



ISGE ANNUAL MEETING - SLS ANNUAL MEETING AND ENDO EXPO.
The Multidisciplinary Approach



New York - USA
1-4 September, 2010

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VISIT US AT ISGE.ORG

Thank You

Ornella Sizzi, MD

It is with both great enthusiasm and trepidation that I accept the challenge that the ISGE Board has given me by electing me as the new Editor of the Newsletter. I am fully aware I can not compete with the expertise and the writing capability of my predecessor professor Ray Garry. English mother-tongue, therefore I will direct my editing efforts towards something new. I hope to create a different style of Newsletter by involving as many people as



possible and with their help highlight the problems and achievements of endoscopy around the globe.

As a woman I am aware of the masculine vision of surgery. I know what it is like to be different means. I know what it is like to have small hands when most instruments are designed ergonomically to fit the hand of a man. I know what it is like to be overlooked when departmental decisions are being made. I also know that we all have our own individual problems and crosses to bare in our own countries,

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Are the primary reasons medical education, fellowship and travel? NO! "Its The Outcome"

Paul Wetter, MD

We enjoy each others company and NYC is a very nice place but, It's the outcome for our patients that brings us to NYC. During one week in September ISGE and SLS come together as SuperDocs. Yes attendees have to pay to register and travel, but the information will be made available in Open-Access Free easy to ac-



cess format for those who can't travel and attend.

ISGE and SLS will be joined by 800 others and will learn and exchange information with hundreds of scientific papers, panels, updates, posters, videos and much more. All while supporting Open-Access Education and Information in Minimally Invasive Surgery. For those who are not able to attend, SLS makes materi-

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Thank You

○ | continued from page 1

yet as a global organisation we can still use our personal experiences to help our international neighbours. That is way my first act as your new editor has been to appoint some of the board members to be liaison officers between the ISGE Newsletter and the continents they represent. Their correspondence will help strengthen the like between ISGE and its affiliated societies and thus give greater voice to ISGE members working in the field of endoscopy around the world. I would also like to see a special focus on developing countries. Members will be able to post their successes and their failures in promoting endoscopic surgery in their own regions as well as being able to request help. I hope to publicise their teaching programs and local courses. Chief of Departments at Teaching Hospitals are encouraged to provide brief abstracts of their residents and fellows research projects. The Board Members who have volunteered to help me are Dr Carlos Petta who will represent Americas, Dr Michael East who represents Australia and Oceania, Prof Baskar Goolab for Africa, Prof Osama Shawki for Middle East and Dr Pravin Patel for Asia. Of course they will have to justify their roles by working hard to make the voice of their respective regions audible to everyone. I am positive that as a team we will succeed and in doing so we will accomplish what I believe is the reason d'être of our Society, to be the global voice of endoscopic gynecology and as such be a uniting force.

Another innovation is to be the creation of a small section within the Newsletter focusing upon new surgical techniques and new instrumentation. The new ISGE Online Scientific Journal www.thetrocar.com and www.thetrocar.tv will give members the opportunity to read original articles written by experts from all over the globe and to watch and study videos showing cutting edge endoscopic techniques. Another unique innovation for our members will be an 'Online Textbook of Gynecologic Endoscopy'. This is currently under construction and will provide a regularly updated manual of hysteroscopy and laparoscopy freely accessible to ISGE members and the members of Affiliated

Societies.

ISGE in moving on.

In Sydney we held a very productive board meeting where new board members were welcomed and the meetings for 2011 finalised.

It was reported by our Conference Chairman, Ellis Downes, that all is in place for the ISGE/SLS Joint Meeting in New York, 1-4 September 2010. To date 800 registrants had been received. Currently there are 20 ISGE Board members who will be speaking at the conference. In addition there will be an ISGE meeting in Chennai, India, in March 25-27 2011 and the following year the ISGE Annual Meeting will be in Cairo, Egypt, September 2011 and will be held in conjunction with the Egyptian Society of Fertility and Sterility (EFSS). The proposed title of the meeting is "Endoscopic Surgery and Infertility in the Land of the Pharaohs". During the Board Meeting our President Stefano Bettocchi confirmed to the Board that the Presidency would be transferred to Vice President Chuck Miller at the end of March 2011 and it was subsequently agreed that the Vice Presidential elections, and indeed the elections for the new Board, would be conducted around the ISGE meeting to be held in Cairo in September 2011. It was felt that particularly with the Vice Presidential election, it would be more appropriate to hold it when the majority of Board members could be present. It was also agreed that the General Assembly for 2011 would be held at the 2011 Cairo meeting.

