



# THE INTERNATIONAL SOCIETY FOR GYNECOLOGIC ENDOSCOPY

## OPUS – The ISGE Newsletter

Issue 3, Spring 2017

### Important Dates

10<sup>th</sup> June 2017 Ornella Sizzi Women Surgeons Day,  
Rome, Italy

18<sup>th</sup> – 22<sup>nd</sup> October 2017 Joint ISGE ESGE MESGE Meeting, Antalya, Turkey

18<sup>th</sup> – 22<sup>nd</sup> October 2017 Joint ISGE – AFSGE Meeting, Yaounde,

(More info at [www.isge.org](http://www.isge.org))

### Onwards & Upwards

We are delighted to present the next edition of Opus, the newsletter of the ISGE to coincide with the ISGE's Meeting in Jamaica focusing on Infertility, held jointly with Caribbean Association of Gynaecologic Endoscopic Surgeons (CAGES). Held in Jamaica, the meeting promises to bring together leading faculty to assess the role of endoscopic surgery in helping patients achieve their goal of pregnancy. We hope the combination of outstanding speakers and a wonderful location will deliver fantastic educational and cultural experiences.

The ISGE has been shattered by the untimely death of our Medical Director Ornella Sizzi, who tragically died in September last year. She worked tirelessly for the society for many years, latterly as Medical Director. We pay tribute to her inside this newsletter.

Membership of the society continues to increase with endoscopic surgeons worldwide joining us to share and develop their skills. We are indebted to the efforts of Hisham Arab, Chairman of our Membership Committee for his tireless energy in promoting the society. Daniel Kruschinski, Director of Social Media has also helped by taking the society to the next level with increasing use of social media to promote us.

### ISGE – Spread The Word !

The ISGE is embarking on a major drive to increase members. We now have nearly 1000 members and we are keen to grow that number. Please tell your colleagues and friends to join the society. We have an active Facebook page – please check us out, “like us” and pass on the links to your Facebook contacts. -





# Dr Ornella Sizzi – 9/4/58 -18/9/2016

## Bruno van Herendael pays tribute to ISGE's Medical Director, Colleague and Friend....

“Meeting up with Ornella! Not an easy task as you had to be prepared and know your facts.

Ornella has been the driving force keeping ISGE afloat in very difficult times. She spent hours working on ISGE matters every single day, even more at weekends at her home in Sacrofane, when, with the help of her cats, did she move the ISGE in the only direction she knew: forward.

As a young gynecologist she was sent to a busy hospital in rural

and started to take over his life as she did organize his time schedule in and out theatre.

I met up with her during one of these international conferences and became impressed with this tiny blond lady who did not give her trust to anyone before she knew exactly who that person was.

Once a friend there were no boundaries in the trust. We worked very closely together on ISGE issues. Ornella had a great attention to detail and would

She became my Italian sister and she still is. It is easy to work for ISGE as in everything I do and in every decision that has to be taken, I know exactly what she would say and do and hence there is no feeling of loss - she is still there, and will always be”.

**“Ornella has been ISGE's driving force”**



Italy and strong headed as only she could be, she started an endoscopy service against all odds and against the beliefs of her chiefs.

Back in Rome she met up with Alfonso Rossetti and became thoroughly trained in all aspects of endoscopic surgery. She became the permanent companion of the great surgeon

not hesitate to telephone me at any time – day or night – to remind me about things I had not done !

Being a guest at her home in Marloth Park South Africa was a treat, she would be in total control and gave great attention to every single detail of the daily schedule.

**In Ornella's memory, friends and colleagues are gathering in Rome on Saturday 10<sup>th</sup> June 2017 for a day of lectures celebrating Ornella's life and contributions to Endoscopic surgery.**

See : [www.isge.org](http://www.isge.org) for info.



# Meet Our Treasurer !

Chuck Miller is based in Chicago, America. His enthusiasm for endoscopic surgery and his outstanding teaching skills have benefitted the ISGE for many years.

He explains what makes him tick...

