N. Reese-Holley, M.D.	Adriaan Van der Colf, M.D.
Celestine Osita John, M.D.	Katie Member, M.D.	Emily A. Riggs, M.D.	Jacobus Van der Merwe
Jennifer E. Johnson, M.D.	Amanda Meyer, M.D.	Mulyanusa Amarullah Ritonga, M.D.	Malikah Van Der Schyff
Sneha Joshi, M.D.	Junji Mitsushita, M.D., Ph.D.	Anuradha S. Rode, M.D.	Albert Van Der Wat, M.D.
Emmaline Ju, M.D.	Fady M.S. Moiety, M.D.	Laurian Roediger, M.D.	Gerhard Van Der Westhuizen
Maria Cristina Juarez, M.D.	Michelle L. Monnie, M.D.	Malay Roy, M.D.	Jacobus van Rensburg
Geri Justice, M.D.	Pedro B. Morales, M.D.	Naa Sackey, M.D.	Andre van Rooyen
Nestor Kabamba, M.D.	Maria C. Morales-Velez, M.D.	Amal Veronica Salama, M.D.	Wynand Van Tonder
Amr Kader, M.D.	Valerie K. Moss, M.D.	Nicolas Salazar Perez, M.D.	Mohanad D. Vanosch, M.D.
Adam Kansagor, M.D.	Sujal Atul Munshi, MD	Iman Saleh, M.D.	Peter J. Vasquez, M.D.
Danylle Kappler, M.D.	Heather Murphy, M.D.	Juan S. Sandoval, M.D.	Diana Forero Vega, M.D.
Carrie Kaufman, M.D.	Erin Mary Myers, M.D.	Wang Sanfeng, M.D.	Douwe Vellema, M.D.
Salma Kayani, M.D.	S. Naidu	James Sargent, M.D.	Jacobus Leon Venter, M.D.
Thembi Khoale, M.D.	Devin Namaky, M.D.	Jaime Schachar, M.D.	Roberta Venturella, M.D.
Josephine Kim, M.D.	Mona Nataprawira, D.O.	Jeffrey Schachar, M.D.	Jenny Vesona, M.D.
Sun Kwon Kim, M.D.	Mapendo Ndekwe, M.D.	Jessica Scholl, M.D.	Tania Victor, M.D.
Amber Knight, M.D.	Jackson Ndhlovu	Catherine Schuller, M.D.	Gerardo A. Villagran Murillo, M.D.
Vanessa L. Knoedler, M.D.	Anna Nelson-Noseke, M.D.	Carlton Lewis Schwab, M.D.	Kevin Visconti, M.D.
Xianchao Kong, M.D.	Lynn Ngo, M.D.	Jodi Scott, M.D.	Margot Wacks, D.O.
Sarah Kreider, M.D.	Julie Nicole, M.D.	Nicole Parker Scott, M.D.	William Wallace, M.D.
Shozo Kurotsuchi, M.D., Ph.D.	Polina Niedle, M.D.	Yvonne Seger, M.D.	Linda Walmsley, M.D.
Nicola La Ferrera, M.D.	Melody Rose Nolan, M.D.	Stephen L. Segrave-Daly, M.D.	Andrew J. Walter, M.D.
Kristen H. Lady, M.D.	Natalia Novikova, M.D., Ph.D.	Radhika Sharma, M.D.	Stephanie Warsheski, M.D.
Jasmine Lai, M.D.	Amanda O'Brien, M.D.	Kristen E. Sharpe, D.O.	David John Watson, M.D.
Sarah K. Leadley, M.D.	Kristin L. Orr, M.D.	Amanda L. Shepherd, M.D.	Meaghan Wilk
Lee Andrew Learman, M.D.	Sonia Kaur Panesar, M.D.	Douglas J. Sherlock, M.D.	Marie-Lena Windt de Beer
Jesus E. Moreno Lechuga, M.D.	Patrice Paolucci, D.O.	Rupert G. Sherwood, FRANZCOG	Kayla Wishall, M.D.
Jillian K. LeClair, M.D.	Beau Park, M.D.	May Shung, M.D.	Jesse Xiyu Woo, M.D.
Amy M. Lee, M.D.	Hye In Park, M.D.	Igno Siebert, M.D.	Pla Xoua Xiong-hang, M.D.
Regina K. Lee, M.D.	Jennifer Parker, M.D.	Kim Smith, M.D.	Gayoung Yang, M.D.
Sarah Li, MBChB, BSc	Melissa Paskey, M.D.	Lauren Smith, BSc, M.D., FRCSC	Wang Wen Ying, R.N.
David Lovejoy, M.D.	Malika Patel, FCOG(SA) M Med O&G	Mary L. Smith, M.D.	Delbert Lynn Yoder, M.D.
Erica Kay Low, M.D., MS	Yamal Arun Patel, M.D.	Maria Milian Sobarzo, M.D., FACOG	Rachel Elizabeth Zigler, M.D.
La Toya Asha Lucas, M.D.	Alvaro E. Pegna, M.D.	Carlos M.R. Solorzano Ramos, M.D.	Tiffany Zigras, MBBS
Arti Marwah Luthra, M.D.	Mariève Pellerin, M.D.	Amber Somerville, M.D.	Philip Zinn, M.D.
Michelle M. Luthringshausen, M.D.		Robyn Spring, M.D.	
		William Stinger, M.D.	