Our finances are in excellent shape, as reported by our treasurer Duncan Turner. Our society is in a secure financial position and the prediction is that it will continue to improve.

The board also resolved to complete discussions with a chosen organization to act as a professional 'PCO'. A letter of agreement will be signed off with a Netherland company named Global Conference Organizers (GCO), which will act as the external PCO of the ISGE. Its task will be to help in to promoting the Society and its meetings.

○ | Ornella Sizzi, MD

The intention is for ISGE and GCO to set up a joint profit sharing venture. In addition GCO would provide assistance to the both the secretariat and the treasury as they are currently set up. GCO would also provide assistance to the website

operators in developing our on-line educational activities.

As you can see projects are moving along as the society looks towards the future. There is much work to do!

"Its The Outcome"

○ | Paul Wetter, MD



als available at no charge(Open-Access) through SLS websites, and Journals.

ISGE primary objective - To encourage the exchange of clinical experience, scientific thought and investigation among gynecologic endoscopists and practitioners in related techniques

SLS Non-profit Medical Society. Nonprofit Publisher. OpenAccess. It would never work? IT DID!

General Surgeons, Gynecologists, Urologists and many others make it happen with their support and membership in SLS and affiliation with ISGE. They work to improve the level of medical care and patient outcome.

SLS SuperDocs support Open-Access Education and Information in Minimally Invasive Surgery and improved patient outcome.

SLS.org Website- THE MIS BRAIN FOR OPEN ACCESS - The website has free Books, Syllabi, Journals, FREE(open-access) Meetings and much more. Become a member and support Open-Access Education and Improve Patient Outcome. See for yourself why over 6,000 MIS surgeons worldwide are SLS SuperDocs They make it happen and are thrilled to have ISGE join them. Helping patients around the planet. Help them, join us and support this very worthy cause.

"IT'S THE OUTCOME"

19TH SLS ANNUAL MEETING AND ENDO EXPO 2010
Jointly with the ISGE REGIONAL MEETING
SEPTEMBER 1-4, 2010
SHERATON NEW YORK HOTEL AND TOWERS
• NEW YORK, NEW YORK, USA



ISGE CALENDAR

ISGE Regional Meeting –
Chennai, India,
February 2011

ISGE 20th Annual Congress
Cairo, Egypt,
September 2011



ISGE SECRETARIAL OFFICE

PO Box 310
Morphett Vale
South Australia, 5162
Tel: 00 61 8 8326 0222
Fax: 00 61 8 8326 0622

Administrative Director:
Dr. Robert T. O'Shea

Website & Newsletter Team:
872 Fifth Avenue,
New York, NY 10065
info@isge.org

STORZ
KARL STORZ—ENDOSKOPE
INDUSTRIAL GROUP



REPORT

ISGE 19th ANNUAL CONGRESS

Gynaecological Endoscopy – Has it come of age?
6-29 May, 2010 Sydney, Australia



"What a fantastic meeting!"

This is the feedback we have been getting since the end of the recent ISGE/AGES Meeting held in Sydney Australia between the 26 and 29th May 2010.

The theme of the meeting was: Gynaecological Endoscopy: Has it come of Age? Certainly from this meeting gynaecological endoscopy has not only come of age but it is maturing nicely. The future looks bright.

The Congress was officially opened by Her Excellency Marie Bashir AV, CVO, Governor of New South Wales. We were then all welcomed by the people of the Sydney region and this was followed by a delightful concert containing indigenous and modern music. This was followed by the plenary lecture presented by our Honorary Chair of the meeting, Professor Peter Maher (Immediate Past President ISGE). Peter as we know has made an enormous contribution to the world of gynaecological endoscopy and it was only fitting that he give the opening ceremony plenary lecture. His contributions to both AGES (Past President) and ISGE (Past President) were acknowledged on the night. A warm welcome was then given to all delegates by our good friend and colleague, the President of the ISGE Professor Stefano Bettocchi and President of AGES Assoc/Professor Alan Lam.

