ISGE : Going Forward

Last year was the most successful year in the history of ISGE since it was founded in 1989. Under the leadership of President Rob O’Shea and Medical Director Bruno van Herendael there have been several major initiatives benefitting our members.

We had outstanding successful meetings in Yaounde, Cameroon and Pune, India in 2018. We have also increased the number of our Centres of Excellence who are running training courses and accreditation for ISGE Members.

Membership of the ISGE is at an all time high, we welcome all our new members wherever they are in the world, who are keen to learn and develop their endoscopic surgical skills. Well done Hisham Arab for all your sterling efforts in this area!

Our next Congress in Cape Town in April under the leadership of our Honorary Secretary Dr Viju Thomas looks like having a high number of delegates keen to enjoy the cocktail of science, friendship and African hospitality. If you’ve not registered yet, do come along!

ISGE continues to form strong relationships in China, we have participated in meetings in Fuzhow, Shenzai, Xian and Shanghai. We look forward to our first regional meeting in Nanning in September!

Get Involved – ISGE Elections!

Fancy doing more with the ISGE? There are now ongoing elections in the ISGE for both board members with vacancies at most ISGE geographical constituencies. In April at our Cape Town meeting, we will also elect a new ISGE Vice-President to replace Paya Pasic who is stepping up to become President. More information: www.ISGE.org
Notes From…Cameroon

Yaounde, Cameroon was the place to be in April last year as the ISGE had the honour of jointly hosting with the African Society of Gynaecological Endoscopy (AFSGE) a major congress in Cameroon under the Patronage of the President of Cameroon.

Over four days, more than one thousand delegates participated in pre-congress workshops, lectures, seminars and tutorials.

The pre-congress workshops were very well attended. In addition to the usual hysteroscopy and suturing workshops, a vaginal hysterectomy workshop with live surgery was very well attended. The ISGE also ran an LASTT certification course which proved very popular.

The success of the conference was due to the hard work of the indefatigable Prof Kasia (above) and his team, ably assisted by the secretariat who made sure that all overseas speakers were well looked after.

It was a pleasure meeting local gynaecologists who are trying to develop endoscopic surgery in their own hospitals often with minimal resources, a big contrast to the well equipped hospitals many of us work in.

The feeling of friendship and shared learning was truly special. Socially the conference was a huge success with generous lunches for the delegates and the faculty were royally looked after!

It is a testament to Prof Kasia’s expertise and vision that the ISGE have accredited his hospital as a Centre of Excellence allowing the next generation of doctors to become proficient in endoscopic surgery.
1. **What is your current state of mind?**

I am very content and happy just now. I am totally occupied in developing my new clinic which will specialise in treating adhesions using a multi-disciplinary approach team.

2. **Who was your biggest surgical influence?**

My first teacher at Mainz University was a huge inspiration – an old man with wonderful hands – Professor Paul Knapstein – he inspired me to pursue a surgical career.

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

Totally. I have dedicated myself to gynaecological endoscopy and have found it has changed my life. Very early on it differentiated me from colleagues doing traditional open surgery and gave me a unique niche. It has revolutionized my practice and career as I saw how much it improved the care of women compared to what was being done at the time.

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

I don’t do holidays! I love to travel to conferences, and I work very hard. If you pushed me I would say my favourite place in the world to relax is Hawaii which is my personal piece of world-wide paradise!

5. **What is your favourite drink?**

I love white wine, preferably a Chardonnay, if it’s from South Africa even better!

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

John Wayne! He’s one of my all time favourite actors.

7. **How do you choose to relax?**

I don’t relax! I find working relaxing and I never properly relax until I am on holiday.

8. **What is your favourite surgical procedure?**

Many women are crippled with the symptoms of adhesions. I love doing laparoscopic adhesiolyisis – the more challenging the better. I find it technically very satisfying and it generally really helps my patients, I also enjoy doing pelvic lymph node dissection.

9. **Tell us something we don’t know about you?**

I actually invented gasless laparoscopy many years ago. I found it worked very well, but it never really took off as the medical device industry weren’t supportive.

I increasingly believe that robotics may have an important role to play in gynaecological surgery and wish I had invented a robot!

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

I actually invented gasless laparoscopy many years ago. I found it worked very well, but it never really took off as the medical device industry weren’t supportive.

**Meet The ISGE Leaders**

Dr Dan Kruschinski based in Germany is a long time ISGE member, and is an ExCo member. He now heads up our Social Media Initiatives spreading the ISGE message far and wide.

