



43rd AAGL  
**GLOBAL CONGRESS**  
ON MINIMALLY INVASIVE GYNECOLOGY

NOV. 17-21, 2014 | Vancouver, British Columbia

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FINAL  
PROGRAM

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*The AAGL Global Congress is the pre-eminent meeting for physicians interested in providing optimal patient care through minimally invasive gynecology. Designed to meet the needs of practicing surgeons, residents and fellows, operating room personnel and other allied healthcare professionals, the Congress covers traditional topics as well as presentations of "cutting edge" material. With opportunities to discuss and share discoveries, you will experience excellence in formal, informal and collegial education.*

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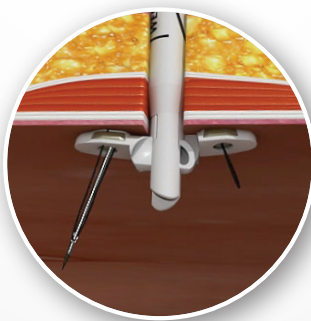
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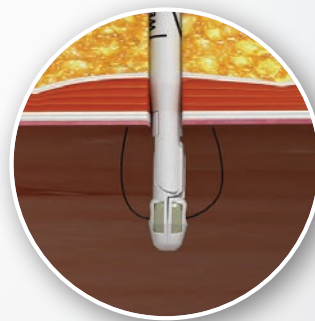
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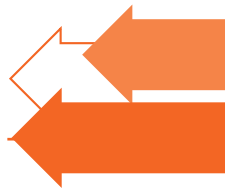
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# Welcome



Dear Friends and Colleagues,

After all the months of planning, I can't believe I get to officially say these words: Welcome to Vancouver and the 43rd AAGL Global Congress! Our Scientific Program Committee is so excited to finally share with all of you the multitude of offerings at this year's meeting. Based on the theme of "Setting New Standards in MIGS Through Knowledge & Innovation," a wide variety of interactive curriculum will be available to both the novice and advanced gynecologic surgeon.

This all starts with the 25 post-graduate courses, 6 surgical tutorials, 5 panel discussions and 4 live surgeries that will serve as the backbone for the congress. Woven throughout the week will be unique sessions that will tackle some of the biggest challenges and controversies faced by gynecologic surgeons worldwide this past year. Several events will be dedicated to the topic of tissue extraction while the much talked about Stainless Steel Surgeon will address the best route of surgery (vaginal, laparoscopic or robot-assisted) for a particular procedure performed by master surgeons. Anchoring all of this programming will be veteran clinician-educators as well as rising stars in our field.

Incredible innovators will address this year's global congress. The leading world figure in the area of clinical uterus transplantation, Professor Mats Brännström from Sahlgrenska Academy at the University of Gothenburg, will give the Jordan M. Phillips Keynote Address. And if that isn't inspiring enough, Dr. Quyen Nguyen, an M.D., Ph.D. from UC San Diego, who is a pioneer in molecular fluorescence imaging will headline this year's Women Surgeons' Breakfast.

In between all the incredible sessions and talks, don't forget to visit the Exhibit Hall where many of the latest industry breakthroughs and advancements in surgical device technology will be on display. If it sounds like a jam-packed week, well it is, but don't forget to take some time to enjoy the sights, sounds and wonderful tastes of beautiful Vancouver. This city certainly serves as such an idyllic backdrop for this year's meeting.

I look forward to seeing all of you in the convention center or around the streets of Vancouver as we learn new concepts, share ideas, renew old friendships and make new ones. Join me as we collectively advance women's health and set new standards in minimally invasive gynecologic surgery.

Arnold P. Advincula, M.D.  
Scientific Program Chair



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# BLOCK PROGRAM



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## Postgraduate Day 1 – Monday, November 17

Registration – 6:00am – 7:00pm

Fellowship in MIGS Postgraduate – 7:00am – 4:30pm – Room 301

FMIGS Graduation Ceremony and Reception – 5:00pm – Room 306

**CME** State-of-the-Art Postgraduate Courses – 7:00am – 4:30pm

Luncheon – Discussion with the Experts – 11:15am – 12:15pm – Ballroom D

## Postgraduate Day 2 – Tuesday, November 18

Registration – 6:00am – 5:30pm

**CME** State-of-the-Art Postgraduate Courses – 7:00am – 4:30pm

Luncheon – Discussion with the Experts – 11:15am – 12:15pm – Ballroom D

**CME** Live Interactive Cadaveric Demonstration: Tissue Extraction Techniques – 4:45pm – 6:00pm – Ballroom A/B

Opening Ceremony – Presidential Address – 6:00pm – 6:45pm – Ballroom A/B

Welcome Reception in Exhibit Hall – 6:45pm – 8:00pm – Exhibit Hall

## Congress – Wednesday, November 19

Industry Sponsored Breakfasts  
6:00am – 7:45am

Women Surgeons' Breakfast  
6:30am – 7:45am – Room 220

Registration  
6:30am – 5:30pm

**CME** Honorary Address – 7:30 - 7:45am / Presentation of Award Winning Abstracts & Videos – 7:45 - 9:05am / Jordan M. Phillips Keynote Address – 9:05am – 9:30am – Ballroom A/B

Refreshment Break – Visit Exhibits – 9:30am – 11:00am – Exhibit Hall

BALLROOM D	BALLROOM C	ROOMS 121-122	ROOMS 118-120	ROOMS 109-110	BALLROOM A/B	ROOM 201	
<b>CME</b> Plenary 1 Laparoscopy 11:00am-12:00pm	<b>CME</b> Surgical Tutorial 1 LESS Surgery 11:00am-12:00pm	<b>CME</b> Panel 1 Best Practice Update 11:00am-12:00pm	Open Comm. 1 Robotics 11:00am-12:00pm	Video Session 1 Oncology 11:00am-12:00pm	Video Session 2 Urogynecology 11:00am-12:00pm	<b>CME</b> Panel 2 JMIG 11:00am-12:00pm	Virtual Posters
<b>CME</b> Plenary 2 Oncology 12:05pm-1:05pm	<b>CME</b> Surgical Tutorial 2 Tissue Extraction 12:05pm-1:05pm	Open Comm. 2 Endometriosis 12:05pm-1:05pm	Open Comm. 3 Laparoscopy 12:05pm-1:05pm	Video Session 3 Robotics 12:05pm-1:05pm	Video Session 4 Education 12:05pm-1:05pm	COGA Symposium 12:05pm-2:00pm	11:00am to 1:05pm

Exhibits Open / Box Luncheon  
1:05pm – 3:30pm – Exhibit Hall

<b>CME</b> Plenary 3 Hysteroscopy 2:15pm-3:15pm	<b>CME</b> Surgical Tutorial 3 Mullerian Anomalies 2:15pm-3:15pm	<b>CME</b> Panel 3 Stump the Professors 2:15pm-3:15pm	Open Comm. 4 Research 2:15pm-3:15pm	Open Comm. 5 Education 2:15pm-3:15pm	Video Session 5 Laparoscopy 2:15pm-3:15pm	Iberoamericano Symposium 2:15pm-3:15pm	Virtual Posters
<b>CME</b> Plenary 4 Robotics 3:20pm-5:00pm	<b>CME</b> Surgical Tutorial 4 Anatomy 3:20pm-5:00pm	Open Comm. 6 Endometriosis 3:20pm-5:00pm	Open Comm. 7 Laparoscopy 3:20pm-5:00pm	Open Comm. 8 Urogynecology 3:20pm-5:00pm	Video Session 6 Laparoscopy 3:20pm-5:00pm	SEGi Symposium 3:20pm – 4:20pm	2:15pm to 5:00pm

Hologic, Inc. Symposium  
5:05pm – 7:05pm – Room 212-214

Intuitive Surgical Symposium  
5:05pm – 7:05pm – Room 220-222

Vermillion Symposium  
5:05pm – 7:05pm – Room 211

In The Mix – 7:15 pm – Room 301

## Congress – Thursday, November 20

Industry Sponsored Breakfasts  
6:00am – 7:45am

Advisors' Breakfast  
6:30am – 7:45am – Room 116-117

Registration  
6:30am – 5:30pm

Business Meeting – 7:30am – 7:50am – Ballroom A/B

**CME** **STAINLESS STEEL SURGEON: Super Surgeon Battle: Laparoscopic, Robotic, Vaginal** – 7:50am – 9:30am – Ballroom A/B

Refreshment Break – Visit Exhibits – 9:30am – 11:00am – Exhibit Hall

BALLROOM D	BALLROOM C	ROOMS 121-122	ROOMS 118-120	ROOMS 109-110	BALLROOM A/B	ROOM 201	
<b>CME</b> Plenary 5 Urogynecology 11:00am-12:00pm	<b>CME</b> Surgical Tutorial 5 Endometriosis 11:00am-12:00pm	<b>CME</b> Panel 4 Costs Containment 11:00am-12:00pm	Open Comm. 9 New Instruments 11:00am-12:00pm	Open Comm. 10 Hysteroscopy 11:00am-12:00pm	Video Session 7 Laparoscopy 11:00am-12:00pm	APAGE Symposium 11:00am-12:00pm	Virtual Posters
<b>CME</b> Plenary 6 Reproduction 12:05pm-1:05pm	<b>CME</b> Surgical Tutorial 6 Complications 12:05pm-1:05pm	Late Breaking News 12:05pm-1:05pm	Open Comm. 11 Oncology 12:05pm-1:05pm	Open Comm. 12 Robotics 12:05pm-1:05pm	Video Session 8 Laparoscopy 12:05pm-1:05pm		11:00am to 1:05pm

Exhibits Open / Box Luncheon  
1:05pm – 3:00pm

<b>CME</b> Plenary 7 Pain Issues 2:15pm-3:15pm	Open Comm. 13 Reproductive Issues 2:15pm-3:15pm	Open Comm. 14 Laparoscopy 2:15pm-3:15pm	Open Comm. 15 Education 2:15pm-3:15pm	Open Comm. 16 New Instruments 2:15pm-3:15pm	Video Session 9 Endometriosis 2:15pm-3:15pm	ROOMS 202-204	Virtual Posters
Open Comm. 17 Advanced Endoscopy 3:20pm-5:00pm	Open Comm. 18 Advanced Endoscopy 3:20pm-5:00pm	Open Comm. 19 Advanced Endoscopy 3:20pm-5:00pm	Video Session 10 Advanced Endoscopy 3:20pm-5:00pm	Video Session 11 Advanced Endoscopy 3:20pm-5:00pm	Video Session 12 Advanced Endoscopy 3:20pm-5:00pm	<b>CME</b> T.E.A.M. Up for OR Optimization 3:20pm-5:20pm	2:15pm to 4:00pm

Covidien Symposium  
5:05pm – 7:05pm – Room 211

## Congress – Friday, November 21

**CME** Simulation Olympics – 8:00am – 8:30am / Telesurgery Session – 8:30am – 1:00pm – Ballroom A/B

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### Golden Hysteroscope Award

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JMIG Editorial Board: Gary N. Frishman, Rosanne M. Kho, Pedro T. Ramirez, Antonio Setubal, Jeffrey R. Wilson

# Board and Committee Meetings

## Sunday, November 16

8:00am – 5:00pm AAGL Board of Trustees Meeting Room 306

## Monday, November 17

12:15pm – 1:15pm JMIG Editor’s Report to the Board Room 111

2:00pm – 4:00pm JMIG Editorial Board Meeting Room 111

6:30pm – 7:30pm JMIG Editorial Board Reception Room 224

## Wednesday, November 19

9:30am – 11:00am International Hosted Meeting Planning Room 111

9:30 – 10:00 Israel 2015

10:00 – 10:30 India 2016

10:30 – 11:00 Colombia 2017

9:45am – 10:45am Special Interest Group Meetings\*  
Endometriosis/Reproductive Medicine Room 114-115  
Oncology Room 202-204  
Vaginal Surgery Room 205-207

1:05pm – 2:05pm Fellows Meeting Room 202-204

4:00pm – 5:00pm Fellowship in MIGS Board Meeting Room 111-112

## Thursday, November 20

6:30am – 7:45am Advisor’s Breakfast Room 116-117

9:45am – 10:45am Special Interest Group Meetings\*  
Pelvic Pain Room 114-115  
Robotics Room 202-204  
Urogynecology Room 205-207

1:00pm – 2:00pm Fellowship in MIGS Town Hall Meeting Room 211

1:00pm – 2:00pm Practice Committee Meeting Room 111

2:30pm – 3:15pm CGE Board Room 111

2:30pm – 3:30pm Coding Committee Room 105

4:00pm – 5:00pm COEMIG Designees Meeting Room 105-106

## Friday, November 21

12:00pm – 1:00pm ACM Wrap-up Meeting Room 105-106

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for extraordinary assistance  
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# Understanding Your Global Congress Badge

## Important Items:

Badges must be worn at all times. It is your entry pass to events.

Badge must be presented for entry to all PG courses.

Obtain CME credit by scanning at all events or once at the General Session on each day that you participate in the Congress.

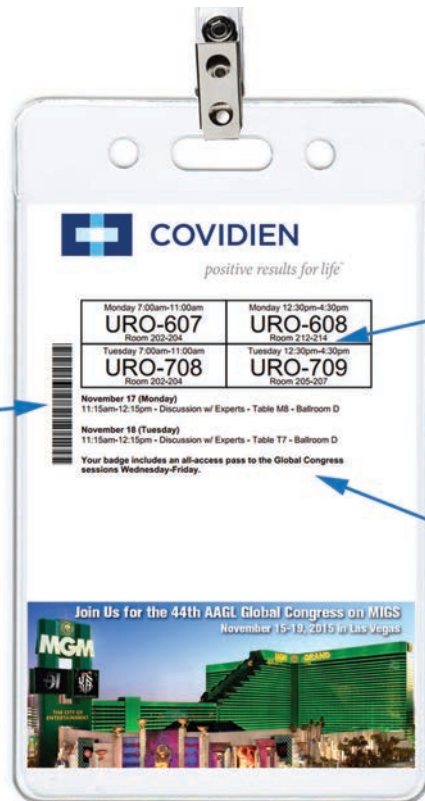
Evaluation forms for all courses or sessions will be emailed to the email address you provided at the time of your registration.

Certificates of participation will be sent upon completion of the evaluation forms.



Guests are not allowed to attend any PG or Congress sessions

Scan this barcode for CME\*\*



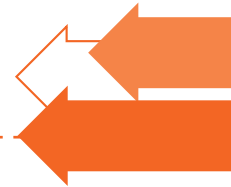
CME barcode

Those registered for PG courses will see the course, the time and location printed here.

Luncheons and Congress sessions you have registered for are printed here.

\*\*Note: During Exhibit Hall hours, if your badge is scanned in the Exhibit Hall, the contact information you registered with will be provided to the exhibitor that scanned your badge.

# Hotel & Registration



**Vancouver Convention Centre West**  
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## Registration

The registration fee for the Global Congress includes three full days of Scientific Program sessions; the Welcome Reception in the Exhibit Hall; two luncheons in the Exhibit Hall and one breakfast at the Telesurgery Session. PG & Congress registrants have additional fees for each postgraduate course they choose to attend. PG Course Only days require a PG Only registration fee and a fee for each course selected. **Registration fees increase by \$50 on-site. All transactions will be in U.S. currency.**

The registration fees for the Global Congress (not including additional postgraduate course fees) are:

On-Site Registration Fees	Nov. 17-18 PG Courses Only (up to 4 courses)		Nov. 19-21 3-Day Congress Only*		Nov. 17-21 5-Day PG Courses & Congress*	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
Practicing Physician	\$295	\$595	\$645	\$895	\$495	\$745
Retired Physician & Resident/Fellow in Training	\$195	\$295	\$295	\$445	\$295	\$395
Affiliated Society	\$195	\$295	\$295	\$595	\$345	\$495
Allied Healthcare Professionals	\$195	\$295	\$295	\$445	\$195	\$295
Non-Physician		\$295		\$445		\$295
One Day, Congress-Only Pass				\$295		

### Membership Fees Waived

When you pay non-member registration fees for the meeting, AAGL will waive membership fees for one year.

## Flash Drive

At the 43rd AAGL Global Congress you will receive a flash drive storing all the syllabi for State-of-the-Art Postgraduate Courses and Surgical Tutorials. You will be able to use this convenient device to review the didactic content for all courses. In addition, all syllabi will be available online at the AAGL website, [www.aagl.org](http://www.aagl.org), after Monday, October 27, 2014. If you wish, you may download and print the syllabi for your courses prior to coming to Vancouver so you can make the most of your educational experience at the 43rd AAGL Global Congress..



## Cancellation Policy

Cancellations received prior to October 31, 2014 will be refunded, minus \$125 for administrative fees. No refunds will be made after October 31, 2014. In the event that the 43rd AAGL Global Congress is canceled for any reason, attendees will be notified of course cancellation no later than two weeks prior to scheduled dates and a full refund will be issued. Attendee will be responsible for canceling their own hotel and airline reservations.

## Mobile App

AAGL is pleased to offer attendees of the 43rd AAGL Global Congress real time access to presentation schedules, exhibit hall events, and more through the AAGL Mobile App. To install the app on your phone, just follow these easy steps:

AAGL Mobile App



### US Attendees with Wireless Data Plans

1. Go to [AAGL.org/app](http://AAGL.org/app) in your web browser on your smartphone
2. Tap on "Save the App To My Device"
3. Follow the in-app instructions for accessing event schedules and course itineraries.

### International Attendees without Roaming Data Plans

1. Visit one of the Wi-Fi Hotspots at the Vancouver Convention Centre (either in your hotel room or near the AAGL Registration Desk)
2. Go to [AAGL.org/app](http://AAGL.org/app) in your web browser on your smartphone
3. Tap on "Save the App To My Device"
4. Follow the in-app instructions for accessing event schedules and course itineraries.

# Excellence in Education

## Target Audience

This activity meets the needs of surgical gynecologists in practice and in training, as well as other healthcare professionals in the field of gynecology.

## Accreditation

The AAGL is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

### Postgraduate Courses: November 17-18, 2014

The AAGL designates this educational activity for a maximum of 15 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### Global Congress: November 19-21, 2014

The AAGL designates this educational activity for a maximum of 17.75 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American College of Obstetricians and Gynecologists will recognize this educational activity. In order to apply for cognates, please fax a copy of your certificate to ACOG at (202) 484-1586.

The American Nurses Credentialing Center (ANCC) accepts *AMA PRA Category 1 Credits*<sup>™</sup> toward recertification requirements.

The AAGL is approved by the California Board of Registered Nursing Provider No. CEP 10425, and designates this educational activity for the number of contact hours listed below.

The American Academy of Physician Assistants (AAPA) accepts *AMA PRA Category 1 Credits*<sup>™</sup> from organizations accredited by the ACCME.

## Obtaining CME Credit

**Postgraduate Days:** There will be a scanner located outside of each PG Course room.

**Congress Days:** There will be a scanner located outside of the General Session room and at the AAGL Registration Desk.

**You must scan your badge to receive CME credit.**

## Code of Conduct

The AAGL adheres to a strict Code of Conduct. Please note that each attendee has been provided with the policy in their Congress registration packet.

## Continuing Medical Education

**CME** This symbol indicates a postgraduate course or session that qualifies for CME credit.

Continuing medical education credit is not offered during meals, breaks, receptions, training sessions, satellite meetings or any private group meeting (e.g., council meetings, invitation-only meetings, editorial board meetings, etc.). In addition, CME credit is not offered during poster sessions, Open Communication Sessions, Video Sessions or luncheon discussions.

Continuing medical education is a lifelong learning modality designed to enable physicians to remain current with medical advances. The goal of AAGL is to sponsor educational activities that provide learners with the tools needed to practice the best medicine and provide the best, most current care to patients.

As an accredited CME provider, AAGL adheres to the Essentials and Policies of the Accreditation Council for Continuing Medical Education (ACCME). CME activities now must first, address specific, documented, clinically important gaps in physician knowledge, competence or performance; second, be documented to be effective at increasing physician knowledge, skill or performance; and third, conform to the ACCME Standards for Commercial Support.

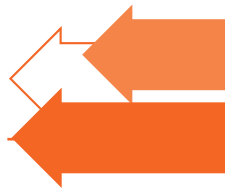
AAGL must not only obtain complete disclosure of commercial and financial relationships pertaining to gynecologic medicine but also resolve any perceived conflicts of interest. All postgraduate course faculty members and all organizers, moderators and speakers in the Scientific Program have completed disclosures of commercial and financial relationships with manufacturers of pharmaceuticals, laboratory supplies and medical devices and with commercial providers of medically-related services. The disclosures were reviewed by the Program Development Committee, which resolved perceived potential conflicts of interest.



The AAGL has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded Accreditation with Commendation for 6 years as a provider of continuing medical education for physicians.

ACCME accreditation seeks to assure the medical community and the public that AAGL provides physicians with relevant, effective, practice-based continuing medical education that supports US health care quality improvement.

The ACCME employs a rigorous, multilevel process for evaluating institutions' continuing medical education programs according to the high accreditation standards adopted by all seven ACCME member organizations. These organizations of medicine in the US are the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association for Hospital Medical Education, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the Federation of State Medical Boards of the US, Inc.



## Needs Assessment

By developing educational courses in minimally invasive gynecology (MIG) we hope to increase the use of MIG and reduce morbidity and complication rate associated with these procedures.

**Practice Gap:** At present in the United States, about 15 to 20% of the 600,000 hysterectomies are performed by laparoscopy and robotics, respectively. This is due to lack of training during a surgeons' formal education and the multiple difficulties to acquire formal training once in medical practice.

**Gap Analysis:** MIG procedures are aimed at preserving the highest possible quality of life for women by using smaller and fewer incisions, reducing pain and trauma to the body, and enabling quicker recovery. Yet, the ability to perform these more patient-friendly procedures requires most gynecologists to commit to post-residency training since they are not routinely taught during formal training. This requires a commitment to lifelong learning because of the development of new technologies and instrumentation.

## Planning the Intervention

**Summary:** The goal of our intervention is that through exposure to continuing medical education (CME) gynecologists will attend activities organized into didactic and hands-on sessions to acquire and/or advance their skills in MIG. An open forum will follow with discussion designed to stimulate faculty and participants in interaction.

## Proposed Methods

- I. Create awareness of the role MIG plays
- II. Hands-on laboratory that will allow each participant to practice MIG techniques on cadavers
- III. Transfer skill to course participants through didactic lectures, video presentations and demonstration and supervised wet lab surgery.
- IV. Expectations are that future courses can be organized to spread awareness and transfer skills in MIG to other gynecologists, who are willing to commit to this lifelong process.
- V. To maximize the return of this year's Congress, upon completion participants will be requested to explain how their newly acquired knowledge and skills will impact their practice.

## Objectives

*At the conclusion of the course, the participant should be able to:*

- I. Explain the latest developments in minimally invasive healthcare for women.
- II. Describe the skills needed for proficiency.
- III. Apply minimally invasive surgical techniques such as laparoscopic hysterectomy, myomectomy, pelvic floor repair, treatment of endometriosis and advanced hysteroscopic techniques.
- IV. Enable the practicing gynecologist to gain hands-on experience in the anatomy laboratory as well as laboratories focused on laparoscopic suturing, hysteroscopy, robotic surgery, single-port surgery.
- V. Describe the latest advances in research and techniques in the field of minimally invasive gynecologic surgery.
- VI. Evaluate data presented to determine the best methods for practice of gynecologic medicine.
- VII. Demonstrate and enhance their presentation and publication skills with a hands-on workshop.
- VIII. Interpret and evaluate basic science techniques such as stem cell biology, cellular systems biology and pre-surgical planning.

## Additional Barriers and Possible Solutions

**Additional Barriers:** MIG is relatively difficult to learn and all procedures require accurate surgical skills and experience to perform. Therefore, the course participants will not be able to utilize the techniques immediately upon completion of this course.

**Possible Solutions:** Continue to provide physicians with additional information and resources they need to elevate their practice in gynecology while increasing their skill in minimally invasive gynecology.



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# STATE-OF-THE-ART POSTGRADUATE COURSES AT-A-GLANCE

Postgraduate courses represent AAGL's commitment to offering State-of-the-Art education focused on the issues that impact your day-to-day practice. The courses present the most current information available on the topics that matter most to you, and emphasize how you can apply them to your practice. Each course is accredited for continuing medical education credit, unless otherwise noted.

Course Number	Chair/Co-Chair	Morning Courses 7:00 AM – 11:00 AM	Afternoon Courses 12:30 PM – 4:30 PM	Course Limit	Addl. Fee	Page No.
<b>DAY 1 – MONDAY, NOVEMBER 17, 2014</b>						
SUTR-600	Joseph (Jay) L. Hudgens Fariba Mohtashami	Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies		30	\$375	21
SUTR-601	Fariba Mohtashami Joseph (Jay) L. Hudgens		Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies	30	\$375	21
ROBO-602	John P. Lenihan Peter C.W. Lim	Didactic (Live Cadaveric Demo): "Domo Arigato, Mr. Roboto:" Optimizing Robotics for Basic to Complex Gynecologic Surgery		175	\$195	22
ROBO-603	Peter C.W. Lim John P. Lenihan		Simulation Lab: "Domo Arigato, Mr. Roboto:" Optimizing Robotics for Basic to Complex Gynecologic Surgery	22	\$375	22
ENDO-604	Mauricio S. Abrao Marcello Ceccaroni	Didactic: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management <i>Presented in affiliation with the American Society of Reproductive Medicine (ASRM)</i>		140	\$175	23
ENDO-605	Marcello Ceccaroni Mauricio S. Abrao		Cadaveric Lab: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management <i>Presented in affiliation with the American Society of Reproductive Medicine (ASRM)</i>	18	\$875	23
SIMU-606	Ernest G. Lockrow Sangeeta Senapati	<b>FULL DAY</b> Didactic and Simulation Lab: Teach the Teacher: It's Never Too Late <i>Presented in affiliation with the American College of Obstetricians and Gynecologists (ACOG)</i>	<b>(This course ends at 4:30pm)</b>	40	\$475	24
URO-607	Eric R. Sokol Charles R. Rardin	Didactic: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications		175	\$175	25
URO-608	Charles R. Rardin Eric R. Sokol		Cadaveric Lab: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications	27	\$875	25
PELV-609	Maurice K. Chung Sawsan As-Sanie		Didactic: No Pain, No Gain	175	\$175	27
FELO-610	Gretchen Makai Kathy Huang Kristin Patzkowsky	<b>FULL DAY</b> Fellowship in MIGS Postgraduate	<b>(This course ends at 4:30pm)</b>	200	No Fee	27
<b>DAY 2 – TUESDAY, NOVEMBER 18, 2014</b>						
SUTR-700	Jin Hee (Jeannie) Kim Nash S. Moawad	Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies		30	\$375	31
SUTR-701	Nash S. Moawad Jin Hee (Jeannie) Kim		Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies	30	\$375	31
ANAT-702	Robert M. Rogers John F. Boggess	Didactic (Live Cadaveric Demo): Fulfill Your Destiny as a MIG Surgeon, You Must. The Way of the Jedi Master, Surgical Anatomy, It Is.		125	\$195	32
ANAT-703	John F. Boggess Robert M. Rogers		Cadaveric Lab: Fulfill Your Destiny as a MIG Surgeon, You Must. The Way of the Jedi Master, Surgical Anatomy, It Is.	27	\$875	32
HYST-704	Richard B. Rosenfield Suketu Mansuria	Didactic: The Alphabet Soup of Laparoscopic Hysterectomy: LAVH, TLH, LSH & RH		175	\$175	33
HYST-705	Suketu Mansuria Richard B. Rosenfield		Cadaveric Lab: Digesting the Alphabet Soup of Laparoscopic Hysterectomy: LAVH, TLH, LSH & RH	27	\$875	33
HSC-706	Sony S. Singh Isabel C. Green	Didactic: Hysteroscopy from A-Z		150	\$175	34
HSC-707	Sony S. Singh Isabel C. Green		Simulation Lab: Hysteroscopy from A-Z	40	\$375	34
URO-708	Kevin J.E. Stepp Patrick J. Culligan	Didactic (Live Cadaveric Demo): Advanced Urogynecology: Overcoming Challenges in the Patient with Pelvic Organ Prolapse		175	\$175	35
URO-709	Patrick J. Culligan Kevin J.E. Stepp		Cadaveric Lab: Advanced Urogynecology: Overcoming Challenges in the Patient with Pelvic Organ Prolapse	27	\$875	35
VHYS-710	Geoffrey W. Cundiff Andrew Walter	<b>FULL DAY</b> Didactic (Live Cadaveric Demo) and Simulation Lab: Vaginal Hysterectomy: The True Natural Orifice Minimal Access Surgery <i>Presented in affiliation with Society of Gynecologic Surgeons (SGS)</i>	<b>(This course ends at 3:00pm)</b>	150	\$395	36
FIBR-711	Hye-Chun Hur Stephanie N. Morris		Didactic: No More Fibs: The Truth about Fibroids	150	\$175	37
LGL-712	David I. Eisenstein Louise P. King		Didactic: Falling Off a Horse Named "Surgical Misadventures:" How Do You Get Back in the Saddle?	150	\$175	37
ONC-713	William M. Burke Nicole D. Fleming		Didactic: Practical Oncology Principles for the Benign Pelvic Surgeon	175	\$175	39
COMPLX-714	Ted T.M. Lee Arnaud Wattiez		Didactic: Navigating Complex Surgical Scenarios: It's All about Options	200	\$175	39



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**Caution:** Federal law restricts this device to sale by or on the order of a physician. Device to be used only by physicians who are knowledgeable hysteroscopists; have read and understood the Instructions for Use and Physician Training manual; and have successfully completed the Essure training program, including preceptorship in placement until competency is established, typically 5 cases.

##### Who should not use Essure

- Essure is contraindicated in patients who are uncertain about ending fertility, can have only one insert placed (including contralateral proximal tubal occlusion or suspected unicornuate uterus), have previously undergone a tubal ligation, are pregnant or suspect pregnancy, delivered or terminated a pregnancy less than 6 weeks prior to the Essure procedure, have an active or recent upper or lower pelvic infection, or have a known allergy to contrast media.
- Patients undergoing immunosuppressive therapy (e.g. systemic corticosteroids or chemotherapy) are discouraged from undergoing the Essure procedure.
- Uterine or fallopian tube anomalies may make it difficult to place Essure inserts.

##### Pregnancy Considerations

- The Essure procedure should be considered irreversible. Patients should not rely on Essure inserts for contraception until an Essure Confirmation Test [modified hysterosalpingogram (HSG)] demonstrates bilateral tubal occlusion and satisfactory location of inserts.
- Effectiveness rates for the Essure procedure are based on patients who had bilateral placement. If Essure inserts cannot be placed bilaterally, then the patient should not rely on Essure inserts for contraception.
- Effects, including risks, of Essure inserts on in vitro fertilization (IVF) have not been evaluated.
- Pregnancies (including ectopic pregnancies) have been reported among women with Essure inserts in place. Some of these pregnancies were due to patient non-compliance or incorrect clinician interpretation of the Essure Confirmation Test (modified HSG).

#### Procedural Considerations

- Perform the Essure procedure during early proliferative phase of the menstrual cycle. Terminate procedure if distension fluid deficit exceeds 1500cc or hysteroscopic time exceeds 20 minutes as it may signal uterine or tubal perforation. Never attempt to advance Essure insert(s) against excessive resistance. If tubal or uterine perforation occurs or is suspected, discontinue procedure and work-up patient for possible complications related to perforation, including hypervolemia. Do not attempt hysteroscopic Essure insert removal once placed unless 18 or more trailing coils are seen inside the uterine cavity due to risk of fractured insert, fallopian tube perforation or other injury.
- DO NOT perform the Essure procedure concomitantly with endometrial ablation. Avoid electrosurgery on uterine cornua and proximal fallopian tubes without visualizing inserts.

#### Nickel Allergy

Patients who are allergic to nickel may have an allergic reaction to this device, especially those with a history of metal allergies. In addition, some patients may develop an allergy to nickel if this device is implanted. Typical allergy symptoms reported for this device include rash, pruritus, and hives.

#### MRI Information

The Essure insert was determined to be MR-conditional according to the terminology specified in the American Society for Testing and Materials (ASTM) International, Designation: F2503-05.

#### Clinical Trial Experience

- Safety and effectiveness of Essure is not established in patients under 21 or over 45 years old, nor in patients who delivered or terminated a pregnancy less than 8-12 weeks before procedure. Women undergoing sterilization at a younger age are at greater risk of regretting their decision.
- The most common (≥10%) adverse events resulting from the placement procedure were cramping, pain, and nausea/vomiting. The most common adverse events (≥3%) in the first year of reliance were back pain, abdominal pain, and dyspareunia.

**This product does not protect against HIV infection or other sexually transmitted diseases.**

\*Based on 5-year clinical study data.

**Reference:** 1. US Department of Health and Human Services. Women's preventive services: required health plan coverage guidelines. Health Resources and Services Administration website. <http://www.hrsa.gov/womensguidelines/>. Accessed August 25, 2014.

# BALLROOM D

## LUNCHEONS – Discussion with the Experts

11:15 AM – 12:15 PM

**\$50/  
Each**

### Monday, November 17, 2014

#### COMPLICATIONS

- M1** Avoiding Complications with Laparoscopic Sacrocolpopexy *Dobie L. Giles*
- M2** Managing Vaginal Cuff Issues *Sawsan As-Sanie*
- M21** Strategies to Minimize and Manage Transvaginal Mesh Complications *Andrew P. Cassidenti*

#### ENDOMETRIOSIS

- M4** Surgical Management of Bladder Endometriosis *Maurice K. Chung*
- M22** Robot-Assisted Laparoscopic Resection of Endometriosis *Michelle Nisolle*

#### GENERAL MIG

- M6** Surgical Strategies for Pelvic Adhesive Disease *Amy N. Broach*
- M7** Integrating Surgical Simulation in Gyn Training *Moty Pansky*
- M8** Genetic Cancer Screening: Red Flags, Surveillance, Surgery, Better Patient Care *Lisa M. Roberts*
- M9** Creating Simple Simulation Models for Teaching Surgical Skills *Brent E. Seibel*
- M10** Safe Electrosurgery in MIGS *Meir Jonathan Solnik*
- M11** Preventing & Managing Ovarian Remnant Syndrome *Arleen Song*

#### HYSTERECTOMY

- M12** Optimized use of Ultrasonic Energy in Robot-Assisted Laparoscopic Hysterectomy *Gerald Harkins*
- M13** Optimizing the Vaginal Hysterectomy Approach *Doug Miyazaki*

#### PELVIC PAIN

- M14** Surgical Management Strategies for Chronic Pelvic Pain *Erin T. Carey*
- M15** Role of Neuro-Ablative Therapy in Chronic Pelvic Pain *Mario Castellanos*

#### ROBOTICS

- M16** Setting up a Curriculum for Training in Robotic Surgery *Martin A. Martino*
- M17** Port Placement & Docking Strategies in Robotic Surgery *Laurence Orbuch*
- M18** Single Site Robotic Surgery Applications & Techniques *Fatih Sendag*

#### TIPS & TRICKS

- M19** Tips & Tricks for Adnexal Surgery *Linda Mihalov*
- M20** Tips & Tricks for the Difficult Vaginal Hysterectomy *Michael D. Moen*

### Tuesday, November 18, 2014

#### COMPLICATIONS

- T1** Managing Vaginal Cuff Complications *Nicole D. Fleming*
- T2** What Do You Do If You Get Sued for a Complication? *Louise P. King  
Maggie Finkelstein*

#### ENDOMETRIOSIS

- T3** Managing Pelvic Sidewall Endometriosis *Grace M. Janik  
Marco Pinho de Oliveira*
- T6** Managing Ovarian Endometriomas
- T7** Do's & Don'ts in Recto-Vaginal Endometriosis Surgery *Arnaud Wattiez*

#### GENERAL MIG

- T8** Strategies for Identifying the Ureter During Pelvic Surgery *David M. Boruta*
- T10** Pushing Your Surgical Envelope – Becoming a Better Surgeon *Ted T.M. Lee*
- T13** Safer & Efficient Tissue Extraction Techniques *Karen C. Wang*
- T14** Techniques for Contained Morcellation *James D. Kondrup*

#### HYSTERECTOMY

- T16** Advanced Hysteroscopic Myomectomy Techniques *Linda D. Bradley*
- T17** Successful Laparoscopic Hysterectomy for the Large Uterus *David I. Eisenstein*
- T18** Laparoscopic Radical Hysterectomy *Shailesh P. Puntambekar  
Harry Reich*
- T19** LAVH: Is There a Role? *Harry Reich*
- T20** Optimizing LSH Techniques *Mayra J. Thompson*

#### LAPAROSCOPIC SURGERIES

- T22** Strategies for Managing Vascular Injury during MIGS *William M. Burke*
- T23** Laparoendoscopic and Robotic Single Site Surgery in Gyn Oncology *Amanda Nickles Fader*

#### LAPAROSCOPIC ISSUES

- T26** Pearls for Difficult Peritoneal Access *Matthew T. Siedhoff*

#### MYOMECTOMY

- T28** Managing the Difficult Hysteroscopic Myomectomy *Stephanie N. Morris*

#### REPRODUCTIVE ISSUES

- T39** Reproductive Endoscopic Surgery in the Age of IVF *Mark W. Surrey*

#### ROBOTICS

- T29** Developing Educational Curriculum in Conventional & Robot-Assisted Laparoscopy *Sami G. Kilic*
- T30** Robotic Surgery & the Large Uterus *Mona E. Orady*

#### SUTURING

- T31** Suturing Techniques for Laparoscopic Myomectomy *Mandi L. Beman*

#### TIPS & TRICKS

- T32** Tips & Tricks for Conventional & Robot-Assisted Laparoscopic Myomectomy *Hye-Chun Hur*
- T34** Tips & Tricks for Laparoscopic Myomectomy *William H. Parker*
- T35** Tips & Tricks for TLH & LSH *Liselotte Mettler*
- T36** Tips & Tricks for Single Incision Laparoscopic Hysterectomy *Craig J. Sobolewski*
- T37** Tips & Tricks for Laparoscopic Abdominal Cerclage *Togas Tulandi*

#### UROGYNECOLOGY

- T38** Laparoscopic Approaches to Pelvic Organ Prolapse *C.Y. Liu*



## True Fact 5:

Only one system provides you with a rotary-style instrument designed to **remove retained products**.

Adhesiolysis • RPOC Evacuation • Diagnostic Visual D&C and Endometrial Biopsy • Myomectomy • Polypectomy • Hysteroscopic Adhesiolysis • RPOC Evacuation

## The truth is clear. TRUCLEAR<sup>◇</sup>



The TRUCLEAR System helps minimize endometrial damage and reduces risk of intrauterine adhesions by evacuating retained products under direct visualization, while capturing tissue for histological confirmation. It may even reduce the need for additional procedures, as the system has demonstrated complete removal in over 94% of patients.<sup>1</sup>



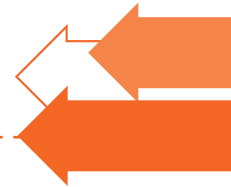
Experience our **TRUCLEAR Simulator at AAGL!** Visit **booth #621, October 17-21, 2014.**  
[www.sntruclear.com/TRU](http://www.sntruclear.com/TRU)

1. Tjalina W.O. Hamerlynck, MD; Mathijs D. Blikkendaal, MD, Benedictus C. Schoot, MD, PhD; Miriam M.F. Hanstede, MD and Frank Willem Jansen, MD, PhD. (2013) "An Alternative Approach for Removal of Placental Remnants: Hysteroscopic Morcellation." *JMIG* December 2013 20(6), 796-802.



# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 1 - MONDAY, NOVEMBER 17, 2014



## BALLROOM C



### SUTR-600

**Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies**



Joseph (Jay) L. Hudgens, Chair  
Fariba Mohtashami, Co-Chair

7:00am - 11:00am **Hands-On Lab** | Fee \$375

*Faculty: Hasan Abdessamad, Aarathi Cholkeri-Singh, Howard Jones, Thomas G. Lang, Biba Nijjar, Laurence Orbuch, Lisa M. Roberts, Arleen H. Song, Michael L. Sprague, John A. Thiel*

This course will provide an introduction to basic and advanced laparoscopic suturing techniques in a dry lab setting and is designed for participants wanting to expand their laparoscopic suturing skills. This course will present a variety of techniques for needle loading and tissue re-approximation from different port configurations in laparoscopic box trainers. Techniques and clinical applications for extra-corporeal, intra-corporeal knot tying, and running suturing techniques relevant to vaginal cuff closure, myomectomy, and cystotomy repair will be presented. In addition, various applications of different suture materials and alternative suturing devices and technologies utilized in gynecologic laparoscopy will be reviewed. This course will aim to present the material in a systematic fashion with concrete and focused objectives throughout the session. Faculty will provide an interactive environment to meet the needs of the individual, critical to effective learning. This course is designed for the practical gynecologist to help determine which suturing techniques will work best in his or her surgical practice. This course is designed to help improve suturing skills for immediate clinical application.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Explain how to overcome the obstacles to laparoscopic suturing and knot tying in relation to depth perception and port placement; 2) reproduce efficient techniques for laparoscopic tissue re-approximation, suture management, and running closures; 3) Recognize and perform efficient intra-corporeal and extra-corporeal knot tying, the common mistakes encountered, and how to correct them; and 4) compare and distinguish potential benefits of suturing technologies and devices used in laparoscopy.

7:00	Welcome, Introductions and Course Overview	J.L. Hudgens
7:05	Fundamentals of Needle Loading, Tissue Re-approximation, and Suture Management	J.L. Hudgens
7:25	<b>LAB I:</b> Simulated Running Cuff Closure – Demonstrating Efficient Needle Loading, Tissue Re-approximation, and Suture Management during a Simulated Running Closure	
8:20	Techniques for Intra-Corporeal Knot Tying: Clinical Applications, Common Mistakes, and How to Correct Them	F. Mohtashami
8:40	<b>LAB II:</b> Intra-Corporeal Knot Tying – Identifying Critical Elements for Intra-Corporeal Knot Tying, Common Mistakes That Are Encountered, and How to Correct Them	
9:40	Extra-Corporeal Knot Tying, Suture Selection, Barbed Suture, Suturing Technologies, and Clinical Applications	A. Cholkeri-Singh
10:00	<b>LAB III:</b> Extra-Corporeal Knot Tying – Identifying Critical Elements for Extra-Corporeal Knot Tying, Common Mistakes That Are Encountered, and How to Correct Them; Comparing and Distinguishing Potential Benefits of Suturing Technologies and Devices Used in Laparoscopy	
10:50	Questions & Answers	All Faculty
11:00	Adjourn	

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: 3-Dmed, CONMED Corporation, CooperSurgical, Covidien, Ethicon US, LLC, Olympus America Inc., Karl Storz Endoscopy-America, Inc., Symmetry Surgical*

## BALLROOM C



### SUTR-601

**Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies**



Fariba Mohtashami, Chair  
Joseph (Jay) L. Hudgens, Co-Chair

12:30pm - 4:30pm **Hands-On Lab** | Fee \$375

*Faculty: Hasan Abdessamad, Aarathi Cholkeri-Singh, Howard Jones, Thomas G. Lang, Biba Nijjar, Laurence Orbuch, Lisa M. Roberts, Arleen H. Song, Michael L. Sprague, John A. Thiel*

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12:30	Welcome, Introductions and Course Overview	F. Mohtashami
12:35	Fundamentals of Needle Loading, Tissue Re-approximation, and Suture Management	J.L. Hudgens
12:55	<b>LAB I:</b> Simulated Running Cuff Closure – Demonstrating Efficient Needle Loading, Tissue Re-approximation, and Suture Management during a Simulated Running Closure	
1:50	Techniques for Intra-Corporeal Knot Tying: Clinical Applications, Common Mistakes, and How to Correct Them	F. Mohtashami
2:10	<b>LAB II:</b> Intra-Corporeal Knot Tying – Identifying Critical Elements for Intra-Corporeal Knot Tying, Common Mistakes That Are Encountered, and How to Correct Them	
3:10	Extra-Corporeal Knot Tying, Suture Selection, Barbed Suture, Suturing Technologies, and Clinical Applications	A. Cholkeri-Singh
3:30	<b>LAB III:</b> Extra-Corporeal Knot Tying – Identifying Critical Elements for Extra-Corporeal Knot Tying, Common Mistakes That Are Encountered, and How to Correct Them; Comparing and Distinguishing Potential Benefits of Suturing Technologies and Devices Used in Laparoscopy	
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

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# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 1 - MONDAY, NOVEMBER 17, 2014

## ROOM 110

### ROBO-602



**Didactic (Live Cadaveric Demo):  
“Domo Arigato, Mr. Roboto”:  
Optimizing Robotics for Basic to  
Complex Gynecologic Surgery**

*Developed on cooperation with the AAGL  
Special Interest Group on Robotics*

John P. Lenihan, Chair  
Peter C.W. Lim, Co-Chair



7:00am - 11:00am | Fee \$195

*Faculty: Gerald Harkins, Martin A. Martino, Michelle Nisolle,  
Fatih Sendag*

This robotics course is designed for non-robotic as well as practicing robotic surgeons who are interested in advancing their knowledge in the role of robotics in pelvic surgery. Unique to this year's postgraduate course will be an emphasis on advanced technology platforms such as single site robotics, critical dissection principles through live cadaveric demonstration, and new innovations in robotic training. The subject matter will be applicable to all facets of gynecologic surgery regardless of subspecialization. Current areas of controversy will be addressed throughout the course including management of complex surgical issues including endometriosis, large specimen removal and surgical complications. A major focus will be on the evolving role of computer simulation in training as well as maintenance of skills.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Describe personal pathways for proceeding through the learning curve of robotic surgery; 2) integrate the use of robotic simulation into your clinical practice and hospital; 3) recognize, troubleshoot and solve common and uncommon problems unique to robotic surgery; 4) determine the most clinically effective and cost effective instrumentation for robotic surgery; 5) describe the technique for dissection of the retroperitoneal anatomy even when presented with extensive adhesions and inflammation; and 6) review current robotic approaches to reduced port surgical procedures.