The topics covered during the meeting were varied, stimulating and thought provoking. One

of the key features was the amount of discussion time that was made available to the delegates.

This stimulated immense discussion and interest at the end of each session. Huge congratulations go out to our programme Co-Chairs, Dr Robert O'Shea (Australia) and Dr Charles Miller (USA) for an outstanding programme and efforts during the congress. Such a programme could not succeed without the support of our international and Australian faculty. The support that was shown to this meeting shows again what strong and vibrant societies both ISGE and AGES are. The faculty consisted of 38 international speakers and 23 Australian speakers. A record number of free communications were received (both oral and post the presentations). The co-ordination of this part of the programme is always a huge effort. This is certainly a huge 'behind the scenes' effort and happens at all meetings. We would like to acknowledge the immense work of the co-ordinators of this aspect of the meeting; Assoc/Professor Harry Merkur (NSW), Dr Robert Ford (NSW), (AGES Board Members) with the help of Ms Rhonda Talbot from Conference Connection. Those of you who attended the meeting will know the immense effort that Rhonda made to the successful co-ordination of all our international guests and delegates.

The topics of day one were: Hysterectomy, hysteroscopy, adhesions and oncology.

At the end of each day the organising committee had committed the last session to be a "con-

trovery of the day". At the end of the first day (Thursday) the topic was Cosmesis and the gynaecologist. On the Friday (day 2) the topic was 'The impact of endometriosis on infertility and IVF'. These sessions were full and this is always amazing at the end of a long day of lectures. Each session was followed by an enormous amount of discussion from both the panel and our delegates who attended those sessions.

The plenary lectures on day 1 set the tone for the meeting with outstanding lectures by two huge contributors to the world of gynaecological endoscopy. The first plenary lecture was titled "New technology in hysteroscopy" and was presented by the President of the ISGE, Professor Stefano Bettocchi (Italy).

The second plenary lecture was "The role of laparoscopic surgery in non uterine or cervical cancer". This was presented by Professor Tony McCartney (Australia). Both these men have made immense contributions to the world of endoscopy and honoured us with their outstanding lectures on this day.

That evening AGES hosted the ISGE Board, the International and Australian faculties to a dinner. This dinner was on the waters of Sydney Harbour. Not only were the views spectacular with a great dinner, it was a fantastic night to catch up with colleagues from Australia and overseas.

Friday started with the first of the two breakfast symposiums. This was the brainchild of Dr Robert O'Shea (Australia). This session was titled 'Breakfast with the Stars'. In this symposium two Congress Faculty members volunteered to host a table each. Each table consisted of the

two faculty members and eight delegates. The format for this meeting was a presentation would be made by the two faculty members which would then stimulate discussion and debate. This was certainly very much appreciated by our delegates. This gave them the opportunity to rub shoulders with the elite of the world gynaecological endoscopy community.

This morning started an extremely busy two early mornings for our President of the ISGE, Professor Stefano Bettocchi. Not only was he hosting a table on Friday's "Breakfast with the Stars" but he was also lecturing at the Breakfast Symposium on 'Office Hysteroscopy' held on the Saturday morning. This was certainly a great effort by Stefano. On behalf of AGES we would like to thank him for his immense contribution during this conference.



After the Friday breakfast session the themes of the programme included endometriosis, pelvic floor and prolapse, fibroids and infertility. The plenary lectures on

that day reflected the themes mentioned above. Our two plenary lectures on this day were given by two outstanding members of the international Gynaecological Endoscopy community. The first plenary lecture was titled 'Menstruation, endometriosis and stem cells'. This was given by Professor Ray Garry (UK) who has been a longstanding supporter of AGES and the ISGE. It was a great honour to see Ray back in Australia presenting his huge body of research in the area of endometriosis.

