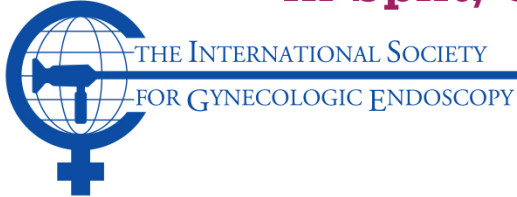


Join ISGE at its Annual Meeting in Split, Croatia 2020 May 28th–31st



OPUS - The ISGE Newsletter

Issue 9th Autumn 2019

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Editorial

ISGE – Leaping into skies

Dear Colleagues

ISGE is not only a membership association, but is an energetic society of engaged surgeons at all platforms of careers and life. ISGE is there for you to promote your research, innovative ideas and unique operative techniques. ISGE Board members and its various committees will continue to serve you and help you elevate your career in the field of minimally invasive surgery.

In this issue, I am trying to give you a glimpse of ISGE's activities over the past few months trying to serve our community and also leaping into skies of knowledge and expertise.

ISGE is currently under a new leadership since Resad Paya Pasic from Louisville, Kentucky, USA assumed position as president. We should expect great development as he promised and I quote "There are many exciting things that we are currently working on which I will address in the next email blast.", Prof. Pasic said.

As chairman of the Membership Committee I want to invite you to renew your ISGE membership which has been made easy, thanks to Hendrik our webmaster, and it is only a click away on our website www.isge.org.

Sincerely,

Hisham Arab

A Message From The Director Of Social Media (Dr. Daniel Kruschinski)
Login & Visit Us At Our Facebook Pages

1. <https://www.facebook.com/Laparoscopy/>

2. <https://www.facebook.com/Hysteroscopy/>

Where More Than 9000 Doctors Are Signed In

Report from the Medical Director



ISGE Medical Director
Bruno van Herendael

ISGE has been quite active and at this moment we are witnessing a boom on the internet where, even renowned endoscopists, are sending in topics to the membership forum on Facebook. The Facebook pages hysteroscopy and laparoscopy are attracting lots of attention. We urge you to follow us and to send in your remarks and do interfere on these pages. You will also find us on Twitter and Instagram. Let us know you are out there.

From August 26 through 30 we had our Intensive Week in Jakarta courtesy of our Indonesian members Herbert Situmorang and Ichnandy Arief Rachman under the supervision of Professor Wachyu Hadisaputra. Forty participants did witness live surgery by Adel Shervin, Alfonso Rossetti and myself did sit in the theoretical sessions and participated at the hands-on sessions. A practical exam in endoscopic knotting revealed no problems for the participants whilst 80 % of the participants did pass the theoretical exam on 100 MCQ's the Saturday.

Congratulations to all these new ISGE Qualified Gynecologist for MIGS. Three Malaysian colleagues did pass the SEBCOH-I certification and the phase 1 and are keen to

organize the Intensive Week in Malaysia our live member Sevellaraja Supermaniam has been contacted to see how we can realize this enterprise.

On September 28 – 29 our Chinese Board member Professor Yan Kuang did organize the ISGE Regional meeting in Nanning China. On September 27 our president Resad Paya Pasic and myself did lecture at the Third Peoples Hospital in Beihai on the Atlantic Ocean. Here a meeting with the local and hospital authorities was held in view of organizing an ISGE Annual meeting. The meeting in Nanning, a more substantial report can be read in one of the OPUS, was a great scientific success. For ISGE lectures were given by Resad Paya Pasic, Ellis Downes, Adel Shervin and myself. Lectures had been sent in and had been translated into Chinese. Simultaneous projection of the two images one in English and one in Chinese avoided simultaneous translation.

We did get the visit of one of our members who did travel especially from Beijing to greet us. On September 28 in the afternoon a special meeting was held to get to know our Chinese colleagues who will act as ISGE tutors in China during ISGE courses and activities. It was quite an intensive meeting where the ISGE party did witness the high quality of the lectures and some of the surgeries of the colleagues.

A meeting was held with Dr. Fanny Sao, director of the International Relations of the Chinese Maternal and Child Health Association, under the leading of Dr Jianming Song who is coordinating the ISGE efforts in China to see how ISGE can collaborate with our Chinese counterparts to bring endoscopy in the daily practice of the rural hospitals.

During the summer, after the meeting in Cape Town, ISGE did meet with ESGE to see if we can collaborate to the Journal of the ESGE Facts, Views & Vision as partners to offer our membership a journal. Ellis Downes has been designated as the ISGE editor and ISGE has good hope that this collaboration will be brought to a good end.