7:00	Welcome, Introductions and Course Overview	J.P. Lenihan
7:05	Simulation: How to Get Through the Learning Curve	J.P. Lenihan
7:30	Pelvic Anatomy and Complex Hysterectomies and Tissue Extraction	P.C.W. Lim
7:55	Single Site and Beyond: The European Experience	F. Sendag
8:20	Complications: Inevitable or Avoidable?	All Faculty
8:45	Cadaveric Demonstration: Trocar Placement, Docking and Set-Up	J.P. Lenihan, P.C.W. Lim
9:00	Break	
9:15	Alternative Energy Options for Hysterectomy	G. Harkins
9:45	Endometriosis: The Ultimate Gyn Surgery	M. Nisolle
10:15	FRGS and RTN: The New Training Paradigm	M.A. Martino
10:45	Questions & Answers	All Faculty
11:00	Adjourn	

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: 3-Dmed, Aesculap, Applied Medical, CooperSurgical, Covidien, Ethicon US, LLC, Intuitive Surgical, Marina Medical, Mimic Technologies, Minimally Invasive Devices, Karl Storz Endoscopy-America, Inc., Stryker Endoscopy, SurgiQuest, Inc., Symmetry Surgical, Welmed*

## ROOM 109

### ROBO-603



**Simulation Lab: “Domo Arigato,  
Mr. Roboto”:  
Optimizing Robotics  
for Basic to Complex Gynecologic  
Surgery**

*Developed on cooperation with the AAGL  
Special Interest Group on Robotics*

Peter C.W. Lim, Chair  
John P. Lenihan, Co-Chair



12:30pm - 4:30pm **Hands-On Lab** | Fee \$375

*Faculty: Gerald Harkins, Todd Larson, Martin A. Martino,  
Michelle Nisolle, Fatih Sendag*

This hands-on course will provide each participant the opportunity to experience robotic simulation. The participants will be able to develop strategies for adopting simulation curricula at their institutions for training as well as certification. There will also be one cadaver available for attendees with prior robotic experience to practice multi-port dissection as well as single-port instrumentation.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Evaluate the role of virtual simulation within health care systems for training and maintenance in robotic surgery; 2) discuss protocols for utilizing simulation to train new surgeons and help experienced robotic surgeons maintain their skills during periods of inactivity; and 3) utilize simulation to validate robotic surgical competency among their medical staff.

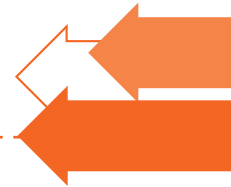
12:30	Welcome, Introductions and Course Overview	P.C.W. Lim
12:35	<b>Simulation Station 1:</b> Novice Robotic Surgeons (<20 Robotic Procedures)	J.P. Lenihan
	<b>Simulation Station 2:</b> Experienced Robotic Surgeons (>20 Robotic Procedures)	G. Harkins, M. Nisolle
	<b>Simulation Station 3:</b> Training Program Directors	M. Martino
	<b>Simulation Station 4:</b> Team Training	T. Larson
	<b>Cadaver Station:</b> Experience single-port surgery, try different instrumentation, practice anatomical dissection. (For experienced robotic surgeons only)	P.C.W. Lim, F. Sendag
3:40	Simulation Olympics	J.P. Lenihan, M. Martino
4:15	Questions & Answers	All Faculty
4:30	Adjourn	

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MONDAY

# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 1 - MONDAY, NOVEMBER 17, 2014



## ROOMS 119-120



### ENDO-604

**Didactic: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management**

*Presented in affiliation with the American Society of Reproductive Medicine (ASRM) and in cooperation with the AAGL Special Interest Group on Reproductive Surgery/Endometriosis*



Mauricio S. Abrao, Chair  
Marcello Ceccaroni, Co-Chair

7:00am - 11:00am | Fee \$175

Faculty: Charles H. Koh, Patrick P. Yeung, Scott Young

Deep infiltrating endometriosis presents a difficult and challenging disease for the patient and surgeon alike. Transvaginal ultrasound provides the clinician with a minimally invasive tool to formulate a well-planned treatment strategy with the patient prior to surgery. This course features leading experts in the pre-operative diagnosis and surgical treatment of endometriosis, including the Chair of Ultrasound Operations at Mayo Clinic. Lectures include clinical correlations and surgical videos highlighting laparoscopic techniques for surgical dissection in patients with pain, infertility and bowel disease.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Recognize the anatomic landmarks pertinent to endometriosis surgery and the role of nerve-sparing surgery; 2) demonstrate the technique of transvaginal ultrasound with bowel preparation for the pre-operative diagnosis and staging of deep endometriosis; 3) discuss treatment options for teens and infertile patients with endometriosis; and 4) indicate appropriate diagnosis and treatment management for patients with deep endometriosis involving the bowel.

- 7:00 Welcome, Introductions and Course Overview M.S. Abrao
- 7:10 Anatomic Landmarks for Endometriosis Treatment M. Ceccaroni
- 7:40 Imaging as the Gold Standard for Diagnosis of Endometriosis: TVUS Techniques for Deep Endometriosis S. Young
- 8:10 Endometriosis in Teens: When to Indicate Surgery P.P. Yeung
- 8:40 Surgical Strategies for the Infertile Patient M.S. Abrao
- 9:10 Questions & Answers All Faculty
- 9:20 Break
- 9:35 Treatment of Endometriosis of the Parametrium and Ureter C.H. Koh
- 10:00 Nerve-Sparing Surgery: Indication and Technique M. Ceccaroni
- 10:30 Bowel Endometriosis: Present and Future Perspectives M.S. Abrao
- 11:00 Adjourn

## ROOM 118



### ENDO-605

**Cadaveric Lab: Unraveling the Endometriosis Enigma: From Diagnosis to Surgical Management**

*Presented in affiliation with the American Society of Reproductive Medicine (ASRM) and in cooperation with the AAGL Special Interest Group on Reproductive Surgery/Endometriosis*



Marcello Ceccaroni, Chair  
Mauricio S. Abrao, Co-Chair

12:30pm - 4:30pm **Hands-On Lab** | Fee \$875

Faculty: Manoel O. Goncalves, Elizabeth Morgan, Charles H. Koh, Patrick P. Yeung, Scott Young

This course is designed for the participant interested in delving more into understanding deep endometriosis. This course that will accompany the morning didactic session will highlight diverse case scenarios and present surgical videos so that attendees will learn evidence-based and cutting-edge treatment strategies for endometriosis. The workshop will also provide participants with an ability to receive hands-on instruction from experts to perform a thorough pelvic ultrasound for the diagnosis of deep endometriosis.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Demonstrate the ultrasound technique of identifying anatomic landmarks relevant for endometriosis; 2) perform transvaginal ultrasound for deep endometriosis; and 3) identify treatment strategy for patients with advanced endometriosis.

- 12:30 Deep Endometriosis: Developing Treatment Algorithm M.S. Abrao
- 1:30 Live Cadaveric Demonstration:
  - Transvaginal Ultrasound Technique M.O. Goncalves
  - Laparoscopic Dissection (Lateral Pelvic Side Walls, Pararectal, Paravesical Spaces, Isolation of Pelvic Nerves) M. Ceccaroni
- 2:30 Breakout into 2 Groups
  - A. Hands-on Transvaginal Ultrasound with Cadaver
  - B. Surgical Videos/Case Presentations/Q & A with Faculty
- 3:30 Switch Groups
- 4:30 Adjourn

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: Covidien, Ethicon US, LLC, Medline, Minimally Invasive Devices, Siemens Medical, Karl Storz Endoscopy-America, Inc., Stryker Endoscopy, Symmetry Surgical, Welmed*

MONDAY

## Do You Have a Special Interest?

Wednesday, November 19 - 9:45am - 10:45am



Endometriosis/Reproductive Medicine  
**Room 114-115**



Oncology **Room 202-204**



Vaginal Surgery **Room 205-207**

Thursday, November 20 - 9:45am - 10:45am



Pelvic Pain **Room 114-115**



Robotics **Room 202-204**



Urogynecology **Room 205-207**

*Special Interest Group Meetings are open to all interested members.*

# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 1 - MONDAY, NOVEMBER 17, 2014

## ROOM 211



### SIMU-606

**FULL DAY Didactic and Simulation Lab: Teach the Teacher: It's Never Too Late**

*Presented in affiliation with the American College of Obstetricians and Gynecologists (ACOG)*



Ernest G. Lockrow, Chair  
Sangeeta Senapati, Co-Chair

7:00am - 3:00pm **Hands-On Lab** | Fee \$475

*Faculty: Grace Chen, Susan G. Dunlow, Joseph Govern, Doug Miyazaki, M. Jonathon Solnik, Brent E. Seibel, Sabrina Whitehurst, Linda Yang*

Have you ever been asked to create a simulation model or curriculum and don't know where to start? Are you challenged by the process of educating trainees in and out of the OR? Often surgical educators possess the technical skills to address complex surgical pathology but struggle with their own professional development as it relates to teaching. This course provides a roadmap for developing a curriculum for minimally invasive gynecologic surgical skills. Participants will be instructed on how to construct surgical simulation models from easy-to-obtain materials. They will then master the art of teaching trainees on both constructed low fidelity simulation models as well as some moderate fidelity models from industry. We will provide tips and tricks for teaching the millennial generation who often respond better to innovative educational tools, such as simulation and video technology. This course will provide a collaborative opportunity to engage surgical educators across the country.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Use the materials provided to create various simulation models; 2) assess trainees utilizing simulation models; and 3) outline teaching strategies, conditions, and environments that enhance knowledge and surgical skills.

7:00	Welcome, Introductions and Course Overview	E.G. Lockrow	1:15	Break Out - Use the Model: Vaginal Hysterectomy, Focus on Assessment and Feedback	G. Chen, All Faculty
7:15	Establishing a Simulation Curriculum	E.G. Lockrow	1:45	Teaching Using a Simulated Model	M.J. Solnik, All Faculty
7:45	Teaching Strategies: Optimizing Your Teaching Encounters	S. Senapati	2:15	Break Out - Use the Model: Cystoscopy with "One Minute Teacher" Teaching Strategy	M.J. Solnik, All Faculty
8:15	Build a Model: Ovarian Cystectomy/Adnexal Surgery	S.G. Dunlow, All Faculty	3:00	Break	
8:45	Break		3:15	Wrap-Up: Tips and Tricks for Engaging Your Audience	E.G. Lockrow, S. Senapati
9:00	Set-Up and Use of Limb & Things Model: Laparoscopic Hysterectomy	B.E. Siebel, All Faculty	4:00	Questions & Answers	All Faculty
9:30	Break Out - Use the Cystectomy Model: Focus on Assessment and Feedback; Use the Laparoscopic Hysterectomy Model with "One Minute Teacher" Teaching Strategy	All Faculty	4:30	Adjourn	
10:45	Questions & Answers	All Faculty			
11:00	Adjourn				
12:30	Lecture Assessment and Feedback	G. Chen			
12:45	Build a Model: Vaginal Hysterectomy	G. Chen, All Faculty			

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: Applied Medical, Baxter HealthCare, CONMED Corporation, CooperSurgical, Covidien, Inc., Ethicon US, LLC, Limbs & Things, Marina Medical, Olympus America, Inc., Karl Storz Endoscopy-America, Inc., Symmetry Surgical*

**JMIG** The Journal of Minimally Invasive Gynecology



### JMIG Editor's Reception

Monday, November 17, 2014 • 6:30 PM to 7:30 PM

To be held in Room 224

Join us as we present the Best Reviewers for JMIG Awards and the Robert B. Hunt Award:

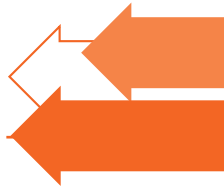
**"Feasibility and Optimal Dosage of Indocyanine Green Fluorescence for Sentinel Lymph Node Detection Using Robotic Single-Site Instrumentation: Preclinical Study"**

Kimberly L. Levinson, M.D., MPH, Haider Mahdi, M.D., Pedro Escobar, M.D.



# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 1 - MONDAY, NOVEMBER 17, 2014



## ROOMS 202-204



### URO-607

#### Didactic: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications

*Presented in affiliation with the American Urogynecologic Society (AUGS) and in cooperation with the AAGL Special Interest Group on Urogynecology*



Eric R. Sokol, Chair  
Charles R. Rardin, Co-Chair

7:00am - 11:00am | Fee \$175

*Faculty: Dobie L. Giles, Cheryl B. Iglesia, Michael D. Moen, Beri M. Ridgeway*

This course provides a broad overview of the proper evaluation and management of female urinary incontinence. We will review conservative and surgical management strategies, including guideline-driven recommendations for the treatment of refractory urinary incontinence. Management of surgical complications, including mesh sling exposures and erosions, will also be discussed.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Discuss standard algorithms for treatment of stress, urge, and mixed urinary incontinence; 2) compare different surgical treatment modalities for stress urinary incontinence; and 3) describe complications associated with mid-urethral slings and how to manage them.

7:00	Welcome, Introductions and Course Overview	E.R. Sokol
7:05	Office Evaluation of Urinary Incontinence	C.B. Iglesia
7:30	Urodynamic Assessment of Urinary Incontinence	D.L. Giles
7:55	Behavioral and Functional Treatment of Urinary Incontinence	M.D. Moen
8:20	Refractory OAB: Botox, PTNS and Neuromodulation	C.B. Iglesia
8:45	Questions & Answers	All Faculty
8:55	Break	
9:10	Surgery for Stress Urinary Incontinence	M.D. Moen
9:35	Sling Selection: Retropubic, Transobturator or Minisling	E.R. Sokol
10:00	Management of Sling Complications	C.R. Rardin
10:25	Salvage Procedures for Refractory SUI	B.M. Ridgeway
10:50	Questions & Answers	All Faculty
11:00	Adjourn	

## ROOMS 212-214



### URO-608

#### Cadaveric Lab: The Ins and Outs of Midurethral Slings: Safe Implantation and Surgical Management of Complications

*Presented in affiliation with the American Urogynecologic Society (AUGS) and in cooperation with the AAGL Special Interest Group on Urogynecology*



Charles R. Rardin, Chair  
Eric R. Sokol, Co-Chair

12:30pm - 4:30pm **Hands-On Lab** | Fee \$875

*Faculty: Andrew P. Cassidenti, Dobie L. Giles, Cheryl B. Iglesia, Peter Jeppson, Bruce S. Kahn, Michael D. Moen, Tyler M. Muffy, Beri M. Ridgeway*

Participants will have the opportunity to familiarize themselves with the mechanics and techniques of all the currently available subtypes of midurethral slings using an unembalmed cadaver. Instruction will include the following: top-down and bottom-up retropubic slings, inside-out and outside-in transobturator slings, and minisling subtypes.

Building on the anatomic and clinical content of the morning didactic session, participants will be able to discern the characteristics, techniques and risks associated with each sling. In addition, this course will focus on postoperative complications, including intraoperative recognition and management of complications such as failure, voiding dysfunction, erosion and infection.

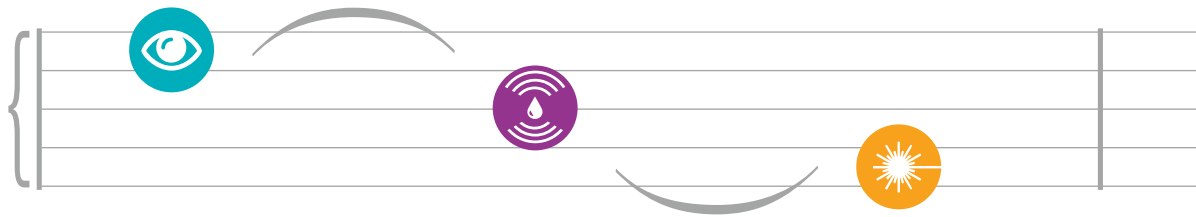
**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Develop surgical techniques in midurethral sling placement; 2) apply anatomic considerations appropriately in the implantation of all midurethral sling types; and 3) demonstrate management techniques for sling complications.

12:30	Welcome, Introductions and Course Overview	C.R. Rardin
12:35	<b>LAB I:</b> Safe Midurethral Sling Placement – Retropubic, Transobturator, and Minisling TVT Slings (top-down and bottom-up) [stations 1-3] TOT Slings (inside-out and outside-in) [stations 4-6] Minislings [stations 7-9]	
	Note: participants will rotate from station to station in order to learn each sling subtype	
1:45	Questions & Answers	All Faculty
1:55	Break	
2:10	<b>LAB II:</b> Management of Sling Complications – Excision, Release, Revision Revision of Sling: Loosening Revision of Sling: Release or Partial Excision Removal of Sling for Erosion	
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: American Medical Systems, C.R. Bard, Boston Scientific, Caldera Medical, Coloplast, Ethicon US, LLC, Olympus America, Inc., Welmed*

MONDAY

# CONDUCT TISSUE REMOVAL IN PERFECT HARMONY



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# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 1 - MONDAY, NOVEMBER 17, 2014

## ROOMS 205-207

## ROOM 301



### PELV-609

**Didactic: No Pain, No Gain**

*Presented in affiliation with the International Pelvic Pain Society (IPPS) and in cooperation with the AAGL Special Interest Group on Pelvic Pain*



Maurice K. Chung, Chair  
Sawsan As-Sanie, Co-Chair

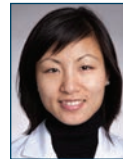
12:30pm - 4:30pm | Fee \$175



### FELO-610

**FULL DAY**

**Fellowship in MIGS Postgraduate**



Gretchen Makai, Chair  
Kathy Huang, Kristin Patzkowsky,  
Co-Chairs

7:00am - 4:30pm | No Additional Fee

*Faculty: Erin T. Carey, Nita A. Desai, Iris K. Orbuch*

Chronic pelvic pain is estimated to affect 15-20% of women, is the primary indication for 10% of outpatient gynecology visits, 40% of diagnostic laparoscopies, and is the second most common indication for hysterectomy. Despite its high prevalence, the evaluation and management of pelvic pain patient often presents many challenges to the practicing gynecologist. As with many other chronic pain conditions, pain severity does not always correlate with pelvic pathology and standard medical and surgical therapies are not always effective. This course is designed to provide participants with a practical approach to the chronic pelvic pain patient that includes the clinical evaluation, appropriate diagnostic workup and options for medical versus surgical management. This course will review the role of surgery in the diagnosis and treatment of pelvic pain, when to perform surgery, when surgery is not likely to be helpful, and will offer alternative options when standard medical and surgical therapies fail. Course faculty will utilize clinical vignettes and video demonstrations to enhance the interactive experience between faculty and audience.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Discuss the physiology and neurobiology of acute versus chronic pain; 2) formulate a comprehensive differential diagnosis, including a detailed musculoskeletal exam; 3) describe the appropriate diagnostic evaluation of endometriosis, interstitial cystitis, and irritable bowel syndrome; 4) describe the indications and techniques of surgical and office-based procedures used to treat chronic pelvic pain; 5) discuss the efficacy and predictors of persistent pain following hysterectomy and/or oophorectomy; and 6) describe medical and behavioral therapies for pelvic pain that is refractory to usual therapies.

12:30	Welcome, Introductions and Course Overview	M.K. Chung
12:35	Chronic Pelvic Pain: Is It All in Her Head? What Every Gynecologist Should Know about the Biology of Chronic Pain	S. As-Sanie
1:00	A Systematic Approach to the Initial Evaluation of Chronic Pelvic Pain	E.T. Carey
1:25	Endometriosis, Pelvic Adhesive Disease and CPP: When to Perform Surgery, What Works and What Doesn't	I.K. Orbuch
1:50	Don't Forget about Other Visceral Pain Syndromes, the "Evil Twins" of Endometriosis	M.K. Chung
2:15	Questions & Answers	All Faculty
2:30	Break	
2:40	Expand Your Toolbox to Tackle Chronic Pain: Nerve Blocks, Trigger Points, and Botox Injections	N.A. Desai
3:05	Is Hysterectomy the Definitive Therapy for Chronic Pelvic Pain?	S. As-Sanie
3:30	Pudendal Neuralgia, Pelvic Congestion, and Other Controversies in Pelvic Pain: What Is the Evidence?	N.A. Desai
3:55	Medical Therapies for Chronic Pain: Look Up and Think Outside the Pelvis	E.T. Carey
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

*Faculty: Sawsan As-Sanie, Rachel L. Barr, Megan Billow, Mark W. Dassel, Stuart R. Hart, Mark R. Hoffman, Rosanne M. Kho, Georgine M. Lamvu, Suketu Mansuria, Nima R. Patel, Khara M. Simpson, Karen C. Wang, Zaraq Khan*

This full day course will provide current, graduating and recently graduated (2011-2013 only) FMIGS fellows with the professional development skills to succeed in either an academic or community-based practice. An emphasis on life-long learning and knowledge acquisition in the field of minimally invasive gynecologic surgery will be made. A morning session will concentrate on career-building strategies, followed by an afternoon scientific program designed to showcase research projects completed by current and graduating FMIGS fellows. An invited keynote speaker will address the summit during a sponsored luncheon. AAGL encourages fellows outside the FMIGS program to participate for a nominal fee.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Identify and evaluate key aspects of academic and community medicine relevant to his/her personal and professional goals; 2) articulate the critical components of contracting and negotiating a professional path forward; and 3) formulate strategies to answer scientific questions and incorporate research into clinical practice.

7:00	Welcome and Introductions and Course Overview	A.P. Advincula, K. Huang, G. Makai, K. Patzkowsky
7:30	The Path Forward: Academic vs. Community-Based Practice	K. Huang
7:55	The Devil's in the Details: Negotiating Your Contract	S. Mansuria
8:20	Navigating the Hurdles of Being a Junior Attending	K. Patzkowsky
8:55	Questions and Answers	All Faculty
9:15	Break	
9:30	The Do's and Don'ts of Establishing Your First Practice	K.C. Wang
9:55	Technology Innovation in MIGS: From Bench to Bedside	S.R. Hart
10:20	Questions and Answers	All Faculty
10:30	A Conversation with Past FMIGS Fellows: Lessons Learned...	M.W. Dassel, M.R. Hoffman
11:00	Dr. Rosanne M. Kho: Balancing Work and Life: Can It Be Done?	R.M. Kho
11:30	Adjourn	
12:30	Welcome, Introductions and Course Overview	K. Huang, G. Makai, K. Patzkowsky
12:35	Developing a Research Idea and Writing a Scientific Abstract	G.M. Lamvu
12:55	Accessing Resources for Research	G. Makai
1:15	<b>IRCAD: A Randomized Controlled Trial Comparing Traditional with Simulation Resident Surgical Laparoscopic Salpingectomy Training</b>	N.R. Patel, G. Makai
1:40	<b>Jay M. Cooper: Unexpected Uterine Sarcoma and Other Gynecologic Malignancies Diagnosed after Hysterectomy Performed for Benign Indications</b>	S. As-Sanie, K. Huang
2:05	Abdominal Wall Endometriosis: 14-Year Experience of a Unique Subtype of Endometriosis	Z. Khan, G. Makai
2:30	Break	
2:45	Robotic Simulators: A Case for the Return on Investment	K.M. Simpson, K. Huang
3:10	Paracervical Block of Bupivacaine with Epinephrine Prior to Robotic-Assisted Laparoscopic Myomectomy: A Randomized Placebo-Controlled Trial	R.L. Barr, K. Patzkowsky
3:35	Histological Characterization of Vaginal Cuff Tissue Using Different Energy Sources During Robotic Hysterectomy: A Randomized Trial	M. Billow, K. Patzkowsky
4:00	Questions and Answers	
4:30	Adjourn	

MONDAY, NOVEMBER 17, 2014

5:00 PM – 6:00 PM

ROOM 306

Fellowship in Minimally Invasive Gynecologic Surgery (FMIGS)  
Graduation Ceremony

Farr R. Nezhat, Chair

The Fellowship will hold its annual graduation ceremony for those fellows who have completed a 2-year program. Join the Fellowship Board of Directors as they thank the program directors and congratulate the next generation of leaders in minimally invasive gynecology:

5:00 pm Welcome Farr R. Nezhat  
Recognition of Industry Support

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2015-2016

- Ethicon US, LLC – GOLD
- Intuitive Surgical, Inc. – SILVER

2014 FMIGS Workshops

- Covidien
- Ethicon US, LLC
- Hologic
- Karl Storz Endoscopy-America, Inc.

2014 IRCAD Award Winner for the Best Paper Submitted on Education

*A Randomized Controlled Trial Comparing Traditional with Simulation Resident Surgical Laparoscopic Salpingectomy Training*

Nima R. Patel, M.D., M.S., Gretchen E. H. Makai, M.D., Nancy Sloan, Ph.D., Carl R. Della Badia, D.O.

2014 Jay M. Cooper Endowed Award for the Best Paper Submitted on MIG

*Unexpected Uterine Sarcoma and Other Gynecologic Malignancies Diagnosed after Hysterectomy Performed for Benign Indications*

Nichole Mahnert, M.D., Daniel Morgan, M.D., Carolyn Johnston, MD, Sawsan As-Sanie, M.D., MPH

5:10 pm Presentation of Plaques to Outgoing Board of Directors.....Farr R. Nezhat  
Gary N. Frishman, M.D., Mark R. Hoffman, M.D., Charles E. Miller, M.D.  
  
Outgoing President – Farr R. Nezhat.....Franklin D. Loffer  
Induction of 2015 President – Rosanne M. Kho.....Farr R. Nezhat  
Announcement of 2015 Board Members.....Farr R. Nezhat

5:20 pm Graduation Ceremony – 2014 Fellows

**Francisco Aguirre, M.D.**

Amanda C. Yunker, D.O. and  
Ted L. Anderson, M.D., Ph.D.  
Vanderbilt University  
Nashville, Tennessee

**Megan R. Billow, D.O.**

Rosanne M. Kho, M.D. and  
Javier F. Magrina, M.D.  
Mayo Clinic  
Phoenix, Arizona

**Jorge F. Carrillo, M.D.**

Bala Bhagavath, M.D. and  
Amy Benjamin, M.D.  
University of Rochester  
Medical Center  
Rochester, New York

**Dina J. Chamsy, M.D.**

Ted Teh Min Lee, M.D. and  
Suketu M. Mansuria, M.D.  
Magee Women's Hospital  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania

**Andrea L. Chen, M.D.**

Michael Hibner, M.D., Ph.D.,  
Nita A. Desai, M.D. and  
Mario E. Castellanos, M.D.  
St. Joseph's Hospital and Medical Center  
Phoenix, Arizona

**Adam R. Duke, M.D.**

J. Stephen Rich, M.D., FACOG, FACS and  
Robert S. Furr, M.D., FACOG  
The University of Tennessee  
College of Medicine  
Chattanooga, Tennessee

**Erica C. Dun, M.D.**

Ceana H. Nezhat, M.D.  
Atlanta Center for Minimally Invasive  
Surgery & Reproductive Medicine  
Atlanta, Georgia

**Nadia A. Gomez, M.D.**

Stephen E. Zimberg, M.D. and  
Michael L. Sprague, M.D.  
Cleveland Clinic Florida  
Weston, Florida

**Astrid V. Gonzalez, M.D.**

James K. Robinson, M.D., M.S., FACOG and  
Imad Mufarrij, M.D., FACOG  
The George Washington University  
Washington, District of Columbia

**Melissa M. Gutierrez, M.D.**

K. Warren Volker, M.D., Ph.D.  
Las Vegas Minimally Invasive Surgery  
Las Vegas, Nevada

**Maryam S. Hadiashar, M.D.**

J. Stephen Rich, M.D., FACOG, FACS and  
Robert S. Furr, M.D., FACOG  
The University of Tennessee  
College of Medicine  
Chattanooga, Tennessee

**Kumari A. Hobbs, M.D., MSCR**

John F. Steege, M.D. and  
Matthew T. Siedhoff, M.D., MSCR  
University of North Carolina  
Chapel Hill, North Carolina

MONDAY, NOVEMBER 17, 2014

5:00 PM – 6:00 PM

**Cara R. King, D.O.**

Ted Teh Min Lee, M.D. and  
Suketu M. Mansuria, M.D.  
Magee Women's Hospital  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania

**Thomas G. Lang, M.D., M.Sc.**

Resad P. Pasic, M.D., Ph.D.,  
Jonathan H. Reinstine, M.D. and  
Lori L. Warren, M.D.  
University of Louisville  
Louisville, Kentucky

**Eric C. Liberman, D.O.**

Mark D. Levie, M.D. and  
Scott G. Chudnoff, M.D., M.S.  
Montefiore Medical Center  
Albert Einstein College of Medicine  
Bronx, New York

**Courtney S. Lim, M.D.**

Sawsan As-Sanie, M.D., MPH  
The University of Michigan  
Ann Arbor, Michigan

**Mohamad S. Mahmoud, M.D.**

Farr R. Nezhat, M.D. and  
Neena Agarwala, M.D.  
Mount Sinai St. Lukes's-Roosevelt Hospital  
New York, New York

**Elmira E. Manoucheri, M.D., MPH**

Karen C. Wang, M.D.  
Brigham and Women's Hospital  
Boston, Massachusetts

**Gulden Menderes, M.D.**

Masoud Azodi, M.D.  
Yale-New Haven Health  
Bridgeport Hospital  
Bridgeport, Connecticut

**Michelle G. Park, M.D.**

Keith B. Isaacson, M.D. and  
Stephanie N. Morris, M.D.  
Newton Wellesley Hospital  
Newton, Massachusetts

**Nima R. Patel, M.D.**

Carl R. Della Badia, D.O. and  
Minda Green, M.D.  
Drexel University College of Medicine  
Philadelphia, Pennsylvania

**Jessica M.B. Ritch, M.D.**

Amanda C. Yunker, D.O. and  
Ted L. Anderson, M.D., Ph.D.  
Vanderbilt University  
Nashville, Tennessee

**Sumit S. Saraf, M.D.**

Pedram Bral, M.D.  
Maimonides Medical Center  
Brooklyn, New York

**Kirsten J. Sasaki, M.D.**

Charles E. Miller, M.D. and  
Aarathi Cholkeri-Singh, M.D.  
Advocate Lutheran General Hospital  
Naperville, Illinois

**Lauren D. Schiff, M.D.**

David I. Eisenstein, M.D., FACOG and  
Evan Theoharis, M.D., FACOG  
Henry Ford Health System  
West Bloomfield, Michigan

**Sabrina V. Whitehurst, M.D.**

Ernest G. Lockrow, D.O. and  
Albert J. Steren, M.D.  
Walter Reed National  
Military Medical Center  
Bethesda, Maryland

IMPORTANT  
DATES OF THE  
FELLOWSHIP

SUBMIT APPLICATIONS:  
February 1– July 1, 2015

DEADLINE TO SUBMIT  
APPLICATIONS:  
July 1, 2015

For more information or an application contact:  
Arcy Dominguez, Fellowship in MIGS Manager  
E-mail: [fmigs@aagl.org](mailto:fmigs@aagl.org)  
(800) 554-2245 or (714) 503-6200



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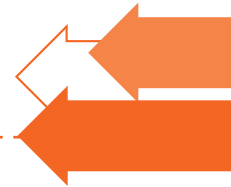
**References:** **1.** Pedroso J, Gutierrez M, Volker W. J-Plasma, monopolar pencil, argon beam and CO<sub>2</sub> laser electro-surgery: comparative evaluation of thermal spread in a porcine tissue model (white paper). Bovie Medical Corporation. June 2014. **2.** Pedroso J, Gutierrez M, Volker W. Thermal effect of J-Plasma energy in a porcine tissue model: implications for minimally invasive surgery (white paper). Bovie Medical Corporation. June 2014.

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# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014



## BALLROOM C

### SUTR-700

**Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies**



Jin Hee (Jeannie) Kim, Chair  
Nash S. Moawad, Co-Chair

7:00am - 11:00am **Hands-On Lab** | Fee \$375

*Faculty: Krisztina I. Bajzak, Mandi L. Beman, Amy Broach, Lydia Garcia, Susan Khalil, Jessica M.B. Ritch, Kimberly A. Swan, Mireille Truong, Bich-Van T. Tran, Johnny Yi*

This course provides a broad overview of the proper evaluation and This course will provide an introduction to basic and advanced laparoscopic suturing techniques in a dry lab setting and is designed for participants wanting to expand their laparoscopic suturing skills. This course will present a variety of techniques for needle loading and tissue re-approximation from different port configurations in laparoscopic box trainers. Techniques and clinical applications for extra-corporeal, intra-corporeal knot tying, and running suturing techniques relevant to vaginal cuff closure, myomectomy, and cystotomy repair will be presented. In addition, various applications of different suture materials and alternative suturing devices and technologies utilized in gynecologic laparoscopy will be reviewed. This course will aim to present the material in a systematic fashion with concrete and focused objectives throughout the session. Faculty will provide an interactive environment to meet the needs of the individual, critical to effective learning. This course is designed for the practical gynecologist to help determine which suturing techniques will work best in his or her surgical practice. This course is designed to help improve suturing skills for immediate clinical application.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Explain how to overcome the obstacles to laparoscopic suturing and knot tying in relation to depth perception and port placement; 2) reproduce efficient techniques for laparoscopic tissue re-approximation, suture management, and running closures; 3) Recognize and perform efficient intra-corporeal and extra-corporeal knot tying, the common mistakes encountered, and how to correct them; and 4) compare and distinguish potential benefits of suturing technologies and devices used in laparoscopy.

7:00	Welcome, Introductions and Course Overview	J.H. Kim
7:05	Pre-Test (3 minutes)	All Faculty
7:20	Handling Suture and Needle, Intra-Corporeal Knot Tying	N.S. Moawad
7:35	<b>LAB I:</b> Drills, Needle Loading, Intra-Corporeal Knot Tying	All Faculty
8:05	Improve Efficiency and Avoid Errors	N.S. Moawad
8:20	<b>LAB II:</b> Continuous Suturing, Advanced Skills	All Faculty
8:50	Questions & Answers	All Faculty
9:00	Break	
9:15	Extra-Corporeal Knot Tying	J.H. Kim
9:25	<b>LAB III:</b> Extra-Corporeal Knot Tying	All Faculty
9:50	Suture Types and Characteristics; Suturing Devices	J.H. Kim
10:05	Post-Test	All Faculty
10:20	<b>LAB IV:</b> Troubleshooting, Supra-Pubic Approach, Barbed Suture and Suturing Devices	All Faculty
10:50	Questions & Answers	All Faculty
11:00	Adjourn	

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: 3-Dmed, CONMED Corporation, CooperSurgical, Covidien, Ethicon US, LLC, Olympus America Inc., Karl Storz Endoscopy-America, Inc., Symmetry Surgical*

## BALLROOM C

### SUTR-701

**Simulation Lab: Practical Applications for Tissue Re-approximation, Knot Tying and Suturing Technologies**



Nash S. Moawad, Chair  
Jin Hee (Jeannie) Kim, Co-Chair

12:30pm - 4:30pm **Hands-On Lab** | Fee \$375

*Faculty: Krisztina I. Bajzak, Mandi L. Beman, Amy Broach, Lydia Garcia, Susan Khalil, Jessica M.B. Ritch, Kimberly A. Swan, Mireille Truong, Bich-Van T. Tran, Johnny Yi*

This course will provide an introduction to basic and advanced laparoscopic suturing techniques in a dry lab setting and is designed for participants wanting to expand their laparoscopic suturing skills. This course will present a variety of techniques for needle loading and tissue re-approximation from different port configurations in laparoscopic box trainers. Techniques and clinical applications for extra-corporeal, intra-corporeal knot tying, and running suturing techniques relevant to vaginal cuff closure, myomectomy, and cystotomy repair will be presented. In addition, various applications of different suture materials and alternative suturing devices and technologies utilized in gynecologic laparoscopy will be reviewed. This course will aim to present the material in a systematic fashion with concrete and focused objectives throughout the session. Faculty will provide an interactive environment to meet the needs of the individual, critical to effective learning. This course is designed for the practical gynecologist to help determine which suturing techniques will work best in his or her surgical practice. This course is designed to help improve suturing skills for immediate clinical application.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Explain how to overcome the obstacles to laparoscopic suturing and knot tying in relation to depth perception and port placement; 2) reproduce efficient techniques for laparoscopic tissue re-approximation, suture management, and running closures; 3) Recognize and perform efficient intra-corporeal and extra-corporeal knot tying, the common mistakes encountered, and how to correct them; and 4) compare and distinguish potential benefits of suturing technologies and devices used in laparoscopy.

12:30	Welcome, Introductions and Course Overview	N.S. Moawad
12:35	Pre-Test (3 minutes)	All Faculty
12:50	Handling Suture and Needle, Intra-Corporeal Knot Tying	N.S. Moawad
1:05	<b>LAB I:</b> Drills, Needle Loading, Intra-Corporeal Knot Tying	All Faculty
1:35	Improve Efficiency and Avoid Errors	N.S. Moawad
1:50	<b>LAB II:</b> Continuous Suturing, Advanced Skills	All Faculty
2:20	Questions & Answers	All Faculty
2:30	Break	
2:45	Extra-Corporeal Knot Tying	J.H. Kim
2:55	<b>LAB III:</b> Extra-Corporeal Knot Tying	All Faculty
3:20	Suture Types and Characteristics; Suturing Devices	J.H. Kim
3:35	Post-Test	All Faculty
3:50	<b>LAB IV:</b> Troubleshooting, Supra-Pubic Approach, Barbed Suture and Suturing Devices	All Faculty
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

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# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014

## ROOMS 119-120



### ANAT-702

**Didactic (Live Cadaveric Demo):  
Fulfill Your Destiny as a MIG Surgeon,  
You Must. The Way of the Jedi Master,  
Surgical Anatomy, It Is.**



Robert M. Rogers, Chair  
John F. Boggess, Co-Chair

7:00am - 11:00am | Fee \$195

Faculty: Giovanni Favero, Noah A. Goldman, Jaime B. Long

A competent surgeon is characterized by having a working knowledge of the retroperitoneal anatomy with expert skills of surgical dissection. A lack of understanding the anatomy in this region is often cited as the gynecologic surgeon's Achilles' heel, increasing the risk of complications. Optimal surgical results cannot be achieved without developing a high level of surgical skill.

This course will explain how to organize pelvic retroperitoneal anatomy, and the anatomic structures contained in this area. It also will include specific techniques and patterns of surgical dissection. Practical clinical instruction will be provided through the use of vignettes, as well as a live interactive cadaveric demonstration.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Use the learning process to tackle complex pelvic and retroperitoneal pathology; 2) safely dissect the retroperitoneal anatomic regions and spaces in the female pelvis; 3) identify the anatomic regions and spaces; and 4) identify the anatomic structures contained within these anatomic regions and spaces.

7:00	Welcome, Introductions and Course Overview	R.M. Rogers
7:05	The Art and Practice of Expert Surgical Dissection	J.B. Long
7:30	The Education and Process of Becoming a Competent Surgeon	R.M. Rogers
7:55	Live Interactive Cadaveric Demonstration: Anatomy of the Female Pelvis	J.F. Boggess
8:45	Questions & Answers	All Faculty
8:55	Break	
9:10	Anatomy of the Anterior Pelvic Spaces	G. Favero
9:35	Anatomy of the Posterior Pelvic Spaces	N.A. Goldman
10:00	Questions & Answers	All Faculty
10:10	Live Cadaveric Demonstration: Principles of Expert Dissections and Retroperitoneal Pelvic Anatomy	J.F. Boggess, R.M. Rogers
11:00	Adjourn	

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## ROOM 118



### ANAT-703

**Cadaveric Lab: Fulfill Your Destiny  
as a MIG Surgeon, You Must. The Way  
of the Jedi Master, Surgical Anatomy,  
It Is.**



John F. Boggess, Chair  
Robert M. Rogers, Co-Chair

12:30pm - 4:30pm **Hands-On Lab** | Fee \$875

Faculty: Adrian C. Balica, Giovanni Favero, Noah A. Goldman, Jaime B. Long

This hands-on "straight stick" laparoscopy course will provide each participant the opportunity to perform expert tissue dissections on unembalmed human female cadavers. Under the guidance of expert faculty, each participant will be able to identify the structural anatomy contained in the anatomic regions and spaces of the pelvis – pelvic brim, pelvic sidewall, parametrium (ureter and uterine vessels), paravesical/paravaginal space, retropubic space, vesicovaginal space, pararectal space, and rectovaginal space. While performing these dissections, the participant will see the relevant anatomy to be exposed and protected during the performance of an oophorectomy and hysterectomy, and pelvic sidewall dissection, especially in the cases of complex pathology. The skills practiced in this course will enhance all surgical approaches to pelvic surgery and can be applied to open and robotic approaches as well.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Perform meticulous 'mm by mm' tissue dissections in order to minimize blood loss and safeguard vital pelvic anatomic structures; 2) identify the anatomy contained in each pelvic anatomic region and space; and 3) perform an oophorectomy, hysterectomy and pelvic sidewall dissection with clear visualization and protection of the vital anatomic structures involved.

12:30	Welcome, Introductions and Course Overview	J.F. Boggess
12:35	<b>LAB I:</b> The Dissectional Anatomy of the Pelvic Brim, Pelvic Sidewall, Parametrium (Ureter and Uterine Vessels), and Vesicovaginal Space	
2:20	Questions & Answers	All Faculty
2:30	Break	
2:45	<b>LAB II:</b> Performance of a Hysterectomy with a Bilateral Salpingo-Oophorectomy, Dissectional Anatomy of the Pararectal and Rectovaginal Spaces, Dissectional Anatomy of the Paravesical/Paravaginal Space and Retropubic Space	
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

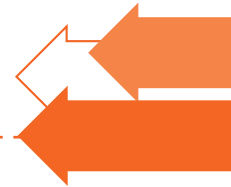
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TUESDAY



# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014



## ROOM 110



### HYST-704

**Didactic: The Alphabet Soup of Laparoscopic Hysterectomy: LAVH, TLH, LSH & RH**



Richard B. Rosenfield, Chair  
Suketu Mansuria, Co-Chair

7:00am - 11:00am | Fee \$175

Faculty: Douglas N. Brown, Danny Chi Yung Chou, Anthony J. DiSciullo, Mary Ellen Wechter

This course is designed to provide the attendee with a systematic and comprehensive laparoscopic hysterectomy overview geared toward practical daily application, strategy, and instrumentation in the evolving world of minimally invasive surgery. Attendees will bridge the gap that separates novice from expert surgeons through a thoughtful overview of retroperitoneal anatomy, evolving techniques, conventional and robotic instrumentation, including surgical strategies to avoid complications. From new energy modalities and uterine manipulation systems to various access techniques, this course will focus on day-to-day practical applications of proven successful techniques. The course will also address issues such as cost containment and outpatient surgical programs, which align with new local and federal drivers. You may also choose to participate in the afternoon cadaveric lab that will provide a well-balanced focus from leading and emerging experts, to enhance and augment your surgical skills.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Explain and describe the rationale for various minimally invasive approaches to hysterectomy with specific and detailed focus on patient selection, patient positioning and port placement, relevant anatomy, technology, including an overview of cystoscopy; 2) comfortably identify and then perform fundamental laparoscopic skills, including but not limited to, identification and dissection of the retroperitoneal space, suturing and knot tying with and without robotic assistance for colpotomy closure, and refining surgical strategies for success when faced with intra-operative challenges; and 3) discuss how to augment and enhance your current surgical practice; and 4) review the economic impact of surgical decisions and how surgeons might proactively participate to improve cost efficiency and optimize outcomes.

7:00	Welcome, Introductions and Course Overview	R.B. Rosenfield
7:05	Practical Review of Anatomy (Retroperitoneum Included – Video-Based)	S. Mansuria
7:30	Fundamentals of Laparoscopic Surgery (Mastering the Basic Techniques of LH)	A.J. DiSciullo
7:55	Practical Use of Energy (Focus on Pros and Cons of Each Tool)	D.N. Brown
8:20	Straight Stick LSH and TLH (Stepwise Conventional Technique, Video-Based)	R.B. Rosenfield
8:45	Questions & Answers	All Faculty
8:55	Break	
9:10	How to Avoid Complications in Laparoscopic and Robotic Hysterectomy	M.E. Wechter
9:35	Tackling the Large Uterus or Complex Pelvis	D.C.Y. Chou
10:00	Newest Technology – Where Are We, Where Are We Headed? (Include Single-Port, Culdoscopy, etc.)	D.N. Brown
10:25	Is Hysterectomy an Outpatient Surgical Procedure?	R.B. Rosenfield
10:50	Questions & Answers	All Faculty
11:00	Adjourn	

## ROOM 109



### HYST-705

**Cadaveric Lab: Digesting the Alphabet Soup of Laparoscopic Hysterectomy: LAVH, TLH, LSH & RH**



Suketu Mansuria, Chair  
Richard B. Rosenfield, Co-Chair

12:30pm - 4:30pm **Hands-On Lab** | Fee \$875

Faculty: Douglas N. Brown, Danny Chi Yung Chou, Anthony J. DiSciullo, Sharon Engel, Mary Ellen Wechter

This hands-on course will provide each participant the opportunity to work alongside experienced laparoscopic surgeons and fine-tune various nuances of the laparoscopic approach to hysterectomy. This intensive cadaveric lab will provide extensive hands-on proctoring, allowing participants the opportunity to enhance and acquire skills, which will be used in real time on a cadaver. Participation will be limited to three attendees per cadaver, maximizing educational opportunity. With emphasis on proper surgical technique, retroperitoneal dissection, and complication recognition/management, a systematic approach to laparoscopic hysterectomy will be introduced. Participants will be able to utilize various energy modalities and appreciate the benefits afforded by each. Additionally, instruction on laparoscopic suturing techniques, cystoscopy, and recognition of key anatomical landmarks will be encouraged to refine the participant's skill set. The cadaveric dissections and focus of this course will be straight stick laparoscopy, though the skill sets and surgical principles taught can be applied to other surgical modalities (i.e. robotics and single port). A robot will be available for independent dry-lab activities.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Apply proper surgical technique to enhance strategic approach and reduce complications during laparoscopic hysterectomy, as well as decrease conversions to laparotomy; 2) describe the retroperitoneal anatomy; 3) use various surgical instrumentation to successfully complete difficult cases; and 4) apply skills learned to perform post-hysterectomy cystoscopy to diagnose bladder and/or ureteral injuries.