Our second plenary lecture was given by Dr Charles Miller (USA). Charles is the current Vice President of the ISGE and immediate past president of the AAGL. Charles has a longstand-

Our second plenary lecture was given by Dr Charles Miller (USA). Charles is the current Vice President of the ISGE and immediate past president of the AAGL. Charles has a long-standing commitment in endoscopic surgery, its application and teaching.

OLYMPUS

ing commitment in endoscopic surgery, its application and teaching. Just like the president of the ISGE Charles worked tirelessly before and during the meeting. He was everywhere and like all our international and ISGE colleagues was happy to speak to any delegate. All our international faculty found time for everybody. Both these plenary lectures were outstanding in their content.

We would like to take the opportunity to again thank our four plenary speakers. As I am sure you are no doubt aware there is always a huge amount of effort that goes into preparing these important lectures.

Friday concluded with the Gala Congress Dinner at the Art Gallery of New South Wales. We would like to congratulate our PCO and our Executive Director of AGES, Michel Bender on putting together such a fantastic evening. Michel again has done AGES proud. She and her team produced a great event. As always the organisation was amazing. She and her team worked tirelessly before and throughout the conference. Our deepest gratitude goes out to Michel on behalf of both AGES and the ISGE. Often on Saturday (the last day of an ISGE/AGES meeting) things start to wind down. This did not seem to be the case with this

outstanding meeting. Saturday opened with a panel discussion entitled "Training tomorrow for Obstetrician and Gynaecologist – Time for a change". This was then followed by two extremely stimulating sessions. The first session was 'Has laparoscopy led to more or less complications?' and this was then followed by the very important topic of 'The management of chronic pain'. These sessions were extremely well attended. As mentioned earlier, it did not seem as though the meeting was winding down at all. The meeting was concluded by the presentation of prizes. These prizes were:-



This was then followed by the closing of the meeting. This was conducted by Professor Stefano Bettocchi and Associate Professor Alan Lam.

We wish to thank all the delegates, the organising committee, the faculty and in particular the Boards of the ISGE and AGES for entrusting this meeting upon us. We would like to thank the PCO team. All the above contributors have made this one of the most successful meetings for both the ISGE and AGES.

JIM TSALTAS
Vice President of AGES
Conference Co-Chair

ASSOC/PROFESSOR
ALAN LAM
President of AGES
Conference Co-Chair

News from Manufacturing Companies

Olympus Press Release

Geneve, June 16, 2010
18th International Congress of EAES, European Association for Endoscopic Surgery

LESS – Laparo-Endoscopic Single-Site – Surgery Minimally invasive procedures have dramatically changed the face of surgery in recent years. By offering safer and gentler surgery to the patient, laparoscopy has the potential to become the gold standard for many interventions. Today, multiple-site laparoscopic surgery has been further developed from multiple-site to single-site surgery.

THE APPROACH: Single access site LESS surgery is an advanced, minimally invasive surgical technique by which an endoscope and hand instruments are inserted through an access port anchored in just one small incision. Because the incision is usually made in the navel the scar is invisible.

POTENTIAL BENEFITS: One entry into the abdomen was already installed by nature.. By reducing the number of incisions in the abdominal wall and confining the incision to the navel, any surgical intervention can result in less trauma to the patient, fewer complications and a far better cosmetic result by minimising or limiting injuries to internal organs, bleeding, infection and post-operative pain. These potential advantages may add up to a faster recovery. Additional studies are essential to further support patient benefits, such as a shorter healing phase and less pain, in addition to improved cosmesis. Olympus is partnering with clinicians in evaluating this new technique. Hospitals are also anticipating the advantages. A gentler, less traumatic procedure not only lowers the risk of post-operative wound complications, but could also potentially reduce the use of pain medication and shorten hospital stays.

PROCEDURES: New perspectives for a growing field of applications LESS applications range from

laparoscopic procedures in general surgery to urological and gynaecological applications.
General Surgery

In general surgery, the first reports on LESS gall bladder operations (cholecystectomies) date back as far as 1997. Today, gall bladder removal (cholecystectomy) is the most frequent LESS surgery procedure. The LESS technique has been applied in addition to a large number of gastrointestinal

procedures, including blind gut (appendectomy), colonic resection, spleen (splenectomy) and hernial repair surgeries.