He explains what makes him tick…

**Adhesions and a glass of Chardonnay!**
New’s From The World of Gynaecological Endoscopy

Frank Loffer Retires As AAGL’s Medical Director

After a long and distinguished career as a gynaecologist, and more recently AAGL’s Medical Director, Frank Loffer, a giant of Gynaec Endoscopy, has retired.

He has guided the AAGL since 1998 and led major educational and research initiatives. The ISGE has worked with Frank for many years and has established warm relationships.

We wish Frank a happy retirement, his replacement, Linda Bradley, has a hard act to follow.

Death of Alan Gordon
Former ISGE President

The ISGE learnt with sadness of the death of our former President, Alan Gordon in August 2018.

Alan from the UK, was the first ever President of the BSGE and an early President of the ISGE. Although we think endoscopic surgery is the norm now, in the 80’s and 90’s, pioneers like Alan faced major challenges and its thanks to people like him, that endoscopic surgery has now become an established technique.

ISGE Member Rafique Parkar Receives Presidential Honour

Congratulations to long-time ISGE member and former Board Member Prof Rafique Parkar who has received a major honour from the President of Kenya in recognition of his tireless pioneering work in developing endoscopic surgery in Kenya and Africa more widely.

Rafique is now the proud holder of the status of: “Elder In The Second Class Of The Order Of The Burning Spear”.

Well done Rafique!

Vaginal Hysterectomy – New Evidence Based Guidelines

The ISGE is delighted that a major project has now been completed to give members – and others - advice on the best way to perform vaginal hysterectomy.

Vaginal hysterectomy is enjoying something of a renaissance and is now being performed more often although significant international variations in rates persist.

An ISGE Vaginal Surgery Task Group, working alongside other key individuals most notably Andreas Chrysostomou (SA) and Bruno van Herendael (Belgium), reviewed the published literature and have produced a comprehensive paper outlining the key evidenced based steps to optimise safe effective vaginal hysterectomy for the non-prolapsed uterus.

Good patient selection is essential and the guideline identifies six key aspects in regard to this.

The take home message is: “It may be safely executed and thus should be offered to a large group of appropriately selected women who today are operated in the main by an abdominal or laparoscopic approach”

(European Journal of Obstetrics and Gynaecology and Reproductive Biology (231) 2018 262-267)
The laparoscopic journey in Kenya was pioneered by Prof. Rafique Parkar. It started with the “Mandazi club” concept where various surgeons collected patients and shared and learnt from each other, which eventually lead into formation of a society called “Kenya Society of Endoscopic Specialties”.

They engaged in round-table discussion to identify existing obstacles in minimal invasive surgery in the country and discussed ways to further the expertise in the country.

KESES was formed in 2006 with an aim to bring likeminded general surgeons, gynecologists, anaesthetists, nurses and students in training, together. With this modest beginning, KESES now boasts about 140 members today. The aim of this society is to pursue the highest limits of laparoscopy and also to train the younger generation into adapting this advanced technology. KESES has taken up the challenge to spread these technological advancements by continuous learning via workshops and courses.

KESES is affiliated with various international societies like ISGE and AAGL and together with these societies several international 2-3 day workshops have been held in Kenya, which has created increased awareness in the local surgeons keen to learn and achieve more.

The society members also run charitable camps where laparoscopic surgery is done on underprivileged patients free of cost.

The challenges of the adaptation and use of new technology are common to any health care system.

The initial reservations of laparoscopic surgery not being “orthodox” surgery in low and middle income societies are gradually disappearing.

Laparoscopic surgery has been the paradigm shift in surgical practice in Kenya where the majority of the Kenyan population are now asking for this form of surgery.

Having said this, we still have a variety of challenges to battle with in Kenya even today.

Cost is one of the major barriers to healthcare access for a significant population in a low and middle income society and therefore this is a major setback for laparoscopic surgery to be integrated into routine practice in our society.

Over the last few years various industry players have set foot in the market making this choice an available luxury, but affordability remains a struggle.

Until a few years back, only a few named elite hospitals would offer MIS in Kenya; today however, various private and government hospitals around the country are slowly adapting to this technology accepting that change is inevitable.

Training is currently offered to a minority based on their interest. There needs to be more training programs to focus on the practice and safety of laparoscopic surgery and maintenance & familiarity of equipment. Laparoscopy also needs to be incorporated into routine postgraduate training.

What’s Happening In Kenya?
Dr Yamal Patel, Vice President, KESES explains..

The challenges of the adaptation and use of new technology are common to any health care system.
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Contact the secretariat for more information:
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Please contact the Newsletter editor Ellis Downes (ellis@ellisdownes.com) with any suggestions for the next edition, which will be published in April 2019

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