12:30	Welcome, Introductions and Course Overview	S. Mansuria
12:35	<b>LAB I:</b> Port Placement, Retroperitoneal Dissection and Ureterolysis, Hysterectomy	All Faculty
2:20	Questions & Answers	All Faculty
2:30	Break	
2:45	<b>LAB II:</b> Cuff Closure, Cystotomy Repair, Cystoscopy Instruction, Appendectomy	All Faculty
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

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# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014

## ROOMS 221-222

## ROOM 211



### HSC-706

**Didactic: Hysteroscopy from A-Z**

Sony S. Singh, Chair  
Isabel C. Green, Co-Chair



### HSC-707

**Simulation Lab: Hysteroscopy from A-Z**

Sony S. Singh, Chair  
Isabel C. Green, Co-Chair



7:00am - 11:00am | Fee \$175

12:30pm - 4:30pm **Hands-On Lab** | Fee \$375

*Faculty: Linda D. Bradley, Scott G. Chudnoff, Amy L. Garcia, Neeraj Mehra, James M. Shwayder*

*Faculty: Linda D. Bradley, Scott G. Chudnoff, Amy L. Garcia, Ciaran Goojha, Philippe Y. Laberge, Nicholas A. Leyland, Karine J. Lortie, Neeraj Mehra, Barry Sanders, James M. Shwayder, Artin M. Ternamian, May S. Thomassee, George A. Vilos*

This workshop has something for everyone practicing hysteroscopy. It is designed for the doctor ready to push the envelope in outpatient or office procedures, for those considering making the switch, or for those eager to refine their hysteroscopy and sonogram skills. After receiving instruction from expert faculty, the participant should leave the workshop prepared to start an office practice, armed with the tools to improve the quality, safety, and efficiency of hysteroscopy and ultrasound procedures.

This workshop has something for everyone practicing hysteroscopy. It is designed for doctors ready to push the envelope in outpatient or office procedures, for those considering making the switch, or for those eager to refine their hysteroscopy and sonogram skills. Learning from expert faculty, participants should leave the workshop prepared to start an office practice, armed with the tools to improve the quality, safety, and efficiency of their hysteroscopy and ultrasound procedures. New this year will be an interactive surgical simulation to address safety in outpatient or office hysteroscopy procedures.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Identify the appropriate patients and equipment for office hysteroscopic procedures; 2) describe and execute techniques of office hysteroscopy, including diagnostics, polypectomy and excision of synechiae; 3) describe the benefits of and approach to office sonogram in the evaluation of abnormal uterine bleeding; 4) recognize and manage rare procedural emergencies of office hysteroscopic procedures; and 5) describe the various options for pain control for patients undergoing hysteroscopy without general anesthesia.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Evaluate ultrasound versus hysteroscopic techniques for the evaluation of the uterine cavity; 2) compare various methods for endometrial ablation performed in the office or operating room setting; and 3) formulate a plan for office procedural emergencies.

7:00	Welcome, Introductions and Course Overview	S.S. Singh
7:05	OR or Office: Set Up for Success	L.D. Bradley
7:30	Visualization Tips and Tricks for Hysteroscopy	N. Mehra
8:00	Managing Pain and Anxiety for Office or Outpatient Procedures	S.G. Chudnoff
8:30	Working With the Awake Patient – Tips and Tricks for Diagnostic and Operative Hysteroscopy	S.S. Singh
9:00	Questions & Answers	All Faculty
9:15	Break	
9:30	An Alternative to Hysteroscopy – Transvaginal Ultrasound in the Evaluation of Abnormal Bleeding	J.M. Shwayder
10:00	Beyond Diagnostics – Office Sterilization, Ablation and Resection	A.L. Garcia
10:30	Prepare for the Worst Case Scenario before It Happens – Complications in Office Procedures	I.C. Green
10:50	Questions & Answers	All Faculty
11:00	Adjourn	

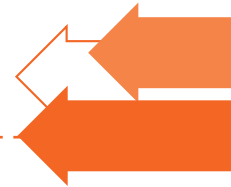
12:30	Welcome, Introductions and Course Overview	S.S. Singh
12:35	Introduction to Simulation Lab	N. Mehra
12:45	LAB BREAKOUTS	
	• Until 4pm (15 min. break at midway)	
	• 1 hour per Lab Section (3 whistles)	
	<b>LAB I:</b> Sonography versus Hysteroscopy	
	Participants will be divided into stations that emphasize hands-on practice in office procedures including new tower free options for diagnostic hysteroscopy and flexible versus rigid stations, the “no touch” technique for office hysteroscopy, and hands-on transvaginal sonogram simulation.	
	<b>LAB II:</b> Practice and Mastery of Procedures	
	Expert guided hands-on mastery of resection techniques, hysteroscopic sterilization and ablation. Participants will be divided into sections and change at the halfway mark.	
	<b>LAB III:</b> Simulation Session	
	Team-Based Simulation for Emergencies	
4:00	Debrief: Faculty Questions & Answers	All Faculty
4:30	Adjourn	

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TUESDAY

# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 – TUESDAY, NOVEMBER 18, 2014



## ROOMS 202-204



### URO-708

**Didactic: (Live Cadaveric Demo):  
Advanced Urogynecology:  
Overcoming Challenges in the Patient  
with Pelvic Organ Prolapse**



Kevin J.E. Stepp, Chair  
Patrick J. Culligan, Co-Chair

7:00am - 11:00am | Fee \$175

*Faculty: Matthew Clark, Catherine A. Matthews, Nazema Siddiqui, Bernard Taylor*

This is a ½-day didactics course focusing on building an in-depth understanding of pelvic organ prolapse and its treatment.

This course is targeted to the advanced pelvic surgeon who treats patients with pelvic organ prolapse but is looking to understand the three dimensional anatomy that plays a role in pelvic support. This course will begin with a detailed anatomic discussion of pelvic support. Then experts will discuss their approach and techniques for treating prolapse. A step-by-step explanation of the sacral colpopexy, including each expert's tips and tricks will be presented.

The unique design of this course includes an interactive cadaveric demonstration of robotic sacral colpopexy. Clinical pearls and experts technique will be demonstrated live.

Patient selection, tips for shortening the learning curve, technique nuances, and prevention / management of complications will be covered.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Discuss the anatomy of pelvic organ support including the ischio-anal fossa, deep pelvic spaces, space of Retzius, and pre-sacral space; 2) discuss the current theories of pelvic support and how to apply these for individual patients; 3) identify the selection criteria for sacral colpopexy; 4) articulate the complications associated with pelvic organ prolapse procedures; and 5) identify steps to avoid and manage complications of prolapse surgery.

- |       |  |               |
|-------|--|---------------|
| 7:00  | Welcome, Introductions and Course Overview                             | K.J.E. Stepp  |
| 7:10  | Anatomy of Pelvic Organ Support  | K.J.E. Stepp  |
| 7:35  | Approach to Pelvic Organ Prolapse – Patient Selection                  | P.J. Culligan |
| 8:00  | What about Retropubic Surgery? Paravaginal Repairs – When and How?     | B. Taylor     |
| 8:25  | Complications of Laparoscopic Repairs – How to Manage Laparoscopically | N. Siddiqui   |
| 8:50  | Future Trends for Prolapse Surgery                                     | C.A. Matthews |
| 9:15  | Break  |               |
| 9:25  | Pearls for Sacral Colpopexy  | M. Clark      |
|       | • Techniques for Difficult Anterior Dissection                         |               |
| 9:45  | Pearls for Sacral Colpopexy  | N. Siddiqui   |
|       | • Techniques for Posterior Dissection – How Far Do I Go?               |               |
| 10:05 | Pearls for Sacral Colpopexy  | C.A. Matthews |
|       | • What about the Patient with a Uterus?                                |               |
| 10:25 | Pearls for Sacral Colpopexy  | M. Clark      |
|       | • Techniques for Sacrum Exposure and Tensioning the Mesh               |               |
| 10:45 | Panel Discussion / Tricks of the Trade:                                | All Faculty   |
|       | • Surgical Nuances   |               |
|       | • New Technology   |               |
|       | • Same Day Surgery?  |               |
| 11:00 | Adjourn  |               |

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## ROOMS 205-207



### URO-709

**Cadaveric Lab: Advanced  
Urogynecology: Overcoming  
Challenges in the Patient with  
Pelvic Organ Prolapse**



Patrick J. Culligan, Chair  
Kevin J.E. Stepp, Co-Chair

12:30pm - 4:30pm | **Hands-On Lab** | Fee \$875

*Faculty: Matthew Clark, Catherine A. Matthews, Nazema Siddiqui, Bernard Taylor*

This is a ½-day cadaver lab is an in-depth examination into the pelvic anatomy and surgical treatment of pelvic organ prolapse.

Participants will perform a detailed dissection into the deep pelvic spaces with vaginal and perineal dissection to explore and understand the three dimensional anatomy responsible for pelvic support. Participants will work closely with the faculty to master dissection into the retroperitoneum, and identify surrounding structures and techniques for avoiding complications. Surgical approaches such as sacral colpopexy and retropubic procedures for advanced and complicated pelvic floor disorders will be discussed.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Identify and expose the anatomy of pelvic organ support including the ischio-anal fossa, deep pelvic spaces, space of Retzius, and pre-sacral space; 2) identify and discuss the arcus tendineus fascia pelvis and arcus tendineus levator ani; and 3) identify and perform the key components of sacral colpopexy.

- |       |  |               |
|-------|--|---------------|
| 12:30 | Welcome, Introductions and Course Overview   | P.J. Culligan |
| 12:35 | Cadaveric Lab  |               |
|       | • Anatomic Dissection of Pelvic Sidewalls  |               |
|       | • Dissection of Paravesical and Pararectal Spaces, Anatomy   |               |
|       | • Presacral Dissection and Surrounding Anatomy including Vasculature, Nerve Roots                                  |               |
|       | • Dissection for Anterior and Posterior Mesh, Connecting to Sacral Dissection                                      |               |
|       | • Techniques for Securing Sacral Colpopexy Mesh  |               |
|       | • Mobilizing the Rectum for Rectopexy  |               |
|       | • Retropubic Dissection  |               |
|       | • Perineal and Obturator Space Dissection  |               |
|       | • If time permits, Cystotomy Closure, Transect Ureters, Retropubic Procedures, Open Dissections of Presacral Space |               |
| 4:30  | Adjourn  |               |

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# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014

## ROOMS 217-219



### VHYS-710

#### **FULL DAY Didactic (Live Cadaveric Demo) and Simulation Lab: Vaginal Hysterectomy: The True Natural Orifice Minimal Access Surgery**

*Presented in affiliation with Society of Gynecologic Surgeons (SGS) and in cooperation with the AAGL Special Interest Group on Vaginal Surgery*



Geoffrey W. Cundiff, Chair  
Andrew Walter, Co-Chair

**7:00am - 3:00pm**      **Hands-On Lab** | Fee \$395

*Faculty: Rosanne M. Kho, Doug Miyazaki, Regina Montero, Bethany D. Skinner*

The recent evolution of minimally invasive gynecologic surgery has focused on laparoscopic techniques for performing hysterectomy, neglecting the original minimally invasive technique of vaginal hysterectomy. The surgical skills for the two approaches are complimentary, but the trans-vaginal approach could become a dying art due to the lack of forums for surgical skill development. This course will provide such a forum where participants will develop and hone surgical skills for a practical approach to trans-vaginal hysterectomy. Patient selection and techniques for dissection and exposure as well as management of the adnexa and cuff will be discussed. This intensive full day course will provide a morning session with evidence-based didactics and practical tips using surgical videos. The accompanying afternoon workshop will include a live cadaveric demonstration from the experts and a simulation lab with pelvic trainers for an interactive hands-on learning opportunity.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Assess patient characteristics predictive of a successful vaginal hysterectomy; 2) develop the surgical planes to expose the uterine vasculature and utilize techniques to maximize exposure while taking pedicles; 3) remove tubes and or ovaries following hysterectomy; and 4) re-establish normal apical support and insure the integrity of the lower urinary tract.

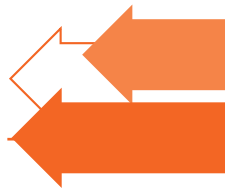
<p>7:00 Welcome, Introductions and Course Overview G.W. Cundiff</p> <p>7:10 Patient Selection and Outpatient Hysterectomy Protocol R.M. Kho</p> <p>7:40 Surgical Planes and Hemostasis D. Miyazaki, B.D. Skinner          • Suturing and Knot-tying D. Miyazaki          • Use of Vessel-Sealing Device B.D. Skinner</p> <p>8:10 Maximizing Exposure G.W. Cundiff</p> <p>8:30 Morcellation A. Walter, R.M. Kho</p> <p>9:00 Faculty Panel All Faculty</p> <p>9:15 Break</p> <p>9:30 Addressing the Adnexa: Salpingectomy and Oophorectomy R.M. Kho</p> <p>10:00 Faculty Panel All Faculty</p> <p>10:20 Re-Supporting the Vaginal Cuff A. Walter</p> <p>10:50 Cystoscopy B.D. Skinner</p> <p>11:05 Faculty Panel All Faculty</p> <p>11:15 Lunch Break</p> <p>12:30 <b>Live Cadaveric Demonstration</b> All Faculty          Set-Up and Use of the Magrina-Bookwalter Vaginal Retractor System A. Walter          Entry into Anterior and Posterior Cul-de-Sacs G.W. Cundiff          Securing Pedicles with Clamp/Cut/Tie Technique D. Miyazaki          Use of Vessel-Sealing Device B.D. Skinner          Uterine Morcellation R.M. Kho          Adnexectomy/Round Ligament Technique R.M. Kho, A. Walter          Support of the Vaginal Cuff A. Walter          Cystoscopy B.D. Skinner</p>	<p>1:30 <b>Pelvic Trainer Simulation Lab</b> All Faculty          Intro to simulator          Securing the Uterosacral ligaments          Hemostasis of vascular Pedicles          How to use your Assistants effectively          Staying out of harm's way, an Ounce of Prevention          Suturing technique          Uterine Morcellation          Securing the Upper Pedicles          Securing the Vaginal Cuff Apex</p> <p>2:30 <b>Cadaveric Station Lab</b> All Faculty          Vessel-Sealing Devices          Magrina-Bookwalter Retractor Set-Up          Cystoscopy Set-Up and Technique</p> <p>3:00 Adjourn</p>
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TUESDAY

# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014



## ROOMS 121-122

## ROOM 222



### FIBR-711

**Didactic: No More Fibs: The Truth about Fibroids**



Hye-Chun Hur, Chair  
Stephanie N. Morris, Co-Chair

12:30pm - 4:30pm | Fee \$175

Faculty: *Togas Tulandi*

This course will provide participants with a systematic approach to managing symptomatic patients with both simple and complex fibroid presentations. An algorithm for deciding routes of surgical treatment (conventional laparoscopy, robot-assisted laparoscopy, laparotomy, or hysterectomy) will be discussed. Radiologic imaging as well as nonsurgical treatment options will be addressed. Techniques and specific approaches for the treatment of more challenging fibroids, such as broad ligament, cervical, deep intramural, and submucosal fibroids, will be presented. Tips and tricks for laparoscopic suturing, minimizing blood loss, and tissue extraction techniques will be reviewed.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Summarize currently available treatment options for conservative fertility-sparing fibroid management; 2) apply strategies, tips and tricks for resecting various fibroid presentations, including submucosal, deeply intramural, broad ligament, and cervical fibroids; 3) describe strategies to minimize blood loss; and 4) describe laparoscopic suturing and tissue extraction techniques essential for laparoscopic myomectomy.

12:30	Welcome, Introductions and Course Overview	H-C Hur
12:35	Which Fibroids Should You Treat? Understanding Fibroid Anatomy, Range of Diagnoses, and Associated Clinical and Reproductive-Sequelae to Tailor the Plan	H-C Hur
1:00	Simplifying Laparoscopic Myomectomy: Setting the Stage for Effective Suturing and General Tips and Tricks	S.N. Morris
1:25	Robot-Assisted Laparoscopic Myomectomy: Different Strategies Compared to Conventional Laparoscopic Myomectomy	H-C Hur
1:50	When to Opt for Laparotomy: Minimally Invasive Techniques for Open Myomectomy, Strategies for Minimizing Blood Loss and Adhesions	T. Tulandi
2:15	Questions & Answers	All Faculty
2:25	Break	
2:40	Strategies for Safe and Effective Tissue Removal, Controversies of Fibroid Morcellation	S.N. Morris
3:05	Hysteroscopic Myomectomy: How to Approach the Type 2 Submucosal Fibroid	S.N. Morris
3:30	How to Tackle the Challenging Fibroid Presentation: Adenomyomas, Deeply Intramural, Broad Ligament, and Cervical Fibroids	H-C Hur
3:55	Other Fibroid Treatment Options: Single-Port Myomectomy, Uterine Artery Embolization, and Myoma Ablation Procedures (MRI-focused US, Radiofrequency Ablation)	T. Tulandi
4:20	Questions & Answers	All Faculty
4:30	Adjourn	



### LGL-712

**Didactic: Falling Off a Horse Named "Surgical Misadventures:" How Do You Get Back in the Saddle?**



David I. Eisenstein, Chair  
Louise P. King, Co-Chair

12:30pm - 4:30pm | Fee \$175

Faculty: *Marisa Dahlman, Maggie M. Finkelstein, Rajiv Gala, Matthew M. Palmer*

This course provides a detailed and prescriptive dialectic on typical complications encountered in minimally invasive gynecologic laparoscopic surgery. In addition to presenting skills to prevent complications and managing them when they befall us, the course material delves into the pertinent medico-legal strategies implied by the area considered, and surveys the professional and personal impact of maloccurrences and how to survive them. Course material covers a range of clinical scenarios including position-related injury, abdominal access, electro-surgery, and genito-urinary and gastro-intestinal events.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Define pre-surgical strategies to minimize and prevent surgical maloccurrence; 2) apply anatomic knowledge and technical skill to dissect, protect and repair GU and GI structures; and 3) develop strategies to manage the professional impact of surgical maloccurrence.

12:30	Welcome, Introductions and Course Overview	D.I. Eisenstein
12:35	Overview: Getting Back on Your Horse Is First Knowing Your Horse	D.I. Eisenstein
12:50	Professional and Personal Impact	R. Gala
1:20	Introduction to Legal Principles and Ramifications of Maloccurrence	M.M. Finkelstein
1:40	Safe Laparoscopic Entry, Safe Laparoscopic Positioning	L.P. King
	• Safe Positioning and Avoiding Nerve Injury	
	• Abdominal Access and Risk	
	• Veress vs. Direct Entry; High Pressure	
	• GI and Vascular Injuries: Avoidance, Identification, and Repair	
	• Checklist/Protocol for Emergencies	
	• Case Presentation	
2:10	GI Injury	D.I. Eisenstein, M.M. Palmer
	• Occurrence and Risk Factors	
	• Safe Dissection Techniques	
	• Sharp Dissection Techniques / Electro-Surgery	
	• Repair of Bowel Injury	
	• Case Presentation	
2:40	Questions & Answers	All Faculty
2:50	Break	
3:05	GU Injuries	D.I. Eisenstein, M. Dahlman
	• Anatomy: Para Rectal and Para Vesicle Spaces	
	• The "Difficult" Bladder: Strategies and Techniques	
	• Cystoscopy: Role and Evidence	
	• Ureter: Protection and Repair	
	• When Is Ureterolysis Necessary?	
	• Role of Stents	
	• Case Presentation	
3:35	Safety in Electro-Surgery: A Brief Primer	L.P. King
3:55	Physician Self Care: Mindfulness in Management of Stress	Faculty
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

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My fibroids caused heavy  
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### Open Podium Communications

#### Jay M. Berman, MD

Three Years' Outcome from the Halt Trial:  
A Prospective Analysis of Radiofrequency Volumetric  
Thermal Ablation of Myomas

Open Communications 3 - Laparoscopy  
Wednesday, 11/19/2014 from 12:05 PM – 1:05 PM

#### Sara Brucker, MD

Laparoscopic Myomectomy (LM) Versus Laparoscopic  
Radiofrequency Volumetric Thermal Ablation (RFVTA)  
of Symptomatic Myomas: A Randomized Trial of  
Uterine-Sparing Techniques

Open Communications 3 - Laparoscopy  
Wednesday, 11/19/2014 from 12:05 PM – 1:05 PM

#### John A. Thiel, MD

Laparoscopic Radiofrequency Volumetric Thermal  
Ablation (RFVTA) of Symptomatic Fibroids and  
Myomectomy: A Randomized Trial of Uterine-  
Sparing Techniques in Canada

Open Communications 18 - Advanced Endoscopy  
Thursday, 11/20/2014 from 3:20 PM – 5:00 PM

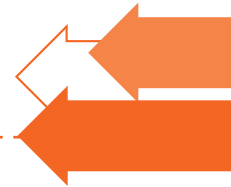
#### Alan Greenberg, MD

Outpatient Treatment by Radiofrequency Volumetric  
Thermal Ablation (RFVTA) of a 15-cm Cervical Myoma  
in Close Proximity to the Bladder: A Case Study

Open Communications 17 - Advanced Endoscopy  
Thursday, 11/20/2014 from 3:20 PM – 5:00 PM

# STATE-OF-THE-ART POSTGRADUATE COURSES

DAY 2 - TUESDAY, NOVEMBER 18, 2014



## ROOMS 202-204

## ROOM 301



### ONC-713

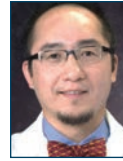
**Didactic: Practical Oncology Principles for the Benign Pelvic Surgeon**



*Developed in cooperation with the AAGL Special Interest Group on Oncology*

William M. Burke, Chair  
Nicole D. Fleming, Co-Chair

12:30pm - 4:30pm | Fee \$175



### COMPLX-714

**Didactic: Navigating Complex Surgical Scenarios: It's All about Options**



Ted T.M. Lee, Chair  
Arnaud Wattiez, Co-Chair

12:30pm - 4:30pm | Fee \$175

Faculty: David M. Boruta, Emery Salom

Faculty: Matthew T. Siedhoff

This course provides an overview of oncologic principles that could benefit the benign pelvic surgeon. Participants will be given step-by-step strategies to address difficult surgical situations, including: what to do if you find an unsuspected cancer, how to identify normal anatomy with extensive adhesions or endometriosis, how to avoid a vascular injury and management of intra-operative bleeding, how to avoid bowel and bladder injuries and what to do when they happen.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Identify patients with an unsuspected malignancy at the time of surgery and determine the appropriate approach to these patients, including what to do at the time of surgery, who to biopsy, and who to refer; 2) identify normal anatomy, even during a difficult dissection, including identification of the avascular spaces in the pelvis, a review of relevant surgical anatomy, and explain techniques to restore normal anatomy; and 3) manage complications by reviewing relevant vascular and pelvic anatomy, including strategies to avoid vascular, bowel and urologic injury, and discuss how to approach surgical injuries when they occur.

12:30	Welcome, Introductions and Course Overview	W.M. Burke, N.D. Fleming
12:35	Preoperative Evaluation to Avoid an Undiscovered Malignancy	N.D. Fleming
1:00	What to Do When You Find a Cancer at the Time of Surgery	E. Salom
1:25	Accessing the Abdomen during Minimally Invasive Surgery. Techniques to Enter Safely and Avoid Injury	D.M. Boruta
1:50	Choosing the Best Approach to Surgery: Laparotomy, Laparoscopy or Robotic Surgery	W.M. Burke
2:15	Questions & Answers	All Faculty
2:25	Break	
2:40	Accessing the Pelvis during a Difficult Dissection; the Avascular Spaces of the Pelvis	E. Salom
3:05	How to Approach Difficult Pelvic Pathology	W.M. Burke
3:30	Anatomy of the Ureters and Bladder: How to Repair an Injury When It Happens	N.D. Fleming
3:55	Management of Vascular Injury: When to Open and When to Call for Help	D.M. Boruta
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

Although anatomy and exposure are pillars of pelvic surgery, so is the ability to quickly formulate various strategic approaches when confronted with anticipated, as well as unexpected, surgical obstacles. The obliterated anterior cul-de-sac from previous cesarean deliveries and a frozen pelvis as a result of advanced endometriosis can both present very perplexing clinical conundrums. Similarly, broad ligament or cervical fibroids and ovarian remnants can present similar difficulties. In these challenging surgical scenarios, familiarity with several approaches to dissection and various strategies to optimize exposure will be necessary to ensure safe and effective outcome. Abundant surgical video footage will be used to illustrate the strategies and techniques necessary to overcome the difficulties associated with various anatomy-distorting pathologies. Participants of this course will apply safe and effective approaches to these challenging surgical scenarios that are evidence and experience based.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Articulate techniques to achieve peritoneal access in patients with extensive anterior abdominal wall adhesions as well as techniques necessary to overcome difficulties associated with laparoscopy in obese patients; 2) formulate anatomy-based strategies when confronting various challenging surgical scenarios such as frozen pelvis, cervical fibroids and dense uterine adhesions; and 3) integrate various techniques to optimize exposure during complex pelvic surgeries.

12:30	Welcome, Introductions and Course Overview	T.T.M. Lee
12:35	Before the Game Begins: Entry Challenges, Port Placement, and Lysis Abdominal Wall Adhesions	M.T. Siedhoff
12:55	Laparoscopy in the Obese Patient: Strategies for Success from Start to Finish	M.T. Siedhoff
1:15	Optimizing Exposure in Challenging Surgical Scenarios in Gynecologic Laparoscopy	A. Wattiez
1:35	Methodical Approach to the Obliterated Anterior Cul-de-Sac in the Aftermath of Prior Cesarean Section	T.T.M. Lee
1:55	Interactive Case Presentation 1	M.T. Siedhoff
	Moderated by A. Wattiez, T.T.M. Lee	
2:15	Questions & Answers	All Faculty
2:25	Break	
2:40	Unfreeze the Frozen Pelvis	A. Wattiez
3:00	Location Is Everything - The Challenges of Broad Ligament and Cervical Fibroids	T.T.M. Lee
3:20	Laparoscopic Repair of GI and GU Injuries - A Game Changer	A. Wattiez
3:40	Ovarian Remnant - Prevention and Management	T.T.M. Lee
4:00	Interactive Case Presentation 2	T.T.M. Lee
	Moderated by M.T. Siedhoff, A. Wattiez	
4:20	Questions & Answers	All Faculty
4:30	Adjourn	

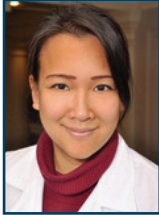
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TUESDAY, NOVEMBER 18, 2014

4:45 PM – 6:00 PM

**BALLROOM A/B**

**Live Interactive Cadaveric Demonstration:  
Tackling Controversies and Optimizing Tissue Extraction in Minimally  
Invasive Gynecologic Surgery with Best Practice Techniques**



Karen C. Wang, Chair  
Amanda Nickles Fader, Co-Chair

*Faculty: William H. Parker*



**OPEN TO ALL PARTICIPANTS**

This session provides an overview about the concerns of open power morcellation including parasitic leiomyomatosis, iatrogenic endometriosis, and dissemination of occult malignancy. Participants will be introduced to alternative tissue extraction techniques designed to mitigate the complications of open power morcellation while adhering to a minimally invasive approach.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Explain the limitations of open power morcellation; 2) describe alternative tissue extraction techniques; and 3) incorporate these alternative tissue extraction techniques into your practice.

4:45	Welcome, Introductions and Course Overview	K.C. Wang
4:50	Dispelling the Myths with Evidence Based Medicine	W.H. Parker
5:10	Morcellation of Occult Malignancy	A. Nickles Fader
5:25	Live Demonstration	
	• In Bag Morcellation (Artificial Pneumoperitoneum)	
	• Vaginal Morcellation	
	• Mini-Laparotomy Morcellation	
6:00	Adjourn	

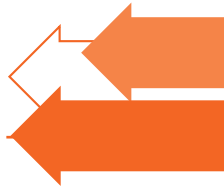
*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: 3M, Applied Medical, Cook Medical, LLC, Ethicon US, LLC, Global Medical Partners, LLC, Integra Life Sciences, Karl Storz Endoscopy-America, Inc., Symmetry Surgical*

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TUESDAY, NOVEMBER 18, 2014

6:00 PM – 6:45 PM



**BALLROOM A/B**

**Opening Ceremony**

- Welcome**..... Franklin D. Loffer, Medical Director
- Congress Opening**..... Arnold P. Advincula, Scientific Program Chair
- Introduction of Board of Trustees**..... Ceana H. Nezhat, President
- Induction of Honorary Member – Victor Gomel**..... Franklin D. Loffer, Medical Director

**Presidential Address**

**Celebrating the Past, Present and the IDEAL Future of AAGL**



Dr. Ceana Nezhat is Adjunct Professor in the Department of Gynecology and Obstetrics at Emory University School of Medicine and Adjunct Clinical Professor of Obstetrics and Gynecology at Stanford University School of Medicine. Dr. Nezhat received his medical degree at the University of Tehran, completed an internship in General Surgery at Nassau County Medical Center New York and residency in Obstetrics and Gynecology at the University of Illinois, Chicago. Dr. Nezhat also completed a fellowship in Endocrinology at the Medical College of Georgia and a fellowship in Laparoscopy and Reproductive Pelvic Surgery with the Society of Reproductive Surgeons.

Dr. Nezhat has served on the Board of Trustees, Fellowship Board and multiple committees for the AAGL, as well as the Board of the Society of Reproductive Surgeons. He has led the development and implementation of Essentials in Minimally Invasive Gynecology (EMIG) and co-authored the original curriculum for the program. He has organized many national and international conferences, and is the founder and Chair of the World Symposium on Endometriosis and co-founder of the Million Woman March for Endometriosis. Dr. Nezhat is currently the Medical Director of Training and Education at Northside Hospital in Atlanta, Georgia, where he also served as the Chair of the Department of Obstetrics & Gynecology.

He has trained numerous physicians and fellows, nationally and internationally. Several awards and accolades for his teaching and educational activities have been bestowed, including first place film festival awards for five instructional videos. Dr. Nezhat is also the recipient of the Kurt Semm Award for Excellence in Pelviscopy. He has published over 100 peer-reviewed articles and served as co-editor of five textbooks, including Nezhat’s Video-assisted and Robotic-assisted Laparoscopy and Hysteroscopy; Operative Gynecologic Laparoscopy; and Endometriosis: Advanced Management and Surgical Techniques.

Dr. Ceana Nezhat’s commitment to continuing education and advancements in the field of minimally invasive surgery illustrate his passion for innovation in women’s health. He has been instrumental in the development, modification and teaching of some of the most advanced minimally invasive surgical procedures being performed today, including multi-organ endometriosis, large masses and myoma, fistula repair, and sacrocolpopexy. Dr. Nezhat would like to express that being the President of the AAGL has been a dream come true; and he is truly grateful for this opportunity to “pay it forward” through the educational endeavors of the AAGL.

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**Welcome Reception**

6:45 PM – 8:00 PM

Immediately following the Opening Ceremony the AAGL will present a Welcome Reception in the exhibit hall with our industry partners to welcome you to the 43rd AAGL Global Congress! Join your friends and colleagues in the exhibition hall to sample hors d’ouvres, and enjoy complimentary beverages as music fills the hall.

# PREPARING FOR THE NEXT GENERATION OF *DA VINCI*® SURGERY: ADVANCED TECHNOLOGY AND TRAINING

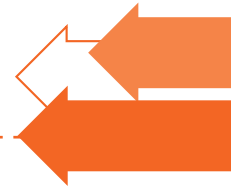
Wednesday, November 19  
5:05PM - 7:05PM • Room 220-222



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Dr. Charles E. Miller • Advocate Lutheran General Hospital  
Dr. John P. Lenihan • MultiCare Health Systems

# WEDNESDAY DAY-AT-A-GLANCE



## Wednesday, November 19, 2014

**Industry Sponsored Breakfasts**  
6:00am – 7:45am

**Women Surgeons' Breakfast**  
6:30am – 7:45am — **Room 220**

**Registration**  
6:30am – 5:30pm



### Women Surgeons' Breakfast — 6:30am – 7:45am

**Have You Got That Inner Glow?** — Quyen Nguyen, M.D., Ph.D.

Surgeons are taught from textbooks which conveniently color-code the types of tissues, but that's not what it looks like in real life — until now. Quyen Nguyen demonstrates how a molecular marker can make tumors light up in neon green, showing surgeons exactly where to cut.

**Open to all attendees for a fee of \$50 each** — Supported in part by Ethicon US, LLC

### Honorary Address — 7:30am – 7:45am

**Laparoscopy: Invention Reinvented – Raising the Standards and Shifting Surgical Paradigms for Treatment of Malignant and Benign Conditions** — Farr R. Nezhat, M.D.

**CME Presentation of Award Winning Abstracts & Videos** — 7:45am – 9:05am

**CME Jordan M. Phillips, M.D. Keynote Address** — 9:05am – 9:30am

**Uterus Transplantation – From Idea to the First Clinical Trial** — Mats Brännström

**Refreshment Break — Visit Exhibits** — 9:30am – 11:00am

BALLROOM D	BALLROOM C	121-122	118-120	109-110	BALLROOM A/B	201	
<b>CME Plenary 1</b> Laparoscopy 11:00am-12:00pm	<b>CME Surgical Tutorial 1</b> LESS Surgery 11:00am-12:00pm	<b>CME Panel 1</b> Best Practice Update 11:00am-12:00pm	<b>CME Open Comm. 1</b> Robotics 11:00am-12:00pm	<b>Video Session 1</b> Oncology 11:00am-12:00pm	<b>Video Session 2</b> Urogynecology 11:00am-12:00pm	<b>CME Panel 2</b> JMIG 11:00am-12:00pm	<b>Virtual Posters</b>
<b>CME Plenary 2</b> Oncology 12:05pm-1:05pm	<b>CME Surgical Tutorial 2</b> Tissue Extraction 12:05pm-1:05pm	<b>Open Comm. 2</b> Endometriosis 12:05pm-1:05pm	<b>Open Comm. 3</b> Laparoscopy 12:05pm-1:05pm	<b>Video Session 3</b> Robotics 12:05pm-1:45pm	<b>Video Session 4</b> Education 12:05pm-1:05pm	<b>COGA Symposium</b> 12:05pm – 1:05pm	11:00am to 1:05pm
<b>Visit Exhibits / Box Luncheon</b> — 1:00pm – 3:30pm							
<b>CME Plenary 3</b> Hysteroscopy 2:15pm-3:15pm	<b>CME Surgical Tutorial 3</b> Mullerian Anomalies 2:15pm-3:15pm	<b>CME Panel 3</b> Stump the Prof. 2:15pm-3:15pm	<b>Open Comm. 4</b> Research 2:15pm-3:15pm	<b>Open Comm. 5</b> Education 2:15pm-3:15pm	<b>Video Session 5</b> Laparoscopy 2:15pm-3:15pm	<b>Iberoamericano Symposium</b> 2:15pm-3:15pm	<b>Virtual Posters</b>
<b>CME Plenary 4</b> Robotics 3:20pm-5:00pm	<b>CME Surgical Tutorial 4</b> Anatomy 3:20pm-5:00pm	<b>Open Comm. 6</b> Endometriosis 3:20pm-5:00pm	<b>Open Comm. 7</b> Laparoscopy 3:20pm-5:00pm	<b>Open Comm. 8</b> Urogynecology 3:20pm-5:00pm	<b>Video Session 6</b> Hysteroscopy 3:20pm-5:00pm	<b>SEGi Symposium</b> 3:20pm-4:20pm	2:15pm to 5:00pm
<b>Hologic, Inc. Symposium</b> 5:05pm – 7:05pm		<b>Intuitive Surgical Symposium</b> 5:05pm – 7:05pm			<b>Vermillion Symposium</b> 5:05pm – 7:05pm		

**In-the-Mix** — 7:15pm — Supported in part by Hologic

WEDNESDAY

# HYSTERECTOMY **ILLUMINATED**



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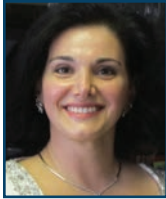
WEDNESDAY, NOVEMBER 19, 2014

6:30 AM – 7:45 AM

\$50/  
Ticket

ROOM 220

## Women Surgeons' Breakfast



Assia A. Stepanian, M.D., Chair  
Academia of Women's Health  
and Endoscopic Surgery  
Atlanta, Georgia



Quyen T. Nguyen, M.D., Ph.D.  
Associate Professor, Department of Surgery  
Division on Otolaryngology – Head and Neck Surgery  
University of California, San Diego  
San Diego, California

### Have You Got That Inner Glow?

Dr. Quyen T. Nguyen is an Assistant Professor in the UCSD Department of Surgery, Division of Otolaryngology – Head and Neck Surgery. She is fellowship trained in Neurotology/Skull Base Surgery and Board Certified in Otolaryngology – Head and Neck Surgery.

Dr. Nguyen has clinical expertise in the fields of otology and neurotology / skull base surgery. She is practiced in the evaluation and medical/surgical treatment of problems related to the ear, including exostosis ("surfer's ear"), tympanic membrane perforations, ossicular chain problems, otosclerosis, cholesteatoma, single-sided deafness, Ménière's disease, and acoustic neuromas.

Quyen Nguyen has been appointed Assistant Professor of Otolaryngology-Head and Neck Surgery in the UCSD Department of Surgery. She has subspecialty fellowship training in Otolaryngology and Neurotology. Her clinical interests include otology and neurotology/skull base surgery.

Dr. Nguyen has been awarded a 5-year NIH grant to study the use of molecular fluorescence imaging to guide surgeons in tumor surgery. Using "smart" probes that can differentiate tumor from normal tissue, the goal of this grant is to develop a system that allows surgeons to see the margin between tumor and normal tissue in real time during surgery.

Dr. Nguyen received her combined M.D., Ph.D. degrees from Washington University School of Medicine. After completion of her residency training in Otolaryngology-Head and Neck Surgery, she went on to receive subspecialty training in Neurotology/Skull Base Surgery at the University of California, San Diego. Dr. Nguyen is a diplomat of the American Board of Otolaryngology.

#### Address Description

Surgeons are taught from textbooks which conveniently color-code the types of tissues, but that's not what it looks like in real life – until now. Quyen Nguyen demonstrates how a molecular marker can make tumors light up in neon green, showing surgeons exactly where to cut.

Open to all attendees for a fee of \$50 each.

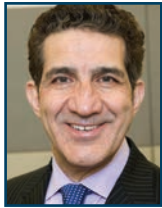
Sponsored in part by an unrestricted grant from **ETHICON**  
PART OF THE Johnson & Johnson FAMILY OF COMPANIES

WEDNESDAY, NOVEMBER 19, 2014

7:30 AM – 9:05 AM

**BALLROOM A/B**

7:30 AM – 7:45 AM



**CME Honorary Address**

Farr R. Nezhat, M.D., F.A.C.O.G., F.A.C.S

Director of Minimally Invasive Surgery and Gynecologic Robotics

Director of the MISGR Fellowship Program

Member of the Division of Gynecologic Oncology

Mt. Sinai St. Luke's and Roosevelt Hospitals

New York, New York

**Laparoscopy: Invention Reinvented – Raising the Standards and Shifting Surgical Paradigms for Treatment of Malignant and Benign Conditions**

Laparoscopy is a special kind of success in surgery. It continues to challenge conventional methodologies while following medicine's utmost important creed: *Primum non nocere*. Dr. Farr Nezhat will discuss the evolution of past and current knowledge of minimally invasive gynecologic surgery and will address constant innovation and new developments in surgical approaches for the next paradigm shift in the treatment of malignant and benign gynecological conditions.

**Learning Objective:** *At the conclusion of this course, the participant will be able to:* 1) Identify new minimally invasive treatment options for malignant and benign gynecological conditions.

7:45 AM – 9:05 AM



**Presentation of Award-Winning Abstracts & Videos CME**

**GOLDEN HYSTEROSCOPE AWARD — Best Paper on Hysteroscopy**

*The author of the best paper on hysteroscopy receives a gold-plated, fully-operational hysteroscope.*

*This impressive award will be displayed in the hallway for the duration of the meeting.*

*Support for this award has been provided by Olympus America Inc.*

**Quality of Life after Hysteroscopic Myomectomy: A Prospective Observational Study**

**Dhiraj Uchil, M.D., MRCOG**

University Hospital Lewisham  
London, United Kingdom

**Tushna Vandrevalla, Ph.D.**

Kingston University  
Surrey, United Kingdom

Discussant: **Isabel C. Green, M.D.**

**GOLDEN LAPAROSCOPE AWARD — Best Surgical Video**

*The author of the best video on laparoscopy receives a gold-plated, fully-operational laparoscope.*

*This impressive award will be displayed in the hallway for the duration of the meeting.*

*Support for this award has been provided by Olympus America Inc.*

**Obturator Neuralgia a Rare Complication of TVT Sling: Complete Resolution after Laparoscopic TVT Removal**

**John R. Miklos, M.D., Robert D. Moore, D.O., Orawee Chinthakanan, M.D.**

International Urogynecology Associates, Atlanta, Georgia

Discussant: **M. Jonathon Solnik, M.D.**

**IRCAD AWARD FOR FELLOWS — Excellence in Education**

*The IRCAD award is presented to recognize the best research in education acknowledging innovative ideas in teaching.*

*The winner is honored by receiving a fully paid week-long visit to the IRCAD institute in France.*

*Supported by an educational grant from Karl Storz Endoscopy-America, Inc.*

**A Randomized Controlled Trial Comparing Traditional with Simulation Resident Surgical Laparoscopic Salpingectomy Training**

**Nima R. Patel, M.D., MS**

Drexel University School of Medicine  
Philadelphia, Pennsylvania

**Gretchen Makai, M.D.**

**Nancy Sloan, Ph.D.**  
Christiana Care Health System  
Newark, Delaware

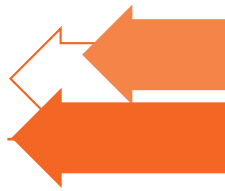
**Carl Della Badia, D.O.**

Drexel University School of Medicine  
Philadelphia, Pennsylvania

Discussant: **David M. Boruta II, M.D.**

WEDNESDAY, NOVEMBER 19, 2014

9:05 AM – 9:30 AM



**JEROME J. HOFFMAN AWARD — Best Abstract by a Resident or Fellow**

*This award was established to honor the memory of Dr. Jerome J. Hoffman. Dr. Hoffman was an early AAGL Board member, philanthropist and educator, who believed strongly in supporting residents and fellows. Dr. Hoffman was enthusiastically supportive of the Foundation of the AAGL and was its first Executive Director.*

**Impact of a Minimally-Invasive Gynecologic Surgery Department on Rates of Laparoscopic Hysterectomy: 2004 to 2012**

**Megan Loring, M.D., Stephanie N. Morris, M.D., Keith B. Isaacson, M.D.**

Center for MIGS, Newton-Wellesley Hospital, Newton, Massachusetts

Discussant: **Warren Volker, M.D.**

**JAY M. COOPER AWARD — Best Paper on Minimally Invasive Gynecology by a Fellow**

*Dr. Cooper, the 26th President of the AAGL, was a natural born leader with enormous perceptual and communication skills. Always comfortable with innovation, he was an inventive and strategic thinker whose vision was bold and far reaching. He was one of the most respected advocates and global teachers in hysteroscopic surgery and actively participated in new product development including technical evolution, clinical validation, regulatory approval and delivery to market. Supported by an educational grant from the Foundation of the AAGL Jay M. Cooper Endowment*

**Unexpected Uterine Sarcoma and Other Gynecologic Malignancies Diagnosed after Hysterectomy Performed for Benign Indications**

**Nichole Mahnert, M.D., Daniel Morgan, M.D., Carolyn Johnston, M.D., Sawsan As-Sanie, M.D., MPH**

University of Michigan, Ann Arbor, Michigan

Discussant: **Jason A. Abbott, M.D.**

**ROBERT B. HUNT AWARD — Best Paper Published in JMIG (September 2013 - August 2014)**

*Dr. Hunt had a strong leadership role in the AAGL. He was the President of the AAGL, 1991-1992, and the Foundation. From its inception he was the Editor-in-Chief of The Journal of the AAGL, now The Journal of Minimally Invasive Gynecology. He was instrumental in creating a well-respected academic journal which continues to inform and educate physicians worldwide.*

**Feasibility and Optimal Dosage of Indocyanine Green Fluorescence for Sentinel Lymph Node Detection Using Robotic Single-Site Instrumentation: Preclinical Study**

**Kimberly L. Levinson, M.D., MPH, Haider Mohdi, M.D., Pedro F. Escobar, M.D.**

Cleveland Clinic, Cleveland, Ohio

9:05 AM – 9:30 AM

**CME Jordan M. Phillips, M.D. Keynote Address**



**Mats Brännström, M.D., Ph.D.**

Professor and Chairman, Department of Obstetrics and Gynecology

Sahlgrenska Academy, University of Gothenburg

Gothenburg, Sweden

**Uterus Transplantation – From Idea to the First Clinical Trial**

The AAGL is proud to feature Mats Brännström, M.D., Ph.D., Professor & Chairman, Department of Obstetrics and Gynecology, Sahlgrenska Academy, University of Gothenburg, Sweden, as our Keynote Speaker for the 2014 Global Congress!

Dr. Brännström is a true pioneer and a leading figure in the area of clinical uterus transplantation. His presentation will summarize a decade of research efforts that paved the way for the first clinical trial of uterus transplantation which has culminated in the recent first womb transplant birth. "This is a new kind of surgery," Dr. Brännström told Associated Press in an interview from Gothenburg. "We have no textbook to look at." From 2012 to 2013, seven Swedish women received womb transplants from living relatives and have commenced embryo transfer procedures. To date, there are two other women with pregnancies over 25 weeks along.

Don't miss this opportunity to watch video of this innovative transplant surgery! We salute Dr. Brännström's dedication and pioneering path towards uterine transplants which may become a treatment of absolute uterine-factor infertility (AUI). He truly epitomizes this year's theme of "Setting New Standards in Minimally Invasive Gynecologic Surgery through Knowledge and Innovation."

**Objectives**

*At the conclusion of this activity, the participant will be able to:* 1) Present the first clinical pregnancy after uterus transplantation.

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# Award Winners



The AAGL and the Foundation of the AAGL support a robust program of awards to acknowledge excellent research in advancing minimally invasive gynecology. The abstracts listed below received the highest grade for the category in which it was submitted. The session in which the author will present award winning abstract is listed so you can hear the ones of special interest to you.