## 1. What is your current state of mind ?

Dazed, confused and concerned – the world is in a state of upheaval with the United States, unfortunately leading the way.

## 2. Who was your biggest surgical influence ?

Without a doubt, Celso-Ramon Garcia at the University of Pennsylvania. He taught me to always respect tissue.

## 3. How has gynaecological endoscopy changed your life?

It has allowed me to perform greater than 99% of my surgeries via a minimally invasive approach.

Fortunately along the way I have been able to establish an international reputation in surgical education and innovation.

## 4. What is your idea of a perfect holiday ?

St Barth's in the winter time and Capri and Positano in the summer time.

I guess there a common denominator here !

## 5. What is your favourite drink ?

Everyone knows this...chilled gin in a martini glass, no vermouth. Shaken in the United States, stirred in Europe.

My current favourite gin is Monkey 47, pure deliciousness !

## 6. Who would you choose to play you in a film of your life?

Clooney of course !

## 7. How do you choose to relax?

On my 60<sup>th</sup> birthday I looked in the mirror and said "I'm a geek !"

My form of relaxation is chilling with my family or teaching around the world with my best friends, what can I say - I'm a medical geek !

## 8. What is your favourite surgical procedure?

While I'm probably best known for my myomectomy and suturing skills, I get really juiced dealing with deep infiltrating endometriosis and a frozen pelvis.

## 9. Tell us something we don't know about you?

If I ever do actually retire, I would love to play my drums in a serious band playing jazz.



"I'm a Medical Geek !"

## 10. What do you wish you had invented?

Ultrasonic energy – It's been very good to me.

## What's New : Snippets From The Journals Which May Change Your Practice

### Fluid Distension Media in Operative Hysteroscopy

The BSGE and ESGE have recently published a guideline examining the latest evidence on distension media, and the safest way to practice hysteroscopic surgery to minimize fluid overload along with advice about the appropriate way to treat patients with fluid overload - a potentially fatal condition.

The guideline highlights the trend towards isotonic distension media (saline) away from hypo-tonic distention media (glycine).

It suggests surgery should be abandoned if fluid absorption is greater than 1L of hypo-tonic, or 2.5L of iso-tonic fluid.

Symptomatic patients should be managed in an HDU environment with careful monitoring. New instrumentation means less hypo-tonic fluids are generally being used.

(Umranikar et al, Gynae Surgery, 2016,13, 893)

### Does ovarian cystectomy affect ovarian reserve?

As laparoscopic management of benign ovarian mass is now the "gold standard", the question our patients want to know is how their fertility is affected after surgery.

A nice study from Manchester, UK, looked at ovarian reserve by measuring AFH, AFC and FSH levels following surgery in 255 women undergoing salpingectomy, salpingo-oophorectomy, or cystectomy.

As would be expected removing an ovary did lead to a fall in AMH, but salpingectomy, ovarian cystectomy, and removing endometriomas had no effect on AMH.

This study should reassure women, and their surgeons, that careful removal of ovarian cysts laparoscopically should generally not affect ovarian reserve levels post-surgery.

(Rustamonov et al, Gynae Surgery, 13, 940)

### Do Intra-Mural Fibroids affect the outcomes of IVF ?

For years, it's been thought that the presence of "benign" fibroids in the uterine wall have little impact on fertility and pregnancy rates.

We may need to rethink our ideas following a paper published from a leading IVF unit in the UK. The authors found the presence of 2 or more non-cavity distorting fibroids, or a solitary fibroid greater than 30 mm was associated with a significant reduction in live birth rates. Small fibroids (less than 30mm) had no effect.

Although this was a retrospective study, and a proper randomized trial is clearly needed to confirm, this interesting finding will prompt careful discussion and counseling in women with fibroids undergoing assisted conception.

(Christopolous, G, BJOG, 124, 4, March 2017, 615-621)

## ISGE – Vaginal Hysterectomy Taskforce

The ISGE Taskforce has been asked by the ISGE to develop an educational pack and resources to promote vaginal hysterectomy (VH) which has undergone a resurgence in popularity in recent years.