The MESGE Holds First Meeting

The 1st Annual Middle East Society Congress was held April 24-28, 2013 in conjunction with the Turkish Society of Gynecological Endoscopy. The location was the beautiful resort city of Antalya, Turkey. By all standards, it was a great success with 743 registrants from 34 countries.

The congress presidents were Mohamed Ibrahim M.D. and Fatih Sendag, M.D. They, along with their organizing company (Opteamist Tourism), integrated a scientific program and social events into a wonderful program. Dr. Sendag and Opteamist hosted the AAGL at its 5th International meeting in Istanbul in 2011.

The 2nd Annual MESGE Congress will be held in Dubai in March 2014. It will be a further opportunity to see the work being done and the advances being made in MIGS by MESGE members.



2nd Annual "Stump the Professors" Call for Cases

**Have You Ever Seen a Case that Stumped You and Your Colleagues or a Case that was Challenging and Exciting to Manage?
When was the Last Time You Heard, "What an Amazing Case?"**

The quest is on for cases relating to women's health that are intriguing, mind-boggling, and arduous for the next "Stump the Professors" program. The cases should require thought, attention to potential change in practice and represent the depth and breadth of minimally invasive gynecology, oncology or urogynecology.

We are currently accepting cases to be considered for the "Stump the Professors" program that will be held during the 42nd AAGL Global Congress of Minimally Invasive Gynecology in Washington D.C, November 10-14, 2013. A review panel will choose three cases that will be presented for discussion at the meeting with each case presenter receiving free registration as well as one night lodging.

Who is eligible?

All AAGL members, nationally and internationally

Outline:

One-page case summary, including final diagnosis (750 word MAX).

Submit electronically to:

Art Arellano (aarellano@aagl.org, 714-503-6200)

Include:

Name (as to appear on printed materials), contact numbers and email address. Please note that all contact information will be blinded prior to being reviewed by the review panel. Deadline: August 30, 2013.

Cases should be HIPPA compliant. Late or incomplete submissions will not be accepted. Cases must not exceed one-page, 10-point font, with 1" margins.



AAGL Career Scope

Advancing Minimally Invasive Gynecology Worldwide

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

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



2013

EDUCATION CALENDAR

The following educational meetings are sponsored by or endorsed by the AAGL.

Educational Workshops

August 21-23, 2013

World Robotic Gynecology Congress

Scientific Program Chair: Arnold P. Advincula
Palmer House Hilton • Chicago, Illinois
Endorsed by AAGL

September 21-23, 2013

Roadmap for the Gynecologic Surgeon: A Hands-On Course Focused on Minimally Invasive Pelvic Surgery

Scientific Program Chair: M. Jonathon Solnik
Cedars-Sinai Medical, Harvey Morse Auditorium
Los Angeles, California
Endorsed by AAGL

December 5-6, 2013

5th Annual Meeting on Video Assisted Laparoscopic & Robotic Hysterectomy with Comprehensive Hands-on Workshop on Laparoscopic Suturing & Knot-Tying

The Roosevelt Hotel • New York, New York

AAGL Annual Meetings

November 10-14, 2013

42nd AAGL Global Congress on Minimally Invasive Gynecology

Scientific Program Chair: Ceana H. Nezhat
Gaylord National Hotel & Convention
Center on the Potomac
Washington, D.C.

November 17-21, 2014

43rd AAGL Global Congress on Minimally Invasive Gynecology

Vancouver Convention Centre
Vancouver, British Columbia

November 15-19, 2015

44th AAGL Annual Global Congress on Minimally Invasive Gynecology

MGM Grand Hotel
Las Vegas, Nevada

AAGL International Meetings

June 4-7, 2014

10th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Spanish Gynaecological and Obstetrics Society (Gynaecological Endoscopy Section)

Scientific Program Chair:
Francisco Carmona Herrera
Barcelona, Spain

June 2015

11th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Israel Society of Gynecological Endoscopy

Scientific Program Chair: Moty Pansky
Jerusalem, Israel