## Wednesday, November 19, 2014

### Plenary 1 – Laparoscopy

11:26am An AAGL Task Force Consensus Statement: A Standardized Approach to LESS Hysterectomy  
– **Stepp KJE**  
**Kurt Semm Award for Best Video on Laparoscopic Surgeries**



### Plenary 1 – Laparoscopy

11:43am A Novel Surgical Proctoring Model for Minimally Invasive Gynecology: Effect on Rate of Abdominal Hysterectomy and Outcomes at a Community Hospital  
– **Winner B, Dukes J, Biest S**  
**Kurt Semm Award for Best Written Abstract on Laparoscopic Surgeries**



### Plenary 2 – Oncology

12:05pm Incidence and Outcome of Uterine Sarcomas Diagnosed in a Continuous Cohort of Patients Referred for Treatment of Uterine Fibroids by Minimally Invasive Procedures  
– **Fazel A, Thoury A, Brouland JP, Cornelis F, Le Dref O, Benifla JL**  
**Award for Best Written Abstract on Oncology**

### Plenary 2 – Oncology

12:25pm Extraperitoneal Endoscopic Total Retroperitoneal Lymphadenectomy – No Bowel Surgery  
– **Andou M, Nakajima S, Yanai S, Kurotsuchi S**  
**Award for Best Video on Oncology**

### Open Communications 2 – Endometriosis

12:05pm Excisional Surgery for Endometriosis with Harmonic Scalpel Is Superior to Treatment with the CO<sub>2</sub> Laser; a Randomised Double-Blind Controlled Trial  
– **Kent A, Carpenter T, Haines P, Shakir F, Pearson C, Jan H**  
**Carlo Romanini Award for Best Written Abstract on Endometriosis**



### Video Session 4 – Education

12:12pm Optimizing Multiport In Bag Morcellation  
– **Wang KC, Manoucheri E, Cohen SL, Einarsson JI**  
**Award for Best Video on Education**

### Plenary 3 – Hysteroscopy

2:15pm Safety, Efficacy and Reproductive Outcomes of Hysteroscopic Outpatient Metroplasty to Expand Dysmorphic Uteri (HOME-DU Technique)  
– **Di Spiezio Sardo A, Bettocchi S, Florio P, Spinelli M, Nazzaro G, Bifulco G, Nappi C**  
**Award for Best Written Abstract on Hysteroscopy**

### Open Communications 4 – Research

2:15pm Histological Characterization of Vaginal Cuff Tissue Using Different Energy Sources During Robotic Hysterectomy: A Randomized Trial  
– **Billow M, Chen L, Ocal T, Cheng M-R, Kho R**  
**Award for Best Written Abstract on Basic Science/Research**

### Open Communications 5 – Education

2:15pm Impact of a Minimally-Invasive Gynecologic Surgery Department on Rates of Laparoscopic Hysterectomy: 2004 to 2012  
– **Loring M, Morris SN, Isaacson KB**  
**Award for Best Written Abstract on Education**

### Plenary 4 – Robotics

3:20pm Factors Contributing to Longer Recovery Times after Major Robotic-Assisted Gynecologic Surgery  
– **Keltz J, Grant A, Huang JQ**  
**Award for Best Written Abstract on Robotics**

### Plenary 4 – Robotics

3:40pm “No Needle” Robotic Transabdominal Cerclage Placement at 13 Weeks Gestation  
– **Mourad J, Clewell W, Murphy M, Low E**  
**Award for Best Video on Robotics**

### Video Session 6 – Hysteroscopy

3:34pm Hysteroscopic Techniques: The Thumb-Drive  
– **Gimpelson RJ, Wagner CA**  
**Award for Best Video on Hysteroscopy**

## Thursday, November 20, 2014

### Plenary 5 – Urogynecology

11:00am Clinical Characteristics Associated with Successful Use of a Novel Vaginal Bowel Control System for the Treatment of Fecal Incontinence  
– **Matthews CA, Varma M, Takase-Sanchez M, Hale D, Van Drie D, Muir T, Wells E, Jannelli M, Richter HE**  
**Award for Best Written Abstract on Urogynecology/Pelvic Floor Disorders/Vaginal Surgery**

### Plenary 5 – Urogynecology

11:20am The 26-Minute Sacral Colpopexy: Do We Really Need Robotic Technology?  
– **Miklos JR, Moore RD, Chinthakanan O**  
**Award for Best Video on Urogynecology/Pelvic Floor Disorders/Vaginal Surgery**

### Plenary 6 – Reproduction

12:05pm Hysterosalpingo-Foam Sonography (HyFoSy): A Less Painful Procedure for Tubal Patency Testing during Fertility Work-Up, Compared to (Serial) Hysterosalpingography. A Randomized Clinical Trial  
– **Emanuel MH, Dreyer K, Out R, Hompes P, Mijatovic V**  
**Award for Best Written Abstract on Reproductive Issues**

### Plenary 6 – Reproduction

12:15pm First Trimester Laparoscopic Cerclage  
– **Shiber L-D, Lang T, Pasic R**  
**Award for Best Video on Reproductive Issues**

### Video Session 8 – Laparoscopy

1:02pm Anatomy of the Pudendal Nerve Seen during a Laparoscopic Pudendal Nerve Release  
– **Hadiashar M, Rich SJ, Duke A, Nieves A**  
**Award for Best Video on Pelvic Pain**

### Plenary 7 – Pain Issues

2:15pm Bladder Base Tenderness in Chronic Pelvic Pain: Prevalence and Associations  
– **Nourmoussavi M, Bodmer-Roy S, Mui J, Allaire C, Williams C, Yong P**  
**Award for Best Written Abstract on Pelvic Pain**

### Open Communications 16 – New Instruments

2:57pm Interest of a Three-Dimensional Vision System in Laparoscopic Suturing on Pelvi-Trainer: A Prospective Comparative Study among Naïve Medical Students  
– **Rabischong B, Compan C, Botchorishvili R, Bourdel N, Canis M, Daniel F. Kott**  
**Award for Best Written Abstract on New Instrumentation or Technology**



### Video Session 9 – Endometriosis

2:15pm Complete Excision of Full-Thickness Bladder Endometriosis  
– **Cook AS, Hopton EN**  
**Carlo Romanini Award for Best Video on Endometriosis**



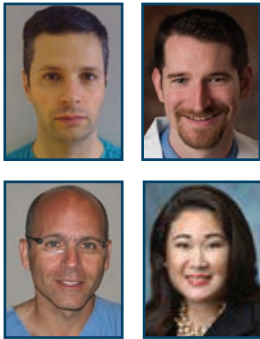
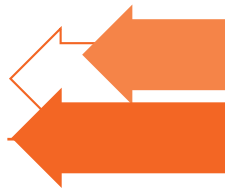
### Video Session 12 – Advanced Endoscopy

3:20pm “Closed” Power Morcellation  
– **Wright K, Vogell A**  
**Daniel F. Kott Award for Best Video on New Instrumentation or Technology**



WEDNESDAY





**BALLROOM C**  
**CME Surgical Tutorial 1**  
**LESS Surgery (Conventional, Single-Site Robotics, Micro-Mini Laparoscopy)**  
 Chair: Francesco Fanfani | Moderator:  
 Faculty: Richard W. Farnam, Peter L. Rosenblatt, Stacey A. Scheib

New developments in minimally invasive surgery have enabled gynecologic surgeons to use fewer ports and smaller instruments to improve outcomes for patients. This surgical tutorial will focus on three techniques that are gaining momentum among surgeons: conventional LESS surgery, single-site robotic surgery, and mini/microlaparoscopy. As more experience is gained in these procedures, surgeons are expanding the types of procedures that can be accomplished. From adnexal surgery and hysterectomy, to reconstructive pelvic surgery, there are few limitations as to which types of cases can be taken on with single-port and mini/microlaparoscopic techniques. The tutorial will use videos to demonstrate various techniques and devices that are currently being utilized for these procedures. Some of the procedures that will be demonstrated in this tutorial include TLH and sacrocolpopexy.

**Learning Objective:** *At the conclusion of this activity, the participant will be able to:* 1) Describe the devices and techniques used for conventional LESS, single-site robotic surgery, and mini/microlaparoscopy

**BALLROOM D**  
**CME Plenary 1**  
**Laparoscopy**  
 Moderators: Jon K. Hathaway,  
 Ertan Saridogan, Stephen E. Zimberg

This session focuses on Multiple Retrospective Reviews of Laparoscopic Supracervical Hysterectomy and Laparoscopic Myomectomy using power morcellation; and the incidence and characteristics of unanticipated neoplasms. Additionally, studies retaliated to advanced laparoscopic training, including laparoscopic single site, and novel laparoscopic techniques are presented.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Review laparoscopic techniques to enhance the clinician's surgical armamentarium.

- 11:00 Morcellated Uterine Pathology in 815 Consecutive Patients at a Single Academic Institution  
 – **Ascher-Walsh CJ, Rosen L, Perera E, Robbins A, Sekhon L, Barr R, Mamik M**
- 11:10 Laparoscopic Management of an Advanced Interstitial Pregnancy  
 – **Ecker AM, Lee TTM**
- 11:16 Unexpected Uterine Sarcoma and Other Gynecologic Malignancies Diagnosed after Hysterectomy Performed for Benign Indications  
 – **Mahnert N, Morgan D, Johnston C, As-Sanie S\***
- 11:26 An AAGL Task Force Consensus Statement: A Standardized Approach to LESS Hysterectomy  
 – **Stepp KJE**
- 11:33 Pelvic Spindle Cell Neoplasms Following Laparoscopic Hysterectomy or Myomectomy with Power Morcellation  
 – **Hartzell KA, Tan-Kim J, Harrison TA**
- 11:43 A Novel Surgical Proctoring Model for Minimally Invasive Gynecology: Effect on Rate of Abdominal Hysterectomy and Outcomes at a Community Hospital  
 – **Winner B, Dukes J, Biest S**
- 12:00 Adjourn

**ROOMS 109-110**  
**Video Session 1**  
**Oncology**  
 Moderator: Zhiqing Liang  
 Co-Moderator: Miguel Velazquez Villanueva

- 11:00 Single Port Sentinel Lymph Node Biopsy in Endometrial Cancer  
 – **Sinno AK, Fader AN, Scheib S, Tanner EJ**
- 11:07 Laparoscopic Anterior Exenteration with Intra-Corporeal Uretero Sigmoidostomy  
 – **Joshi S, Puntambekar SS, Kumar S, Galgali S, Puntambekar SP**
- 11:14 Laparoendoscopic Single-Site Radical Trachelectomy Using Conventional Laparoscopic Instruments: A Case Report  
 – **Chung D, Kim SW**
- 11:21 Laparoscopic Radical Trachelectomy in a Pregnant Patient with Invasive Cervical Cancer at the Second Trimester  
 – **Hua K, Yi X**
- 11:28 Sentinel Lymph Node Mapping for Endometrial Cancer: A Contemporary Approach to Surgical Staging  
 – **Liu L, Barbi A, Kolev T, Kolev V**
- 11:35 Successful Pregnancy after Targeted Hysteroscopy for Endometrial Adenocarcinoma  
 – **Arendas K, Ibrahim Al-Dossary M, Leader A, Leyland NA**
- 11:42 Complete Laparoscopic Cytoreduction in Advance Fallopian Tube Adenocarcinoma Stage IIIC: Case Report  
 – **Tejerizo A, Marqueta L, López G, Alvarez C, Muñoz L, Muñoz JL, Jiménez J**
- 11:49 Comparing New Technique for Minimal Invasive Para Aortic Infra Renal Lymphadenectomy Using Barb Suture to Standard Techniques. It Is Safe, Feasible and Effective  
 – **Nahas S**
- 12:00 Adjourn

## BALLROOM A/B Video Session 2 Urogynecology

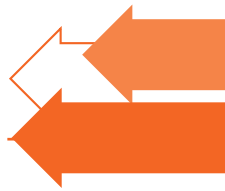
Moderator: Robert S. Furr  
Co-Moderator: Demetrio Larrain

- 11:00  Obturator Neuralgia a Rare Complication of TVT Sling: Complete Resolution after Laparoscopic TVT Removal  
– Miklos JR, Moore RD, Chinthakanan O
- 11:07 Neovaginoplasty Using Labial and Vestibular Advancement Flap in Patients with Müllerian Agenesis  
– Moon HS, Kim SG, Choi JK, Park GS, Koo JS
- 11:14 Robotic-Assisted Vesicovaginal Fistula Repair  
– Samuel SA, Patel N, Vakili B
- 11:21 Transperineal Overlapping Sphincteroplasty for Repair of Rectovaginal Fistula with Anal Sphincter Defect  
– Williams KS, Shalom DF, Winkler HA, Caliendo FA
- 11:27 A Teaching Guide for Retropubic Mid-Urethral Sling  
– Mangel J, Pollard R
- 11:34 Anatomical Principles for Laparoscopic Sacrospinous Ligament Transection in Pudendal Neuralgia  
– Carrillo JF, Benjamin AR, Howard FM
- 11:41 Vaginal Hysterectomy, Modified Mayo McCalls Suspension with the Assistance of the Magrina Vaginal Bookwalter (R): A Unique Surgeon's Perspective Using a Telescopic Lens  
– Agrawal A, Deveneau NE, Francis SL
- 11:48 Chronic Pelvic Pain from Mesh Anchors Used in Pelvic Floor Repairs  
– Mosbrucker CM
- 11:55 Moving Fibroid  
– Balica AC, Egan S, Keselowsky K, Scaramella NM, Bachmann GA
- 11:58 Tips and Tricks on How to Avoid Injury during Laparoscopic Sacrocolpo/Hysteropexy  
– Titiz H
- 12:04 Adjourn

## ROOMS 118-120 Open Communications 1 Robotics

Moderator: Carl Della Badia  
Co-Moderators: R. Edward Betcher, Michael L. Moore

- 11:00 Reproductive Outcomes of Robotic Versus Open Myomectomy Performed By One Surgeon  
– Van Heertum K, Murphy E, Dean L, Parent E, Marks B, Somkuti S, Nichols J, Schinfeld J, Sobel M, Barmat L
- 11:06 Assessment of a Practical 2-Hour Simulation-Based Robotic Training Curriculum for Residents: A Randomized Controlled Trial  
– Khalil EA, Gonzalez AV, Marfori CQ, Robinson, III JK, Moawad G, Opoku-Anani J
- 11:12 Pre-Operative Risk Assessment for Conversion to Laparotomy in Patients Undergoing Gynecologic Robotic Surgeries  
– Bina S, Hunter K, Mama S
- 11:18 Consensus-Driven Fundamentals of Gynecologic Robotic Surgery Curriculum  
– Levy JS, Martino MA, Siddiqui NY
- 11:24 Outcomes of Robotic-Assisted Hysterectomy for Large Uteri: A Case Series of 59 Women  
– Adams BN, Huang K
- 11:30 The Surgical Outcome between Total Laparoscopic Compared to Robotic Assisted Laparoscopic Hysterectomy Is Comparable  
– Chen Y, SaadNaguib M, Parva M, Sakhel K
- 11:36 Single-Site Hysterectomy: Robotic Versus Laparoscopic  
– Gungor M, Dursun P, Kahraman K, Ozbasli E, Genim C
- 11:42 Evaluation of Safety of Same Day Discharge in Patients Who Underwent Minimally Invasive Myomectomy  
– Zaritsky E, Alton K, Yamamoto M
- 11:48 Expanded Robotic Training and Education of Residents and Faculty Surgeons Using Dual Console Robotic Platforms Utilizing Aviation Safety Trans Cockpit Responsibility Gradient Comparisons  
– Breen MT
- 11:54 Learning Curve Analysis of Intracorporeal Cuff Suturing during Robotic Single-Site Total Hysterectomy  
– Akdemir A, Zeybek B, Ozgurel B, Oztekin MK, Sendag F
- 12:00 Adjourn



**ROOMS 121-122**  
**CME Panel 1**  
**EBM: Best Practice Update in MIGS**  
Chair: Malcolm G. Munro  
Panelists: Jason A. Abbott, Sarah L. Cohen, Fernando Reis

With the ever increasing volume of literature evaluating MIGS, the practitioner is challenged with evaluating recent studies to determine how and if they should impact clinical practice. This session will report on a series of evidence-based guidelines that evaluate the data by quality and appropriateness and identify evidence "gaps" where more and better research is needed. Topics for discussion will include hysteroscopic and laparoscopic myomectomy, bowel preparation before surgery and surgery for the adnexal mass during pregnancy. This panel of distinguished faculty will discuss their thoughts on EBM: Best Practice Update in MIGS and will allow for close interaction with attendees. There will be a 15-minute question and answer segment at the end of the session, taking questions from the audience.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Evaluate the literature in a variety of key areas of MIGS; 2) apply the GRADE system to evidence in practice; and 3) identify the areas of clinical practice well covered by available literature and those requiring additional evidence before widespread application.



**ROOM 201**  
**CME Panel 2**  
**What You Need to Do to Get a MIGS Paper Published**  
Chair: Tomasso Falcone  
Panelists: Gary N. Frishman, Jeffrey R. Wilson, Antonio Setubal

So you want to get published... or see what others do to get their research in print.

This one-hour session will allow the senior Editors of The Journal of Minimally Invasive Gynecology to give their perspective on what they look for in manuscripts for the AAGL's official Journal. The discussion will be geared for all types of researchers including those who have not previously submitted as well as more seasoned investigators.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Distinguish what to include in a submission and what key mistakes to avoid; 2) discuss and review common errors in study design, writing a manuscript, ethics in publishing and the future of medical publishing.



**BALLROOM C**  
**CME Surgical Tutorial 2**  
**Tissue Extraction/Retrieval**

Ted L. Anderson, Chair

Faculty: Kimberly A. Kho, R. Wendel Naumann, Kirk A. Shibley

This session includes subject matter experts who will review the most recent data and use video to present their thoughts on Tissue Extraction/Retrieval. Each video will be no more than 15 minutes to allow for a 15-minute question and answer segment at the end of the session, taking questions from the audience.

**Learning Objective:** *At the conclusion of this activity, the participant will be able to:* 1) Review and discuss all aspects of tissue extraction in minimally invasive gynecology.

**BALLROOM D**  
**CME Plenary 2**  
**Oncology**

Moderators: Amanda Nickles Fader, Edward J. Tanner

In this session, a variety of studies are presented and provide new information regarding how issues of morcellation, obesity and surgical staging techniques impact both benign gynecologic and gynecologic oncology surgical settings.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Examine North American trends in the advancement of minimally invasive endometrial cancer surgery; and 2) determine how novel surgical techniques, including LESS, OASIS and extraperitoneal procedures, impact the surgical management of cervical and endometrial cancers.

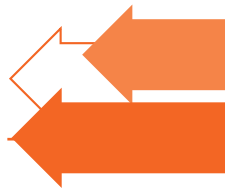
- 12:05 Incidence and Outcome of Uterine Sarcomas Diagnosed in a Continuous Cohort of Patients Referred for Treatment of Uterine Fibroids by Minimally Invasive Procedures  
 – **Fazel A, Thoury A, Brouland JP, Cornelis F, Le Dref O, Benifla JL**
- 12:15 What Level of Obesity Affects Results of Surgery: A Cohort Study of Robotics and Laparotomy for Staging of Endometrioid Endometrial Cancer among Patients with Basal Metabolic Index (BMI) of 40 and Above?  
 – **Kincy T, Fornalik H, Callahan M**
- 12:25 Extraperitoneal Endoscopic Total Retroperitoneal Lymphadenectomy – No Bowel Surgery  
 – **Andou M, Nakajima S, Yanai S, Kurotsuchi S**
- 12:32 Occult Uterine Malignancy Uncommon in Reproductive Age Women Undergoing Uterine Surgery and Morcellation  
 – **Ricci S, Angarita AM, Scheib S, Zakaria M, Cholakian D, Ramos A, Sinno A, Nickles Fader A**
- 12:42 Radical Hysterectomy Duplication of Conventional Multiport Laparoscopic Steps: with Other Minimal Access Modalities (Robotic, LESS, OASIS)  
 – **Puntambekar SP, Desai R, Galgali S, Kumar S**
- 12:49 Trends over Time and Regional Variation in the Use of Laparoscopic Hysterectomy for the Treatment of Endometrial Cancer in the Province of Ontario, Canada  
 – **Kroft J, Li Q, Saskin R, Elit L, Bernardini MQ, Gien LT**
- 1:05 Adjourn

**ROOMS 109-110**  
**Video Session 3**  
**Robotics**

Moderator: David M. Kushner

Co-Moderators: Larry R. Glazerman, Cynthia Kew

- 12:05 Robotic Treatment of Endometriosis Affecting the Posterior Compartment, a Rational Approach with Retrosigmoidectomy  
 – **Ribeiro DM, Ribeiro GM, Santos TP, Bellintani LF, Cretella CM**
- 12:12 Approach for Initially Addressing Uterine Vascular Supply for Hysterectomies for Complex Pathology  
 – **Feuer GA, Laxhi NA**
- 12:19 Robotic Repair of Vesicovaginal Fistula with Robotic Colpectomy for Large Fistula Associated with Persistent Vaginal Prolapse  
 – **Deveneau NE, Agrawal A,\* Francis SL**
- 12:26 Pelvic and Vaginal Cuff Mass with Hydronephrosis in a 70 Year-Old Woman after TAH BSO  
 – **Gentry MJ, Fornalik H, Large MC**
- 12:33 Robotic Resection of Ovarian Remnant Syndrome En Block with Rectosigmoid Resection and End-to-End Anastomosis  
 – **Gonzalez Ramos S, Mahdi H, Kebria M**
- 12:40 Single Site Robotic Assisted Pelvic Lymph Nodes Dissection  
 – **Maniu A, Rose S**
- 12:47 Robotic Excision of Pelvic Abscess  
 – **Benton AS, Riley KA, Raman JD, Harkins GJ**
- 12:54 Got Lupron? Dissection Planes of Leiomyomas after GnRH Treatment  
 – **Yamamoto MP**
- 1:01 Pelvic Anatomy through the Eyes of a Robot  
 – **Santkovsky I, ElSahwi K**
- 1:05 Adjourn



**BALLROOM A/B**  
**Video Session 4**  
**Education**

Moderator: Michael P. Diamond  
Co-Moderators: Prabhat K. Ahluwalia, Amanda C. Yunker

- 12:05 Navigating Distorted Pelvic Anatomy. How to Define Landmarks?  
- **Fornalik H, Flanders NL, Morales L**
- 12:12 Optimizing Multiport In Bag Morcellation  
- **Wang KC, Manoucheri E, Cohen SL, Einarsson JI**
- 12:19 Interstitial Ectopic Pregnancy: An Overview and Example of Laparoscopic Management  
- **Truong M, Halfon J**
- 12:26 Appendectomy in Gynecologic Surgery  
- **Wesa M**
- 12:33 Teaching the Basics of the TVH  
- **Kammire LD, Miyazaki D**
- 12:40 Solving Laparoscopic Knot-Tying Technique: Fundamental Principles of Curves, Angles and Planes  
- **Mackenzie MW, Simoni MK**
- 12:47 Proper Patient Positioning for Gynecologic Laparoscopic Surgery  
- **Pratts ME, Weinrobe MH, Scheib SA\***
- 12:54 Appendectomy in Gynecology  
- **Tepperman ED, Sobel ML, Murji A, Leyland NA**
- 1:01 Robotic Uterosacral Vaginal Vault Suspension  
- **Farnam RW**
- 1:06 Laparoscopic Management of Rare Benign Uterine, Tubal and Ovarian Pathologies in Adolescent Age Group  
- **Tandulwadkar SR**
- 1:12 Adjourn

**ROOMS 121-122**  
**Open Communications 2**  
**Endometriosis**

Moderator: Miroslav Kopjar  
Co-Moderators: Helder Ferreira, Kahled Sakhel

- 12:05 Excisional Surgery for Endometriosis with Harmonic Scalpel Is Superior to Treatment with the CO<sub>2</sub> Laser; a Randomised Double-Blind Controlled Trial  
- **Kent A, Carpenter T, Haines P, Shakir F, Pearson C, Jan H**
- 12:11 The Development of the 2013 ESHRE Endometriosis Guideline APP  
- **Saridogan E, Dunselman G, Nap A, Endometriosis Guideline Development Group, Vermeulen N**
- 12:17 A Validated Patient's Perspective on the Use of Questionnaires for Superficial and Deep Rectovaginal Endometriosis Using the QQ10 Assessment Tool  
- **Jan H, Shakir F, Haines P, Kent A**
- 12:23 Effects of Repeated Subcutaneous Propranolol Administration in a Rat Model of Surgically Induced Endometriosis  
- **Uzunlar O, Ozyer S, Engin-Ustun Y, Moraloglu O, Gulerman HC, Caydere M, Keskin SM**
- 12:29 Periostin Expression Is Related to the Invasive Tumor-Like Phenotype of Endometriosis: A New Promising Biomarker to Use in Risk Stratification of Patients  
- **Di Cello A, Morelli M, Lucia A, Rania E, Sacchinelli A, Venturella R, Lico D, Quaresima B, Costanzo F, Zullo F**
- 12:35 Abdominal Wall Endometriomas: Diagnosis, Treatment Strategies and Outcomes Based on a 5-Year Referral Center Experience  
- **Rooney KA, Moulder JK, Siedhoff M**
- 12:41 Abdominal Wall Endometriosis: 14 Year Experience of a Unique Subtype of Endometriosis  
- **Khan Z, El-Nashar SA, Daftary GS, Famuyide AO, Hopkins MR**
- 12:47 Impact on Fertility of Colorectal Endometriosis Untreated during Laparoscopy  
- **Ferrero S, Leone Roberti Maggiore U, Scala C, Venturini PL, Remorgida V**
- 12:53 Ureterolysis at the Time of Total Laparoscopic Hysterectomy: Safe and Effective Technique  
- **Ramirez ER, Ghozland D, Ehrenburg M, Mallare L**
- 1:05 Adjourn



## ROOMS 118-120 Open Communications 3 Laparoscopy

Moderator: Bruno Van Herendael  
Co-Moderators: Cihat Unlu, Dong Zhao

- 12:05 Risk of Leakage and Tissue Dissemination with Various in Bag Morcellation (IBM) Techniques: In Vitro Pilot Study  
– Greenberg JA, Cohen SL, Wang KC, Gargiulo AR, Srouji S, Pozner C, Cibas ES, Hoover N, Einarsson JI
- 12:11 Surgical Techniques of the Total Laparoscopic Hysterectomy (TLH) Procedure among AAGL Members  
– Mikhail E, Scott L, Hart S
- 12:17 BMI and Uterine Size: Are They Associated with Pain, Well-Being or Satisfaction after Robotic Hysterectomy?  
– Sangha R, Havstad S, Wegienka G
- 12:23 Comparison between the Stripping Technique and the Combined Excisional/Ablative Technique for the Treatment of Bilateral Ovarian Endometriomas: A Multicentric, Randomized Study  
– Muzii L, Achilli C, Bergamini V, Candiani M, Garavaglia E, Lazzeri L, Lecce F, Maneschi F, Marana R, Seracchioli R, Spagnolo E, Vignali M, Benedetti Panici P
- 12:29 Laparoscopic Myomectomy (LM) Versus Laparoscopic Radiofrequency Volumetric Thermal Ablation (RFVTA) of Symptomatic Myomas: A Randomized Trial of Uterine-Sparing Techniques  
– Brucker S, Hahn M, Kraemer D, Taran FA, Isaacson KB, Krämer B
- 12:35 Comparison of Laparoscopy and Laparotomy Staging of Early-Stage Ovarian Cancer: A Study with 12-Year Experience  
– Lu Q, Zhang Z, Liu C
- 12:41 Prophylactic Modified McCall Culdoplasty during Total Laparoscopic Hysterectomy  
– Hobbs KA, Till SR, Moulder JK, Steege JF, Siedhoff MT
- 12:47 Safe Visual Entry at Laparoscopy in Women with Previous Abdominal Surgery Using the Endotip Cannula Though the Lee Huang Point  
– Mangeshkar PS, Mangeshkar AP
- 12:53 Risks Factors for Hospital Readmission for Patients Undergoing Benign Gynecologic Surgery  
– Noel NL, Bastek JA, Chiu S, Borovsky Y, Butts SF
- 12:59 Three Years' Outcome from the Halt Trial: A Prospective Analysis of Radiofrequency Volumetric Thermal Ablation of Myomas  
– Berman JM, Guido RS, Garza Leal JG, Robles Pemueller R, Whaley FS, Chudnoff SG
- 1:05 Adjourn

## ROOM 201 COGA Symposium

12:05 PM – 2:00 PM

### Laparoscopic Excisional Surgery for DIE

Chair:  
Jinghe Lang (China)

Faculty:  
C.Y. Liu (United States)  
Jinhua Leng (China)  
Shuzhong Yao (China)  
Zhenyu Zhang (China)

The standard surgical treatment for DIE in China has recently become an art of meticulous and thorough excision of all possible endometriosis lessons through laparoscopy, this has been advocated and promoted by Professor Jinghe Lang, a pioneer surgeon in the field. We are presenting our current laparoscopic surgical approach and excisional technique in DIE patients with various symptomatic manifestations.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Discuss the important principles of laparoscopic excisional surgical techniques for DIE; 2) describe the pearls and tips of performing excisional DIE surgery in particular surgical conditions including infertility with DIE, DIE involving the bowels, urinary tract system, and DIE outside the pelvic areas; 3) describe how to avoid, recognize and manage the laparoscopic surgical complications of excisional DIE surgery; 4) describe the multiple surgical disciplinary approach to difficult DIE surgery; and 5) discuss the strategies of short term and long term after care for postsurgical DIE patients.

- |       |  |             |
|-------|--|-------------|
| 12:05 | Welcome, Introductions and Course Overview                                   | J. Lang     |
| 12:10 | Laparoscopic Surgical Strategies and Principles for Patients with DIE        | J. Lang     |
| 12:25 | Laparoscopic Surgery for DIE Involving Lower Urinary Tract System            | C.Y. Liu    |
| 12:45 | Laparoscopic Excisional Surgery for DIE of Bowels                            | J. Leng     |
| 1:05  | Laparoscopic Excisional Surgery for DIE Outside the Pelvis                   | S. Yao      |
| 1:25  | Laparoscopic Surgical Strategies and Principles of DIE in Infertile Patients | Z. Zhang    |
| 1:50  | Panel Discussion: What then? Patients with DIE after Surgery                 | All Faculty |
| 2:00  | Adjourn  |             |

## Visit Exhibits

EXHIBIT HALL

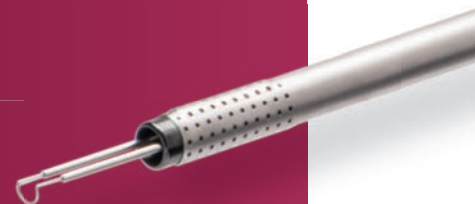
1:05pm – 3:30pm

# Our Passion Your Priorities Her Options



Come and discover the spirit of excellence with Richard Wolf's complete line of innovative and minimally invasive surgical products. We offer the solution to your gynecological needs, from hysteroscopy, laparoscopy, and imaging. Stop by booth **#231** for more information on our featured products, or to schedule an evaluation.

- ERAGON modular mini—  
A complete solution for minilaparoscopy
- 3.8 mm compact hysteroscope—  
Exceptional image quality in a smaller design
- Princess—Slender 7 mm resectoscope  
for improved efficiency





### BALLROOM C CME Surgical Tutorial 3 Mullerian Anomalies

G. David Adamson, Chair

Faculty: Leila V. Adamyan, Joseph S. Sanfilippo

Management of Mullerian anomalies can be a challenge to minimally invasive gynecologic surgeons. A number of advances have been made in the field that have replaced the more traditional McIndoe Vaginoplasty, which required a split-thickness skin graft to create a functional vagina. This session provides advanced level approaches to vaginal reconstruction and provides the progression from use of vaginal dilators to Laparoscopic Vecchietti and Laparoscopic Davydov procedures. OHVIRA (Uterus didelphys with obstructed hemi-vagina and ipsilateral renal anomaly) will be addressed facilitating clinician's surgical management. An update on uterine transplantation will complete the session.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Explain specific approaches to vaginal reconstruction both surgical and non-surgical for patients with vaginal agenesis.

### BALLROOM D CME Plenary 3 Hysteroscopy

Moderators: Philip G. Brooks, Angelos Vilos

This session is comprised of presentations by experienced hysteroscopists who will describe how hysteroscopy can be used safely and more effectively to improve reproductive function and/or reduce symptoms of bleeding from retained products of conception, intracavitary myomata and/or congenitally deformed uteri. Studies of medications to reduce myoma size or decrease operative pain from hysteroscopies will be reported.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Describe the use of operative hysteroscopy in patients with various congenital uterine deformities, emphasizing the safety and efficacy of hysteroscopy in the management of abnormal uterine bleeding.

- 2:15 Safety, Efficacy and Reproductive Outcomes of Hysteroscopic Outpatient Metroplasty to Expand Dysmorphic Uteri (HOME-DU Technique)  
– **Di Spiezio Sardo A, Bettocchi S, Florio P, Spinelli M, Nazzaro G, Bifulco G, Nappi C**
- 2:25 Office Essure in Septate Uterus and Double Cervix  
– **Haber KM, Chudnoff S, Levie M**
- 2:31 Triptorelin, Letrozole and Ulipristal Acetate Treatment before Hysteroscopic Resection of Large Myomas: Prospective Comparative Study  
– **Bizzarri N, Ghirardi V, Remorgida V, Venturini PL, Ferrero S\***
- 2:41 Resection of Retained Products of Conception with the Myosure XL  
– **Ryan NA, Zurawin RK**
- 2:48 Diagnostic Work-Up for Postmenopausal Bleeding – A Randomized Controlled Trial  
– **van Hanegem L, Breijer M, Bongers M, Mol BW, Timmermans A**
- 2:58 A Randomized, Single Blind, Placebo-Controlled Trial for the Pain Reduction during the Outpatient Hysteroscopy after Ketoprofen or Intravaginal Misoprostol  
– **Issat T, Beta J, Nowicka MA, Maciejewski T, Jakimiuk AJ**
- 3:15 Adjourn

### BALLROOM A/B Video Session 5 Laparoscopy

Moderator: Nicolae Suciu

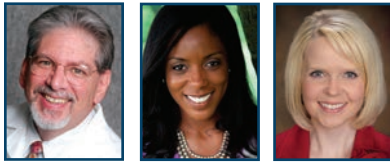
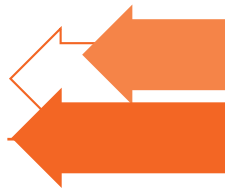
Co-Moderators: Thomas L. Lyons, Xue Xiang

- 2:15 Laparoscopic Techniques for Ureter Identification and Ureterolysis  
– **King CR, Mansuria S**
- 2:22 The Mystery Fibroid  
– **Sullivan S, Zaritsky E**
- 2:26 Modified Laparoscopic Davydov Neovagina Procedure in a Patient with a Surgically Shortened Vagina  
– **Moore RD, Miklos JR, Chinthakanan O**
- 2:33 Multi-Port Power Morcellation Within an Insufflated EndoBag  
– **Brown DN**
- 2:40 Approach to Laparoscopic Hysterectomy of Large Fibroid Uteri  
– **Louie M, King C, Lee T**
- 2:47 Parasitic Myomas 10-Years after Power Morcellation Requiring Bowel Resection: Can Confined Morcellation Help Avoid Future Surgery?  
– **Gomez NA, Sprague M, Zimberg S**
- 3:00 Standardization of Laparoscopic Pelvic Examination  
– **Bedaiwy MA, Liu J, Henry D, Falcone T**
- 3:06 Safe Extracorporeal Morcellation Using the Pelosi Minilaparotomy Myomectomy System  
– **Pelosi II MA, Pelosi III MA**
- 3:15 Adjourn



# WEDNESDAY, NOVEMBER 19, 2014

2:15 PM – 3:15 PM



## ROOMS 121-122

### CME Panel 3

#### Stump the Professors

Moderator: Richard J. Gimpelson

Chair: Jessica A. Shepherd | Co-Chair: Amber Bradshaw

Panelists: Victor Gomel, Nicholas Leyland, Anthony A. Luciano, Dan C. Martin

Case Presenters: Emily Adams-Piper, Ali Akdemir, Jing Li

Three intriguing, mind-boggling, complex cases will be presented to a panel of recognized experts. Based upon their vast clinical knowledge and experience, the panelists will take the attendees through diagnostic and operative pathways, which should ultimately result in the correct treatment and diagnosis.

The cases presented will have twists and turns to challenge the expert panel at every step. There will be no holds barred. The presenters will make every effort to stump the professors, and our expert panelists will demonstrate why they are recognized internationally as highly respected leaders and teachers.

**Learning Objectives:** *At the conclusion of this course, the clinician will be able to:* 1) Explain alternative approaches to diagnosing and treating complex cases utilizing minimally invasive surgical techniques.

## ROOMS 118-120 Open Communications 4 Research

Moderator: Bilal M. Sert

Co-Moderators: Francisco J. Garcini, Kristin Riley

- 2:15  Histological Characterization of Vaginal Cuff Tissue Using Different Energy Sources During Robotic Hysterectomy: A Randomized Trial  
– **Billow M, Chen L, Ocal T, Cheng M-R, Kho R**
- 2:21 Potential Genetic Basis for Failure of Laparoscopic Sacrocolpopexy: A Missense Mutation in the ZFYVE16 Gene  
– **St. Louis S, Culligan P, Lewis C, Salamon C, Komar J, Pagnillo J, Treff N, Taylor D, Bohrer C, Scott R**
- 2:27 The Impact of Surgeon Volume on Cost of Hysterectomy in a Tertiary Care Hospital  
– **Taylor C, Miller D, Milad MP**
- 2:33 Classification of Fallopian Tube Cytology to Develop a Model for Future Ovarian and Peritoneal Cancer Screening  
– **Dhanani M, Nassar A, Dinh T**
- 2:39 First Preliminary Data on Measurement of Uterine Dynamics in Non-Pregnant Uteri Using Transvaginal Recorded Ultrasound and Strain Imaging  
– **Kuijsters NP, Vriens YA, Rabotti C, Mischi M, Schoot BC**
- 2:45 A Fully Handheld Device for Endometrial Cryoablation: Proof of Concept Using the Extirpated Human Uterine Model  
– **Coad JE, Castillo-Saenz L, Garza-Leal JG**
- 2:51 Simvastatin Reduces Fibroid Tumor Size in a Xenograft Animal Model  
– **Borahay MA, Kilic GS, Vincent K, Motamedi M, Boehning D**
- 2:57 Transcervical, Intrauterine Sonography-Guided Radiofrequency Ablation of Uterine Fibroids with the VizAblate® System: 12-Month Safety, Reintervention and Pregnancy Outcomes  
– **Brölmann H, Gupta J, Bongers M, Garza-Leal JG, Quartero R, Veersema S, Toub DB\***
- 3:03 Next Generation Adhesion Prevention Product -Laparoscopic Adhesion Barrier System (LABS™)  
– **Skinner KC, DiMaio WG, Koch Singles S, Deardorff CM, Jenkins LL**
- 3:09 Hysteroscopic Images from 16 Cases Related to Vital Staining in Endometrial Tuberculosis  
– **Kumar A**
- 3:15 Adjourn

## ROOMS 109-110 Open Communications 5 Education

Moderator: Douglas E. Ott

Co-Moderators: Lindsay Clark, Mayra Thompson

- 2:15  Impact of a Minimally-Invasive Gynecologic Surgery Department on Rates of Laparoscopic Hysterectomy: 2004 to 2012  
– **Loring M, Morris SN, Isaacson KB**
- 2:21 A Randomized Controlled Trial Implementing a Practical and Effective Gynecologic Laparoscopic Curriculum for Obstetrics & Gynecology Residents  
– **Gonzalez AV, Finkelstein JA, Close AM, Marfori CQ, Robinson JK**
- 2:27 Validation of a Comprehensive Evidence-Based Laparoscopic Curriculum for Gynecology Residents  
– **Shore EM, Grantcharov TP, Husslein H, Shirreff L, Dedy NJ, McDermott CD, Lefebvre GG**
- 2:33 Addition of a Vaginal Cuff Closure Model to a Modified Fundamentals of Laparoscopic Surgery (FLS) Curriculum in an Ob/Gyn Residency Program  
– **Wolfe MB, Biest S, Dukes J, Winner B**
- 2:39 Is Laparoscopic Simulation Like Riding a Bike?  
– **Connor EV, Wohlrab K**
- 2:45 Short and Long-Term Retention of POP-Q Concepts after Application of a Simple Curriculum  
– **Peterson JE, Amin R**
- 2:51 Compensation among Graduated FMIGS Fellows  
– **Dassel MW, Daw MA, Zurawin RK**
- 2:57  A Randomized Controlled Trial Comparing Traditional with Simulation Resident Surgical Laparoscopic Salpingectomy Training  
– **Patel NR, Makai G, Sloan N, Della Badia C**
- 3:03 Robotic Surgical Simulators: An Assessment of Usability and Preferences  
– **Tanaka ADS, Truong MD, Graddy CB, Smith RD**
- 3:09 Positioning Yourself for Success: Teaching Laparoscopic Positioning Using Didactics and Simulation  
– **Tang NZ, Haughton M, Gabbur N**
- 3:15 Adjourn

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WEDNESDAY, NOVEMBER 19, 2014

2:15 PM – 3:15 PM

**ROOM 201**  
**Iberoamericano Symposium**

Chair:

Carlos Fernandez Ossadey (Chile)

Faculty:

Jaime A. Albornoz Valdes (Chile)

Pedro F. Escobar (Puerto Rico)

Javier F. Magrina (USA)

This session will provide a comprehensive review of laparoscopic surgical techniques with emphasis on safety, reproducibility and affordability. The program includes both didactic and video presentations, with a review pelvic anatomy, highlighting landmarks which you can use to perform the most frequent pelvic laparoscopic surgeries – hysterectomy, adnexectomy and endometriosis excision.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Discuss surgical strategies in order to accomplish safe, reliable and low cost gynecological laparoscopic procedures.

2:15	Welcome, Introductions and Course Overview	C. Fernandez Ossadey
2:20	Pelvic Anatomic Pearls for Laparoscopic Surgery	J.F. Magrina
2:30	Instruments and Surgical Strategy – Hysterectomy	J.A. Albornoz Vlades
2:40	Surgical Strategy in the Management of Adnexal Pathology	P.F. Escobar
2:50	Energy Sources in Endometriosis Excision – Electrosurgery and C)2 Laser	J.A. Albornoz Valdes
3:00	Questions & Answers	All Faculty
1:05	Adjourn	

# 13th AAGL International Congress on Minimally Invasive Gynecological Surgery

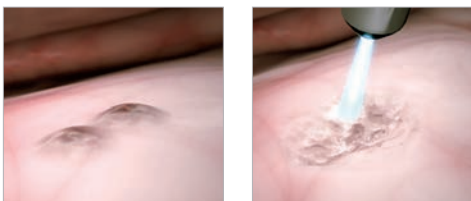
in partnership with the

Federación de Obstetricia y Ginecología (FECOLSOG)  
Cartagena de Indias, Colombia | February 22-24, 2017



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Respect for Tissue.



### BALLROOM C

## CME Surgical Tutorial 4

### Live Interactive Cadaveric Demonstration on Anatomy

C.Y. Liu, Chair

Faculty: Marcello Ceccaroni, Shailesh P. Puntambekar

This live cadaveric dissection is designed for gynecologic surgeons performing moderately difficult laparoscopic and/or robotic surgeries. It will include a step-by-step approach to entering and dissecting various avascular spaces in the female pelvis. Emphasis will be upon surgical principles and techniques to identify the pivotal landmarks to enter the avascular spaces using a variety laparoscopic instruments, the technique of gentle tissue handling to avoid bleeding, the timing of proper traction and counter-traction, sharp and blunt dissections, pushing and swiping to achieve an effortless and bloodless entrance, and exposure of all the pelvic avascular spaces. Additionally, the inferior hypogastric nerve sparing procedure which is vital in difficult DIE and cancer surgery will be demonstrated. The live interactive cadaveric demonstration of surgical dissections will include pre-lumbar and pre-sacral space, right para-rectal space, right pelvic side wall dissection, left pelvic side wall dissection, left para-rectal space, and rectovaginal space.

**Learning Objectives:** *At the conclusion of this activity, the participant will be able to:* 1) Describe the avascular spaces in the female pelvis; 2) describe laparoscopic surgical techniques for entering and exposing the avascular spaces of the pelvis resection/ligation; and 3) outline the proper steps to avoid damaging to the inferior hypogastric nerve during pelvic surgery.

*AAGL acknowledges that it has received support in part by educational grants and equipment (in-kind) from the following companies: Cooper Surgical, Covidien, Inc., Ethicon US, LLC, Karl Storz Endoscopy-America, Inc., Welmed*

### BALLROOM D

## CME Plenary 4

### Robotics

Moderators: Bala Bhagavath, Jessica Vaught

This session provides a range of studies on topics of clinical importance related to performing robot assisted laparoscopic surgery safely and effectively.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Review feasibility outcome and learning curve for robotic single site laparoscopic surgeries; and 2) assess factors contributing to longer recovery times after robot assisted laparoscopic surgery.