Urology
Within urology, laparoscopic experts have already gained extensive experience with LESS surgery. The first keyhole nephrectomy performed through a single site was registered in the year 2007. Different, both benign and malignant, procedures are being performed. Further surgeries include renal (nephrectomy), adrenal gland (adrenalectomy), pyeloplasty, prostate surgery (prostatectomy) and bladder cancer surgery.

Gynaecology
Within gynaecology, single-port surgeries of the uterus (hysterectomy) and ovary (oophorectomy) are novel fields of application. The application range currently extends to procedures for benign ovarian diseases like ovarian cyst enucleations and adnexectomies. More complex procedures such as large intestine (colectomy) surgery and rectal resections are currently being explored.

HISTORY:
From open to LESS surgery
The entire history of surgery has always been determined by the idea of reducing the invasiveness and morbidity of surgery, and also by the promise of no scars. But, for a long time, surgical procedures were performed as open surgeries using long incisions. Therefore, surgery was associated with pain, longer recovery times and quite large enduring scars. Over the past 25 years, these conditions have improved significantly – especially due to evolving new techniques. A landmark achievement was laparoscopy in the 1980s – a



minimally invasive surgical (MIS) procedure. In laparoscopy, the surgeon uses special long and thin surgical instruments inserted through three to five small incisions (0.5 cm to 1.5 cm in size) during the laparoscopic intervention. Compared to traditional open surgery using long incisions, laparoscopy reduces the size of the entry sites. This way, laparoscopic surgery produces the same surgical result as open surgery while improving postsurgical comfort including reduced pain, decreased risk of infections and wound complications, shorter hospital stays, faster recovery and return to daily routines. Last but not least, laparoscopy achieves a better cosmetic result: compared to open surgery, only small scars are left behind. Since its introduction, laparoscopy has established itself in hospitals as a standard procedure and is performed routinely. Since the establishment of laparoscopy, the development in MIS has been constantly evolving. Laparo-Endoscopic Single-Site surgery – abbreviated as LESS – is a promising next-generation technology in the field of minimally invasive surgery.

LESS EQUIPMENT: Unique design for visualisation and treatment

Together with surgeons, Olympus is fostering the LESS approach as an innovative emerging technology. As a result, the set of tools is available to the surgeons from a single source – Olympus: visualise and treat with optics, ports and hand instruments made by a competent partner! To meet the requirements of the surgeons, LESS instruments from Olympus have an optimised design, work reliably, are simple to use and easy to handle.

Access Ports

The TriPort is the first multi-instrument port that is specifically designed for LESS surgery. Allowing three instruments to be passed into the abdomen simultaneously through one small 12-mm to 25-mm incision usually made in the navel, the TriPort replaces multiple conventional trocars. In combination with dedicated hand instru-

ments and optics, it provides the surgeon with excellent flexibility and superior surgical precision during laparoscopic procedures. The TriPort consists of a boot containing one 12-mm and two 5-mm gel valves through which the optics and hand instruments are introduced.

Additionally, the TriPort has two Luer connectors for insufflation and smoke or vapour evacuation. Except for its larger diameter, the QuadPort is designed according to the same functional principle as the TriPort. Thanks to its additional access port, the QuadPort can be used for complex procedures requiring the insertion of four instruments simultaneously. It can be used for incision lengths between 25 mm and 60 mm. The larger diameter makes it more suitable



for the removal of organs or larger specimens. There are four gel valves, one 5-mm valve, two 10-mm valves and a 15-mm valve.

Hand instruments: HiQ LS

HiQ LS hand instruments are specially designed for LESS surgery. They combine the proven high-quality features of previous Olympus instruments with new properties that qualify them specifically for single-site procedures. The proximal end of each hand instrument curves 30° from the axis of the shaft. This feature reduces instruments colliding in the surgeon's working area. Each HiQ LS hand instrument features an S-curved shaft at the distal end designed for triangulation. This allows the surgeon a clear view of the jaws, enabling movements to be

executed precisely and in a controlled manner. Adaptations in design and function compensate successfully for the restrictions caused by limited working space. The HiQ LS product line features a wide range of fully autoclavable, reusable 5-mm hand instruments that enable surgeons to perform complex LESS procedures with ease and precision.