Meanwhile a first teleconference has been held with our CAGES members, organizers of the 2020 Regional Meeting in Kingston Jamaica. The program will cover all aspects of hysterectomy including the hysteroscopic surgeries intended to avoid hysterectomy and the ultrasound diagnosis pre-op. This meeting promises to be of a high scientific level. The meeting will be held at the AC Hotel by Marriot in New Kingston.

Behind The Scenes

Who is the ISGE Executive Secretary?

Ms. Patrizia Zaratti
Rome, Italy

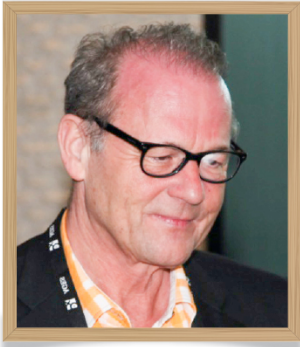


Communication. If I should imagine to describe myself with a word, I could only choose this one.

Communication is the key-word of my work: communication between different languages as translator; communication between different entities of a company as secretary in a NGO and a multinational corporation; and communication between association and people as Communication manager. 30 years of work taught me that a real and honest communication is always a win-win choice.

Also my two passions are based on communication: the body language with dance and communication between human beings and dogs with dog training and rescue.

The new Abdo-Lift for gasless Lift-Laparoscopy



Daniel Kruschinski, MD
Director: Kruschinski Medical
Center, Frankfurt, Germany

Gasless Lift-Laparoscopy is a system that does not require a pneumoperitoneum. Instead, it uses an abdominal wall lifting system. One such system is the Abdo-Lift, designed Daniel Kruschinski, our EXCO member and Director of Digital matters and Social media.

The special design of the retractors, the Abdo-Lift mechanical elevation of the abdominal wall provides the surgeon with the necessary space comparable with that of pneumoperitoneum laparoscopy. As no gas is needed, flexible and valveless trocars can be used. This technique avoids several typical intraoperative problems of pneumoperitoneum laparoscopy such as gas leakage, rinsing and suction as well as removal of tumors and organs out of the abdominal cavity.

By utilizing conventional instruments and standard surgical techniques and avoiding disposables, gasless Lift-Laparoscopy is a cost effective procedure with benefits for the patients, surgeons, hospitals, and the health system. Gasless Lift-Laparoscopy is a simple, effective, and economical introduction to operative laparoscopy and extends the indications of minimal invasive surgery. It combines minimal invasive surgery and modern magnification with endoscopic imaging systems,

opening the possibility of using standard techniques and conventional instruments, which have been developed and modified for a very long time. They allow the surgeon, in contrast to laparoscopic instruments, to use tactile sense and palpation, as they are very short and have only one link. Performing surgery with short instruments means that the hand is close to the area of operation and the fulcrum is short so that accuracy is relatively higher than that of laparoscopic instruments where the surgeon's hand is very far from the area of the operation.

Via flexible trocars, conventional and/or laparoscopic instruments can be used. It is also possible to introduce several instruments simultaneously through the same trocar. The insertion and the change of instruments, as well as suturing and tying, can be performed easier through the flexible valveless trocars. Gasless laparoscopy has the advantage of performing laparo-vaginal procedures more extensively than with gas laparoscopy.