- 3:20 Factors Contributing to Longer Recovery Times after Major Robotic-Assisted Gynecologic Surgery  
 – Keltz J, Grant A, Huang JQ
- 3:30 Comparison between 3D and Robotic Surgery in Novice Surgeons – A Randomised Trial  
 – Shakir F, Jan H, Kent A
- 3:40 “No Needle” Robotic Transabdominal Cerclage Placement at 13 Weeks Gestation  
 – Mourad J, Clewell W, Murphy M, Low E
- 3:46 Vaginal Cuff Closure Technique for Robotic Laparoendoscopic Single Site Total Laparoscopic Hysterectomy  
 – Scheib SA, Fader AN
- 3:56 Age as a Risk Factor for Perioperative Complications and Morbidity in Robotic-Assisted Gynecologic Surgery  
 – Krause AK, McGonigle KF, Muntz HG
- 4:06 Paracervical Block of Bupivacaine with Epinephrine Prior to Robotic-Assisted Laparoscopic Myomectomy: A Randomized Placebo-Controlled Trial  
 – Barr RL, Desrosiers L, Rahimi S, Fenske SS, Ascher-Walsh C
- 4:16 Optimizing Visualization with a 30° Lens during Robotic Hysterectomy for a Very Large Uterus  
 – Dave A, Dabelea V
- 4:22 Use of Favorability Index to Determine Surgical Approach to Hysterectomy  
 – Skinner BD, As-Sanie S, Andrew M, Campbell DS, Morgan D
- 4:32 Gynecology Ergonomic Survey Study in Robotic Surgery  
 – Lee MR, Lee GI, Marohn M, Allaf M, Green I
- 4:42 Robotic Single-Site Surgery in Gynecology: Feasibility, Surgical Outcome and Learning Curve  
 – El Hachem L, Friedman K, Momeni M, Rojas P, Gretz III HF
- 5:00 Adjourn

### BALLROOM A/B

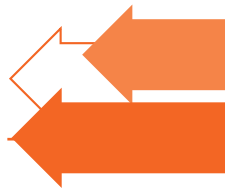
## Video Session 6

### Hysteroscopy

Moderator: Paul D. Indman

Co-Moderators: Jorge Dotto, Alka Kumar

- 3:20 Robotic Assisted Laparoscopic Cerclage  
 – Winter ML
- 3:27 Office Hysteroscopy for Removal of an Embedded Mirena IUD  
 – Chudnoff S, Levie M, Liberman E, Fridman D
- 3:34 Hysteroscopic Techniques: The Thumb-Drive  
 – Gimpelson RJ, Wagner CA
- 3:40 Hysteroscopic Correction of T-Shaped, Narrow, Elongated Uterine Cavity in Females with Primary Infertility  
 – Mounir MS, Zayed LH, Soliman E, Fathy AF
- 3:45 Hysteroscopic Removal of Retained Placental Remnants  
 – Douglass L, Kasper K
- 3:51 Hysteroscopic Retrieval of a Fractured Intrauterine IUD  
 – Burks CA, Abbasy SA, Maurice JM
- 3:58 MyoSure XL Hysteroscopic Morcellation for the Removal of a Hard Leiomyoma  
 – Randell MD
- 4:04 Hysteroscopic Resection of Endometrial Polyp Secondary to Tamoxifen Therapy for Breast Cancer  
 – Oraif A, Vilos G, Vilos A, Abduljabar H, Power S, Ettler H
- 4:08 Hysteroscopic Myomectomy with Intrauterine Device Preservation  
 – Hahn TA
- 4:13 Hysteroscopic Myomectomy: Successful Removal of a Large Submucosal Leiomyoma While Minimizing Bleeding  
 – Tam T, Reid M
- 4:20 Hysteroscopy and Laparoscopic Resection of Rudimentary Horn Pregnancy  
 – Sasaki KJ, Cholkeri-Singh A, Miller CE
- 4:27 Air Embolism During Hysteroscopy for Severe Asherman Syndrome  
 – Nouri B
- 4:30 Grade IV Asherman in Post Endometrial Koch's  
 – Telang M, Puntambekar SP, Galgali S, Hosamani G
- 4:37 Hysteroscopic Management Using Vaginoscopic Approach for a Rare Variant of Herlyn-Werner-Wunderlich Syndrome in a Virgin Adolescent  
 – Xu B, Xue M, Xu D
- 4:42 Hysteroscopic Treatment of Cesarean Scar Ectopic Pregnancy  
 – Chang Y, Chiu LC, Kay N
- 5:00 Adjourn



### ROOMS 109-110 Open Communications 6 Endometriosis

Moderator: Xiaoming Guan  
Co-Moderators: Leroy Charles, Jasmine Pedrosa

### ROOMS 118-120 Open Communications 7 Laparoscopy

Moderator: Bjorn Busand  
Co-Moderators: Candice Jones-Cox, Gil Weiss

- 3:20 Correlation between CA 125, CA 19-9 and Severity of Endometriosis Disease  
– **Vignali M, Scagnelli G, Ciocca E, Bonato S, Barbasetti A, Alabiso G**
- 3:26 Appendiceal Endometriosis: Associations and Risk Factors  
– **Moulder JK, Jarvis EG, Melvin K, Hobbs KA, Siedhoff MT**
- 3:32 What Are We Missing? The Role of Expert Transvaginal Ultrasound in the Diagnosis of Endometriosis  
– **Agarwal S, Fraser MA, Chen I, Singh SS**
- 3:38 Hospital-Related Costs for Endometriosis in Canada  
– **Allaire C, MacRae GS, Nishi C, Chen I**
- 3:44 Urine Peptidome for Noninvasive Diagnosis of Endometriosis: A Preliminary Study  
– **Liu H, Shi H, Fan Q**
- 3:50 Repeat Surgery for Endometriosis-Related Pelvic Pain: Pain Scores and Number of Lesions  
– **Benjamin AR, Howard FM**
- 3:56 Diagnosis of Deeply Infiltrative Endometriosis: Accuracy of a Specific Magnetic Resonance Imaging Protocol  
– **Ito TE, Opoku-Anane J, Gonzalez A, Robinson J, Taffel M**
- 4:02 Clinical, Surgical and Quality of Life Outcomes Following Laparoscopic Excision of Endometriosis and Bowel Resection for Invasive Bowel Endometriosis  
– **Kongoasa N, Sinervo K,\* Guidone H, Albee R**
- 4:08 Does Endorectal Tridimensional Ultrasound Can Identify Lesions Suggestive of Deep Infiltrating Endometriosis with Rectal Involvement?  
– **de Almeida RM, Correa FJS, de Sousa JB, de Oliveira PG**
- 4:14 Randomized Controlled Study Comparing Surgical and Medical Strategies for the Treatment of Endometriosis  
– **Mettler L, Alkatout I**
- 4:20 Extrapelvic Cystic Endometrioma Presenting Deep Inside Gluteal Muscles  
– **Yao S, Zhao Y, Tan H**
- 4:26 Ureteral Position in the Presence of Peritoneal Recesses  
– **Woods SM, Sale MT, Martin D, Batt RE**
- 4:32 Comparison of Long Term Outcomes in Robotic Versus Conventional Laparoscopy for Treatment of Advanced-Stage Endometriosis: Which Is the Preferred Discipline?  
– **Sirota I, Mrkaic A, Apostol R,\* Nezhat F**
- 4:38 Application of Dienogest in Chronic Pelvic Pain Associated with the Diffuse Form of External Endometriosis  
– **Adamyan LV, Marukyan AS, Gavrilova TY, Kozachenko IF**
- 4:44 Comparative Analysis of Membrane Microparticles Expression in Patients with Ovarian Cancer and Endometriomas  
– **Falcão-Junior JOA, de Paula SOC, Freitas GF, Lage EL, Zauli DG, Silva-Filho AL, Traiman P, Carvalho AT**
- 5:00 Adjourn

- 3:20 The Effect of Trendelenburg Position and Pneumoperitoneum on Ventilation Pressures during Laparoscopic Hysterectomy: A Randomised Controlled Trial (RCT) of an Inflatable Buttock Elevator  
– **Bates S, Syrett A, Namazie A**
- 3:26 Risk Factors for an Extended Length of Stay in Patients Undergoing Robot-Assisted Laparoscopic Myomectomy  
– **Sekhon L, Robbins A, Rosen L, Barr R, Mamik M, Ascher-Walsh C**
- 3:32 Pre-Incisional Bupivacaine in Gynecologic Laparoscopy: A Randomized Controlled Trial  
– **Blaber JM, Ninivaggio CS, Alvarado R, Chappelle JA, Drosch JN, Griffin TR**
- 3:38 Pathologically Atypical Myomas Found at the Time of Robotic Assisted Laparoscopic Myomectomy (RALM) Are Not Predictable Using Common Demographic and Surgical Variables  
– **Rosen L, Perera E, Sekhon L, Robbins A, Mamik M, Barr R, Ascher-Walsh C**
- 3:44 First Ever Case of Spontaneous Triplet Cornual Pregnancy: Management of Laparoscopic Cornual Resection with Modified Endoloop Method  
– **Lim LM, Gosavi A, Lin H, Agarwal A, Fong YF**
- 3:50 Comparison of Laparoscopy and Laparotomy in Treatment of Adnexal Masses during Pregnancy  
– **Martynov SA, Adamyan LV, Danilov AU**
- 3:56 Intracorporeal Versus Extracorporeal Morcellation with Endobag Extraction in Patients Undergoing Laparoscopic Myomectomy: Clinical Efficacy and Safety Outcomes. Preliminary Results of a RCT  
– **Venturella R, Lico D, Miele G, La Ferrera N, Di Cello A, Cirillo R, Morelli M, Zullo F**
- 4:02 Morcellation within Contained Pneumoperitoneum: Technical Report and Case Series  
– **Cohen SL, Einarsson JI, Wang KC, Boruta DM, Brown DN, Scheib S, Fader AN, Shibley KA**
- 4:08 The Use of Barbed Suture in Bladder and Bowel Repair  
– **Chamsy DJ, Lee TM**
- 4:14 Impact of Prolonged Laparoscopy: A Retrospective Review of Laparoscopic Hysterectomy in Two Teaching Institutions  
– **McHugh K, Daggy J, Haas D, Hathaway J**
- 4:20 A Randomized Blinded Trial of Single Port Kit Usage in Gynecologic Laparoscopy  
– **Moon H-S, Inamdar R**
- 4:26 Laparoscopic Morcellation Versus Abdominal Hysterectomy for Presumed Uterine Leiomyomata: A Decision Analysis  
– **Siedhoff MT, Wheeler SB, Rutstein S, Geller EJ, Doll KM, Wu JM, Clarke-Pearson DL**
- 4:32 Preemptive Paracervical Block in Laparoscopic Total Hysterectomy: A Controlled and Randomized Trial  
– **Angulo A, Rivero J, Bosque V, Araujo M, Carugno J**
- 4:38 Technicity Index Reveals Minimally Invasive Hysterectomy Practice Change in a Canadian Cosmopolitan Academic Center  
– **Vilayil R, Hodges D**
- 4:44 Strategic Change in MIS Hysterectomy Rate at a Tertiary Care Centre: A 7-Year Experience  
– **Gale J, Chen I, Cameron C, Guo Y, Singh SS**
- 4:50 Survey on Barriers to Adoption of Laparoscopic Surgery  
– **Fuchs Weizman N, Maurer RMA, Einarsson JI, Vitonis AF, Cohen SL**
- 5:00 Adjourn

**ROOMS 109-110**  
**Open Communications 8**  
**Urogynecology**

Moderator: Jim W. Ross

Co-Moderator: Orawee Chinthakanan, Mitsuru Shiota

- 3:20 Vaginal Mesh Retraction: What Does 3D/4D Ultrasound Imaging Tell Us About This Process?  
 – **Ross JW**
- 3:26 Could Vaginal Estrogen Application Prior to Surgery Reduce Mesh Exposure in Transvaginal Pelvic Floor Reconstruction with Mesh? A 2-Year Randomized Controlled Trial  
 – **Zhu L, Sun Z, Lang J**
- 3:32 Identifying Risk Factors for Conversion in Patients with Traditional Relative Contraindications for Vaginal Hysterectomy  
 – **Bassiouni N, Baltes E, Cheng M-R, Kho R, Magrina J**
- 3:38 Sexual and Functional Outcome of Vaginoplasty Using Acellular Porcine Small Intestinal Submucosa Graft or Laparoscopic Peritoneal Vaginoplasty: A Comparative Study  
 – **Ding J-X, Hua K-Q, Chen L-M, Zhang X-Y, Zhang Y**
- 3:44 Functional Outcomes of Robotic Assisted Laparoscopic Mesh Sacrocolpopexy (RASC) and Mesh Rectopexy for Combined Vaginal and Rectal Prolapse  
 – **Park H, Finamore P, Calixte R, Efem R, Garbus J**
- 3:50 The Use of Obstetric Anal Sphincter Injury (OASIS) as a Metric for Obstetric Quality and Maternal Safety  
 – **Pennycuff JF, Karp DR**
- 3:56 The Effect of Pelvic Reconstructive Surgery on Vaginal Wind  
 – **Miranne JM, Marek TM, Mete M, Iglesia CB\***
- 4:02 Optimizing Sacral Fixation of Mesh: Comparison of Surgical Techniques  
 – **Akl A, Voronov L, Muriuki M, Havey R, Patwardhan AG, Vandenboom T, Brubaker L, Fitzgerald C, Mueller ER**

- 4:08 Prevalence of Endometrial Polyps in Post-Menopausal Women without Abnormal Vaginal Bleeding  
 – **Cherrytree I, Mihalov LS, Hwang D**
- 4:14 Minimally Invasive Vaginal Hysterectomy: A Single Surgeons' Experience of the ERBE BiClamp© Bipolar Vessel Sealing System  
 – **Blayne GV, Beirne JP, Hinds L, Dorman GJ, Quinn D**
- 4:20 Transobturator Monarc vs. Desara SL in Women with Stress Incontinence  
 – **Mantri SD**
- 4:26 Endoscopic Lysis of Bladder Scar Associated with Hunner's Lesions: A New Technique  
 – **Bahlani S, Moldwin R**
- 4:32 Incidence of Postoperative Thigh Pain after TVT Obturator and TVT Abbrevio  
 – **Shaw JS, Jeppson PC, Rardin CR**
- 4:38 Indication and Surgical Treatment of Midurethral Sling Complications: A Multicenter Study  
 – **Chinthakanan O, Miklos JR, Moore RD, Mitchell GK, Favor S, Karp DR, Northington GM, Nogueiras GM, Davila GW**
- 4:44 Stress Urinary Incontinence: Impact of Self Perineal-Rehabilitation at Home after Conventional Perineal Rehabilitation  
 – **Legendre G, Levaillant J-M, Fuchs F, Fernandez H**
- 4:50 Clinical Manifestations and Outcomes in Surgically Managed Gartner Cysts  
 – **Cai Y, Breitkopf DM, Laughlin-Tomasso SK, Famuyide AO, Gebhart JB, Hopkins MR\***
- 5:00 Adjourn

**Industry Sponsored Symposia**

**5:05PM – 7:05PM – HOLOGIC (pg 65), INTUITIVE SURGICAL (pg 67) & VERMILLION (pg 69)**

WEDNESDAY, NOVEMBER 19, 2014

3:20 PM – 4:20 PM

**ROOM 201**  
**SEGi Symposium**

3:20 PM – 4:20 PM

Chair:

Sergio Schettini

Faculty:

Caterina Exacoustos

Mario Malzoni

Errico Zupi

Deep infiltrating endometriosis is the most challenging disease in benign gynecology, causing both infertility and pain. The recurrence rate as well as the potential complications in practicing surgery, suggest a different clinical approach to the disease. This session will include information about the most current strategies for treating patients with deep infiltrating endometriosis.

**Learning Objective:** *At the conclusion of this session, the participant will be able to:* 1) Explain the importance of proper diagnosis and therapeutic management of deep infiltrating endometriosis in both infertile and pain patients.

3:20	Welcome, Introductions and Course Overview	S. Schettini
3:25	Ultrasonographic Mapping of DIE	C. Exacoustos
3:40	Surgical Approach to Infertile Patients	E. Zupi
3:55	Advanced Surgical Treatment of DIE-Related Pain	M. Malzoni
4:10	Questions & Answers	All Faculty
4:20	Adjourn	

# In-the-Mix

Wednesday, November 19

7:15 PM

After a full day of workshops and industry sponsored symposia, join the Board of Trustees, the faculty and your peers for food, beverages and conversation.

*Supported in part by an unrestricted grant from Hologic, Inc.*



*This event supports the  
Foundation of the AAGL.*

# AAGL 44<sup>th</sup> Global Congress on Minimally Invasive Gynecology

November 15-19, 2015 ■ MGM Grand Hotel ■ Las Vegas, Nevada



SCIENTIFIC PROGRAM CHAIR  
Robert K. Zurawin, M.D.

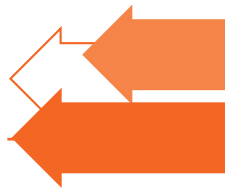
PRESIDENT  
Arnold P. Advincula, M.D.

## IMPORTANT DATES

<b>Mar 1</b>	Call for Abstracts Opens
<b>Apr 15</b>	Abstract Submission Deadline
<b>Apr 16-30</b>	Abstract Submission Extension with Fee
<b>May 15</b>	Registration Opens
<b>Aug 1</b>	Abstract Acceptance Notification
<b>Nov 16</b>	Last Day to Pre-Register for Congress

[www.aagl.org](http://www.aagl.org)





**ROOMS 212-214**

# HOLOGIC®

**Hologic's 3rd Annual Great Debate:  
What can you really learn in 90 seconds? How many of your  
most useful surgical techniques were taught to you in the time it  
takes to grab a cup of morning coffee?**

*Sponsored by Hologic, Inc.*

## Course Description

In Hologic's 3rd Annual Great Debate, audience participants will have an all-access pass to this year's film festival-style symposium. Join Hologic in their quest to promote surgical innovation as they highlight your most captivating and practice-altering pearls of surgery – and vote, real-time, on the winners! Come, cheer on your colleagues, and prepare for your “why didn't I think of that?” moment.

## Faculty

Moderator:

Malcolm G. Munro M.D., FRCS (c), FACOG  
Professor, Department of Obstetrics & Gynecology  
David Geffen School of Medicine at UCLA  
Director of Gynecologic Services  
Kaiser-Permanente, Los Angeles Medical Center



## AAGL SurgeryU would like to thank the surgeons who participated in the 2014 live events.



**Assia Stepanian**  
Editor-in-Chief



### THE DEVELOPMENT, EVOLUTION, CURRENT AND FUTURE ROLE OF ROBOTIC SURGERY – Roundtable Discussion

**MARCH 2014**

Dr. Arnold P. Advicula | Dr. Jon I. Einarsson | Dr. Ted Lee



### PELVIC DISSECTION AND SURGICAL ANATOMY

**JUNE 2014**

Dr. Robert M. Rogers



### SURGICAL MANAGEMENT OF ENDOMETRIOSIS

**AUGUST 2014**

Dr. Tamer Seckin



### HYSTEROSCOPIC MYOMECTOMY BIPOLAR TECHNOLOGY

**JULY 2014**

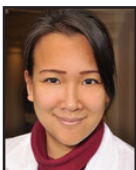
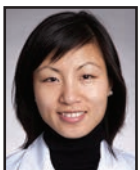
Dr. James K. Robinson



### MYOMECTOMY OF THE LARGE UTERUS

**SEPTEMBER 2014**

Dr. Marco A. Pinho de Oliveira

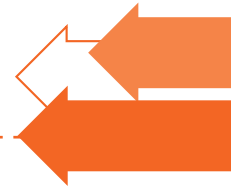


### A COMPREHENSIVE REVIEW OF TISSUE EXTRACTION

**SEPTEMBER 2014**

Dr. Kathy Huang | Dr. Karen C. Wang | Dr. Rosanne M. Kho

In 2015, SurgeryU will broadcast at least 10 live events to our members through the AAGL web site at AAGL.org. These events will feature a combination of live telesurgeries (where the surgeon presents his or her case directly from the OR while performing a procedure on a patient) and live webinars (where the surgeon presents one or more pre-recorded cases to a live audience). During all of our events, members will be able to interact with the presenting surgeon by asking questions through an interactive chat room, which the presenter will then answer live as part of the broadcast. We encourage you to tune in!



**ROOMS 220-222**



**Preparing for the Next Generation of da Vinci® Surgery:  
Advanced Technology and Training**

*Sponsored by Intuitive Surgical*

**Course Description**

The objective of this interactive symposium is to present the use of new robotic-assisted Single-Site® technology in gynecologic surgery and the latest in training guidelines. A live, interactive telesurgery will be broadcast into the symposium to allow audience members to observe Single-Site surgery and ask questions regarding the instrumentation and surgical technique. Didactic presentations will review data on robotic surgery adoption, morcellation, and new guidelines to help hospitals grant and renew robotic surgical privileges. Speakers will share their own experience and recommend how to apply best practices.

**Topics**

- LIVE, interactive Single-Site hysterectomy featuring the latest technology in wristed instrumentation
- Advances in robotic-assisted technology continue to enable surgeons to manage complex pathology and drive adoption of minimally invasive surgery
- A review of data to put morcellation into perspective and explore options for tissue extraction
- New guidelines for privileging and training surgeons performing robotic-assisted gynecologic laparoscopy

**Live Telesurgery/Faculty**

Darin Swainston, M.D., FACOG  
The Robotic Surgery Institute  
Summerlin Hospital  
Las Vegas, NV

Charles E. Miller, M.D., FACOG  
Clinical Associate Professor, Department OB/GYN, University of Illinois at Chicago, Chicago, IL  
Director of Minimally Invasive Gynecologic Surgery  
Advocate Lutheran General Hospital  
Park Ridge, IL

John P. Lenihan, Jr, M.D., FACOG  
Medical Director of Robotics and Minimally Invasive Surgery  
MultiCare Health Systems  
Tacoma, WA

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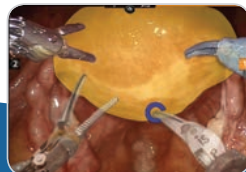
## Introducing Procedure-Specific Augmented Reality for Hysterectomy

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and procedural knowledge

Maestro AR (Augmented Reality) helps answer demand from the robotic surgery community for procedure-specific simulation. It's the first technology that provides 3D virtual instruments for interaction with anatomy in a 3D video environment.

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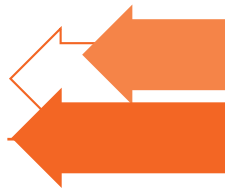


Learn more, watch a video preview:

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**ROOM 211**



**The Prediction of Malignancy before Surgery:  
A Review of OVA1 for Ovarian Mass Risk Stratification**

*Sponsored by Vermillion*

**Course Description**

Currently, gynecologic surgeons and health institutions alike are wrestling with laparoscopic, uterine power morcellation. At the heart of this dilemma is the prediction of malignancy before the index surgery. While there is not a reliable preoperative tool for the diagnosis of the leiomyoma before surgery, the diagnostic tool OVA1 does exist for preoperative assessment of the most deadly of gynecologic malignancies, ovarian cancer.

- Improvement of the preoperative assessment of ovarian masses to refine risk of malignancy
- Discussion of available tools used to evaluate adnexal masses, including OVA1
- Overview of the clinical data, case studies and clinical practice integration of biomarker testing
- Introduction to the newest laboratory in Women's Health, ASPIRA LABS

**Faculty**

Judith Wolf, M.D.  
Gynecologic Oncologist  
Chief Medical Officer, Vermillion

Hector O. Chapa, M.D., F.A.C.O.G.  
Medical Director, Women's Specialty Center Dallas  
Minimally Invasive Gynecologic Surgery  
Methodist Medical Center Dallas, Clinical Faculty



THE BATTLE TAKES PLACE AT THE AAGL 43rd GLOBAL CONGRESS  
ON MINIMALLY INVASIVE GYNECOLOGY – NOVEMBER 2014

# STAINLESS STEEL SURGEON

## SUPER SURGEON BATTLE

While always a success in Japan, Iron Chef also has gained a surprise cult following in the United States. Iron Chef is an innovative cooking competition that combines the excitement of a one-on-one sports competition in gourmet cooking, where a secret ingredient is prepared in what is known as “Kitchen Stadium.” The title Iron Chef comes from the original Japanese title, Ironmen of Cooking. Ultimately, this unique forum provides an innovative way to showcase various techniques by masters of their craft. Unique to this year’s annual clinical meeting will be the adaptation of this exciting paradigm to a session titled, “Stainless Steel” Surgeon.

Join us as three distinguished “Stainless Steel” Surgeons come to a specially constructed “Surgical Stadium” with three separate operating rooms to do live battle with a “secret procedure” to be announced on the day of the event. The specially chosen surgeons will each have 30 minutes to perform highlights of their assigned procedure on a cadaver by laparoscopic, robotic, or vaginal approaches. After the surgeries are performed, a panel of judges will discuss the technical merits of each approach including perceived advantages/disadvantages, costs, and risks/complications. At the conclusion of this event, based on the ability to demonstrate the most effective surgical approach for the given procedure, AAGL’s first resident “Stainless Steel” Surgeon will be crowned. Throughout this session, a running commentary will be facilitated by surgical moderators and several floor reporters to enhance audience participation. This interactive session will also be broadcast worldwide on SurgeryU live. Not only will the surgical procedure be kept a secret until the day of the event, but so will the names of the three distinguished surgeons. This is a Plenary session you will not want to miss!

### SURGICAL MODERATORS



Dobie L. Giles



Kevin J.E. Stepp



Thomas N. Payne

### JUDGES



John F. Steege

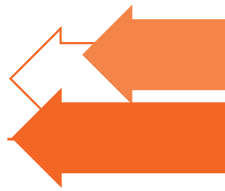


Antonio Gargiulo



Carl W. Zimmerman

# THURSDAY DAY-AT-A-GLANCE



Thursday, November 20, 2014

<b>Industry Sponsored Breakfasts</b> 6:00am - 7:45am	<b>Advisors' Breakfast</b> 6:30am - 7:45am — Rooms 116-117	<b>Registration</b> 6:30am - 5:30pm
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## Business Meeting

7:30 AM - 7:50 AM

## **CME** Stainless Steel Surgeon:

### Super Surgeon Battle: Laparoscopic, Robotic, Vaginal

7:50 AM - 9:30 AM

Refreshment Break — Visit Exhibits — 9:30am - 11:00am

BALLROOM D	BALLROOM C	121-122	118-120	109-110	BALLROOM A/B	201	
<b>CME</b> Plenary 5 Urogynecology 11:00am-12:00pm	<b>CME</b> Surgical Tutorial 5 Endometriosis 11:00am-12:00pm	<b>CME</b> Panel 4 Costs Containment 11:00am-12:00pm	<b>Open Comm. 9</b> New Instruments 11:00am-12:00pm	<b>Open Comm. 10</b> Hysteroscopy 11:00am-12:00pm	<b>Video Session 7</b> Laparoscopy 11:00am-12:00pm	<b>APAGE Symposium</b> 11:00am-12:00pm	<b>Virtual Posters</b>
<b>CME</b> Plenary 6 Reproduction 12:05pm-1:05pm	<b>CME</b> Surgical Tutorial 6 Complications 12:05pm-1:05pm	<b>Late Breaking News</b> 12:05pm-1:05pm	<b>Open Comm. 11</b> Oncology 12:05pm-1:05pm	<b>Open Comm. 12</b> Robotics 12:05pm-1:05pm	<b>Video Session 8</b> Laparoscopy 12:05pm-1:05pm		11:00am to 1:05pm
<b>Visit Exhibits / Box Luncheon</b> 1:05pm - 3:00pm							
<b>CME</b> Plenary 7 Pain Issues 2:15pm-3:15pm	<b>Open Comm. 13</b> Reproductive Issues 2:15pm-3:15pm	<b>Open Comm. 14</b> Laparoscopy 2:15pm-3:15pm	<b>Open Comm. 15</b> Education 2:15pm-3:15pm	<b>Open Comm. 16</b> New Instruments 2:15pm-3:15pm	<b>Video Session 9</b> Endometriosis 2:15pm-3:15pm	<b>202-204</b>	<b>Virtual Posters</b>
<b>Open Comm. 17</b> Advanced Endoscopy 3:20pm-5:00pm	<b>Open Comm. 18</b> Advanced Endoscopy 3:20pm-5:00pm	<b>Open Comm. 19</b> Advanced Endoscopy 3:20pm-5:00pm	<b>Video Session 10</b> Advanced Endoscopy 3:20pm-5:00pm	<b>Video Session 11</b> Advanced Endoscopy 3:20pm-5:00pm	<b>Video Session 12</b> Advanced Endoscopy 3:20pm-5:00pm	<b>CME</b> T.E.A.M. Up for OR Optimization! 3:20pm-5:20pm	2:15pm to 4:00pm
<b>Covidien Symposium</b> 5:05pm - 7:05pm							

THURSDAY



# 11TH AAGL INTERNATIONAL CONGRESS ON MINIMALLY INVASIVE GYNECOLOGY

JUNE 16-19, 2015

JOIN US IN 2015

# JERUSALEM, ISRAEL

Chair, Organizing Committee

**Prof. Moty Pansky**

Co-Chair, Organizing Committee

**Prof. Moty Goldenberg**



**Deadline for Abstract Submission: March 15, 2015**

**Reduced Registration Rates Available until April 1, 2015**

[www.aagljerusalem2015.com](http://www.aagljerusalem2015.com)



THURSDAY, NOVEMBER 20, 2014

7:50 AM – 9:30 AM

BALLROOM A/B

7:30 AM – 7:50 AM

### AAGL Business Meeting

- Welcome**..... Franklin D. Loffer, Medical Director
- Secretary-Treasurer’s Annual Report**..... Robert K. Zurawin, Secretary-Treasurer
- State of the AAGL Union**..... Ceana H. Nezhat, President
- Report of the Foundation of the AAGL**..... Ralph Turner, AAGL Foundation Executive Director
- Election Results**..... Javier F. Magrina, Nomination Committee Chair
- Presentation of 2013 Board Plaques**..... Ceana H. Nezhat, President
- Induction of New President, Arnold P. Advincula**.....Franklin D. Loffer, Medical Director

7:50 AM – 9:30 AM

## CME STAINLESS STEEL SURGEON:

### Super Surgeon Battle: Laparoscopic Robotic, Vaginal

#### SURGICAL MODERATORS



**Dobie L. Giles**  
(Laparoscopic)



**Kevin J.E. Stepp**  
(Vaginal)



**Thomas N. Payne**  
(Robotic)

#### JUDGES



**John F. Steege**



**Antonio Gargiulo**



**Carl W. Zimmerman**

While always a success in Japan, *Iron Chef* also has gained a surprise cult following in the United States. *Iron Chef* is an innovative cooking competition that combines the excitement of a one-on-one sports competition in gourmet cooking, where a secret ingredient is prepared in what is known as “Kitchen Stadium.” The title *Iron Chef* comes from the original Japanese title, *Ironmen of Cooking*. Ultimately, this unique forum provides an innovative way to showcase various techniques by masters of their craft. Unique to this year’s annual clinical meeting will be the adaptation of this exciting paradigm to a session titled, “Stainless Steel” Surgeon.

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AAGL acknowledges that it has received educational grants from the following companies: CONMED Corporation, CooperSurgical, Ethicon US, LLC, Intuitive Surgical, Olympus America, Inc., Stryker Endoscopy.

AAGL acknowledges that it has received in-kind support from the following companies: Durable Equipment: CONMED Corporation, CooperSurgical, Covidien, Inc., Ethicon US, LLC, Intuitive Surgical, Marina Medical, Olympus America, Inc., Karl Storz Endoscopy-America, Inc., Stryker Endoscopy, SurgiQuest, Symmetry Surgical; Disposable Supplies: CONMED Corporation, CooperSurgical, Covidien, Inc., Ethicon US, LLC, Intuitive Surgical, Olympus America, Inc., Karl Storz Endoscopy-America, Inc., Stryker Endoscopy, SurgiQuest, Welmed.

THURSDAY



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Contraindications for use on vascularised tissue (ovaries, fallopian tubes, myomas and other structures): must be devascularised before morcellation. The LiNA Xcise should NOT be used in patients who have been diagnosed with a malignant condition.

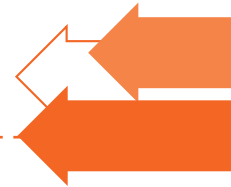
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**AAGL Booth # 725**



**BALLROOM C**  
**CME Surgical Tutorial 5**  
**Advanced Endometriosis Surgical Strategies**  
 Chair: Joerg Keckstein | Faculty: Catherine Allaire, Tamer A. Seckin, Errico Zupi

The surgical tutorial will cover various methods on laparoscopic treatment of deep infiltrating endometriosis. This course will provide information about the diagnostic and therapeutic steps to approach difficult situation during the surgical procedures.

We will demonstrate and discuss various methods of specific surgical procedures in extragenital endometriosis (ureter, bladder, bowel and other pelvic structures). We will demonstrate how to avoid complications and how to tailor surgical procedure according to the symptoms. Videos of various methods will be presented.

**Learning Objectives:** *At the conclusion of this activity, the participant will be able to:* 1) Explain the best approach to treating specific situations in deep infiltrating endometriosis including extragenital lesions; 2) describe how to remove endometriosis in the bladder, ureter, bowel and deep pelvic structures; and 3) explain how to tailor surgical procedures according to the extent of the disease and the symptoms.

**BALLROOM D**  
**CME Plenary 5**  
**Urogynecology**  
 Moderators: E. Cristian Campian, Conrad Duncan, Bruce S. Kahn

**BALLROOM A/B**  
**Video Session 7**  
**Laparoscopy**  
 Moderator: Sara Y. Brucker  
 Co-Moderators: Donald L. Chatman, Erica Robinson

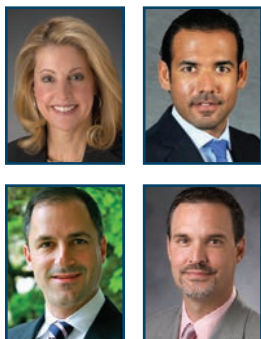
This session provides a range of studies on minimally invasive urogynecologic topics. The session also provides the latest data on new and established treatment options for a variety of urogynecologic conditions.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Discuss minimally invasive techniques for urogynecologic conditions; and 2) describe several investigative treatment options for pelvic floor disorders.

- 11:00 Clinical Characteristics Associated with Successful Use of a Novel Vaginal Bowel Control System for the Treatment of Fecal Incontinence  
 – **Matthews CA, Varma M, Takase-Sanchez M, Hale D, Van Drie D, Muir T, Wells E, Jannelli M, Richter HE**
- 11:10 A Randomized Trial of Laparoscopic Sacral Colpopexy Versus Laparoscopic Pectopexy for Vaginal and Uterine Prolapse  
 – **Noé GK, Anapolski M**
- 11:20 The 26-Minute Sacral Colpopexy: Do We Really Need Robotic Technology?  
 – **Miklos JR, Moore RD, Chinthakanan O**
- 11:27 Clinical Efficacy and Safety Evaluation of the Vaginal Control (VBC) System for Treatment of Fecal Incontinence  
 – **Richter HE, Matthews CA, Varma M, Takase-Sanchez M, Hale D, Van Drie D, Muir T**
- 11:37 Laparoscopic Revision of Anterior Mesh Kit Arms for Post-Operative Pelvic Pain  
 – **Rosenblatt PL, Von Barga EC, Loring M**
- 11:44 Equivalence of Two Techniques for Assessing Postoperative Voiding Function – A Randomized Trial  
 – **Myers EM, Geller EJ, Crane AK, De La Cruz JF, Connolly A, Nieto MD, Wu J, Matthews CA**
- 12:00 Adjourn

- 11:00 Video-Assisted Thoracoscopic Surgery for Endometriosis  
 – **Nezhat C, Balassiano E, Nezhat A, Parsa M, Nezhat C**
- 11:04 Surgical Management of Cornual Ectopic Pregnancy by Laparoscopic Cornuostomy  
 – **Soto E, Romo de Vivar A, Goodman L, Raymond CA, Falcone T**
- 11:11 Broad Ligament Fibroid: Overview and Surgical Management  
 – **Kostolias A, Truong M, Advincula A**
- 11:17 Laparoscopic Repair of Intrapartum Concomitant Bladder and Uterine Rupture  
 – **Sun C-H**
- 11:24 Laparoscopic Contained Morcellation of Myoma Using The Large Steri-Drape Isolation Bag  
 – **Adelowo A, Dessie SG, DiSciullo A**
- 11:31 Laparoscopic Myomectomy: Tips and Tricks  
 – **Casey J, Siedhoff M, Moulder J, Hobbs K**
- 11:37 Approach to Laparoscopic Cerclage  
 – **Clancy AA, Leyland N, Singh SS\***
- 11:42 Incidental Ureteral Injury and Repair During Robotic-Assisted Total Laparoscopic Hysterectomy  
 – **Menderes G, Clark LE, Azodi M**
- 12:00 Adjourn

THURSDAY



## ROOMS 121-122

### CME Panel 4

#### Costs Containment and Revenue Generation in MIGS (Vaginal, Laparoscopic and Robotic)

Chair: Barbara S. Levy | Panelists: Gaby Moawad, Andrew I. Sokol, Craig J. Sobolewski

Description As health care costs continue to rise faster than inflation, with total health care expenditures accounting for about 18% of the US gross domestic product, we face increasing pressure to take cost into account in the management of our patients. This high-profile session will allow a panel of experts to discuss the cost variability in relation to laparoscopic, robotic and vaginal surgery. They will also share their personal efforts to reduce costs and the manner in which laparoscopic instrumentation and associated products impact surgical cost.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Evaluate and compare MIG procedures, reimbursement to provide both quality outcomes and cost-containment; and 2) implement cost-conscious choices that have little to no impact on the quality of the outcome.

## ROOMS 118-120 Open Communications 9 New Instruments

Moderator: Christopher J. Stanley

Co-Moderators: Jessica Opoku-Anane, Khara M. Simpson

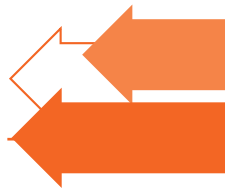
- 11:00 Transcervical, Intrauterine Ultrasound-Guided Radiofrequency Ablation of Uterine Fibroids with the VizAblate® System: 12-Month Reduction of Fibroid Perfused and Total Volume  
– **Veersema S, Bongers M, Quartero R, Brölmann H, Garza-Leal JG, Gupta J, Toub DB**
- 11:06 Menstrual Blood Loss Reduction at Twelve Months after Radiofrequency Ablation of Uterine Fibroids with the VizAblate® System  
– **Quartero R, Garza-Leal JG, Veersema S, Gupta J, Bongers M, Brölmann H, Toub DB**
- 11:12 Laparoscopic Surgery at Low Pressure (7 mmHg) with AirSeal® System; a Comparative Prospective Pilot Study with a Standard Insufflation (15 mmHg) in 60 Patients  
– **Sroussi J, Rigouzzo A, Elies A, Louvet N, Chevalier AS, Mezzadri M, Piketty M, Benifla J-L**
- 11:18 Effects of Morcellation on Smooth Muscle Tumors of Undetermined Malignant Potential (STUMPs) and Endometrial Stromal Sarcomas (ESSs)  
– **Mowers EL, Reynolds RK**
- 11:24 Comparative Thermal Effects of J-Plasma, Monopolar, Argon and Laser Electrosurgery in a Porcine Tissue Model  
– **Pedroso J, Gutierrez M, Volker KW**
- 11:30 The McCarus-Volker ForniSee® System: A Novel Transilluminating Colpotomy Device and Uterine Manipulator for Use in Conventional and Robotic-Assisted Laparoscopic Hysterectomy  
– **Gutierrez MM, Pedroso JD, Dhingra C, Volker KW, McCarus SD**
- 11:36 The Efficacy and Safety of a New Cross-Linked Hyaluronan Hydrogel in the Reduction of Postsurgical Adhesions after Laparoscopic Gynecological Surgery: A Randomized Controlled Trial  
– **Liu C, Zhang Z, Lu Q, Zhang Z**
- 11:42 Fibroid Symptom Reduction, Health-Related Quality of Life Improvement and Patient Satisfaction after Radiofrequency Ablation of Uterine Fibroids with the VizAblate® System  
– **Garza-Leal JG, Gupta J, Bongers M, Brölmann H, Quartero R, Veersema S, Toub DB**
- 11:48 Ovalastic®: 1st Experience with a New Hysteroscopic Sterilization System  
– **Thurkow AL**
- 11:54 Real Time Haptic Feedback in Endoscopy; Dreams Become Reality? The State of Art  
– **Vleugels MPH, Nieboer B**
- 12:00 Adjourn

## ROOMS 109-110 Open Communications 10 Hysteroscopy

Moderator: Matthew R. Hopkins

Co-Moderators: Herve Fernandez, Eylon Lachman

- 11:00 Intraoperative Bidimensional and 4-D Transrectal Ultrasonography for Hysteroscopic Metroplasty  
– **Ghirardi V, Bizzarri N, Venturini PL, Remorgida V, Ferrero S\***
- 11:06 Peritoneal Cytology Findings after Office Hysteroscopy in Biopsy-Proven Endometrial Cancer  
– **Ajao MO, Laughlin-Tommaso SK, Hopkins MR, Breitkopf DM, Famuyide AO**
- 11:12 Hysterosalpingogram (HSG) Compliance after Essure: Patients' Perspective  
– **Prasad P, Ham L, Dabiri T,\* Hecht R, Mikhail M**
- 11:18 Assessment of Pressure Control Characteristics of the MyoSure, TruClear, and Symphon Bipolar Hysteroscopic Tissue Removal Systems. A Three-Arm, Bench Study  
– **Brill AI, Garcia A**
- 11:24 Hysteroscopic Findings in Asymptomatic Postmenopausal Women with Sonographically Thickened Endometrium: Comparison with the Histopathologic Diagnosis after Hysterectomy  
– **Marinella A, Stefano B, Annarosa C, Antonio I, Fabiana Divina F, Oronzo C**
- 11:30 Treatment Complication and Reintervention Rates Following Endometrial Ablation with the NovaSure® System Versus Other Global Endometrial Ablation Modalities  
– **Basinski CM, Lukes AS, Miller JD, Lenhart GM, Bonafede MM, Troeger KA**
- 11:36 Comparison of Patients Receiving Combined Endometrial Ablation and Levonorgestrel Intrauterine System Placement with Patients Receiving Endometrial Ablation Only  
– **Liu AS**
- 11:42 Removal of Endometrial Polyps: Hysteroscopic Morcellation vs. Bipolar Resectoscopy, a Randomized Trial  
– **Hamerlynck TWO, Schoot BC,\* Van Vliet HAAM, Weyers S**
- 11:48 The Performance of Pipelle Endometrial Sampling after Endometrial Ablation  
– **Wishall KM, Price J, Della Badia CR**
- 11:54 Endometrial Ablation Induces a Postmenopausal Endometrial Thickening Unrelated to Endometrial Neoplasia: A Retrospective Observational Study  
– **Rocca ML, Di Cello A, La Ferrera N, Venturella R, Sacchinelli A, De Trana E, Morelli M, Zullo F**
- 12:00 Adjourn



**ROOM 201**  
**APAGE Symposium**

Chair:

Chyi-Long Lee

Faculty:

Bernard Chern (Singapore)

Jeong-Won Lee (South Korea)

Chih-Feng Yen (Taiwan)

Single-port laparoscopy, or LESS laparoscopy, will be presented in this session, including video clips and technical tips and tricks. Surgical outcomes and advantages and disadvantages of these procedures will be discussed and its learning curve will be analyzed.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Discuss the rationale and challenges of the new developments in single port laparoscopic surgery; 2) explain the feasibility and limitation of single port laparoscopy in various situations of gynecologic surgery; 3) describe how to integrate the reduced port surgical platforms into surgical practice; 4) present clinical results and current applications of the most recent developments in gynecologic single port laparoscopy.

12:05	Welcome, Introductions and Course Overview	C-L Lee
12:10	Technical Tips of Single-Port Laparoscopy in Benign Gynecologic Diseases	J-W Lee
12:30	Evolution and Development of Single-Port Laparoscopic Surgery in Gynaecology	B. Chern
12:50	Hysterectomy with Single-Port Laparoscopy: Learning Curve and Its Feasibility for Large Uterus	C-F Yen
1:05	Adjourn	

**Visit Exhibits**

**EXHIBIT HALL**

1:05pm – 3:00pm



**BALLROOM C**  
**CME Surgical Tutorial 6**

**Complications (Bowel, Bladder, Ureter, Vascular, Vaginal Cuff)**

Chair: Mohamed A. Bedaiwy | Faculty: Michael Hibner, Chong K. Khoo, James D. Kondrup

This session will provide a comprehensive overview of major complications in operative laparoscopy. Both basic and advanced MIG surgeons will benefit from the multi-media presentations, highlighting the most likely areas where mistakes can be made, how to quickly identify them intra-operatively, and the subsequent repairs that are needed. Common post-operative complications will also be addressed. The session will be enhanced by real-life videos, taken from the faculty's experiences, followed by an interactive discussion.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Use the learning process to gain a better understanding on where potential complications can arise; 2) utilize MIG skills to repair the complications; and 3) discuss the principles of multi-disciplinary management of operative complications.

**BALLROOM D**  
**CME Plenary 6**  
**Reproduction**

Moderators: Stephen L. Corson, William W. Hurd,  
 Anthony A. Luciano

This session provides material clinically useful to those gynecologists whose practice has reproductive issues as a main component. Topics include a randomized trial of office-based sonography rather than x-ray evaluation of tubal patency, first trimester and interval laparoscopic abdominal cerclage, a survey of current surgical practices for endometriosis and myomas, evaluation of the clinical value of the ESHRE/ESGE classification of uterine cavity structure abnormalities, and comparison of fertility after laparoscopic surgery for adenomyosis or myoma.

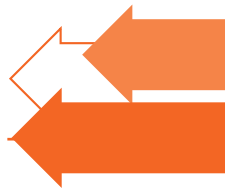
**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Recommend a course of action that best addresses the reproductive problems that are encountered.