Imaging: EndoEYE

LESS surgery can be performed using conventional 5- or 10-mm-diameter optics. The orientation and optical views during the LESS procedure are different and unfamiliar given the new way of access. To solve this problem, Olympus offers several optical solutions. The Olympus EndoEYE is particularly suitable for LESS surgery. This mini camera is available in 5- and 10-mm-diameter versions with 0°, 30° or 45° directions of view. Cameras with a deflectable tip or a deflectable handle have been developed to improve the ergonomics of LESS procedures. A significant benefit of the EndoEYE product range is its space-saving, all-in-one design.

Whilst other optics have external, bulky ends on their camera heads and light guide cables that often hinder the surgeon in his movements, the in-line cable of EndoEYE forms a straight line with the instrument and thus does not require much space to manoeuvre.

For questions or further information, please contact:

pluspool Healthcare Communication
Carmen Krüger Phone: +49 (0)40 3342 433 926
Hamburg, Germany
carmen.krueger@plus-pool.de
Olympus Europa Holding GmbH
Alexandra Roderigo Phone: +49 (0)40 237 733 160
Hamburg, Germany
alexandra.roderigo@olympus-europa.com

News From Affiliated Societies

KESES, Kenya Society of Endoscopic Specialties

One country, one world

From the Editorial of the KESES Newsletter

Privileges are clinical functions that a healthcare Institution permits a physician to perform while caring for patients in that Institution. This privilege belongs to each individual Hospital although “portable” privileges may be granted by National bodies such as the Medical Practitioners & Dentists Board. Each hospital should ideally develop criteria and mechanisms for granting clinical privileges to health professionals. Most hospitals adopt and incorporate criteria that are published by Boards or Societies. The response Department of a given hospital must develop a privilege list of specific operative procedures in each specialty which is updated and re evaluated at regular intervals. A Surgeon will require certification, proof of training and experience, along with a certificate of competence by a program Director, Instructor or peer. Initially provisional privileges are granted after adequate proctoring in which care full privileges may be issued. The issuance of full privileges is dependant on adequate training and education with demonstration of competence in relevant procedures that are to be undertaken. In Laparoscopic Surgery these issues have to now be addressed. In response to several deaths and complications associated with Laparoscopic procedures, Worldwide guidelines for the credentialing of Surgeons who wish to perform the Laparoscopic procedures are now being developed and are being constantly re -evaluated. At the same several recommendations regarding the indications for Laparoscopic Surgery have been published. The Kenya Society of Endoscopic Specialties (KESES) has recently done so too.

The single most important predictor of an adverse event is the experience of the provider with the specific operation. Surgeons must acquire the necessary skills and expertise before performing new procedures on patients. Hospitals and third party payers should help ensure that providers possess the requisite experience before allowing procedures to be performed in their facilities or paying for them since patients alone will be unable to determine the Surgeons' competency. A number of governing bodies and Surgical societies have published guidelines that outline standards for training of postgraduate students, the acquisition of skills in Minimal Access Surgery but it is not known how influential these are in granting of privileges. Continued research is needed to determine the threshold for safe performance of these procedures and the most effective training methods to ensure competence and strategies to minimize patient harm. For KESES, the difficult decision to consider is whether to adopt “ global ” privileges encompassing all Laparoscopic procedures or “ individual ” privileges in which each particular procedure must be approved before it is undertaken. It is with this in mind that we have now published and circulated our recommended guidelines. The danger with global privileges is that Surgeons are allowed to perform Laparoscopic procedures for which they may not be qualified, on the other hand, individual privileges may be to tedious and time consuming to adopt. It is recommended that the outcomes of a Surgeons' performance should be monitored as part of the Hospitals' on going performance assessment program. Proctoring, additional training or even restriction of privileges may be needed if individual high complication rates are experienced or if performance problems are identified. It is the personal responsibility of the Surgeons to keep abreast of new information for variations in technique and equipment. A periodic assessment of morbidity and mortality by the



Most hospitals adopt and incorporate criteria that are published by Boards or Societies. The response Department of a given hospital must develop a privilege list of specific operative procedures in each specialty which is updated and re evaluated at regular intervals.