We are aiming to create a detailed "how to" module detailing the steps in performing a basic vaginal hysterectomy along with modules highlighting advanced vaginal hysterectomy

techniques such as removing a larger uterus vaginally or removing the adnexae vaginally at time of hysterectomy.

We hope this work will encourage members who do not perform VH regularly to consider taking it up, and act as a resource for colleagues teaching junior colleagues.

There remains a stubbornly high abdominal hysterectomy rate in many parts of the world. While

laparoscopic approaches are benefiting patients, there is clearly a need to ensure the vaginal approach is not forgotten and we hope this project will be of use.

Members of the Taskforce are : Ellis Downes (Chairman), Viju Thomas, Bash Goolab, Annelize Barnard, Prashant Mangeshikar, Heshab Arab, Peter Maher, Bruno Van Herendael and Andreas Chrystoumou.

## How To Improve Theatre Team Working



### ISGE's Bali Meeting –

The ISGE had a great time – educationally and socially in Bali in September last year at a joint meeting organized by the Indonesian Society of Gynaecological Endoscopy and the ISGE.

Over four days we had a wonderful mixture of science, and educational teaching and debate. National and overseas faculty contributed to a stimulating scientific experience.



Delegates enjoyed state-of-the-art lectures covering all aspects of endoscopy. We learnt of the advances Indonesia is making in developing gynaecological endoscopy. Special thanks to the local organizing committee for their hard work.

Surgery is the passion that drives us. We treat our patients problems surgically where appropriate, and strive to have the best possible outcomes and the lowest complication rates.

The days of “the Surgical God” are long over, and growing evidence shows the best outcomes in operating theatres come when the surgical team is working as a functioning team – and not a group of individuals.

Ten steps to maximize your enjoyment – and outcomes in theatre, why not try them if you're not already ?

**1. The WHO check list keeps our patients safe** – and us out of trouble, use it and be seen to embrace it, not just tolerate it.

**2. Are you on time, or always late to theatre ?** Try to get to theatre on time so the atmosphere is relaxed and professional, not rushed when mistakes are more likely to occur.

**3. Is there anybody new on your team today?** If so make a special point of introducing yourself and finding out their role in the team.

**3. Beware new equipment** – usually disposables. We all like our usual trochars etc. Ask is any equipment new, if so, what's different or be prepared to insist on your usual instruments.

**4. Change the order of the list at your peril**, its so easy for mistake to creep in. If you do

change it, make sure everyone knows about it and why.

**5. When using diathermy** know which settings you use for which generators and which instruments. Don't rely on someone else doing this for you. Too much energy may cause organ damage, too little may cause bleeding, or poor dissection.

**6. Do you like music in theatre ?** A bit of background music can lighten the atmosphere, especially during long or challenging procedures.

**7. Try and think one step ahead.** You might know what you're going to do next, your scrub nurse may not. Giving as much notice as possible for what instruments you're likely to need next will help keep the operation moving.

**8. If surgery starts to go wrong, keep calm.** In a stressful situation, shouting at staff will not get the best out of them, Yes, surgery can be very stressful, but try and keep calm.

**9. Everyone in an operating theatre** is needed to ensure that surgery proceeds safely and smoothly from the theatre porter to the scrub nurse - value everyone.

**10. At the end of the list**, five minutes spent thanking everyone goes a long way. Rather than rushing off, a general de-brief of the team can clear up any issues. Discuss any major concerns with be individual privately.



## Make the most of your ISGE Membership Benefits

World-class Educational Meetings

Discount on medical journals

Free access to scientific articles & videos at ISGE's pioneering [www.thetrocar.com](http://www.thetrocar.com)

ISGE Suturing Course

On-line textbook of Gynaecological Endoscopy

Inclusion in ISGE Directory

Contact the secretariat for more information:

[secretariat@isge.org](mailto:secretariat@isge.org)

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