- 12:05 Hysterosalpingo-Foam Sonography (HyFoSy): A Less Painful Procedure for Tubal Patency Testing during Fertility Work-Up, Compared to (Serial) Hysterosalpingography. A Randomized Clinical Trial  
 – Emanuel MH, Dreyer K, Out R, Hompes P, Mijatovic V
- 12:15 First Trimester Laparoscopic Cerclage  
 – Shiber L-D, Lang T, Pasic R
- 12:22 A Survey of Current Practices in the Surgical Treatment of Endometriosis and Fibroids  
 – Bailey AP, Correia KF, Gargiulo AR
- 12:32 Needleless Laparoscopic Abdominal Cerclage Placement  
 – Menderes G, Clark LE, Azodi M
- 12:38 Modified Classification of Previously Considered Arcuate Uterus: Normal, Dymorphic or Septate Uterus? An Observational Study on 362 Reclassified Uteri and Correlation to Fertility  
 – Exacoustos C, Cobuzzi I, Romeo V, Valli E, Baiocco F, Romanini ME, Zupi E
- 12:48 Fertility Saving Surgery for Adenomyosis: Results of Prospective Clinical Comparative Trial  
 – Mara M, Hlinecka K, Fartakova Z, Frühauf F, Kuzel D
- 1:05 Adjourn

**BALLROOM A/B**  
**Video Session 8**  
**Laparoscopy**

Moderator: Warren Volker  
 Co-Moderators: Dabao Xu, Ken R. Sinervo

- 12:05 Laproscopic Resection of a Cornual Ectopic Pregnancy  
 – Iyer SV, Wang K
- 12:12 Handle with Care: Dissection Technique for Large Broad Ligament and Cervical Myomas  
 – Munshi SA
- 12:19 Interstitial Ectopic: A Laparoscopic Approach  
 – Robinson EF, Thomassee MS
- 12:25 Advanced Laparoscopic Hysterectomy According to Layer Construction of Retroperitoneal Fascia  
 – Shiki Y
- 12:32 Novel Technique of Neovagina Creation with Uterine Serosa in the Treatment of Vaginal Agenesis Associated with Mullerian Agenesis  
 – Huang C-Y, Wu K-Y, Han C-M, Yen C-F, Lee C-L
- 12:38 Minilaparoscopic Interval Cervicoisthmic Cerclage  
 – Mattingly PJ, Taylor GB
- 12:44 Feasibility of Laparoscopic Approach in Tubo-Ovarian Abscess  
 – Bhardwaj P
- 12:50 Operative Strategies for Posterior Cul-de-Sac Obliteration Caused by Endometriosis  
 – Nakajima S, Andou M, Yanai S, Fukuda M, Kanao H
- 12:57 Laparoscopic Placement of an Transabdominal Cerclage for a Uterus Didelphys  
 – Bertrand A, Lemyre M
- 1:02 Anatomy of the Pudendal Nerve Seen during a Laparoscopic Pudendal Nerve Release  
 – Hadiashar M, Rich SJ, Duke A, Nieves A
- 1:05 Adjourn



## ROOMS 121-122 Late Breaking News

This session will allow the participants to present updates on electromechanical morcellation.



**Marie-Fidela Paraiso, Moderator** – Professor of Surgery, Cleveland Clinic Lerner College of Medicine, Section Head, Urogynecology and Reconstructive Pelvic Surgery, OBGYN and Women's Health Institute, The Cleveland Clinic, Cleveland, Ohio

**Jubilee Brown** – AAGL Board of Trustee and designated Spokesperson on Tissue Extraction, Associate Professor, Department of Gynecologic Oncology and Reproductive Medicine, Division of Surgery, The University of Texas MD Anderson Cancer Center, Houston, Texas

**Marit Lieng** – Associated Professor and Consultant, Department of Gynecology, Oslo University Hospital and Institute of Clinical Medicine, University of Oslo, Norway

**Elizabeth Pritts** – Medical Director of the Wisconsin Fertility Institute, Middleton Wisconsin

## ROOMS 118-120 Open Communications 11 Oncology

Moderator: Prakash Trivedi  
Co-Moderators: Keqin Hua, Megan Wasson

- 12:05 Outcomes Following Mini-Laparotomy to Extract the Large Malignant Uterus after Robotic Hysterectomy: An Alternative to Morcellation  
– **Hamed AH, Stump TE, Hanna RK, Douglass LA, Rossi EC**
- 12:11 Significance of Adenomyosis on Tumor Progression and Survival Outcome of Endometrial Cancer  
– **Cahoon SS, Gualtieri M, Scannell CA, Jung CE, Takano T, Paulson RJ, Muderspach LI, Roman LD, Matsuo K**
- 12:17 A Comparison of Postoperative, Recurrence and Survival Outcomes in Patients with Endometrial Cancer Undergoing Robotic Versus Open Surgery  
– **Park HK, Helenowski IB, Schink JC, Lurain JR, Nikki NL**
- 12:23 Can Selected Cervical Cancer Women Benefit from the Minimally Invasive Approach without Compromising Survival?  
– **Pessini SA, Silveira GPG, Anselmi MCB, Bassols KP, Salcedo M**
- 12:29 Gynecologic Oncology Patients Undergoing Laparoscopic Surgery Infrequently Demonstrate Blood Testing Laboratory Abnormalities  
– **Burnett TL, Junn J, Kolenic GE, Reynolds RK, McLean K**
- 12:35 Avoiding Inappropriate Surgery on Undetermined Mass: May the Combination of Magnetic Resonance Imaging (MRI) and Ovarian Markers Be Helpful?  
– **Manganaro L, Yazdanian D, Vinci V, Imperiale L, Anastasi E, Porpora MG**
- 12:41 Neoadjuvant Intra-Arterial Chemotherapy Followed by Total Laparoscopic Radical Trachelectomy in Stage IB1 Cervical Cancer  
– **Zhang Z, Lu Q, Liu C, Guo S, Wang S**
- 12:47 Laparoscopic Debulking of Bulky Lymph Nodes in Patients with Cervical Carcinoma: Feasibility of the Technique and Surgical Outcomes  
– **Liang Z, Xue H, Chen Y**
- 12:53 Unexpected Cases of Uterine Sarcomas Following Laparoscopic Supracervical Hysterectomy (LSH): 7-Year Analysis of One Institution  
– **Gomez NA, Arnolds K, Cajina J, Sprague M, Zimberg S**
- 12:59 Diagnosis of Atypical Endometrial Hyperplasia on Hysteroscopic Targeted Biopsies Does Not Exclude Endometrial Cancer. The Advantage of the Hysteroscopic Vision  
– **Oronzo C, Antonio I, Lorena M, Annarosa C, Marinella A, Stefano B**
- 1:05 Adjourn

## ROOMS 109-110 Open Communications 12 Robotics

Moderator: Jamal Mourad  
Co-Moderators: Christopher Eswar, Thiers R. Soares

- 12:05 Vaginal Cuff Dehiscence Rate in Robotic Assisted Total Laparoscopic Hysterectomy for Benign Indications  
– **Fisher JE, Mecca L, Leahy J, Baxi R**
- 12:11 Patient Perception of Robotic Surgery in Gynecology  
– **Ahn KH, Donnellan N, Lee TTM**
- 12:17 A Comparison of Varying Hysterectomy Modes on Pain Control  
– **Kilic GS, Guirguis ME, Rodriguez AM, Tapisiz OL, Oge T, Borahay M**
- 12:23 New Technique: Robotic-Assisted Mini-Myomectomy in Treating Complicated Leiomyomata  
– **Chen C-H, Chiu L-H, Liu W-M**
- 12:29 Establishing the Learning Curve of Robotic Sacral Colpopexy in a Start-Up Robotics Program  
– **Sharma S, Finamore PS, Calixte R, Ahmed A**
- 12:35 A Comparison of Outcomes between Robotic-Assisted Single-Incision Laparoscopy Versus Single-Incision Laparoscopy for Benign Hysterectomy  
– **Lopez S, Garza DM, Payne TN, Hernandez L, Mulla ZD, Richard FW**
- 12:41 Incidental Fallopian Tube Adenocarcinoma Managed with Robotic Staging Surgery  
– **Wang C-W, Chen C-H, Chiu L-H, Liu W-M**
- 12:47 The Relationship of Fibroid Weight to Operative Outcomes of Robot-Assisted Laparoscopic Myomectomy in a Predominantly Hispanic Population  
– **Perez R, Estape R, Lambrou N, Walker G, Torres E, Lacayo M, Parris D, Gallas M**
- 12:53 Tip for Collecting Multiple Myomas during Robot-Assisted Laparoscopic Myomectomy  
– **Yim HJ, Kang SY, Choi MR, Chung YJ, Cho HH, Kim M-R, Kim JH**
- 12:59 Outcomes of Robotic Hysterectomies Performed by Primary Resident Surgeons  
– **Thomas JL, Jackson DL, Drobnis EZ, Stephens AJ, Barrier BF**
- 1:05 Adjourn

THURSDAY

### BALLROOM D


#### Plenary 7

#### Pain Issues

Moderators: Fred M. Howard,  
John L. Marlow, Tamer A. Seckin

Pain is often considered the fifth vital sign and affects each and every patient. This session provides a range of studies and topics that raise awareness and provide novel approaches to both diagnosing and treating pain.

**Learning Objectives:** *At the conclusion of this session, the participant will be able to:* 1) Explain various etiologies of pelvic pain and 2) assess different management options for pelvic and postoperative pain.

- 2:15  Bladder Base Tenderness in Chronic Pelvic Pain: Prevalence and Associations  
– **Nourmoussavi M, Bodmer-Roy S, Mui J, Allaire C, Williams C, Yong P**
- 2:25 Inguinal Hernia as a Cause of Chronic Pelvic Pain: A Key Sign to Make the Diagnosis  
– **Saad CA, Kim DS, Towfigh S, Solnik MJ**
- 2:35 Complex Robotic Trachelectomy for Chronic Pelvic Pain after Failed Laparotomic Trachelectomy  
– **Eisenstein D, Schiff LD, Hanna R**
- 2:41 Analgesic Efficacy of Transversus Abdominis Plane Block Versus Local Injection in Postoperative Pain Management Following Minimally Invasive Gynecological Surgery  
– **Liberman EC, Schortz JR, Denehy T, Van Arsdale A, Chudnoff S, Dorian R**
- 2:51 Presacral Neurectomy: A Review of Anatomy and Surgical Technique  
– **Duke A, Liu CY, Furr R, Rich S**
- 2:58 Hospital-Associated Costs of Chronic Pelvic Pain in Canada  
– **Chen I, MacRae GS, Nishi C, Allaire C**
- 3:15 Adjourn

### BALLROOM A/B

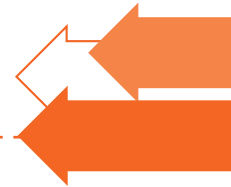
#### Video Session 9

#### Endometriosis

Moderator: Juan D. Villegas-Echeverri  
Co-Moderator: Joseph Maurice, Michele Vignale

- 2:15  Complete Excision of Full-Thickness Bladder Endometriosis  
– **Cook AS, Hopton EN**
- 2:22 Transvaginal Ultrasound with Bowel Prep: A Technique to Evaluate the Presence of Deep Endometriosis  
– **Billow M, Young S, Magrina J, Kho R**
- 2:29 Obliterated Cul-de-Sac Dissection, Endometrioma Excision and Endometriotic Nodule Excision Around Ureter While Sparing Hypogastric and Splanchnic Nerves  
– **Turkgeldi E, Taskiran C, Celik S, Oktem O, Urman B**
- 2:36 Endometrioma Excision Utilizing Plasma Energy  
– **Uy-Kroh MJS, Falcone T**
- 2:43 Complicated Excision of Stage IV Endometriosis with Bladder Mass Removal  
– **Grias I, Mosbrucker C**
- 2:50 Use of Fluorescence Imaging Technology in Robotic Surgery to Improve Identification of Peritoneal Endometriosis  
– **Davison JZ, Levey KA**
- 2:57 Abdominal Wall Endometriosis  
– **Hawkins E, Patzkowsky K, \* Lopez J**
- 3:04 Proximity Sensing for Ureteral Injury Prevention in Minimally Invasive Gynecological Surgery  
– **Jung MJ, Huelman J, Sharma V, Wu J-E, McCaslin A, Milad MP**
- 3:09 Laparoscopic Excision of Endometriosis in a 14 Year-Old Patient with Chronic Pelvic Pain  
– **Pendergrass M**
- 3:15 Adjourn





**BALLROOM C**

**Open Communications 13**

**Reproductive Issues**

Moderator: Liselotte Mettler

Co-Moderator: Maryam Hadiashar, Danielle E. Luciano

- 2:15 Fertility Outcome after Laparoscopic Treatment of Endometriosis in Infertile Women  
– **Yazdanian D, Fuggetta E, Ticino A, Guarino A, Resta S, Porpora MG**
- 2:21 Fertiloscopic Ovarian Drilling in PCOS Patient: A 280 Cases Serie  
– **Watrelet AA, Chauvin G**
- 2:27 Methotrexate Success Rates in Progressing Ectopic Pregnancies: A Reappraisal  
– **Cohen A, Almog B, Zakar L, Gil Y,\* Amer-Alshiek J, Bibi G, Ostrovsky L, Levin I**
- 2:33 Laparoscopic-Assisted Cericovaginal Reconstruction with Free Anterolateral Thigh Flap for Two Patients with Cervicovaginal Atresia  
– **Yi X, Hua K**
- 2:39 Surgical Treatment of 36 Cases of Intra-Abdominal Intrauterine Devices – A Single Center’s Experience  
– **Sheizaf B, Yohai D, Weintraub A, Ohana E, Silberstein T**
- 2:45 Embedded Intra Uterine Devices (IUDs): Is There an Association between Radiologic and Clinical Findings?  
– **Desai AK, Khangura RK, Craig B, Sandberg S, Sangha R**
- 2:51 Laparoscopically Assisted and Standard Fetoscopic Laser Ablation in Patients with Twin-Twin Transfusion Syndrome  
– **Javadian P, Shamshirsaz AA, Salmanian B, Moaddab A, Hosseinzadeh P**
- 2:57 Laparoscopic Uterine Arteries Ligation in Cesarean-Scar Pregnancy  
– **Tong M, Chen Y, Wang J**
- 3:03 Evolution of a Novel Medical Treatment for Uterine Arterio-Venous Malformation (AVM): Experience with 10 Cases  
– **Vilos A, Vilos G, Power S, Oraif A, Abduljabar H, Hancock G**
- 3:09 A Retrospective Study of Clinical Outcomes and Complications Following Uterine Artery Embolisation for Fibroids  
– **Powell MC, Smallwood KG**
- 3:15 Adjourn

**ROOMS 121-122**

**Open Communications 14**

**Laparoscopy**

Moderator: Salah Moghraby

Co-Moderator: Cara R. King, Yuval Kaufman

- 2:15 Risk Factors for an Extended Length of Stay in Patients Undergoing Laparoscopic Supracervical Hysterectomy  
– **Robbins A, Rosen L, Sekhon L, Barr R, Mamik M, Ascher-Walsh C**
- 2:21 Disparities in Minimally Invasive Hysterectomies May Be Attributed to Racial Differences in Fibroid Burden: A Retrospective Multi-Center Study  
– **Price JT, Cruz A, Lee S**
- 2:27 Standardized Approach Results in Reproducible Optimal Outcomes for Outpatient Hysterectomy in a Consecutive Unselected Patient Population of 1249 Cases  
– **Ribot HD**
- 2:33 Laparoscopic Virtual Reality Simulation Combined with Live Animal Model Training: A Clinical Experience  
– **Johannesson U, Ehrstrom S, Askerud T, Kjellman M**
- 2:39 Uterine Morcellation: Media Influence on Patient Choices  
– **Balica AC, Bachmann GA, Keselowsky K, Scaramella NM**
- 2:45 Nationwide Trends in the Safety of Inpatient Hysterectomy from 1998-2010  
– **Kho KA, Rosero EB**
- 2:51 Predictors of 30-Day Readmission in Laparoscopic Hysterectomy  
– **Jennings A, Spencer RJ, Medlin E, Uppal S**
- 2:57 Risk Factors for 30-Day Hospital Readmission after Outpatient Gynecologic Surgery in National Retrospective Cohort  
– **Harris JA, Hoffman MR**
- 3:03 Evolving Practice Patterns in Minimally Invasive Hysterectomy: Where Are We Now  
– **Hershberger DW, Doyle NM, Genesen MC**
- 3:09 Minimally Invasive Gynecologic Surgical Training and Surgeon Volume: Effects on Perioperative Outcomes  
– **Opoku-Anane J, Moawad G, Grant-Wisdom T, Felfalan R, Robinson JK**
- 3:15 Adjourn

### ROOMS 118-120

## Open Communications 15

### Education

Moderator: May S. Thomasse  
Co-Moderators: Timothy A. Deimling, Linda M. Nicoll

- 2:15 An Evaluation of the Utility of Robotic Virtual Reality Simulation in Gynecologic Resident Surgical Education  
– **Vogell A, Wright V, Wright K**
- 2:21 A Comprehensive 4-Phase Robotic Gynecologic Surgery Curriculum Congruent with PGY Levels Leads to Certification and Credentialing  
– **Saldivar JS**
- 2:27 Physician Perceptions of the Role of Minimally Invasive Gynecologic Surgeons in General Ob/Gyn  
– **Farrow MR, Nimaroff M**
- 2:33 Impact of Simulator Training on General Laparoscopic and Gynecologic Skills: A Systematic Review  
– **Jones-Cox C, Paka C, Chou B, Fashokun T, Lockrow E, Zahn C, Murray C, Dattilo J, Chen G, Singh S, Chen CCG**
- 2:39 Effect of Adding a Minimally Invasive Gynecology Division on Graduating Resident Operative Volume: A Two-Year Interim Analysis  
– **Valentine ML, Biest S, Dukes J, Winner B**
- 2:45 Obstetric and Gynecology Fellowship Program Directors at High Robotic Volume Institutions Have Higher Expectations of Incoming Fellows' Prior Robotic Experience  
– **Bregar AJ, Wohlrab K, Raker C, Robison K**
- 2:51 The Robotic Simulator: Setting Benchmarks for the New User  
– **Dioun SM, Munsell MF, Fleming ND, Ramirez PT, Soliman PT**
- 2:57 Bringing Laparoscopy to Haiti, a Pilot Program  
– **Maxis CP, Tang NZ, Lian X,\* D' Haiti S, Millien C**
- 3:03 A Validation Study: Does Use of an Interactive Computer Based Laparoscopic Hysterectomy Trainer Expand Cognitive Surgical Knowledge of Ob/Gyn Trainees beyond That of Traditional Educational Tools?  
– **Lichtman AS, Goff B, Schreuder HWR, Lenihan, Jr. J, Lefebvre G, Parker W, Mehra N, Ciotti M, Chiang A**
- 3:09 Cystoscopy Curriculum: A Needs Assessment of Obstetrics and Gynecology Residency Programs  
– **Scott LA, Mikail E, Greene KA, Wymann A, Hart S**
- 3:15 Adjourn

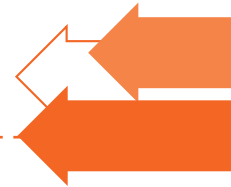
### ROOMS 109-110

## Open Communications 16

### New Instruments

Moderator: Paulo R. Cara  
Co-Moderator: Lara Harvey

- 2:15 ALEEP (Abdominal Loop Electrical Excision Procedure) – A Newly Developed Instrument to Reduce Post-Operative Cervical Bleeding in LASH Procedure Patients  
– **Deckardt R, Roth A**
- 2:21 Laparoscopic Smoke Evacuation: A Comparative Analysis  
– **Ott DE, Michal B**
- 2:27 Variation of Antimullerian Hormone Level after Endometrioma Ablation Using Plasma Energy  
– **Roman H, Auber M**
- 2:33 A New and Novel Method for Tissue Extraction In Laparoscopic Surgery  
– **Zisow DL**
- 2:39 Optical Imaging Falloposcope for Minimally Invasive Ovarian Cancer Detection  
– **Keenan MR, Tate T, Swan E, Black J, Utzinger U, Barton JK**
- 2:45 Use of a New Instrument in the Management of Total Laparoscopic Radical Hysterectomy (TLRH)  
– **Barletta F, Corrado G, Vizza E**
- 2:51 A Comparison of Physician-Rated Performance Characteristics, Preference and Ease of Use for the MyoSure® Hysteroscopic Morcellator Providing a Suction on Demand Feature for Visualization of the Uterine Cavity  
– **Scheiber MD**
- 2:57  Interest of a Three-Dimensional Vision System in Laparoscopic Suturing on Pelvi-Trainer: A Prospective Comparative Study among Naïve Medical Students  
– **Rabischong B, Compan C, Botchorishvili R, Bourdel N, Canis M**
- 3:03 A First-in-Human, Randomized, Controlled, Subject- and Reviewer-Blinded Study of a Degradable Hydrogel Adhesion Barrier Spray Applied Laparoscopically to All Sites of Surgical Trauma Following Gynecologic Laparoscopic Surgery  
– **Trew G, Pistofidis G, Ziegler N, Korrell M, Brucker S, Ritter H, Kraemer B, Diamond M, de Wilde R**
- 3:09 Vaginal Ultrasound-Directed Myolysis: Preclinical Testing on Fibroids after Hysterectomy  
– **Hurst BS, Merriam KS, DeVita J, Elliot M**
- 3:15 Adjourn



### ROOMS 118-120 Video Session 10 Advanced Endoscopy

Moderator: Kelly H. Roy  
Co-Moderator: Waldir P. Modotte

- 3:20 (LAVH) Laparoscopic Assisted Vaginal Hysterectomy with Early Uterine Artery Ligation with Titanium Clips  
– **Leal C, Dowell A, Rubio V, Garnica A**
- 3:27 Laparoscopic Trachelectomy  
– **Ritch JMB, Yunker AC**
- 3:34 A Paradigm Shift in Total Laparoscopic Hysterectomy  
– **Marwah V, Dasgupta S, Mittal P**
- 3:41 Laparoscopic Ovarian Detorion and Cystectomy in the Third Trimester of Pregnancy  
– **Mahmoud MS, Apostol R, Nezhaf F**
- 3:48 Rupture of Cisterna Chyli during Laparoscopic Para-Aortic Lymphadenectomy  
– **Choi JS, Bae J, Lee WM, Koh AR, Kim SH, Ok JH**
- 3:54 Laparoscopic Lumboaortic Lymphadenectomy in a Patient with Left Inferior Vena Cava  
– **Tsunoda AT, Cintra GF, Simioni EB, Vieira MA, dos Reis R, Andrade CCEM**
- 4:01 Total Laparoscopic Posterior Pelvic Exenteration  
– **Vieira MA, Andrade CCEM, Simonsen M, Cintra GF, Simioni EB, Tsunoda AT**
- 4:08 Tubal Flushing – A Novel Treatment Modality for Ectopic Pregnancy  
– **Krishna Pillai JK, Nambiar DS**
- 4:15 Single Port Robotic Hysterectomy in Low-Risk Gynecologic Cancer  
– **Ashley CW, Spencer R, Kushner DM**
- 4:21 Enclosed Transvaginal Uterus Morcellation of an 18 Week-Sized Uterus after Total Laparoscopic Hysterectomy and Bilateral Salpingo-Oophorectomy  
– **Dun EC, Lakhi N, Nezhaf CH**
- 4:25 Ovarian Remnant – Dissection and Excision  
– **Lang TG, Shiber L-D, Pasic R**
- 4:32 Complication Free Morcellation  
– **Pollard RR**
- 4:39 Laparoscopic Management of a Dermoid Cyst in Pregnancy  
– **Kondrup JD, Shaw MA, Sylvester BA, Branning ML**
- 4:46 Single Port Total Laparoscopy Hysterectomy for 21 Weeks Enlarged Leiomyomatos Uterus  
– **Azari A**
- 4:53 Hand Morcellation in a Bag: Reducing Risk of Intra-Abdominal Dissemination of Disease  
– **Prabakar C, Wagner J**
- 5:00 Adjourn

### ROOMS 109-110 Video Session 11 Advanced Endoscopy

Moderator: Ralph J. Turner  
Co-Moderators: Eric C. Liberman, Mark W. Surrey

- 3:20 Laparoscopic Surgery Using Suture Suspension – “Marionette-Like Technique”  
– **Yanai S, Andou M, Nakajima S, Fukuda M, Kanao H**
- 3:27 Laparoscopic Fundal Coring: A Technique to Facilitate Delivery of Uterine Specimens  
– **Hendessi P, Rindos N, Schiff L**
- 3:31 Uterine Power Morcellation in LapSac®  
– **Bodmer-Roy S, Suen MWH, Allaire C**
- 3:38 Hand Assist Laparoscopy in an Obstetric Patient  
– **Hammons LM, Chamsy DJ, Mansuria SM**
- 3:45 Disseminated Peritoneal Leiomyomatosis after Morcellation  
– **Davies P, Nitsch R, Reid R, MacDonald PH**
- 3:52 Specimen Removal Options  
– **Nimaroff ML, Farrow MR**
- 3:58 Preoperative Magnetic Resonance Imaging (MRI) Findings Correlate with Blood Loss during Myomectomy  
– **Takeya A, Matsumoto T, Andou R, Hashimoto Y, Sen K, Saamoto K, Saeki A, Oku H**
- 4:05 Total Laparoscopic Hysterectomy for Cesarean Scar Ectopic Pregnancy  
– **Walsh TM, Roca FJ, Ryan N, Guan X**
- 4:12 Laparoscopy for Retained Placental Tissue - Presentation of Two Cases  
– **Fartakova Z, Mara M**
- 4:19 Single Port Repair of Defect at Isthmic Area during Single Port Laparoscopic Huge Myomectomy  
– **Lee YS, Chong GO, Lee YH, Hong DG**
- 4:26 Pitfalls of Laparoscopic Cystectomy for Ovarian Endometriomas  
– **Hashimoto Y, Saeki A, Matsumoto T, Ando R, Takeya A, Chien HW, Sakamoto K, Oku H**
- 4:32 The Safe and Useful Surgical Techniques of Laparoscopic Myomectomy for Various Types of Uterine Fibroids  
– **Kitade M, Kumakiri J, Kuroda K, Jinushi M, Kikuchi I, Takeda S**
- 4:39 Feasibility of Transumbilical Single-Port Approach Using Straight Instruments for Laparoscopic Subtotal Hysterectomy  
– **You S-H, Kuo H-H, Huang C-Y, Lee C-L, Yen C-F**
- 4:46 Role of Laparoscopy at Various Stages of Ovarian Cancer  
– **Joshi G, Puntambekar S, Kumar S, Puntambekar S**
- 5:00 Adjourn

### BALLROOM A/B Video Session 12 Advanced Endoscopy

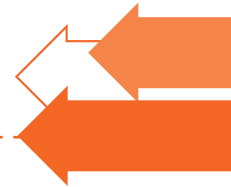
Moderator: Radha Syed  
Co-Moderators: Jonathan Song, Andrea Tinelli

- 3:20  "Closed" Power Morcellation  
– **Wright K, Vogell A**
- 3:26 Mechanical Morcellation of a Solid Ovarian Mass in a Pneumo-Bag  
– **Boruta DM, Davis MR**
- 3:33 Enclosed Morcellation Technique  
– **Manoucheri E, Wang KC, Cohen SL, Einarsson JI**
- 3:40 In-Bag Vaginal Morcellation for the Large Uterine Specimen Following Minimally Invasive Total Hysterectomy  
– **Schiff LD, Tsafir Z, Theoharis E**
- 3:45 In Bag Morcellation  
– **Einarsson JI, Cohen SL, Wang KC**
- 3:52 Safer Alternative to Power Morcellation  
– **Song JY, Rotman C**
- 3:59 Vaginal Access Minimally Invasive Surgery: A New Approach to Hysterectomy  
– **Atallah S, Martin-Perez B, Schoonyoung H, Albert M, Hunter L, Quinteros F, Larach S**
- 4:06 Artificial Pneumoperitoneum: Introducing a New Environment for Safe, Contained Morcellation. Laparoendoscopic Single Site Technique  
– **Shibey KA**
- 4:13 Robotic Placement of Vascular Clamps on Uterine Arteries for Robotic Myomectomy  
– **Orady ME**
- 4:20 Total Laparoscopic Hysterectomy for a Didelphic Uterus with a 1cm Vaginal Septum  
– **Kliethermes C, Holloran-Schwartz B**
- 4:27 Laparoscopic Myomectomy for Cervical Myoma – Tips and Tricks  
– **Kriplani A, Mahey R, Kachhawa G, Wangdi T, Badigar S, Sds K**
- 4:34 Robotic-Assisted Laparoscopic Retroperitoneal Dissection for the General Gynecologist  
– **Musselman BM, Richard S, Patel N**
- 4:41 LESS Management of Huge Ovarian Cyst  
– **Aldakhyel L, Alobaid A**
- 4:48 Optimized Colpotomy with the Colpo-Port Vaginal Fornix Delineator  
– **Rosenthal DM**
- 5:00 Adjourn

### BALLROOM D Open Communications 17 Advanced Endoscopy

Moderator: Steven F. Palter  
Co-Moderator: Janelle Moulder

- 3:20 Does a Reduction in Trendelenburg Impact Operative Time or Blood Loss in Robot-Assisted Hysterectomy?  
– **Nicosia M, Sasada K, Mihalov L**
- 3:26 Comparison of Robotic Approach and Laparoscopic Approach Performing Total Hysterectomy with Pelvic Adhesion Conditions  
– **Tu P-C, Chiu L-H, Chen C-H, Liu W-M**
- 3:32 Uterine Myomectomy: Comparing Robot-Assisted, Laparoscopic and Open Techniques  
– **Blanton E, Ninivaggio C, Carter D, Chappelle J, Griffin T**
- 3:38 Case Report: Robotic Assisted Surgical Management of 12 wk Asymptomatic Heterotopic Extraovarian Viable Pregnancy  
– **Sam LA, Guerra M**
- 3:44 A Randomized Clinical Trial Comparing Two Different Methods of Trocar Placement in Gynecologic Laparoscopy  
– **Prabakar C, Saraf S, Homel P, Bral P**
- 3:50 Outpatient Treatment by Radiofrequency Volumetric Thermal Ablation (RFVTA) of a 15-cm Cervical Myoma in Close Proximity to the Bladder: A Case Study  
– **Greenberg A**
- 3:56 Successfully Removed Unfavorably Localized Myoma by Robot-Assisted Laparoscopic Myomectomy with Reduced Ports  
– **Kang SY, Chung Y-J, Choi MR, Cho HH, Kim J-H, Kim M-R**
- 4:02 Uterine Pathology in Hysterectomies Performed for Treatment of Pelvic Organ Prolapse  
– **Foust-Wright C, Weinstein MM, Pilliod R, Posthuma R, Wakamatsu MM, Pulliam SJ**
- 4:08 One and Two-Year Follow-Up Results of a Multi-Center, Single-Arm, International Clinical Study of the Safety and Efficacy of the MINERVA Endometrial Ablation System  
– **Laberge P, Garza-Leal J, Fortin C, Sabbah R, Fullop T, Pal A, Bacsko G**
- 4:14 Intercoat (OXIPLEX /AP Gel) for Preventing Intrauterine Adhesions after Operative Hysteroscopy: Double Blind Prospective Randomized Pilot Study  
– **Paz M, Kaufman Y, Brandes Klein O, Segev E, Rofe G, Auslender R, Lissak A**
- 4:20 Assessment of Abdominal Ultrasound Guidance in Hysteroscopic Treatment of Uterus Septa  
– **Vigoureux S, Fernandez H, Levailant J-M, Legendre G\***
- 4:26 Characteristics of Angiogenesis in Patients with Adenomyosis  
– **Gavrilova TY, Adamyan LV, Burlev VA, Kozachenko IF, Marukyan AS, Shklyar AA**
- 4:32 Cost Effectiveness of Robotic Supracervical Hysterectomy (Multi Port and Single Port) as an Alternative to Traditional Laparoscopic Hysterectomy  
– **Williford B, Baxi R, Fisher J**
- 5:00 Adjourn



**BALLROOM C**

**Open Communications 18**

**Advanced Endoscopy**

Moderator: Paul D. Indman

Co-Moderators: Erika Balassiano, Arie Lissak

- 3:20 Open Power Morcellation Versus Morcellation within a Contained Pneumoperitoneum: Comparison of Perioperative Outcomes  
– Vargas MV, Fuchs-Weizman N, Cohen SL,\* Wang KC, Manoucheri E, Einarsson JI
- 3:26 Single-Port Laparoscopic Myomectomy Using a YS Sliding Extracorporeal Knot  
– Chong GO, Lee YH, Hong DG, Lee YS
- 3:32 Indication for Autotransfusion before Laparoscopic Myomectomy (LM) in Our Hospital  
– Mimura T, Ishikawa T, Nagashima M, Hasegawa J, Sekizawa A
- 3:38 Patients' Age, Myoma Size, Myoma Location, and Interval Between Myomectomy and Pregnancy May Influence the Pregnancy Rate and Live Birth Rate After Myomectomy  
– Zhang Y, Hua KQ
- 3:44 Reduced Operative Times with a Universal LESS Approach to Hysterectomies  
– Saraf S, Alman C, Homel P, Wagner J
- 3:50 A Comparison of Laparoscopic and Robotic Hysterectomy When Performed by Expert Laparoscopic and Robotic Surgeons  
– Gujral H, Vogell A, Strohsnitter W, Wright KN
- 3:56 Total Laparoscopic Hysterectomy – Experience of a Portuguese University Hospital  
– Braga A, Ferreira H, Cubal R, Pereira AT, Guimarães S
- 4:02 Laparoscopic Management of Adnexal Pathology in the Midtrimester of Pregnancy: Usage of the Veress Needle and Harmonic Scalpel  
– Ramphal SR
- 4:08 The Best Hysterectomy for Your Patient – Evidence and Cost-Based  
– Goolab BD
- 4:14 Laparoscopic Radiofrequency Volumetric Thermal Ablation (RFVTA) of Symptomatic Fibroids and Myomectomy: A Randomized Trial of Uterine-Sparing Techniques in Canada  
– Thiel JA, Ratray DD, Leyland N
- 4:20 The Surgical Outcomes of Transumbilical Single-Site Laparoscopic Myomectomy Using Straight Instruments  
– Yen C-F, Han C-M, Huang C-Y, Lee C-L
- 4:26 Experience with Laparoscopic Hysterectomy in a Single Ambulatory Surgical Center from October 2005-March 2014  
– Engel SE, Rosenfield R
- 4:32 Role of Minimally Invasive Surgery and Fertility Sparing Surgery in Patient with Borderline Ovarian Malignancy  
– Ko AR, Park J-Y, Baek M-H, Han W-S, Kim J-H, Kim Y-M, Kim Y-T, Nam J-H, Kim D-Y
- 4:38 Antibiotic Prophylaxis in Gynecologic Laparoscopy: Randomized Controlled Trial (Preliminary Results)  
– Campos FSM, Archangelo SCV, Francisco AMC, Lima RPF, Veiga DF
- 4:44 Individual Pain Sensitivity Assessed with the Pain Sensitivity Questionnaire and Pain after Hysterectomy  
– Husslein H, Hanlon J, Shore E, Shirreff L, Lefebvre G
- 4:50 Trend of Various Route of Hysterectomy on Benign Conditions in a Tertiary Referral Centre of Singapore from 2008 to 2013  
– Ma L, Fong YF, Ng KW, Chew SL, Ng YW
- 5:00 Adjourn

**ROOMS 121-122**

**Open Communications 19**

**Advanced Endoscopy**

Moderator: John Heusinkveld

Co-Moderators: Emad Mikhail, Nima R. Patel

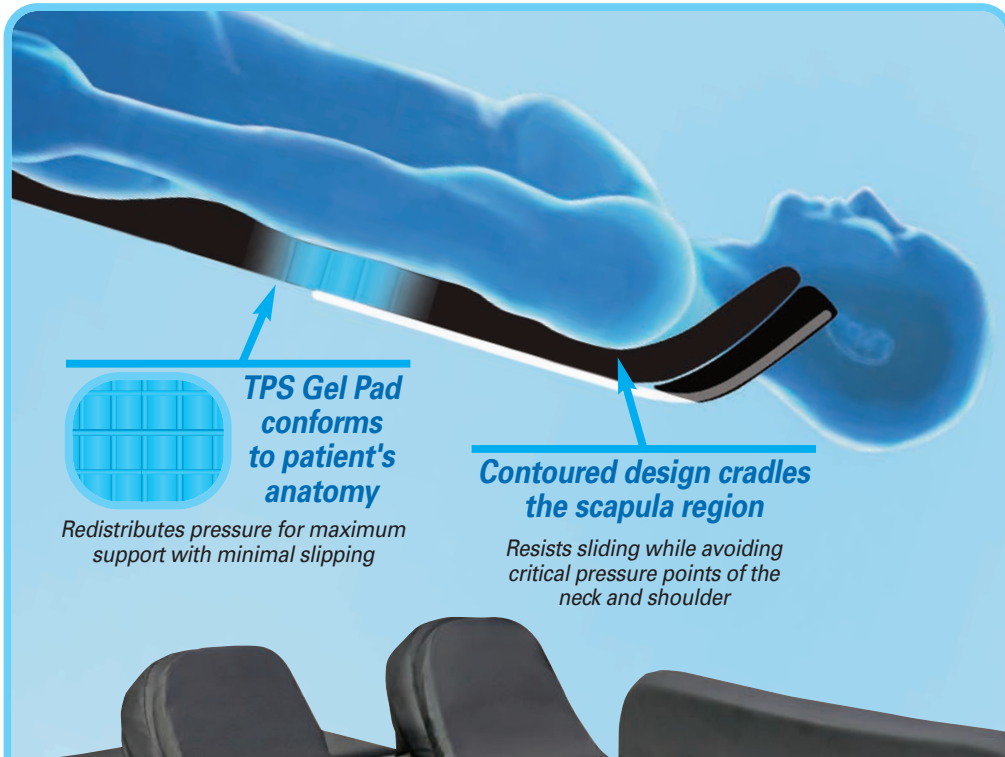
- 3:20 Successful Treatment of Asherman's Syndrome in an Outpatient Hysteroscopy Setting  
– Bougie O, Singh SS
- 3:26 New-Generation Reusable Bipolar Electrode in Office Hysteroscopy  
– Cammareri G, Lanzani C, Cirillo F, Turba FG, Rehman S, Ferrazzi E
- 3:32 Is Synechia a Complication of Laparotomic Myomectomy?  
– Capmas P, Pourcelot A-G, Fernandez H
- 3:38 Hysteroscopic Sterilization Outcomes in Uncontrolled Diabetes Mellitus Patients: A Retrospective Cohort Review  
– Chapa HO, Venegas G
- 3:44 Comparison of Female Sterilization Methods: A Study of Procedure Success and Cost in a Low-Income Population  
– Paden M, Mills BB
- 3:50 The Value of Proctored Laparoscopic Simulation Training: A Pilot Study  
– Clark LE, Zigras T, Menderes G
- 3:56 Moving Hysteroscopic Surgery Out of the Operating Room: An Analysis of Myomectomy and Polypectomy Procedures Performed Using Office Hysteroscopic Morcellation  
– Garcia AL, Sloan AL, Paine S, Kimler-Altobelli K
- 4:02 Three Dimensional Transvaginal Ultrasonography (3D-TVS) and Two Dimensional- Three Dimensional Real-Time Hysterosalpingo-Sonography with Gel Foam (2D-3DHyFoSy): A One-Step Approach for the Follow-Up of Hysteroscopic Tubal Sterilization with Essure Device  
– Zizolfi B, Exacoustos C, Romeo V, Lazzeri L, Franchini M, Zupi E, Di Spiezio Sardo A
- 4:08 Are We Counselling Patients Correctly Prior to Endometrial Ablations?  
– Hardcastle R, Guyer C
- 4:14 Hysteroscopic Resection in the UK Office Setting: A Pilot Study into Patient Acceptability  
– Hiscock J, Vindla S, Palser T
- 4:20 Endometrial Ablation in Women with Abnormal Uterine Bleeding Associated with Ovulatory Dysfunction (AUB-O): A Cohort Study  
– Hokenstad AN, El-Nashar SA, Khan Z, Hopkins MR, Laughlin-Tommaso SK, Famuyide AO
- 4:26 Cost-Effectiveness of Endometrial Ablation with the NovaSure® System Versus Other Global Ablation Modalities and Hysterectomy for Treatment of Abnormal Uterine Bleeding (AUB): US Commercial and Medicaid Payer Perspectives  
– Lukes AS, Basinski CM, Miller JD, Lenhart GM, Bonafede MM, Troeger KA
- 4:32 Menorrhagia: Outcome of Minimally Invasive Treatments (MOMITs): Three to Five-Year Follow-Up of Outcomes Following Thermal Balloon Endometrial Ablation (TBEA) and Levonorgestrel Intra-Uterine System (LNG-IUS) Insertion  
– McCarthy CM, Burke C
- 4:38 Robotic Simulators: A Case for the Return on Investment  
– Simpson KM, Smith RD
- 4:44 Does History of Dysmenorrhea Affect Endometrial Ablation Outcomes? A Cohort Study  
– Khan Z, El-Nashar SA, Hopkins MR, Laughlin-Tommaso SK, Famuyide AO
- 4:50 Hand Morcellation During Laparoscopic Hysterectomy  
– Hobbs KA, Moulder JK, Siedhoff MT
- 5:00 Adjourn

THURSDAY

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*Redistributes pressure for maximum support with minimal slipping*

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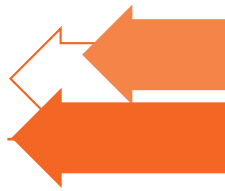
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THURSDAY, NOVEMBER 20, 2014

3:20 PM – 5:00 PM



ROOMS 202-204

**CME T.E.A.M. Up for OR Optimization!**

Chair: John Evanko | Faculty: Kathryn Allen, Mary Dobbie, Adam Slevin, Michael Weissman

In the OR, communication and teamwork is critical for success. This distinguished group of medical professionals will present “T.E.A.M. – Together Everyone Achieves More” to provide measurements you can utilize to maximize OR productivity within your organization. This session is ideal for physicians, managers, allied healthcare professionals, and nurses alike. It will also explain elements of communication, preparation and reproducibility in order to increase caseload and decrease redundancy within the operating room.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Identify key parameters by which to measure efficiency and utilize these to maximize case volume and productivity; 2) differentiate key individual positions leading to the creation of a quality operative room team; and 3) prioritize the importance of an operative room team and its impact on measures of safety and efficiency.

3:20	Welcome, Introductions and Course Overview	J. Evanko
3:25	Measuring OR Efficiency from the Surgeon's Perspective	J. Evanko
3:45	Communication to Improve Efficiency: A Nurse's Perspective	M. Dobbie
4:05	OR Optimization: Building a Surgical Team	M. Weissman
4:25	Innovated Steps Leading to Improved Start Times and Decreased Room Turnover Times	K. Allen
4:45	Tips and Tricks for Improving First Assist Skills and Preventing Adverse Outcomes	A. Slevin
5:05	Questions & Answers	All Faculty
5:20	Adjourn	

THURSDAY



12th AAGL  
International Congress  
on Minimally Invasive  
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in partnership with the  
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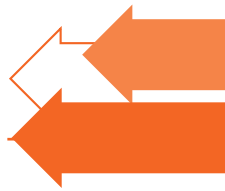
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**ROOM 211**



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**Preventing and Managing Complications in Advanced Laparoscopy**

*Sponsored by Covidien*

**Discussion will include:**

- Difficult hysterectomies: S/P C-section, fibroids
- Challenging parametrial dissections: vessel and tissue sealing
- Anatomic challenges: ureterolysis, adhesiolysis
- Safety in closure of cystostomy, enterotomy, colpotomy

**Speaker**

Kate O'Hanlan, M.D.

AAGL Council of Gynecologic Endoscopy, Oncology Subspecialty, Level 4  
Medical Director, Laparoscopic Institute for Gynecologic Oncology (LIGO)  
Portola Valley, California



# AAGL

Advancing Minimally Invasive Gynecology Worldwide

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**SURGICAL REVIEW CORPORATION**

The AAGL Center of Excellence in Minimally Invasive Gynecology™ (COEMIG™) program is focused on improving the safety, efficacy and efficiency of gynecologic patient care worldwide. The program is designed to expand patient awareness of and access to minimally invasive gynecologic procedures performed by surgeons and facilities that have demonstrated excellence in these advanced techniques. To keep the program free of bias and protect participant confidentiality, the AAGL selected Surgical Review Corporation (SRC), an independent nonprofit healthcare quality organization, to manage the program on the society's behalf.

100 Centers and nearly 400 Surgeons are designated in the COEMIG program.

## Are You On The Map?



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James K. Robinson III, M.D.

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# TELESURGERY SESSIONS

FRIDAY, NOVEMBER 21, 2014 • 8:00 AM – 1:00 PM

## BALLROOM A/B

**Simulation Olympics** – 8:00 AM - 8:30 AM



### **CME** Telesurgery Sessions – 8:30 AM - 1:00 PM

The AAGL designates this educational activity for a maximum of 3.0 *AMA PRA Category 1 Credits*<sup>™</sup>. These sessions offer physicians a chance to view surgeries, ask questions of the surgeons and discuss details of the case.

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### Laparoscopic Sacral Colpopexy

Surgeon: **Geoffrey W. Cundiff, M.D.** – Vancouver, British Columbia, Canada

Moderator: **Robert D. Moore, D.O.** – Alpharetta, Georgia

Moderator: **Andrew I. Sokol** – Washington, D.C.



This course provides a live surgical demonstration of a laparoscopic sacral colpopexy. This technique offers the durability of the sacral colpopexy with a recovery that is comparable to a prolapse repair from a vaginal approach. Level 1 evidence supports equivalent clinical effectiveness for the laparoscopic approach compared to sacral colpopexy by laparotomy. The faster and easier recovery combined with better cosmetic results make this an attractive solution for patients. This course demonstrates the technique and will show tips and tricks to overcome the difficulties related to the reduced instruments diameter.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Describe the advantages of a laparoscopic approach for sacral colpopexy; 2) utilize techniques to achieve a safe dissection of the sacral promontory; and 3) describe techniques to complete a sacral colpopexy laparoscopically in a reasonable time frame.



### Robotic Assisted Radical Hysterectomy with Pelvic Lymphadenectomy

Surgeon: **Peter C.W. Lim, M.D.** – Reno, Nevada

Moderator: **Antonio R. Gargiulo, M.D.** – Boston, Massachusetts

Moderator: **Edward J. Tanner, M.D.** – Baltimore, Maryland



The patient is a 35-year old white female who is diagnosed with stage IB1 (3cm cervical mass) grade 2 squamous cell carcinoma of the cervix. She will be undergoing a robotic assisted radical hysterectomy with pelvic lymphadenectomy for treatment of her cervical cancer with the Robotic Xi system. Utilization of vessel sealer and the new Robotic Xi platform will be utilized to perform the surgery.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Perform steps to robotic radical hysterectomy; 2) identify pertinent retroperitoneal anatomical pelvic structures (e.g., vasculature, nerves and ligaments); and describe tips and tricks to avoid complications associated with this procedure.