Keses Annual Scientific Conference Is On 19 & 20th August At The Nairobi Hospital

rafsan@africaonline.co.ke

various Departments and outcome studies in literature is crucial in offering or withdrawing privileges of an individual Surgeon. I urge you all to consider these issues seriously in the best interest of our patients.

DR. DAVID OTIENO,
Consultant Anaesthetist,
Hon. Secretary / Editor,
Kenya Society of Endoscopic Specialties,



Dr. Rafique Parkar receiving a Merit Award from Dr. Charles Okello, WHO Regional Representative in recognition of his pioneering and continuous efforts of promoting Minimal Access Surgery in East, Central and West Africa recently at the Lyko Regency Hotel, during the Kenya Obstetrical and Gynecological Society Annual Dinner.

From Dr. Rafique Parkar 's thanking speech

The Journey to develop skills in Laparoscopic Surgery in Kenya since 1994 has been long, tiring and more often so, a very frustrating one. Having attended several Workshops and Conferences Worldwide in the late 90's, I was more than convinced that this is what our women and men will benefit from in this Region. At the onset I had to mortgage my house to purchase the equipment required since none of the Hospitals in Mombasa were willing to do so. This was carried in the back of my car from Hospital to Hospital, Private and Public performing sometimes up to 100 cases a week. Not only

did I have to set up the Tower during every session, but had to also clean and maintain the equipment after every session. This not only gave me the confidence and the required skills but also benefited the patients in the rural areas to a large extent. I need not convince anyone here that Laparoscopic Surgery has far greater advantages and outcomes for any Gynaecological procedures. Benign Ovarian Cysts, Ectopic Pregnancies, single Fibroids, Endometriosis, to name a few are now Worldwide being handled Laparoscopically and this today is the Gold Standard. I have made myself available without any hesitation to those who want to learn Laparoscopic Surgery, and I will continue to do so, but I must say all this has been a huge burden, both psychologically and financially. And those who still keep on being sceptical, routinely undermining and demeaning our efforts should now look at other avenues to vent their frustrations. I have achieved and I have delivered. One must always remember that in pursuit of passion for safe Laparoscopic Surgery by all, I have done so much more for service and honour than for any personal gain or advantage. A word of caution to those who now want to get on board, No one is stopping anyone from performing these procedures, but please acquire sufficient skills before you do any procedures Laparoscopically, so as to prevent complications and genuinely give patients the true benefits of this remarkable modality of Surgery. I know I have had my limitations and set backs but, I assure you all it has been worth it. I would like Institutions and Societies like KOGS and all our Colleagues, old and young to take Laparoscopic Surgery to greater heights in this Region, because our patients deserve the best. I am glad to note that although there are now nearly

20 Towers in Kenya at various Institutions, much more needs to be done to make Laparoscopic Surgery safe and more readily available

AGES, Australian Gynecological Endoscopic Society

Focus Meeting 2010

AGES Focus Meeting 2010
The Ovary and the Gynaecologist
Conference Organising
Committee
Dr Robert Ford Conference Chair
Assoc. Prof. Alan Lam
Dr Stuart Salfinger
Ms Michele Bender
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Dr Robert Ford
Dr Kym Jansen
Dr Michael McEvoy
Dr Digby Ngan Kee
Dr Anna Rosamilia
Dr Stuart Salfinger
Ms Michele Bender Executive Director

AGES Secretariat
Conference Connection
282 Edinburgh Road
Castlecrag
SYDNEY NSW 2068 AUSTRALIA
Ph: +61 2 9967 2928
Fax: +61 2 9967 2627
Email: secretariat@ages.com.au