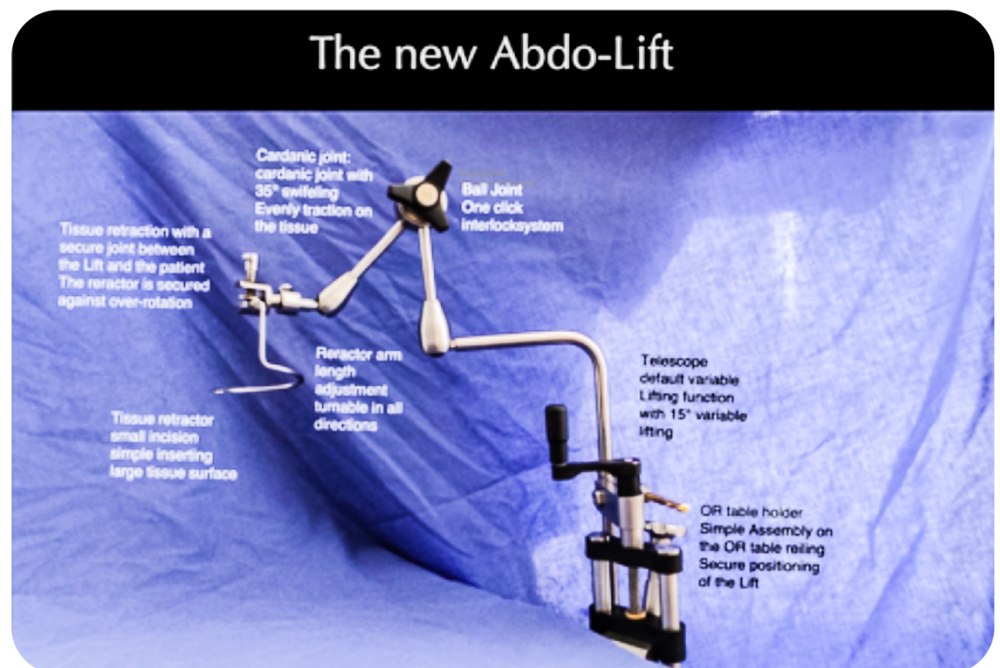
The new Abdo-Lift is designed to handle the elevation of the abdominal wall much easier and faster. Instead of having 3 joints, that had to be adjusted one by one, now all 3 joints can be fixed with only one click by a ball joint one click interlock system. This decreases the time of set-up procedure of the Abdo-Lift. The new retractor allows a smaller incision and a simple insertion through the incision while supplying a large tissue surface for the elevation of the abdominal cavity, which decreases the abdominal wall stretching and postoperative pain. With the secure joint between the lift and the patient the retractor is secured against over-rotation. Finally telescope-lifting function allows a variable lifting of the entire Abdo-Lift to the anatomical position needed to perform laparoscopic surgery.

Gasless Lift-laparoscopy offers the concept of laparoscopy as a minimally invasive surgery and is simpler, cost-effective, and extends the range of laparoscopic applications. One can utilize the new Abdo-Lift as a primary simple and effective tool to completely avoid laparotomy, or as a back-up device, if carbon dioxide laparoscopy is contra indicated or side-effects occur, like bronchial spasm, heart problems, increase of intra-pulmonary pressure, hypercapnia or acidosis.

Complications during the blind Veress needle or trocar insertion such as vascular lesions or intestinal injury are virtually excluded by this technique. Problems and complications of the iatrogenic insufflation of CO₂ (pneumothorax, pneumomediastinum, pneumopericardium, air embolism, massive subcutaneous emphysema) are completely excluded. Physiologically, gasless laparoscopy is less invasive than pneumoperitoneum insufflation and allows the use of laparoscopic surgery in high-risk patients, e.g. those with heart insufficiency or lung obstruction as well as in pregnancy.

The ability to utilize operative laparoscopy under regional anesthesia as the combination of minimal invasive surgery and minimal invasive anesthesia will become a new challenge.

Daniel Kruschinski can be contacted via info@kruschinski.center, if you like to be part of training-courses in gasless Lift-Laparoscopy, starting January 2020.



Report on the ISGE Intensive Week Jakarta

The third ISGE Intensive Week has been organised in August 26 through 30. The venue was the RSCM Kintani Day hospital. The organization was taken care of by our live member Ichnandy Arief Rachman and the president of the accreditation of the Indonesian Gynecologic Endoscopic Society (IGES) Herbert Situmorang under the leadership of Professor Wachyu Hadisaputra president of APAGE. As tutors ISGE did rely on Adel Shervin, president of the ISGE Accreditation Council, Alfonso Rossetti, Omar Alhalayqa. The logistal help was provided by Mrs Paula Simons



As you see from the picture Friday in Indonesia is Batik Day!

Forty very attentive participants did finish the week. On Moday and Tuesday Adel, Alfonso ay and myself did perform live surgery.



The rest of the day was filled with theoretical courses covering all aspects of gynecologic endoscopy. Coffee breaks and box lunches were provided for by IGES. In the late afternoon hands on suturing in pelvi trainers closed the activities. ISGE thanks his main sponsor Karl Storz SE & Co KG for the six towers with pelvi trainers that were brought in. J & J Sutures provided for the suture material.



Prof Wachyu Hadisaputra as an attentive participant!





















The week did finish on Friday with the practical exam on suturing. The participants were asked to do one intra-corporeal surgeons knot and one extra-corporeal Mayo sequence. All participants did succeed although some needed a little push especially with the extra-corporeal phase.