### Laparoscopic Myomectomy with Enclosed Morcellation

Surgeon: **Jon I. Einarsson, M.D., Ph.D., MPH** – Boston, Massachusetts

Moderator: **Tiffany R. Jackson, M.D.** – Garland, Texas

Moderator: **Marco A. Pinho de Oliveira, M.D.** – Rio de Janeiro, Brazil



This course provides a live surgical demonstration of a Laparoscopic myomectomy with enclosed morcellation. This course demonstrates the procedural technique and will show tips and tricks for performing key portions of the procedure such as high volume infiltration of dilute vasopressin, secure multilayer myometrial closure with barbed suture and enclosed tissue morcellation in a safe and efficient manner.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Implement the use of high volume low concentration vasopressin solution for laparoscopic myomectomy; 2) demonstrate how to appropriately close the myometrium during a laparoscopic myomectomy; and 3) discuss the advantages of enclosed laparoscopic morcellation over open laparoscopic morcellation.



### Single Incision Sling

Surgeon: **Vincent R. Lucente, M.D., MBA** – Allentown, Pennsylvania

Moderator: **John R. Miklos, M.D.** – Atlanta, Georgia



This case will be a live surgical demonstration of an office based single incision sling. This approach holds the advantage of being more cost efficient, convenient and in our practice has been found to be safe and efficacious. We will demonstrate an effective pre-procedure protocol to promote patient safety and comfort. The technique of an optimal local anesthetic block will be shown. We will also demonstrate proper dissection, sling placement and sling adjustment.

**Learning Objectives:** *At the conclusion of this course, the participant will be able to:* 1) Optimize patient selection and pre-operative management for successful in-office single incision sling; 2) demonstrate administration of local anesthetic for analgesia and hydrodissection; and 3) discuss the advantages of in-office single incision sling over a traditional OR-based procedure.



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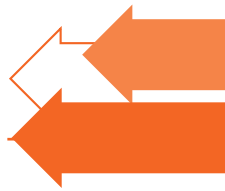
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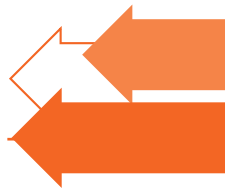
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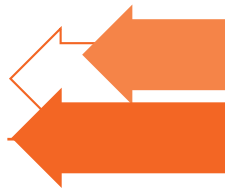
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- 537 Single Port Laparoscopic Upper Vaginectomy for High Risk Vaginal Intraepithelial Neoplasia Arising from Vaginal Vault after Hysterectomy  
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- 538 Intravenous Injection of Ramosetron for the Prevention of Nausea and Vomiting after Single Port Access Total Laparoscopic Hysterectomy  
**Lee S-H**
- 539 Route of Gynecology Surgery and Feasibility of Increasing Minimally Invasive Surgery Volume in an Urban Teaching Hospital  
**Lee R, Phillips K, Yan F**
- 540 Successful Single-Port Laparoscopic Management of Abdominal Pregnancy in the Cul-de-Sac  
**Ma K, Zhang Y, Feng Z, Yang X, Yin L**
- 541 A New Approach for the Evaluation and Management of Pelvic Masses Requiring Surgical Treatment: Avoiding Unnecessary Perioperative Imaging and Delay in Appropriate Care  
**Mahmoud MS, Apostol R, Nezhat F**
- 542 Change in Mode of Access for Myomectomy between 2009-2012: Effect on Perioperative Outcomes  
**Manoucheri E, Cohen SL, Verbaan M, Wang KC, Einarsson JI**
- 543 Laparoscopic Tubal Ligation Performed at the Time of Bariatric Surgery  
**Martin SJ, Scheib SA, \*Thomassee ME**
- 544 Paradigm Shift in Technique of Total Laparoscopic Hysterectomy – Marwah's Technique  
**Marwah V, Dasgupta S, Mittal P**
- 545 Clinical and Operative Characteristics from Patients Undergoing Laparoscopic Miomectomy in a Teaching Program of Gynecological Laparoscopy  
**Morgan-Ortiz F, Soto-Pineda JM, Baez-Barraza J, Garzón-López O, Lelevier-De Doig Alvear H**
- 546 The Reduced Site Gas Less Laparoscopic Myomectomy  
**Morikawa K, Takaki Y, Ishida M, Yokoo T, Tsuneki I, Tamura M, Kurabayashi T**
- 547 Retrospective Analysis of 152 Cases between Ligation of Cervical Stump and Suturing of Uterine Arteries in Laparoscopic Supracervical Hysterectomy (LSH)  
**Mun ST**
- 548 Successful Treatment of Rectus Muscle Endometriosis by Laparoscopy  
**Na YJ, Song YJ, Kim HG, Yang JS, Yeom JI**
- 549 Effect of BMI on the Safety at the Time of Laparoscopic Entry  
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- 550 Risk Factors for Vaginal Vault Dehiscence After Total Laparoscopic Hysterectomy  
**Nam EJ, Yim GW, Kim S, Kim SW, Kim JW, Kim YT**
- 551 Single Incision Laparoscopic Excision of Cornual Ectopic Pregnancy Made Simple Using Endoloop®  
**Ng YW**
- 552 Laparoscopic Management of Pregnancy in a Rudimentary Horn of the Uterus at 7 Weeks Gestation: A Case Report  
**Notzon MJ, Patel D, Lam S**
- 553 Severe Ovarian Bleeding after Transvaginal Oocyte Retrieval: Incidence, Course, and Management with Laparoscopic Surgery  
**Nouri K**
- 554 Pre-Operative Preparation for the Extraction of a Large Dermoid Jaw Bone  
**Osborne SE, Woods S, Martin DC**
- 555 The Gas Less Single Site Laparoscopic Surgery  
**Ota Y, Takaki Y, Wakabayashi R, Okuda M, Kubota Y**
- 556 The Effect of Prior Laparotomy on Gynecological Laparoscopy  
**Park CY**
- 557 Type and Outcome of Laparoscopic Hysterectomy in a General Gynaecological Unit  
**Quinlan DJ, Bentzon S, Silver A, Cohen T, Hunt H**
- 558 A Case Study of Laparoscopic Management of an Adnexal Dichorionic-Diamniotic Twin Ectopic Pregnancy  
**Rahman SU, Po W, Johnson JR**
- 559 Operative Laparoscopy in Conscious Sedation (OLICS): Preliminary Results  
**Rosati M, Bramante S**
- 560 Major Complications of Laparoscopy, a 17-Year Follow Up in a Teaching Hospital in Saudi Arabia  
**Rouzi AA, Sahly N, Mansouri N, Alsinani N, Kafy S, Sawan D, Abduljabbar H**
- 561 Horizontal Versus Vertical Closure of the Vaginal Cuff at Total Laparoscopic Hysterectomy: The Effect of Cuff Closure on Preserving Vaginal Length  
**Ryan NA, Guan X**
- 562 The Role of Endoscopic Methods While Restoring Fertility among Women with Polycystic Ovary Syndrome  
**Semenyuk L, Yarotskiy N**
- 563 Investigation of Factors Associated with Repeat Surgery in Patients Undergoing Long-Term Follow-Up after Laparoscopic Myomectomy  
**Shinjo A, Kumakiri J, Kitade M, Kikuchi I, Jinushi M, Takeda S**
- 564 Single Port Laparoscopic Transumbilical Extraperitoneal Bilateral Pelvic and Paraaortic Lymphadenectomy for Surgical Staging in Locally Advanced Cervical Cancer  
**Song MJ, Hur SY, Yoon JH**
- 565 Patient Outcomes after Minimally Invasive Hysterectomy or Myomectomy Using a Power Morcellator: A 10-Year Review  
**Stone A, Thompson M**
- 566 The Rate and Operative Sequelae of Uterine Perforation with Uterine Manipulators during Laparoscopic and Robotic Gynecologic Surgery  
**Stornelli N, Black J, Arruda J, Sheeder J, Guntupalli S**
- 567 Ways and Means to Handle Tanko-TLH Safely in Our Clinic  
**Takahashi H, Kariya M, Yamaguchi M, Matsumoto K, Hara S, Kinoshita A**
- 568 Infiltration of Bupivacaine Local Anesthetic to Trocar Insertion Sites After Laparoscopy: A Randomized, Double Blind, Stratified, and Controlled Trial  
**Tam T, Harkins G, Wegryzniak L, Ehrgood S, Kunselman A, Davies M**
- 569 Massive Cystadenoma: Using Minimally Invasive Surgery to Cure and Preserve Fertility  
**Taylor CB, Fuchs E, Friye P, Byler Dann R**
- 570 A Modified Technique for Laparoscopic Subtotal Hysterectomy  
**Ting W-H, Chuang Y-C**
- 571 Spontaneous Hemoperitoneum After Vaginal Delivery  
**Ting W-H, Chuang Y-C**
- 572 TLH Made More Safe by Tackling Uterine Artery at Origin?  
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- 573 Urinary Incontinence Surgery and Medical Management Constantly Changing  
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- 574 Positioning Injury in Robotic Gynecologic Surgery  
**Ulm MA, Munsell MF, Rallapali V, Ramirez PT, Soliman PT**
- 575 Survey of Cystoscopy Performance at the Time of Hysterectomy  
**Vaynberg D, Jaspán D, Goldberg J**
- 576 Safety of Left Upper Quadrant Entry during Laparoscopic Surgery in Obese Patients with a History of Prior Abdominal Surgery  
**Wishall KM, Seufert JM, Danis RB, Pereira N, Della Badia CR**
- 577 Natural Orifice Transvaginal Endoscopic Surgery (NOTES) for Ovarian Mature Cystic Teratoma  
**Wu K-Y, Lee C-L, Huang C-Y, Han C-M, Yen C-F**
- 578 Single-Port Laparoscopic Debulking Surgery of Variant Diffuse Peritoneal Leiomyomatosis with Retroperitoneal Leiomyomatosis; First Report  
**Yoon JH, Lee SW, Lee SJ, Yoo SH, Song MJ**

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**Cammareri G, Brambilla CI, Cirillo F, Buzzella F, Ferrazzi EM**
- 580 Prospective Clinical Trial Comparing Office Endoscopic Directed Biopsy to Pipelle Endometrial Biopsy  
**Chudnoff S, Levie M, Hawkins E, Fridman D**
- 581 Cadaveric Evaluation of the CystoSure™ 4-Way Catheter: A New System for Diagnostic Cystoscopy  
**Greenberg JA, Kohli N, Desrosiers L, Rubino RJ**
- 582 The ULTRA Registry: Uterine Leiomyoma Treatment with Radiofrequency Ablation  
**Jacoby VL, Saberi N, Parvataneni R, Varon S, Waetjen E**
- 583 Efficacy of Protocol for Enhanced Recovery after Surgery: The Use of Preoperative Oral Rehydration for Patients Undergoing Gynecologic Laparoscopic Surgery  
**Jinushi M, Kitade M, Kumakiri J, Kuroda K, Takeda S**
- 584 Transatlantic Intraoperative Telementoring Using Standard Videoconference Technology: A Gynecologic Case Report  
**Lombardi TM, Stepp KJ, Brown S**
- 585 Incidence of Abdominal Hysterectomy Decreases with Increasing Surgical Volume  
**Makai GE, Patel NR, Sloan NL**
- 586 Mangeshkar Endosteal Knife: An Effective and Ergonomic Tool for Debulking the Uterus at TLH  
**Mangeshkar PS**
- 587 Devising a Combined Extracorporeal and Intracorporeal Approach to Create a Hybrid Suture  
**Marwah V, Dasgupta S, Mittal P**
- 588 Thermal Effect of J-Plasma Energy in a Porcine Tissue Model: Implications for Minimally Invasive Surgery  
**Pedroso J, Gutierrez M, Volker KW**
- 589 First Clinical Experiences Using a Novel Device (Sonosure®) Integrating Endometrial Biopsy and Saline Infused Sonography  
**Schoot BC**

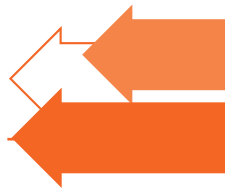
- 590 Percutaneous Laparoscopy with 5-mm End Effectors: A Novel Technique  
**Siedhoff MT, Hobbs KA, Moulder JK**
- 591 Percutaneous Trocarless Minilaparoscopy: Establishing Feasibility Limits of Extracorporeal Exchange of 5 mm Interchangeable Tips on 2.9mm Instrument Shafts in a Thin and Obese Woman  
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- 592 Total Laparoscopic Hysterectomy in 3 Easy and Safe Steps with Titiz Utero-Vaginal Manipulator  
**Titiz H**
- 593 SKYLA (Levonorgestrel-Releasing Intrauterine System) Use in a Case of Mullerian Uterine Anomaly  
**Zakaria MA, Parsons A**
- 594 The Utility of Hand Assist Laparoscopic Surgery (HALS) in Giant Pelvic Masses  
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- 595 Feasibility and Efficacy of Laparoscopic Restaging Surgery for Women with Unexpected Ovarian Malignancy  
**Bae J, Choi JS, Lee WM, Kim KT, Koh AR, Ko JH**
- 596 Feasibility and Safety of Laparoscopic Surgery for Obese Korean Women with Endometrial Cancer: Long-Term Results at a Single Institution  
**Baek M-H, Suk HJ, Jung PS, Ko A, Han W-S, Lee S-W, Park J-Y, Kim D, Kim J-H, Kim Y-M, Kim Y-T, Nam J-H**
- 597 Recurrent Clear Cell Adenocarcinoma of Ovary in the Umbilicus: Sister Mary Joseph Node or Videolaparoscopy's Trocar Implant? – A Case Report  
**Barbosa LR, Archangelo SV, Francisco AMC, Grande RM, Campos FS, dos Reis BF**
- 598 Feasibility and Safety of Laparoscopic Secondary or Tertiary Cytoreduction in Carefully Selected Patients with Localized Recurrent Epithelial Ovarian Cancer  
**Choi J-K, Paik ES, Lee Y-Y, Lee J-W, Bae D-S, Kim T-H**
- 599 Intermediate Ovarian Sertoli Cell Tumor in a 16 Year-Old Girl: Case Report  
**Cortes Algara A, Garcia Rodriguez E, Cortes Vazquez A, Ahluwalia BS, Castaneda FE**
- 600 Case Study: Hereditary Cancer Genetic Testing in Unaffected Patients May Allow for Early Intervention and Aggressive Management  
**Goldman Snow S**
- 602 Comparison of Single Port Laparoscopic Surgery to Conventional Three Ports  
**Ji YI, Jung MH**
- 603 Comparisons of Surgical Outcomes, Complications, and Costs Between Laparotomy and Laparoscopy in Early-Stage Ovarian Cancer  
**Kim S, Nam EJ, Lee BS**
- 604 Analysis of Recurrence Pattern Based on Minimally Invasive Approach in Patients with Stage I Epithelial Ovarian Cancer  
**Lee Y-Y, Kim T-J, Choi J-K, Kim T, Yun G, Choi CH, Lee J-W, Kim B-G, Bae D-S**
- 605 Threshold for Endometrial Biopsy in Postmenopausal Patients without Vaginal Bleeding  
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606 Comparison of Lower Extremity Lymphedema Incidence between Two Pelvic Lymphadenectomy Techniques in Uterine Cancer Patients Undergoing Robotic-Assisted Staging Procedures  
**Menderes G, Clark L, Azodi M, Silasi DA**

607 Four Risk of Malignancy Indices in Evaluation of Pelvic Masses  
**Park J-W**

608 A Comparison of Colorimetric Versus Fluorometric Sentinel Lymph Node Mapping During Robotic Surgery for Endometrial Cancer  
**Sinno A, Nickles Fader A, Long Roche K, Giuntoli, II RL, Tanner EJ**

609 The Extra Peritoneal Para Aortic Lymphadenectomy after Laparoscopic Total Hysterectomy  
**Takaki Y, Kubota Y, Wakabayashi R, Okuda M, Hasegawa E**

610 Perioperative Outcomes of Radical Trachelectomy in Early-Stage Cervical Cancer: Vaginal Versus Laparoscopic Approaches  
**Yoon A, Choi CH, Choi J-K, Kim T-H, Lee Y-Y, Kim T-J, Lee J-W, Kim B-G, Bae D-S**

## PELVIC PAIN

611 Postablation Tubal Sterilization Syndrome: A Case Report  
**Akinlaja OA**

612 Large Uterine Myoma of Giant Cells (8.1Kg): Case Report  
**Castaneda FE, Ahluwalia BS, Morales Palomares MA**

613 Is Chronic Pelvic Pain (CPP) Linked to a Pro-Inflammatory Diet or Vitamin D Deficiency?  
**Jarnagin BK, Rowland GL\***

614 Prevalence of Uterine Leiomyoma in an Adolescent Population  
**Nwachuku N, Smith KS, Obirieze AC, Pew K**

## REPRODUCTIVE ISSUES

615 Myometrial Abscess: A Complication of Myomectomy of a Large Cervical Myoma  
**Abdelaziz A, Joseph S, Ashraf M, Abuzeid M**

616 Bilateral Teratoma, a Case Report : Preservation of Fertility  
**Alvarez RV, Deschamps HD, Valero AO**

617 Ulipristal Acetate for the Management of Acute Fibroid-Related Menorrhagia  
**Arendas K, Leyland NA**

618  $\beta$ -hCG Levels In Predicting Long Term Pregnancy Outcome  
**Banajjar Revanasiddappa V, Mittal S, Malhotra N, Singh N**

619 A Systematic Review of Selective Progesterone Receptor Modulators Versus Other Medical Treatment, Placebo, or No Treatment in Women with Symptomatic Leiomyomata  
**Chen I, Agarwal S, McKeever M, Frank C, Singh SS**

620 Endometrial Receptivity in Patients with Asherman Syndrome  
**Emanuel MH, Dreyer K, Hanstede M, Burggraaf JD**

621 Prevalence of Menstrual Abnormalities in Women with End Stage Renal Disease on Chronic Dialysis  
**Hawkins E, Chudnoff S, Levie M, Melamed M**

622 Unruptured Huge Tubal Ectopic Pregnancy Mass  
**Kim M, Lee C, Choi H, Ko J-K, Chun K-C**

623 Impact of Adhesions Formed by Laparoscopic Myomectomy on

Postoperative Spontaneous Pregnancy

**Kumakiri J, Kitade M, Kikuchi I, Jinushi M, Shinjyo A, Ozaki R, Takeda S**

624 Hystroscopic Correction of the T-Shaped, Narrow, Infantile and Arcuate Cavities in Infertile Women and Women with Recurrent ICSI/IVF Failure, Significant Results Regarding Both Spontaneous or Assisted Pregnancies  
**Mounir MS, Zayed LH, Soliman E, Fathy AO**

625 The Use of Ullipristal Acetate/Esmya in a Clinical Setting  
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626 Obstetric Outcomes after Robotic-Assisted Laparoscopic Repair of Cesarean Scar Defect  
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627 Transvaginal Hydrolaparoscopy – Minimally Invasive Diagnostic and Therapeutic Tool  
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628 New Facts and Outcomes of Laparoscopic Myomectomy in Infertility  
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629 Comparison of Intraoperative Outcomes of Total Abdominal, Vaginal, Total Laproscopic and Robotically Assisted Hysterectomy  
**Achjian T, Kilic GS, Mostafa B, Baxley SE, Alanbay I**

630 Large Adnexal Masses Managed Robotically  
**Agarwala N \*Presenter: Apostol R**

631 Single Incision Trans-Umbilical Total Hysterectomy: Robotic or Laparoscopic?  
**Akdemir A, Yildirim N, Zeybek B, Karaman S, Sendag F**

632 Surgical Technique Using Hydrodissection in Bilateral Ovarian Cystectomy for Dermoid Cysts  
**Aziz HH**

633 Safety of Same-Day Surgery in Jehovah's Witness Patients Undergoing Robotic-Assisted Laparoscopic Hysterectomy  
**Barr RL, Frank SB, Ozawa S, Shander A, Nagarsheth NP**

634 Impact of Changing Route of Hysterectomy on Cost: Nationwide Database Analysis  
**Borahay MA, Guirguis ME, Diken ZM, Rodriguez AM, Kilic GS**

635 Impact of Changing Route of Hysterectomy on Cost: Analysis of Tertiary Care Center Data  
**Borahay MA, Guirguis ME, Patel PR, Rodriguez AM, Kilic GS**

636 Hand-Assisted Robotic Surgery for Ovarian Cancer Management  
**Chan C, Chiu L-H, Chen C-H, Liu W-M**

637 Comparing Robotic Surgery with Conventional Laparoscopy and Laparotomy for Endometrial Cancer Management  
**Chen C-H, Chiu L-H, Liu W-M**

638 A Novel Simple Docking Method for Gynecological Robotic Surgery  
**Chen C-H, Chiu L-H, Liu W-M**

639 A Comparison of Robotic, Laparoscopic, and Laparotomy Staging Surgery in Treating Epithelial Ovarian Cancer  
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640 Endoscopic Management of Cesarean Scar Pregnancy After Da Vinci Robotic Tubal Re-Anastomosis  
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- 642 Intraoperative and Immediate Postoperative Outcomes after Robotic Hysterectomy in a Community Hospital: A Review of 78 Consecutive Cases  
**Dave A, Dabelea V**
- 643 Robotic Single-Site Hysterectomy and Adnexal Surgery: A Cost Analysis  
**El Hachem L, Friedman K, Momeni M, Shieh K, Geoghegan M, Gretz HF**
- 644 Extraction of the Large Benign or Malignant Uterus at the Time of Robotic Assisted Laparoscopic Hysterectomy When Intact Vaginal Extraction Is Not Feasible  
**Hadiashar M, Boren T, Widlock T, Rich S, Duke A, Depasquale S**
- 645 Vaginal Hysterectomy, Abdominal Hysterectomy, and Robotic Laparoscopic Hysterectomy, Comparative Study Including the Clinical Outcomes and the Cost  
**Hanafi M**
- 646 Comparing Suture-Less Method between Robotic and Laparoscopic Total Hysterectomy  
**Huang Y-S, Chen C-H, Chiu L-H, Liu W-M**
- 647 Unexpected Hospital Visits after Hysterectomy Based on Clinformatics Data Mart Database  
**Kilic GS, Guirguis ME, Rodriguez AM, Oge T, Tapisiz OL, Borahay M**
- 648 Robotic-Assisted Anterior Pelvic Excentration for Adenocarcinoma of the Urinary Bladder with Uterine Metastasis: A Case Report  
**Kwon Y, Lee S**
- 649 Russian Experience in Robotic Surgery (Da Vinci) in Gynecology  
**Politova A, Popov A, Fedorov A, Koval A, Mironenko K**
- 650 Comparative Analysis of Laparoscopic Sacrocolpopexy and Da Vinci-Assisted Sacrocolpopexy  
**Popov A, Manannikova T, Fedorov A, Ramazanov M, Krasnopolskaya I, Slobodyanuyk B, Mironenko K**
- 651 Comparison of Laparoscopic and Robotic-Assisted Myomectomy: Operative and Peri-Operative Results  
**Sasaki KJ, Cholkeri-Singh A, Sulo S, Miller CE**
- 652 Evaluating Quality of Communication in Gynecologic Robotic Surgery and Its Impact on Surgical Outcomes  
**Schiff LD, Tsafrir Z, Sangha R, Theoharis E, Eisenstein D**
- 653 Low Morbidity with Robot-Assisted Hysterectomy  
**Shaban DM, Stovall DW, Shaban DH, Shelton M**
- 654 Robotic Single-Access Hysterectomy Using the Da Vinci® Single Site: Easy Suturing of Vaginal Cuff (Initial Ten Patients)  
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- 655 Robot-Assisted Radical Hysterectomy Combined with Vaginal Approach for the Patients with Bulky Cervical Cancer: Feasibility and Operative Results  
**Suk H-J, Jung P-S, Ko A-R, Han W-S, Baek M-H, Lee S-W, Park J-Y, Kim D-Y, Suh D-S, Kim J-H, Kim Y-M, Kim Y-T, Nam J-H**
- 656 Parasitic Leiomyomas Five Years After Robotic Assisted Supracervical Hysterectomy Using Open Power Morcellation: A Case Report  
**Zigras T, Ugokwe N, Clark M, Laser M**
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- 657 Disc at Risk: Sacral Suture Depth in Minimally Invasive Sacrocolpopexy  
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- 658 Laparoscopic Promontopexy: Immediate and Long-Term Results  
**Bezhenar V, Guseva E**
- 659 Mesh Removal Following Sling/Mesh Placement: A Multicenter Study  
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- 662 Effect of Bladder Volume on Staging of Pelvic Organ Prolapse Using POPQ and Dynamic MRI  
**Hogue D, Greene K, Bassaly R, Downes K, Kedar R, Ivancsits D, Hoyte L, Hart S**
- 663 The Effect of Vestibulectomy for Intractable Vulvodynia  
**Kliethermes CJ, Shah M, Hoffstetter S, Steele A, Gavard J**
- 664 The IUGA/ICS Classification of Synthetic Mesh Complications in Female Pelvic Floor Reconstructive Surgery: A Multicenter Study  
**Miklos JR, Chinthakanan O, Moore RD, Mitchell GK, Favor S, Karp DR, Northington GM, Nogueiras GM, Davila GW**
- 665 Comparison of the Safety and Efficacy of Reconstructive Surgeries for Pelvic Organ Prolapse  
**Pan H-S, Ko M-L**
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- 667 Hemoperitoneum from Avulsed Subserosal Leiomyoma at the Time of Resection of Prolapsed Submucosal Leiomyoma  
**Turner RJ, Flanders D, Nwasuruba C, Pitta SR, Wells CD**
- 668 The Surgical Trends and Time-Frame Comparison of Various Approaches for Stress Urinary Incontinence, 2006-2010 vs. 1997-2005: A Population-Based Nation-Wide Follow-Up Descriptive Study  
**Wu M-P, Weng S-F, Wang J-J, Tong Y-C**
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**Zhu Y, Zhao W**
- 670 A Long-Term RCT on the Efficacy and the Impact on Quality of Life of TVT and TVT-O in SUI Patients  
**Zhu L, Zhang Z, Xu T, Lang J**



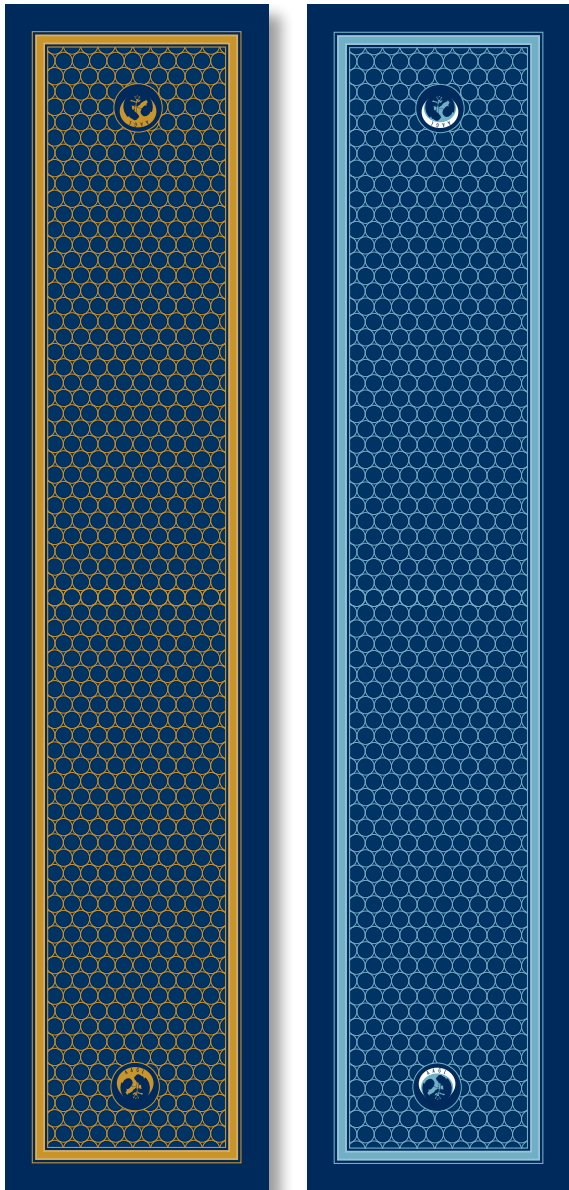
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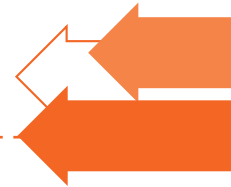
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- 673 Innovative Surgical Simulation Exercises for Teaching Laparoscopy Using a Live Pig Model  
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- 674 Lap Surgical Anatomy of Ureter and Its Application in Gynaecological Surgeries  
**Puntambekar SP, Kumar S, Johi G, Hosamani G**
- 675 Dissection of Hypogastric Plexus and Sacral Nerves on Unembalmed Female Cadaver  
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- 680 A New Application for Barbed Suture: Repair of Cystotomy and Enterotomy  
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- 689 Vaginal Application of the Endo Catch Bag  
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- 691 Laparoscopy in Young Adolescent Female  
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- 693 Successfully Laparoscopic Management of Adnexal Torsion in a Mid-Term Twin Pregnancy  
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- 694 Safe and Fast Retrieval of Huge Myoma and Ovarian Tumor in Laparoscopic Surgery  
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- 695 Robotic Single-Port Hysterectomy  
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- 696 Tips and Surgical Technique for Minimally Invasive Hysterectomy in a Patient with Massive Fibroid Uterus  
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- 697 Single Port Para Aortic Lymphadenectomy: Tips and Tricks  
**Jennings AJ, Al-Niimi A**
- 698 Laparoscopic Myomectomy with New Vaginal Morcellation  
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- 699 Laparoscopic Preconceptional Transabdominal Cervico-Isthmic Cerclage (TCIC)  
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- 700 Go Retro: When the Going Gets Tough Go Retroperitoneal  
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- 701 A Systematic Approach to Laparoscopic Myomectomy  
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- 702 Difficult Uteruses: Tips to Manage Total Laparoscopic Hysterectomy in Patients with Multiple Laparotomies  
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- 703 Single Port Laparoscopic Myomectomy Using YS Knot  
**Lee YS, Chong GO, Lee YH, Hong DG**
- 704 Single Port Accessed Laparoscopic Surgery of Huge Ovarian Tumors  
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710 Combined Hysteroscopic Resection and Laparoscopic Radiofrequency Ablation of Uterine Fibroids  
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711 Methods to Reduce Blood Loss during Laparoscopic Myomectomy  
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712 Extraction Techniques for Large Uteri After Robotic or Laparoscopic Hysterectomy  
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713 Ribbon Coring Technique: An Alternative Approach to Morcellation  
**Patel N, Delvadia D, Musselman B**

714 Laparoscopic Resection of Cornual Pregnancy -Techniques to Minimize Blood Loss  
**Sandoval-Herrera C, Srinivasan S**

715 Hysteroscopy and Laparoscopic Isthmoplasty  
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716 Risk Reducing Strategies for Uterine Morcellation  
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717 Laparoscopic Suture of a Renal Vein Injury during a Para-Aortic Lymphadenectomy  
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718 Ureter- Silent Admirer of TLH  
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719 Laparoscopic Adnexectomy without Complications  
**Watanabe T, Yokomizo R, Tanabe K**

720 Laparoscopic Hemihysterectomy for Obstructed Uterine Didelphys with Atretic Cervix Following Exploratory Laparotomy  
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722 Laparoendoscopic Single-Site Myomectomy with Application of Fibrin Sealant  
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723 Evaluation of a Robotic Uterine Manipulation  
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724 CystoSure™: A Novel 4 Way Urinary Catheter Allowing Bladder Diagnostics  
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725 World's First Enseal Lap G-2 Articulating Hysterectomy  
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727 An Introduction to Single Incision Laparoscopy  
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728 Robotic Stapler for Coincidental Appendectomy  
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729 Laparoscopic Sacrocolpopexy with the Endo360 Automatic Suturing Device  
**Rosenblatt PL, Dessie SG, Loring M**

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**Choi JS, Bae J, Lee WM, Koh AR, Kim SH, Ok JH**

731 Robotic Radical Trachelectomy for Early Stage Cervical Cancer  
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732 Laparoscopic Excision of Isolated Para-Aortic Lymph Node Recurrence  
**Lee WM, Choi SS, Bae J, Koh AR, Ko JH, Ju W**

733 Vagina Prolonging  
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737 3-D Laparoscopically-Assisted Percutaneous Oocyte Retrieval and Ovarian Tissue Harvesting for Fertility Cryopreservation  
**Fatum M, McVeigh E, Child T, Lakhoor K, Becker C**

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741 Robotic Placement of an Artificial Bowel Sphincter: A Novel Technique  
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742 Robotic Cerclage Performed for Cervical Insufficiency  
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743 Robotic Assisted Hysterectomy with Salpingectomy Enhanced by CO2 Laser  
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744 Robotic Assisted Myomectomy Enhanced by CO2 Laser  
**Morin S, Uquillas K, McClelland S, Song JH, LaVigne K, Song J**

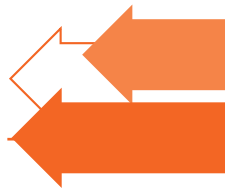
745 Placement of a Uterine Artery Tourniquet for Robotic Myomectomy  
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746 Extensive Adhesiolysis at the Time of Robotic Hysterectomy  
**Pendergrass M, Collins M**

747 Robotic Surgery for Managing Complex Benign Adnexal Masses  
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753 Techniques for Robotic Trachelectomy Following Supracervical  
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760 Chronic Pelvic Pain and Stress Urinary Incontinence Resolution after  
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**Miklos JR, Moore RD, Chinthakanan O**

761 Lap Ileal Ureter Following Extensive Ureteric Stricture  
**Telang MP, Puntambekar GS, Joshi S, Lawande A, Puntambekar SP**

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1 Tulikangas et al. Fertil Steril, 2001; 75(4): 806-10. 2 Ryan et al. J Neurosurg, 2010; 112(2): 434-43.

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6:00am – 7:45am

### WEDNESDAY, NOVEMBER 19

#### ROOMS 212-214

## OLYMPUS®

Surgical Innovations for Better Outcomes, Higher Patient Satisfaction, and Cost Efficiency: How Can Your Practice Evolve in the New Healthcare Environment?

#### ROOM 211

## stryker®

Biologics and Gynecologic Surgical Innovations

### THURSDAY, NOVEMBER 20

#### ROOMS 220-222

## Boston Scientific

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#### ROOM 211

## CooperSurgical

Tips and Tricks for TLH – Techniques to Triumph

#### ROOMS 212-214

## HOLOGIC®

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## SYMPOSIA

5:05pm – 7:05pm

### WEDNESDAY, NOVEMBER 19

#### ROOMS 212-214

## HOLOGIC®

Hologic's 3rd Annual Great Debate

#### ROOMS 220-222

## da Vinci Surgery

Preparing for the Next Generation of da Vinci® Surgery: Advanced Technology and Training

#### ROOM 211

## VERMILLION®

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### THURSDAY, NOVEMBER 20

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# EXHIBIT HOURS

## Welcome Reception

### EXHIBIT HALL

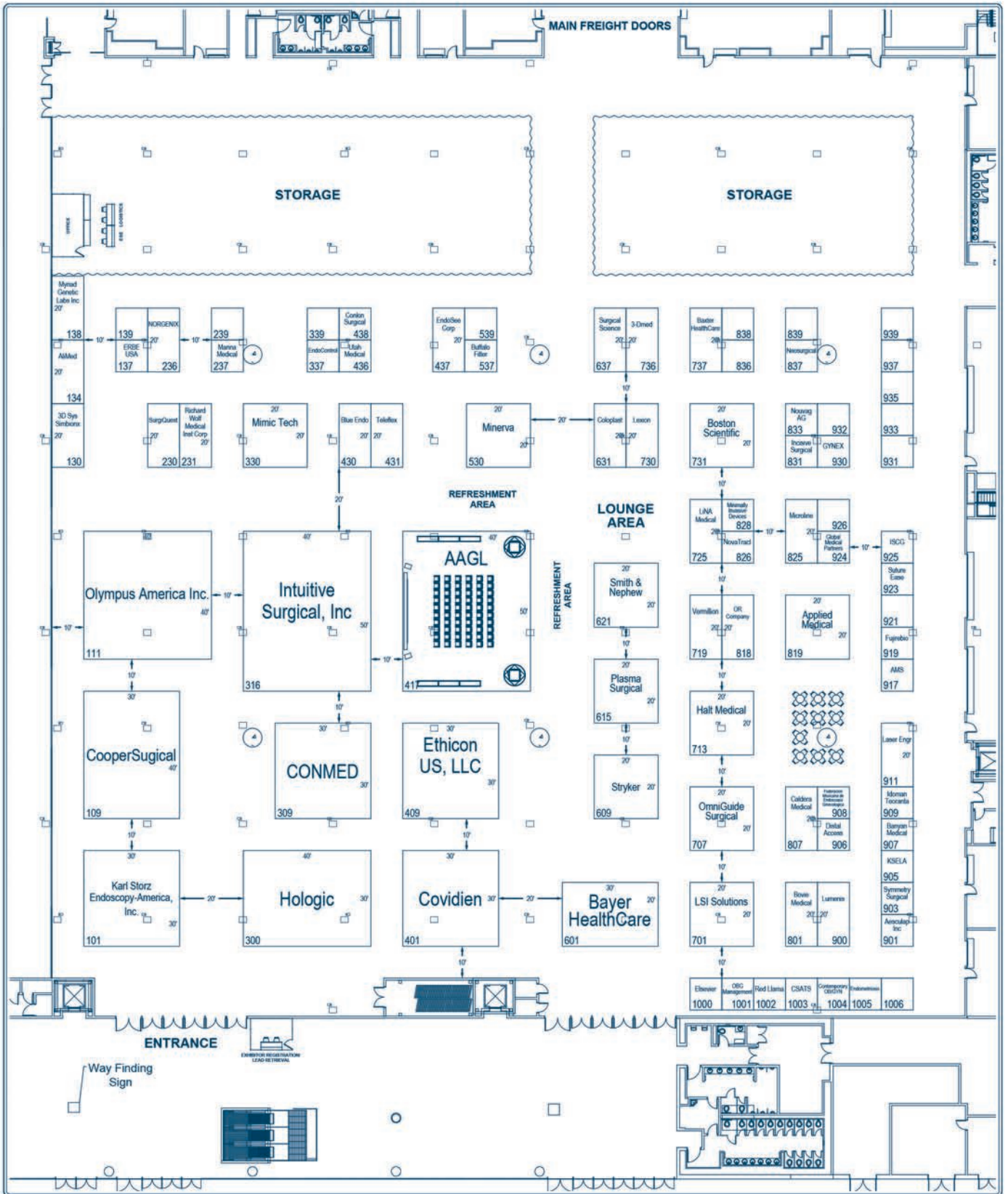
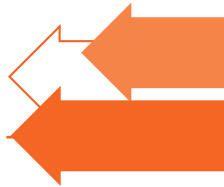
Tuesday, November 18, 2014 • 6:45 PM – 8:00 PM

<b>Tuesday, Nov. 18th</b>	<b>6:45 p.m. – 8:00 p.m.</b>	<b>Welcome Reception</b>
		The AAGL and our industry partners will host a reception to welcome you to the AAGL 43rd Global Congress! Join your friends and colleagues in the exhibition hall to sample hors d'ouvres, and enjoy complimentary beverages as music fills the hall.
		This is the perfect time to preview the exhibits and to join us in our grand Congress kick-off!
<b>Wednesday, Nov. 19th</b>	<b>9:30 a.m. – 3:30 p.m.</b>	<b>Exhibits Open</b>
	9:30 a.m. – 11:00 a.m.	Refreshment Break
	1:05 p.m. – 2:30 p.m.	Boxed Lunch
	3:30 p.m.	Exhibits Close
<b>Thursday, Nov. 20th</b>	<b>9:00 a.m. – 3:00 p.m.</b>	<b>Exhibits Open</b>
	9:30 a.m. – 11:00 a.m.	Refreshment Break
	1:05 p.m. – 3:00 p.m.	Boxed Lunch
	3:00 p.m.	Exhibits Close

## Exhibitors for the 43rd Global Congress

3-Dmed	736	EndoSee Corporation	437	Neosurgical, Inc.	837
3D Systems, Symbionix	130	ERBE USA	137	NORGENIX	236
AAGL	417	Ethicon US, LLC	409	Nouvag AG	833
Aesculap, Inc.	901	Federacion Mexicana de		NovaTract Surgical, Inc.	826
AliMed, Inc.	134	Endoscopia Ginecologica	908	OBG Management	1001
American Medical Systems (AMS)	917	Fujirebio Diagnostics, Inc.	919	Olympus America Inc.	111
Applied Medical	819	Global Medical Partners, LLC	924	OmniGuide Surgical	707
Banyan Medical, LLC	907	GYNEX Corporation	930	Plasma Surgical, Inc.	615
Baxter HealthCare	737	Halt Medical, Inc.	713	Red Llama, Inc.	1002
Bayer HealthCare	601	Hologic, Inc.	300	Smith & Nephew, Inc.	621
BLUE ENDO	430	Idoman Teoranta	909	Karl Storz Endoscopy-America, Inc.	101
Boston Scientific	731	Incisive Surgical	831	Karl Storz Endoscopia Latino-America	905
Bovie Medical Corporation	801	International Society of		Stryker Endoscopy	609
Buffalo Filter	537	Cosmetogynecology – ISCG	925	Surgical Review Corporation (SRC)	417
Caldera Medical, Inc.	807	Intuitive Surgical, Inc.	316	Surgical Science, Inc.	637
Coloplast	631	Laser Engineering	911	SurgiQuest, Inc.	230
Conkin Surgical Instruments, Ltd.	438	Lexion Medical	730	Suture Ease, LLC	923
CONMED Corporation	309	LiNA Medical USA	725	Symmetry Surgical	903
Contemporary OB/GYN	1004	LSI Solutions	701	Teleflex	431
CooperSurgical Inc.	109	Lumenis	900	The O.R. Company	818
Covidien	401	Marina Medical Instruments, Inc.	237	Utah Medical Products	436
CSATS, Inc.	1003	Microline Surgical	825	Vermillion, Inc.	719
Distal Access	906	Mimic Technologies, Inc.	330	Richard Wolf Medical Instruments	
Elsevier Inc.	1000	Minerva Surgical	530	Corporation	231
EndoControl	337	Minimally Invasive Devices	828		
Endometriosis Association	1005	Myriad Genetic Laboratories, Inc.	138		

# EXHIBIT FLOOR PLAN



# EXHIBIT DESCRIPTIONS

## 3-Dmed

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**Booth Number: 736**

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**Booth Number: 130**

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For 43 years, the AAGL has led in providing education and training for gynecologists in minimally invasive surgery. Our mission is to help physicians provide the safest, most therapeutic, and economical care for women. Stop by our booth to learn about the wide array of services that AAGL has to offer, including the Centers of Excellence in MIG (COEMIG) program, SurgeryU, MISforWomen.com (AAGL's new patient awareness initiative), the *Journal of Minimally Invasive Gynecology*, and much more. You'll also be able to learn about our upcoming international congress in Barcelona and to meet many of our AAGL Board members. We hope to see you at Booth 417!

**Booth Number: 417**

## Aesculap, Inc.

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PH: 800.282.9300 | FAX: 610.791.6888  
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**Booth Number: 917**

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Website: [www.appliedmedical.com](http://www.appliedmedical.com)

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**Booth Number: 819**

## Banyan Medical, LLC

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**Booth Number: 907**

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**Booth Number: 737**

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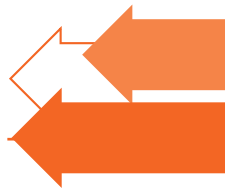
**Booth Number: 601**

## BLUE ENDO Booth Number: 430

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# EXHIBIT DESCRIPTIONS



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Website: [www.bostonscientific.com](http://www.bostonscientific.com)

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Clearwater, FL 33760  
PH: 727.687.5962

Website: [www.boviemed.com](http://www.boviemed.com)

Bovie® Medical will be featuring J-Plasma®—the helium-based, gas plasma technology that is transforming the way surgeries are performed. See for yourself how J-Plasma® works with precision and versatility across open and laparoscopic gynecological procedures. Bovie will also exhibit its complete line of electrosurgical generators, PTFE-coated electrodes, and laparoscopic instruments. Please visit us at Booth 801.

**Booth Number: 801**

## **Buffalo Filter**

5900 Genesee Street  
Lancaster, NY 14086  
PH: 716.835.7000 | FAX: 716.835.3414  
Website: [www.buffalofilter.com](http://www.buffalofilter.com)

Buffalo Filter is a world leading medical device manufacturer and supplier of surgical smoke plume evacuation equipment. Our products are used to evacuate and filter hazardous smoke plume and/or aerosols created during over 95% of all surgical procedures. We offer one of the most comprehensive and technologically advanced surgical plume evacuation product lines in the world.

**Booth Number: 537**

## **Caldera Medical, Inc.**

5171 Clareton Drive  
Agoura Hills, CA 91301  
PH: 818.879.6555 | FAX: 818.879.6556  
Website: [www.calderamedical.com](http://www.calderamedical.com)

Caldera Medical is dedicated to improving quality of life for women. We develop and market differentiated surgical implants specifically for the treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse. Our products are used by urogynecologists, gynecologists, and urologists worldwide.

**Booth Number: 807**

## **Coloplast**

1601 West River Road  
Minneapolis MN 55411  
1.800.258.3476

Website: [www.us.coloplast.com](http://www.us.coloplast.com)

Coloplast is committed and dedicated to female pelvic health. With a 50-year legacy of listening and responding to our customers, Coloplast continues to provide solutions that help improve quality of life for women globally. Offering innovative solutions for the treatment of Stress Urinary Incontinence and Pelvic Organ Prolapse, our SUI portfolio features Altis® Single Incision Sling System, Aris®, Supris® full length slings and Durasphere® EXP bulking agent. Coloplast treatment options for pelvic organ prolapse include: Restorelle Smartmesh® for transvaginal and transabdominal repair the new Meridian Vaginal Positioning System, the Digitex® Suture Delivery System, and our allografts Axis™ dermis and Suspend® fascia lata.