Darwin Convention Centre 13–14 August 2010



Dear Colleagues
Darwin and the 'Top End' are a 'must see' for all Australians, as well as those who visit this country. What other destinations can offer the natural attractions of World Heritage listed parks, the opportunity to see a range of wildlife in its natural habitat and ancient aboriginal art, and a frontier city of cultural diversity and military history? The AGES Focus Meeting 2010 offers a robust educational program combined with an opportunity to discover this wonderful and unique part of the world. The theme of the meeting is 'The Ovary and the Gynaecologist' – an update on ovarian physiology and pathology relevant to Generalist Gynaecology practice. Experts in various fields will provide short, succinct presentations, and there will be extra time allocated for discussion and audience participation. Topics will include embryology, adolescent gynaecology, fertility, menopause, laparoscopic management of ovarian pathology and oncology. There will also be a session on practical ways to improve the ultrasound skills of office Gynaecologists performing pelvic scans. It is our great pleasure to provide this program to you, and we look forward to seeing you in the balmy Northern Territory in August.

Robert Ford Alan Lam
Conference Chair President AGES
Director AGES

AGES Pelvic Floor Symposium & Workshop XI Improving Surgical Outcomes



Sofitel Brisbane Australia
October 15-16, 2010

International Faculty

Prof. Michel Cosson France
Dr Roger Goldberg USA
Dr Nathan Guerette USA
Chairman Assoc. Prof. Alan Lam
Scientific Chairman Dr Anna Rosamilia

The Brazilian Endometriosis and Minimally Invasive Gynecology Association

In 2010 we will have the following events:
- August: Belo Horizonte adenomyosis one day event;
- September: São Paulo endometriosis one day event;
- October: São Paulo - single port one day event;



In addition, some information campaigns on business and presence in the state and federal congresses are confirmed.

Dr. Patrick Bellelis
Executive Director, SBE - the Brazilian Endometriosis and Minimally Invasive Gynecology Association
Phone +55 11 5180-3355
www.sabendometriose.com.br
pbellelis@gmail.com



Register Online

This brochure and online registration are also available on the AGES website: www.ages.com.au



This is indeed a very exciting time to be a member of ISGE. The recent ISGE Congress held in Sydney with the Australian Gynaecological Endoscopy Society, proved to be one of our most successful meetings to date. The huge International Faculty of over seventy gynaecologists turned on a superb meeting for over 600 delegates. AGES as always showed what a superb organisation they are and as expected, Australian hospitality was unsurpassed. The lifeblood of ISGE is our meetings and Sydney has definitely underlined that.

ISGE remains the only truly International Society in Gynaecological Endoscopic surgery. The membership is growing steadily and there are many good reasons for gynaecologists around the world to become ISGE members. ISGE has decided to supply the Journal of Minimally Invasive Gynecology to all members as part of their annual subscription. The Journal will be available online in

the near future and we will be forwarding details to the membership as to how to access this superb Journal.

The ISGE Board at the Sydney meeting approved an exciting meeting schedule for



2011. ISGE will combine with the SLS in New York from the 1st to the 4th of September 2010. This will provide an excellent reason for all ISGE members to visit New York.

In March 2011, the ISGE will conduct its meeting in Chennai. Kurian Joseph and his Organising Committee are putting together a superb programme and all ISGE members, particularly those in Asia are encouraged to attend.

In September 2011, the ISGE moves to Cairo, Egypt for the Annual Congress. This meeting will be held in conjunction with the

Middle Eastern Fertility Society and promises to be a "must attend" event. The programme is currently under construction and I look forward to seeing many of you at our meetings over the next eighteen months.

The ISGE website has been developed for the benefit of all members. There are now facilities online to renew subscriptions. Members can obtain their password from the Secretariat on request. Access to Trocar.com provides members with access to an online surgical journal thereby providing copious material for both learning and teaching. The future for ISGE is very exciting and I look forward to many members encouraging their friends and colleagues to join our vibrant Society.

Further information can be obtained by contacting the ISGE Secretariat at rtoshea-isge@adam.com.au, telephone +61 8 8326 0222, fax +61 8 8326 0622.



ISGE SECRETARIAL OFFICE
PO Box 310
Morphett Vale
South Australia, 5162

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