On Saturday the theoretical exam over 100 MCQ's did take place and most of the participants did finish the exam within one and a half hour. Mrs Simons hqd the results redy the first week of September and 80 % of the participants did succeed. The ones who did not succeed did get a personal letter from the Medical Director telling them their percentage. These participants will have the possibility to retake the Intensive Week at half the fee at a location they do choose or when the next Intensive Week will be organised in Indonesia.


















Welcome to ISGE

Members enrolled between April 2019 and October 2019













<u>SURNAME</u>	<u>NAME</u>	<u>COUNTORY</u>
Asma	Zergui	 Algeria
Imane	Sahi	 Algeria
SBA	Asmaa	 Algeria
Guedaoura	Amina	 Algeria
Choi	Sarah	 Australia
Putri	Inge	 Australia
Ludovica	Imperiale	 Belgium
Charlotte	Maillard	 Belgium
Zhou	Dan	 China
Vineetha	Joseph	 India
Mangeshikar	Abhishek	 India
Shanbhag	Sanjay	 India
Desai	Archish	 India
Lakshmi	Rama	 India
Pisat	Sanket	 India
Subbaiah	Murali	 India
Sharma	Meenakshi	 India
More	Shivraj	 India

Welcome to ISGE

Members enrolled between April 2019 and October 2019

SURNAME	NAME	COUNTORY
Aggarwal	Aastha	 India
Dhanu	Rajana	 India
Halim	Binarwan	 Indonesia
E.B. Hutagaol	Imelda	 Indonesia
Tunjungseto	Arif	 Indonesia
Glamour	Seindy	 Indonesia
Haekal	Mohammad	 Indonesia
Erlina	Yunita	 Indonesia
Wijaya	Andy	 Indonesia
Arifin	Benediktus	 Indonesia
Montevecchi	Luigi	 Italy
Yahya	Fanan	 Jordan
Alhasan	Ghassan	 Jordan
Judy	Githinji	 Kenya
Jemimah Muthoni	Kariuki	 Kenya

Welcome to ISGE

SURNAME	NAME	SURNAME	NAME
Joseph	 Njagi	Regis	 Elijah
Wanjiru	 Judi	Vusimuzi	 Hlongwa
Halimah Jaafar	 Sharifah	Emmanuel	 Majachani
Lee	 Chui Ling	Tsitukenina Ruffine	 Mfutila
Halimah Jaafar	 Sharifah	Khathutshelo	 Tshikanda
Ishak	 Fawziah	Wynand	 Van Tonder
Rajat	 Goswamy	Mahloromela	 Moagi
Matti	 Kimberg	Candice	 Morrison
Ayanbode	 Olufemi	Lusanda	 Shimange
Olumodeji	 Ayokunle	Ben Salah	 Imen
Leon	 Ivonne De	Oumayma	 Mejri
Djokovic	 Dusan	Gonzaga	 Andabati
Nkundabagenzi	 Jean Claude	Nahas	 Samar
Adu	 Sam	Michael	 Gongga
Amod	 Samshad		

Report from the Vice President



Noé Guenter
Germany

Back to Future

The problems around mesh procedures and the new medical devices regulation (MDR) of the European Union may affect future options and quality for our patients. FDA and NHS brought mesh use in vaginal procedures to nearly complete stop. Although most European countries don't have consequent restrictions yet regulations can be expected. Besides restrictions for vaginal meshes impact on abdominal procedures (laparoscopy) is more than likely. In UK one of the two liability insurance has suspended supporting sacro-colpo-PEXY last year. The MDR will have a further impact on pelvic floor products. The big US companies have withdrawn their products meanwhile and most companies which still produce implants will not be able to keep their products on the market under the new European regulations.

Under this impression the society discussed where uro-gynecology can go in future. Some surgeons suggest picking up traditional techniques. Most of these were developed at the end of the 19th and the beginning of the 20th century. The problem is that there is no reliable research available. In most

procedures we have single center experience. No standardized research is available for the traditional surgeries and a lack of teaching is evident.

G. Noe, (Vice President of ISGE) contributed with his actual research in native tissue repair and recommendations for tailored surgery. This can also be a solution also for reducing mesh use in standard sacro-colpopexy. In the latest data his study group could work out that nearly 90% patients can be treated with a combination of apical mesh support and native tissue repair for the other relevant defects.

Combining tissue augmentation and mesh, if it is mesh is needed, can reduce risks of mesh placement as well as new mesh products with low inflammatory response and no degradation. The latter is a big problem in polypropylene use. Noe appealed to the participants and researcher not to withdraw but to work on new standardized approaches in multi-center trials. Otherwise a complete loss of modern pelvic floor treatment can happen.