**Booth Number: 631**

## **Conkin Surgical Instruments, Ltd.**

30 Lesmill Road #4  
Toronto, Ontario M3B2T6  
Canada

PH: 416.922.9496 | FAX: 416.922.3501

Website: [www.conkinsurgical.com](http://www.conkinsurgical.com)

Conkin Surgical Instruments will be exhibiting model VUM-6 of the well-known Valtchev Uterine Mobilizer and its attachment the Valtchev Vaginal Delineator, model VVD.

**Booth Number: 438**

## **CONMED Corporation**

525 French Road  
Utica, NY 13502  
PH: 315.624.3131 | FAX: 315.732.7991  
Website: [www.conmed.com](http://www.conmed.com)

CONMED is a medical technology company with an emphasis on surgical devices and equipment for minimally invasive procedures that are sold worldwide under the CONMED, Linvatec® and Hall® brand names. The company's endoscopic and advanced visualization (2DHD & 3DHD) products are used by surgeons and physicians in a variety of specialties including gynecology, general surgery, gastroenterology, neurosurgery and orthopedics.

**Booth Number: 309**

## **Contemporary OB/GYN**

485F U.S. Hwy. 1S, Suite 200

Iselin, NJ 08830

PH: 732.346.3044 | FAX: 732.647.1232

Website: [www.contemporaryobgyn.modernmedicine.com](http://www.contemporaryobgyn.modernmedicine.com)

*Contemporary OB/GYN* is a peer-reviewed journal that translates key advances in the specialty into excellence in day-to-day practice. In print and online, our content reflects the critical thinking of top-tier physician-authors, delivered in concise, compelling and practical articles for clinicians.

**Booth Number: 1004**

## **CooperSurgical Inc.**

75 Corporate Drive  
Trumbull, CT 06611

PH: 800.243.2974 or 203.601.5200 | FAX: 203.601.4741

Website: [www.coopersurgical.com](http://www.coopersurgical.com)

CooperSurgical is pleased to be sponsoring Thursday morning's breakfast symposium: Tips and Tricks for TLH – Techniques to Triumph, featuring Drs. Charles Koh and Michael Pitter presenting the latest techniques and advances in TLH. We also welcome you to our booth #109 to experience our new products and systems for minimally invasive gynecologic procedures.

**Booth Number: 109**

## **Covidien**

5920 Longbow Drive  
Boulder, CO 80301  
PH: 303.530.2300

Website: [www.covidien.com/surgical](http://www.covidien.com/surgical)

Covidien is a leading global healthcare products company that creates innovative medical solutions for better patient outcomes and delivers value through clinical leadership and excellence. Please visit [www.covidien.com/surgical](http://www.covidien.com/surgical) to learn more.

**Booth Number: 401**

## **CSATS, Inc.**

Fluke Hall, Suite 314-8  
4000 15th Avenue NE  
Seattle, WA 98195-2141

PH: 206.349.2212

Website: [www.csats.com](http://www.csats.com)

Healthcare organizations have traditionally had no way to systematically, objectively and affordably measure and improve their surgeons' technical skills...until now. CSATS is a performance management system for evaluating and improving surgical technique with accuracy equivalent to current gold standards — but at 80+% savings in cost and time to results.

**Booth Number: 1003**

## **Distal Access**

5010 Heuga Court, Suite 200  
Park City, UT 84098

PH: 954.534.9345

Website: [www.RESECTR.com](http://www.RESECTR.com)

The RESECTR™ Manual Tissue Resection System is a low-profile hand-powered mechanical oscillator designed to remove tissue with improved physician control. The RESECTR may be used in hospital/clinic/office-based procedures as a "see-and-treat," single-use, and cost-effective device that does not require additional power source or capital equipment. Visit our website at [www.RESECTR.com](http://www.RESECTR.com).

**Booth Number: 906**

# EXHIBIT DESCRIPTIONS

## **Elsevier Inc.**

1600 JFK Blvd., Suite 1800  
Philadelphia, PA 19103  
PH: 215.239.3400 | FAX: 215.239.3494

ELSEVIER is a leading publisher of health science publications, advancing medicine by delivering superior reference information and decision support tools to doctors, nurses, health practitioners and students. With an extensive media spectrum — print, online and handheld, we are able to supply the information you need in the most convenient format.

**Booth Number: 1000**

## **EndoControl**

2 Avenue de l'Obiou  
La Tronche 38700  
France  
PH: 33.428380801

Website: [www.endocontrol-medical.com](http://www.endocontrol-medical.com)

EndoControl is an innovative company specialized in active assistance for endoscopic surgery. We market a range of products including, ViKY EP, ViKY® UP a motorized uterus positioner, and JAiMY™ the first 5mm motorized articulated laparoscopic instrument. The ViKY® UP system received CE marking in 2010 and FDA clearance in 2013.

**Booth Number 337**

## **Endometriosis Association**

International Headquarters  
8585 North 76th Place  
Milwaukee, WI 53223 U.S.  
PH: 414.355.2200 | FAX: 414.355.6065  
Website: [www.EndometriosisAssn.org](http://www.EndometriosisAssn.org)

Founded in 1980, the Endometriosis Association is an international nonprofit organization that has provided support, education, and research for 35 years. Along with providing support to those affected by endometriosis, our mission is to educate patient, professional, and public audiences about the disease, and to fund endometriosis research. Research activities include collaboration with the National Institutes of Health, and the sponsoring of a long-term research program at Vanderbilt University of Medicine. The Association was instrumental in promoting acceptance of operative laparoscopy and highly supportive of the pioneers of less invasive, more effective surgery. Association President and Executive Director, Mary Lou Ballweg, and the Association have authored numerous publications including four books, scientific articles, and brochures, in 31 languages.

**Booth Number: 1005**

## **EndoSee Corporation**

4546 El Camino Real, Suite 215  
Los Altos, CA 94022  
PH: 650.397.5174 | FAX: 888.388.1420  
Website: [www.endosee.com](http://www.endosee.com)

Perform hysteroscopy in any room, at any site, anytime. The EndoSee™ office hysteroscope consists of a small hand-held, reusable HandTower™ incorporating a touch screen similar to a smartphone and a single-use cannula that incorporates fluid management, light source and camera. EndoSee makes office hysteroscopy quick, simple and very affordable.

**Booth Number: 437**

## **ERBE USA**

2225 Northwest Parkway  
Marietta, GA 30067  
PH: 770.955.4400 | FAX: 770.955.2577  
Website: [www.erbe-usa.com](http://www.erbe-usa.com)

For effective vessel fusion, ERBE offers the trusted VIO® system with BiClamp®. This device provides for effective coagulation and fusion of vessels up to 7mm. The VIO® System's BiClamp® software optimizes target tissue sealing via ERBE's proprietary constant voltage and power dosing output for an optimal and reusable tool for gynecologic procedures.

**Booth Number: 137**

## **Ethicon US, LLC**

4545 Creek Road  
Cincinnati, Ohio 45242  
PH: 1-877-ETHICON (384-4266)  
Website: [www.ethicon.com](http://www.ethicon.com)

**Booth Number: 409**

Ethicon US LLC, a Johnson & Johnson company, commercializes a broad range of innovative surgical products, solutions and technologies used to treat some of today's most prevalent medical issues, such as: colorectal and thoracic conditions, women's health conditions, hernias, cancer and obesity. Learn more at [www.ethicon.com](http://www.ethicon.com), or follow us on Twitter @Ethicon.

## **Federacion Mexicana de Endoscopia Ginecologica**

Centro Medico ABC, Santa Fe, Edificio de Ginecologia  
3er piso, Av. Carlos Graef Fernandez, No. 154  
Col. Tlaxala, Delegacion Cuajimalpa, Col. Santa Fe  
Mexico City, Mexico  
PH: 55 508 05300 | FAX: 55 50818212  
Website: [www.femeg.com.mx](http://www.femeg.com.mx)

The Mexican Federation of Gynecologic Endoscopy is a non-profit organization with the objective of teaching endoscopic surgical techniques, promoting continuing medical education in meetings, workshops and lectures, as well as assisting our members in any issue related to endoscopic gynecology.

**Booth Number: 908**

## **Fujirebio Diagnostics, Inc.**

201 Great Valley Parkway  
Malvern, PA 19355  
Phone: 610.240.3800  
Website: [www.fdi.com](http://www.fdi.com)

Fujirebio Diagnostics is a premier diagnostics company and the industry leader in development, manufacture, and commercialization of oncology biomarker assays. Our core products include CA125, a biomarker considered the gold standard for ovarian cancer and HE4, the first FDA cleared biomarker in 25 years for ovarian cancer management. Now cleared in the US is ROMATM (Risk of Malignancy Algorithm). ROMATM combines CA125 + HE4 to compute likelihood of malignancy.

**Booth Number: 919**

## **Global Medical Partners, LLC**

190 Industrial Road, Suite 2  
Wrentham, MA 02093  
PH: 888.384.8490  
Website: [www.globalmedllc.com](http://www.globalmedllc.com)

Global Medical Partners is the exclusive US distributor for the Espiner Medical laparoscopic retrieval bags. The Espiner bags are made from rip-stop nylon (same material as parachutes and hot air balloons), which provides the surgeon with the most tear resistant, most pliable and impermeable bags. Espiner offers the widest range of shapes and sizes for specific applications. Their innovative EcoSac range do not require an introducer handle mechanism. This gives the surgeon more flexibility in the positioning of the bag, the capture and retrieval of specimens and a major cost savings over conventional bags.

**Booth Number: 924**

## **GYNEX**

14605 NE 87th Street  
Redmond, WA 98052  
PH: 425.882.1179 | FAX: 425.895.0115  
Website: [www.gynex.com](http://www.gynex.com)

Gynex is committed to providing superior, precision-crafted equipment and instruments specifically for vaginal, cervical and uterine procedures. Gynex provides high quality products at competitive pricing to those providing the highest quality services, enhancing the care and improved health of women everywhere.

**Booth Number: 930**

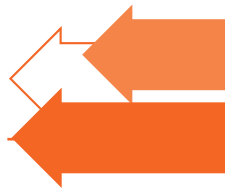
## **Halt Medical, Inc.**

131 Sand Creek Road, Suite B  
Brentwood, CA 94513  
PH: 877.412.3828 | FAX: 877.995.5355  
Website: <http://acessaprocedure.com>

Halt Medical manufactures and markets the Acesa™ System for the treatment of all fibroids. Fibroids are a major cause of heavy menstrual bleeding, pain and pressure (bulking) symptoms. The system uses radiofrequency energy to destroy the fibroids, while preserving normal uterine function and anatomy, in a minimally invasive, same day surgery procedure. Physicians appreciate the ability to treat just the fibroids with very low complication and re-intervention rates. Patients enjoy 94% satisfaction with the procedure and the rapid return to normal activities.

**Booth Number: 713**

# EXHIBIT DESCRIPTIONS



## **Hologic, Inc.**

250 Campus Drive  
Marlborough, MA 01752  
PH: 508.263.2900 | FAX: 508.229.2795  
Website: [www.hologic.com](http://www.hologic.com)

Hologic, Inc. is a leading developer, manufacturer and supplier of premium diagnostic products, medical imaging systems, and surgical products, with an emphasis on serving the healthcare needs of women. The company operates four core business units focused on breast health, diagnostics, gynecologic surgical and skeletal health. With a comprehensive suite of technologies and a robust research and development program, Hologic is committed to improving lives.

## **Idoman Teoranta**

40 Holly Street, Suite 801  
Toronto, Ontario M4S3C3  
Canada  
PH: 416.487.8397 | FAX: 416.485.8352  
Website: [www.idoman-med.com](http://www.idoman-med.com)

Idoman Teoranta is committed to improving the lives of women internationally through the introduction of innovative, minimally invasive medical devices.

Thermablate EAS, Idoman's principal product, is a Global Endometrial Ablation (GEA) device used throughout the world as an alternative to hysterectomy for the treatment of Heavy Menstrual Bleeding (HMB).

## **Incisive Surgical**

14405 21st Avenue North #130  
Plymouth, MN 55447  
PH: 952.591.2543 | 952.591.5989

The INSORB® Absorbable Subcuticular Skin Stapler is a patented rapid, patient-centric skin closure solution. The INSORB Stapler combines the comfort, cosmesis and convenience of suture with the speed of a metal skin stapler, while eliminating percutaneous insult and post-operative staple removal. Now available in a "Shorty" version for smaller incisions!

## **International Society of Cosmetogynecology – ISCG**

350 Kennedy Blvd.  
Bayonne, NJ 07002  
PH: 201.436.8025 | FAX: 201.339.5030  
[www.iscgyn.com](http://www.iscgyn.com) and [www.iscgmedia.com](http://www.iscgmedia.com)

CME accredited educational programs in cosmetic medicine and surgery for gynecologists and surgical specialists by the world's first and largest association of specialists in female aesthetics. Learn Botox & fillers, cosmetic vaginal surgery, liposuction, fat transfer, abdominoplasty, cosmetic breast surgery and more.

## **Intuitive Surgical, Inc.**

1266 Kifer Road  
Sunnyvale, CA 94086  
PH: 408.523.2100 | FAX: 408.523.1390  
Website: [www.intuitivesurgical.com](http://www.intuitivesurgical.com)

Intuitive Surgical is the global leader in minimally invasive, robotic-assisted surgery. Its *da Vinci*® System — with a 3D-HD vision system and *EndoWrist*® instrumentation — enables surgeons to offer a minimally invasive approach for a range of complex procedures. With more than 2,500 Systems installed in hospitals around the world, the *da Vinci* System is enabling surgeons to redefine the standard-of-care in a range of specialties: urology, gynecology, head and neck, general surgery, cardiac and thoracic surgery.

## **Laser Engineering**

475 Metroplex Drive, Suite 401  
Nashville, TN 37211  
PH: 877.638.5872 | 615.997.3388  
Website: [www.laserengineering.com](http://www.laserengineering.com)

Laser Engineering (Based in Nashville, TN) manufactures and distributes the Surgical CO<sub>2</sub> Laser for ENT, GYN, and Urology Procedures. Our product offering includes: Ultra MD CO<sub>2</sub> Laser, new CO<sub>2</sub> Laser Fibers, accessories, as well as other laser platforms and accessories. For more information, please contact us at [info@laserengineering.com](mailto:info@laserengineering.com).

**Booth Number: 300**

## **Lexion Medical**

545 Atwater Circle  
St. Paul, MN 55113  
PH: 651.635.0000 | FAX: 651.636.1671

The Insuflow® SYNERGY® Port Series allows laparoscopic access integrating gas humidification and warming in a unique cannula that enhances flow dynamics and radial dispersion, PneuVIEW® XE Laparoscopic Smoke Elimination System that virtually eliminates 100% of dangerous combustion by-products keeping the abdomen clear while maintaining the pneumoperitoneum and VeryClear™ an access and gas elimination port.

## **LiNA Medical USA**

1856 Corporate Drive  
Norcross, GA 30093  
PH: 770-218-6800 | FAX: 678-380-0500  
Website: [www.linamed.com](http://www.linamed.com)

LiNA Medical® is dedicated to becoming the leading provider of safe, simple and innovative devices for minimally invasive gynecology that improve clinical outcome and reduce the overall costs to the society. LiNA manufactures the Xcise™ cordless laparoscopic morcellator as well as the LiNA Bipolar Loop™ and LiNA Gold Loop™ for laparoscopic supracervical hysterectomy. For more information please visit our booth #725 at the AAGL Congress in Vancouver.

## **LSI Solutions**

7796 Victor-Mendon Road  
Victor, NY 14564  
PH: 585-869-6600 | FAX: 585.742.8086  
Website: [www.lsisolutions.com](http://www.lsisolutions.com)

LSI SOLUTIONS® develops innovative medical device technologies designed to simplify minimally invasive gynecological procedures. Our products include a lighted uterine manipulator, vaginal occluder, suturing, and knot placement device. Visit booth 701 to learn more about how these devices can make a difference in your OR.

## **Lumenis**

2033 Gateway Place, Ste. 200  
San Jose, CA 95110  
PH: 408.764.3824 | FAX: 408.764.3660

Lumenis, the world's largest surgical laser company, provides minimally invasive solutions for gynecology, ENT, urology and general surgery. A rich assortment of products is available for flexible fiber, robotic and free-beam based laser procedures in gynecologic laparoscopy.

## **Marina Medical Instruments, Inc.**

955 Shotgun Road  
Sunrise, FL 33326  
PH: 954.924.4418 | FAX: 954.924.4419  
Website: [www.marinamedical.com](http://www.marinamedical.com)

Marina Medical Instruments designs, manufactures, and distributes medical devices for gynecology, uro-gynecology, and pelvic reconstructive surgery. Our innovative product line consists of diagnostic and surgical instrumentation and a full offering of Stille surgical instruments. Se habla espanol.

## **Microline Surgical**

50 Dunham Road  
Beverly, MA 01915  
PH: 978.922.9810 | FAX: 978.922.9209  
Website: [www.microlinesurgical.com](http://www.microlinesurgical.com)

Microline Surgical manufactures high precision laparoscopic reusable instruments, providing an efficient, cost effective, eco-friendly solution for today's OR. Microline's ReNew and MiSeal technology pairs an ergonomically designed reusable handpiece with a single-use scissor, grasper, dissector or thermal fusion energy tip. The handpieces and tips create a system unsurpassed in precision, performance and reliability.

**Booth Number: 730**

**Booth Number: 725**

**Booth Number: 701**

**Booth Number: 900**

**Booth Number: 237**

**Booth Number: 825**

# EXHIBIT DESCRIPTIONS

## Mimic Technologies, Inc.

811 First Avenue, Suite 408  
Seattle, WA 98104  
PH: 800.918.1670 | FAX: 206.623.3491  
Website: [www.mimicsimulation.com](http://www.mimicsimulation.com)

Mimic Technologies is a pioneer and leader in robotic surgery simulation. Visit booth #330 to test the dV-Trainer™, a highly realistic simulator for the da Vinci® Surgical System and don't miss our NEW procedure-specific Maestro AR Hysterectomy Module for the dV-Trainer. Independently validated, Mimic's dV-Trainer™ provides cost-effective, on-demand training to move surgeons up the learning curve fast without the real robot.

**Booth Number: 330**

## Minerva Surgical

101 Saginaw Drive  
Redwood City, CA 94063  
PH: 650.284.3500 | FAX: 408.689.9619  
Website: [www.minervasurgical.com](http://www.minervasurgical.com)

Minerva Surgical is developing a superior endometrial ablation system that uses plasma energy to faster and more efficaciously treat abnormal uterine bleeding. Design features include: Average 3+ Minute Procedure Time, Cervical Canal Sealing Balloon, No Endometrial Pre-Treatment, Easy Insertion, Seating, and Non-Stick Removal, Small Diameter, and Plug & Play Controller with Touch Screen.

**Booth Number: 530**

## Minimally Invasive Devices Inc.

1275 Kinnear Road  
Columbus, Ohio 43212  
PH: 614-484-5036  
Website: [www.floshield.com](http://www.floshield.com)

At MID Surgical, We believe surgeons should have consistent, clear vision for every laparoscopic procedure. So we designed FloShield.

FloShield™ facilitates a consistent, clear image during surgery while reducing and in many cases, virtually eliminating the need to remove the scope to clean or defog it.

FloShield is simple to use, actively protects the lens while providing instant/continuous defogging and eliminates the need to heat the scope.

**Booth Number: 828**

## Myriad Genetic Laboratories, Inc.

320 Wakara Way  
Salt Lake City, UT 84109  
PH: 800.469.7423  
Website: [www.myriad.com](http://www.myriad.com)

Myriad Genetics is a leading molecular and companion diagnostics company dedicated to making a difference in patients' lives through the discovery and commercialization of transformative products that assess a person's risk of developing disease, aid in a timely and accurate diagnosis, determine the risk of disease progression and recurrence and guide personalized treatment decisions.

**Booth Number: 138**

## Neosurgical, Inc.

820 East Terra Cotta  
Suite 149  
Crystal Lake, IL 60014  
PH: 815.893.6153 | FAX: 815.479.0501

NeoSurgical markets the neoClose Trocar Port Closure System that provides a clever, easy to use system to close ports ranging from 5mm to 15mm. Our system does not require any "fishing for needles" that adds time and frustration to surgeon/staff. Our system achieves closure in approximately 30 seconds!!

**Booth Number: 837**

## NORGENIX

101 West Saint John Street  
Spartan Centre, Suite 307  
Spartanburg, SC 29306  
PH: 864.580.2660 | FAX: 846.580.2661  
Website: [www.norgenixpharma.com](http://www.norgenixpharma.com)

**Booth Number: 236**

Norgenix is a North American specialty pharmaceutical company that engages in the development, commercialization, and sales of pharmaceutical products in the women's health arena. With products spanning the continuum of care from pharmaceutical therapies to medical devices, Norgenix is licensed to sell, market, and distribute prescription drug products and medical devices in all 50 US states.

## Nouvag AG

St. Gallerstrasse 23-25  
CH-Goldach 9403  
Switzerland  
PH: 004171. 8466662 | FAX: 004171. 8466670  
Website: [www.nouvag.com](http://www.nouvag.com)

NOUVAG AG is a Swiss precision manufacturer of high quality medical equipment. We are proud to present our NOUVAG Morcellator System for laparoscopic hysterectomy and myomectomy with a wide range of available accessories as well as our range of vacuum suction pumps.

**Booth Number: 833**

## NovaTract Surgical, Inc.

170 Fort Path Road, Suite 13  
Madison, CT 06443  
PH: 203.533.9170  
Website: [www.novatract.com](http://www.novatract.com)

The NovaTract™ is a repositionable and fully adjustable intra-abdominal retraction system that does not require a dedicated port. The versatility of the NovaTract™ facilitates compatibility with multiple surgical approaches to include: robotics and a variety of single-port systems.

**Booth Number: 826**

## OBG Management

7 Century Drive, Suite 302  
Parsippany, NJ 07054  
PH: 973.206.8954 | FAX: 973.206.9378  
Website: [www.OBGmanagement.com](http://www.OBGmanagement.com)

This monthly publication offers reviews of sound, evidence-derived best practices that equip ObGyns to provide optimal patient care. Under the guidance of Editor-in-Chief Robert L. Barbieri, MD, *OBG Management* is dedicated to the professional development of ObGyns—delivering relevant, accessible, and practical editorial in a graphically stimulating and instructional format. Articles in print are interactively reinforced with technique and expert commentary videos and audio interviews through [www.OBGmanagement.com](http://www.OBGmanagement.com). Topics covered include surgical and diagnostic techniques, standards of care, new technologies, medicolegal liability, and reimbursement, patient management, and more.

**Booth Number: 1001**

## Olympus America Inc.

3500 Corporate Parkway  
Center Valley, PA 18034  
PH: 484.896.5000 | FAX: 484.896.7133  
Website: [www.olympusamerica.com](http://www.olympusamerica.com)

Olympus is advancing minimally invasive surgical solutions designed to help laparoscopic gynecologists improve clinical outcomes through our innovative world's only technologies. Our commitment to clinical support, professional education, flexible service and financing packages, and knowledgeable local account management make Olympus the partner of choice.

**Booth Number: 111**

## OmniGuide Surgical

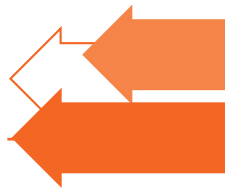
One Kendall Square  
Suite B1301  
Cambridge, MA 02139  
PH: 888.OMNIGUIDE  
Website: [www.omni-guide.com](http://www.omni-guide.com)

OmniGuide's Advanced Energy Solution is shaping the future of minimally invasive gynecologic procedures with its intuitive, flexible-fiber delivery system. This revolutionary design allows surgeons to utilize CO<sub>2</sub> laser energy in either laparoscopic or robotic procedures, providing enhanced precision, access and safety near critical structures.

**Booth Number: 707**



# EXHIBIT DESCRIPTIONS



## **Plasma Surgical, Inc.**

1125 Northmeadow Parkway, Suite 100  
Roswell, GA 30075  
PH: 678.578.4390  
Website: [www.plasmasurgical.com](http://www.plasmasurgical.com)

Plasma Surgical markets the PlasmaJet® system, the only device that provides **Kinetic Dissection™** to help you visualize and dissect tissue planes and **Microlayer Vaporization™**, enabling you to perform more complete disease removal. Come experience these unique features for yourself at Booth 615!

**Booth Number: 615**

## **Red Llama, Inc.**

3037 NW 72nd Street  
Seattle, WA 98117  
PH: 206.965.8005 | FAX: 206.374.2208  
Website: [www.redllamainc.com](http://www.redllamainc.com)

Experience the SimPraxis® Laparoscopic Hysterectomy Trainer using the PC, iPad, or iPad Mini. Interactive cognitive surgical training is here today! Meet the authors, experience for yourself this unique approach to teaching TLH and participate in the multi-institution validation study.

**Booth Number: 1002**

## **Smith & Nephew, Inc.**

150 Minuteman Road  
Andover, MA 01810  
PH: 978.749.1000 | FAX: 978.749.1599  
Website: [www.sntruclear.com](http://www.sntruclear.com)

Smith & Nephew, a global leader in minimally invasive surgery, is dedicated to designing, developing and marketing innovative solutions for uterine care. Its TRUCLEAR™ Hysteroscopic Tissue Removal System is a first of its kind platform that pairs the visualization capabilities of a hysteroscope with minimally invasive tissue removal capabilities, allowing a fast and thorough capture and removal of intrauterine abnormalities, and provides healthcare practitioners in obstetrics, gynecology and reproductive health with a uniquely user-friendly technique. TRUCLEAR is the only system which offers a clear, safe, efficient and effective solution for visual D&C, hysteroscopic adhesiolysis and evacuation of retained products of conception (RPOC) in addition to fibroid and polyp removal.

**Booth Number: 621**

## **Karl Storz Endoscopy-America, Inc.**

2151 E. Grand Avenue  
El Segundo, CA 90245  
PH: 800.421.0837 | FAX: 424.218.8537  
Website: [www.karlstorz.com](http://www.karlstorz.com)

KARL STORZ, a leader in endoscopy technologies, offers solutions for minimally invasive surgeries, including including office-based procedures. Our versatile ENDOCAMELEON® Telescope allows viewing directions to be changed intraoperatively for enhanced operating efficiencies. And, our IMAGE 1 SPIES® System provides enhanced views of complex and challenging anatomies during complex gynecological procedures.

**Booth Number: 101**

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1735 North First Street, Suite #300  
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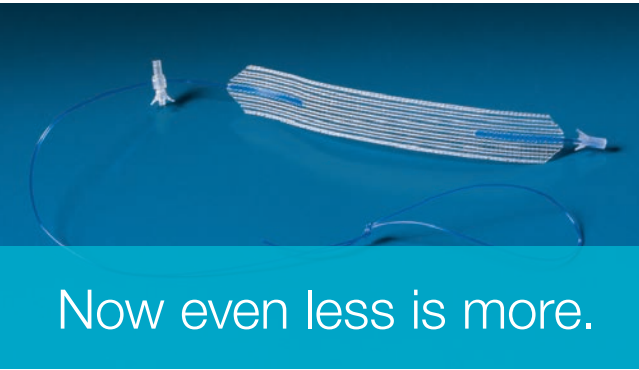
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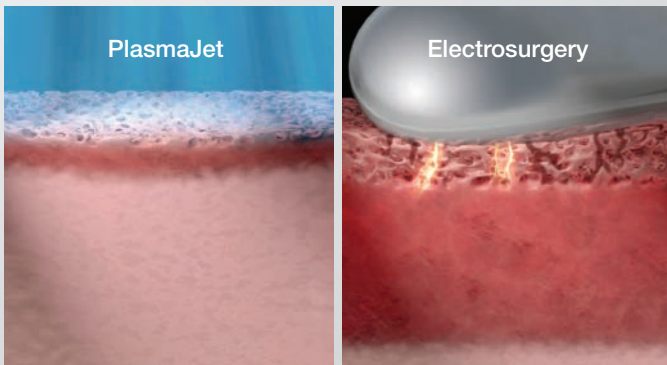


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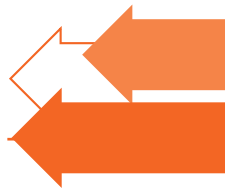
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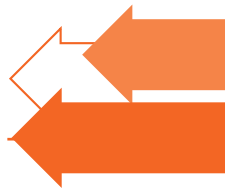
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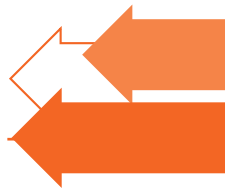
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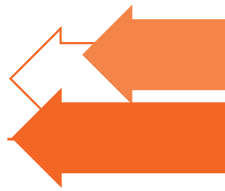
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Beijing, China

**Tiffany Zigras, MBBS**

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Bridgeport, Connecticut

**David L. Zisow, M.D.**

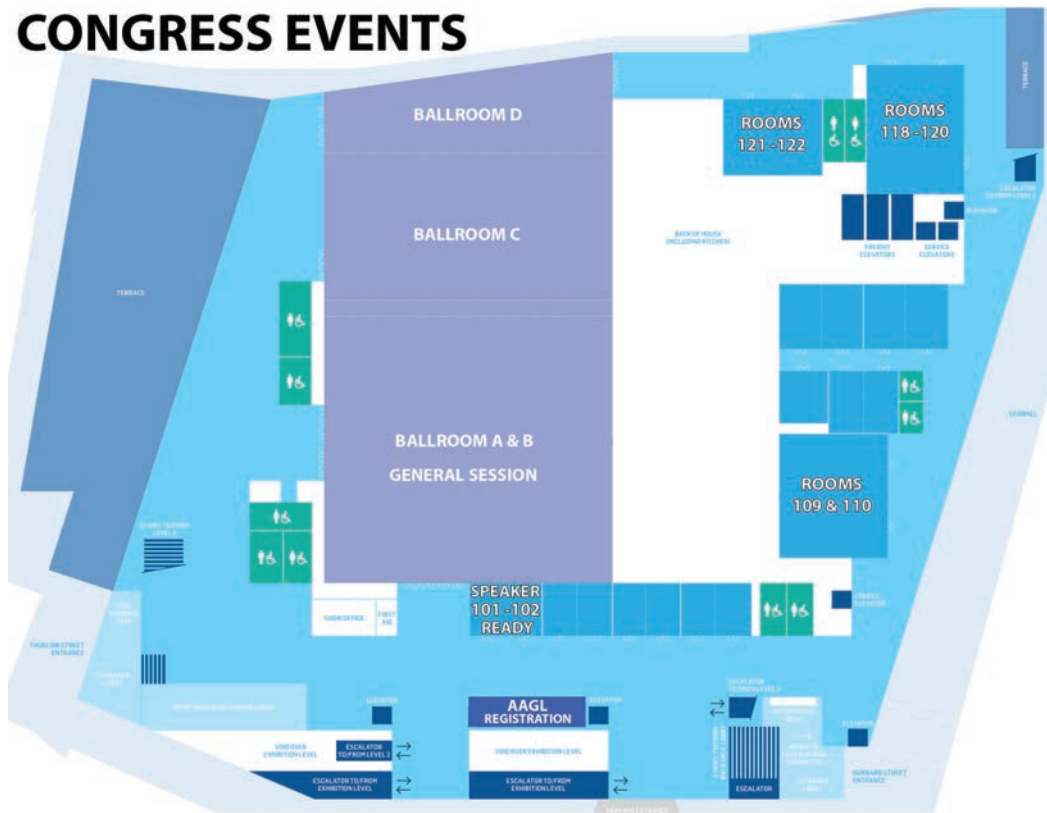
Northwest Hospital  
Randallstown, Maryland

**Brunella Zizolfi, M.D.**

University of Study of Naples "Federico II"  
Naples, Italy

# Vancouver Convention Centre Floor Plan

## CONGRESS EVENTS

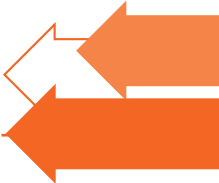


## LEVEL 1 - PG EVENTS

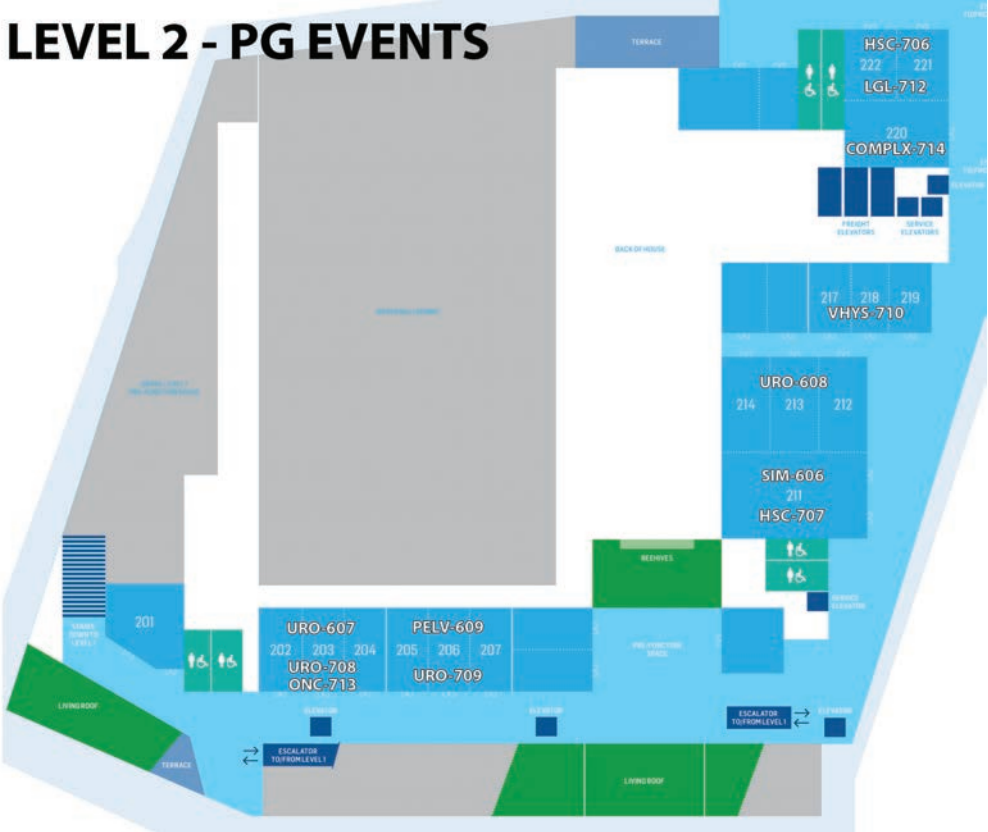




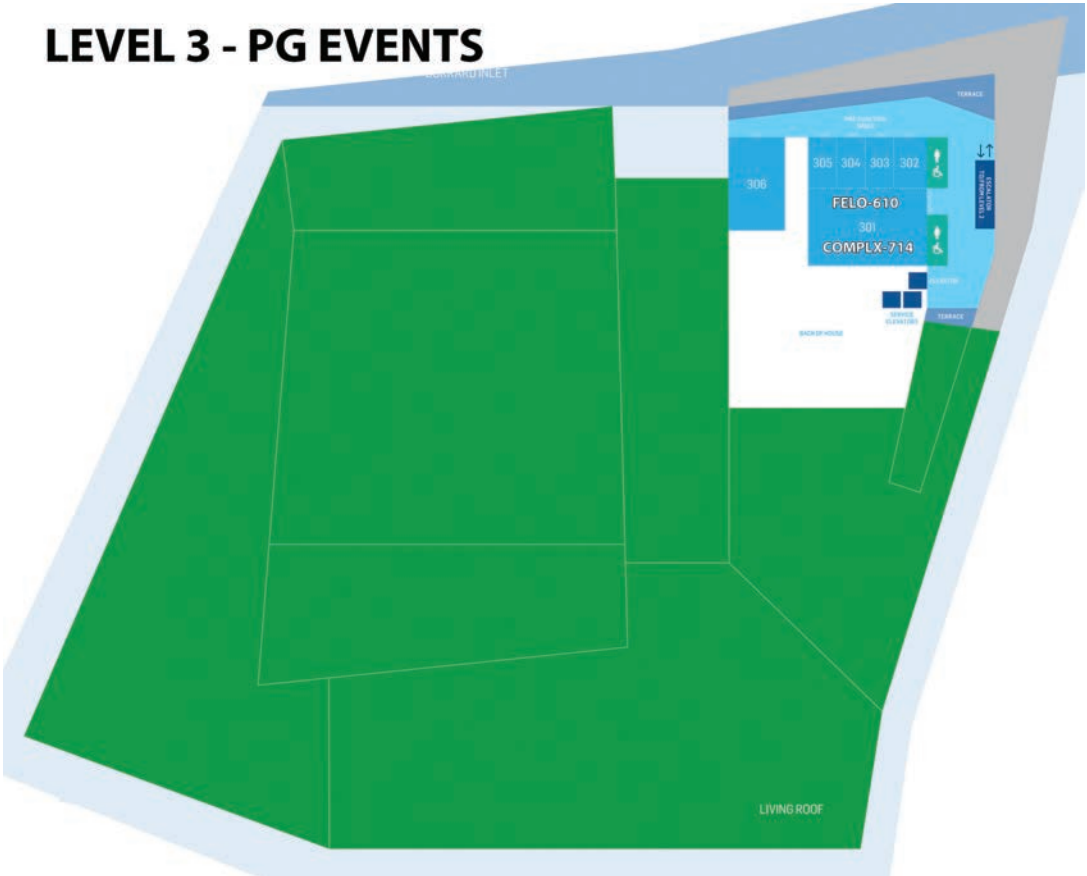
# Vancouver Convention Centre Floor Plan



## LEVEL 2 - PG EVENTS



## LEVEL 3 - PG EVENTS





# AAGL

Advancing Minimally Invasive Gynecology Worldwide

## EDUCATION CALENDAR

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

### Educational Workshops

November 28-29, 2014

#### **Asia Pacific Association of Gynecologic Endoscopy (APAGE) Annual Congress**

Scientific Program Chair: Sevellaraja Supermaniam  
Shangri-La Hotel | Kuala Lumpur, Malaysia

December 19-21, 2014

#### **2nd Annual Joint Conference of COGA and AAGL on Minimally Invasive Gynecology**

Scientific Program Chair: J.H. Lang  
Beijing Landmark Towers | Beijing, China

February 5-7, 2015

#### **3rd Annual Collaborative Symposium: Update in Minimally Invasive Pelvic Surgery**

Scientific Program Chairs: Javier F. Magrina & Rosanne M. Kho  
Fairmont Scottsdale Princess Hotel | Scottsdale, Arizona

April 11-13, 2015

#### **Columbia's 1st Annual MIGS CME Conference**

Scientific Program Chairs: Arnold P. Advinucula & Rosanne M. Kho  
Vivian & Seymour Milstein Family Heart Center Auditorium  
New York, New York

April 11-13, 2015

#### **Minimally Invasive Gynecologic Surgery: The Next Generation**

Scientific Program Chairs: Jamal Mourad, Mark Smith & Kelly Roy  
Pointe-Hilton Squaw Peak Resort & Spa | Phoenix, Arizona

### AAGL International Meetings

June 16-19, 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

June 2-5, 2016

#### **12th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Indian Association of Gynaecological Endoscopists**

Scientific Program Chair: Prakash Trivedi  
Renaissance Convention Center & Hotel  
Mumbai, India

February 22-24, 2017

#### **13th AAGL International Congress on Minimally Invasive Gynecology in partnership with the Federación Colombiana de Obstetricia y Ginecología (FECOLSOG)**

Scientific Program Chair: Juan Diego Villegas-Echeverri  
Cartagena de Indias, Colombia

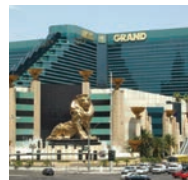
### AAGL Annual Meetings



November 17-21, 2014

#### **43rd AAGL Global Congress on Minimally Invasive Gynecology**

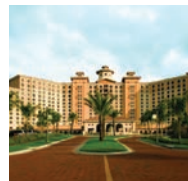
Scientific Program Chair:  
Arnold P. Advinucula  
Vancouver Convention Centre  
Vancouver, British Columbia



November 15-19, 2015

#### **44th AAGL Global Congress on Minimally Invasive Gynecology**

MGM Grand Hotel  
Las Vegas, Nevada



November 14-18, 2016

#### **45th AAGL Annual Global Congress on Minimally Invasive Gynecology**

Rosen Shingle Creek  
Orlando, Florida



November 12-16, 2017

#### **46th AAGL Annual Global Congress on Minimally Invasive Gynecology**

Gaylord National Hotel & Convention Center on the Potomac  
National Harbor, Maryland



November 11-15, 2018

#### **47th AAGL Annual Global Congress on Minimally Invasive Gynecology**

MGM Grand Hotel  
Las Vegas, Nevada

# Innovation revealed



## Introducing the new NovaSure® system and MyoSure® XL device

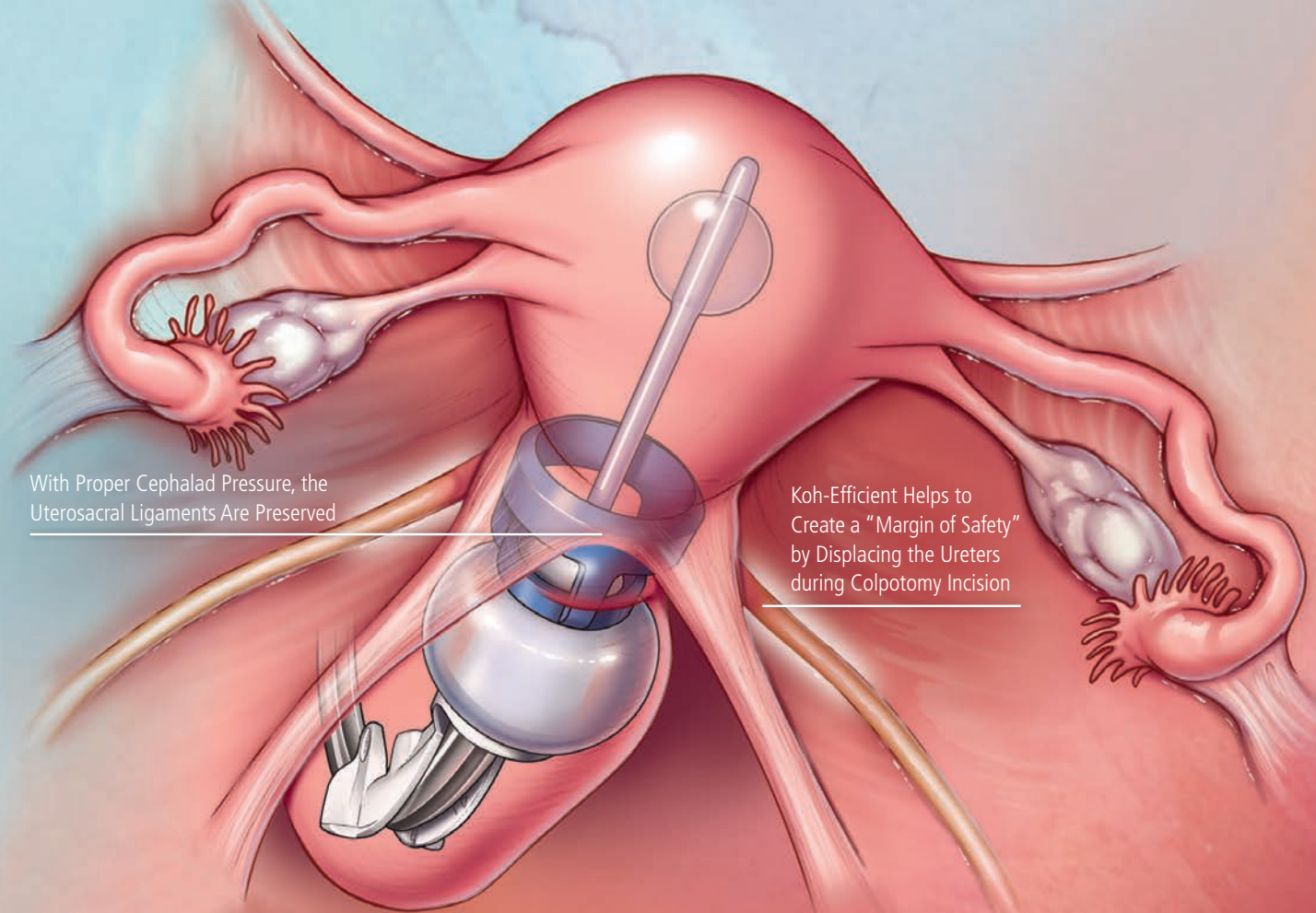
Experience the new NovaSure 6mm endometrial ablation system and MyoSure XL tissue removal device at our demo bar at this year's AAGL.

To learn more, visit [Booth 300 at AAGL 2014](#).

[Hologic.com](#) | [MyoSure.com](#) | [NovaSure.com](#)

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**HOLOGIC®**



With Proper Cephalad Pressure, the Uterosacral Ligaments Are Preserved

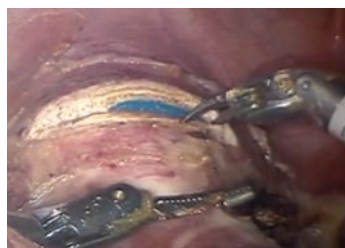
Koh-Efficient Helps to Create a "Margin of Safety" by Displacing the Ureters during Colpotomy Incision

## Safeguarding the Ureters Is Vital

### ...During TLH, the Koh-Efficient Helps Distance Critical Anatomy from the Colpotomy Incision

Protecting the ureters can be a considerable concern when performing a total laparoscopic hysterectomy (TLH). The advanced Koh-Efficient™ is designed to fit snugly around the cervix and place the vaginal fornix on stretch under appropriate cephalad pressure. This delineation provides a visual landmark and backstop for distancing the colpotomy incision from the ureters and uterosacral ligaments, creating a "margin of safety" that helps protect vital anatomical structures.

The Koh-Efficient system is available for the Advincola Arch handle or the articulating RUMI II handle design.



To experience Dr. Arnold P. Advincola's approach to "margin of safety" during TLH, visit [YouTube.com/CooperSurgical](http://YouTube.com/CooperSurgical).

To learn more, call 800.243.2974 or 203.601.5200 or visit [www.coopersurgical.com](http://www.coopersurgical.com).

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