In vaginal surgery the options due to mesh issues are limited for implementing new strategies. Laparoscopy offers options for modern and high quality treatment. It's up to surgeons to deliver high quality research to ensure excellent treatment for our patients.



ROME, ITALY

This was an outstanding meeting with great participation from female surgeons from around the world

2° ORNELLA SIZZI
Women's Surgeons Day
 Benign Uterine Pathologies and Endometriosis
21st June 2019





Fondazione Policlinico Universitario A. Gemelli - IRCCS, Roma
 Rooms 505-506-507-508, V floor - wing A

bit.ly/WSSD2019

Chair Maria Grazia Porpora
Co-Chair Alfonso Rossetti
Presidents Bruno Van Herendael and Robert O'Shea
Honorary President Giovanni Scambia



OB&GYN
JOURNAL CLUB



HISHAM ARAB PRIZE

This prize was established in 2016 to be awarded to the best YES presenter once a year at any of the ISGE annual or regional meetings. The prize is composed of 1000 USD in cash and a plaque which should be presented at the closing ceremony of the congress.



2019



THE WINNER FOR 2019 AT ISGE ANNUAL MEETING THAT WAS HELD IN CAPE TOWN, SOUTH AFRICA DURING 13-17 APRIL 2019 WAS DR. ANNELIZE BARNARD, FROM SOUTH AFRICA.

If you missed submission for this year, you still have a chance to win it next year at the Annual ISGE meeting in Split, Croatia: May 28-31, 2020.

ISGE ANNUAL MEETING SPLIT - CROATIA
MAY 27-30, 2020

FACULTY

- Adel Sadrati - Algeria
- Amal Drizi - Algeria
- Jorge Enrique Datto - Argentina
- Ajay Rane - Australia
- Rob O'Shea - Australia
- Georg Keckstein - Austria
- Anne Sophie Maryns - Belgium
- Bart De Vree - Belgium
- Bruno van Herendael - Belgium
- Fatima Ahanbour - Belgium
- Nancy Steenbakkers - Belgium
- Ruben Van Spauwen - Belgium
- Togas Tulandi - Canada
- Nicholas Paireadeau - Canada
- Lubomir Mkulasek - Czech Republic
- Arnaud Wattiez - Dubai
- Daniel Kruschinski - Germany
- Günter Noé - Germany
- Hugo Verhoeven - Germany
- Lilo Mettler - Germany
- Michael Anapolski - Germany
- Péter Torok - Hungary
- Kurian Joseph - India
- Meenu Agarwal - India
- Prashant Mangeshkar - India
- Rahul Machanda - India
- Eddy Hartono - Indonesia
- Adel Shervin - Iran
- Ameneh Haghighi - Iran
- Alessandro Loddo - Italy
- Alfonso Rossetti - Italy
- Antonio Simone Laganà - Italy
- Fabio Ghezzi - Italy
- Giampietro Gubbini - Italy
- Giuseppe Bigatti - Italy
- Jvan Casarin - Italy
- Luigi Montevecchi - Italy
- Mario Malzoni - Italy
- Sanket Pisat - Italy
- Stefano Bettocchi - Italy
- Masaaki Andou - Japan
- Dusan Djokovic - Portugal
- Hisham Arab - Saudi Arabia
- Andreas Chrysostomou - South Africa
- Annelize Barnard - South Africa
- Viju Thomas - South Africa
- Chyi-Long Lee - Taiwan
- Mark Hans Emanuel - The Netherlands
- Christopher Sutton - UK
- Ellis Downes - UK
- Shaheen Kazhali - UK
- Andrew Brill - USA
- Duncan Turner - USA
- Linda Bradley - USA
- Resad Pasic - USA
- Robert Zurawin - USA
- Shan Biscette - USA

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- On-line textbook of Gynaecological Endoscopy
- Inclusion in ISGE Directory

Contact the secretariat for more information:
secretariat@isge.org

ISGE ExCo Members:

Resad Pasic, President, USA; Guenter Noe, Vice President, Germany; Robert O'Shea, Past President, Australia; Bruno Van Herendael, Belgium, Medical Director Charles Miller, US, Honorary Treasurer Viju Thomas, South Africa, Honorary Secretary Alfonso Rossetti, Italy, Training Committee Ellias Downes, UK, Newsletter Editor Daniel Kruschinski, Germany, Director Social Media Hisham Arab, Saudi Arabia, Director Membership Committee Alessandro Loddo, Italy, YES Committee.

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