

The ISGE Newsletter

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24/7 ISGE

OPUS

Winter Issue, January 2021



THE INTERNATIONAL SOCIETY
FOR GYNECOLOGIC ENDOSCOPY

PROMOTING VAGINAL SURGERY



Dr Hisham Arab
Editor-in-Chief



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Associate Editor



Dr Meenu Agarwal
Associate Editor

Always in Action

Believe it or Not! For some of us, eyes will be open all day and night on the last day of **winter** this year.

Can you imagine having a conference stretching for 24 hours continuously without overnight sleep or break?

This is exactly what the ISGE team is planning to do on March 20, 2021 for the first time in the history of medical education. The lectures never stop all around the clock over 24 hours. Attendees from around the globe will be watching this conveniently from their offices or bedrooms and learn from endometriosis experts presenting from the other side of the universe. I have included the whole program of VirtualEndo24 in this issue for you to plan your day and may be to set your alarm clock.

Moreover, ISGE have been transmitting live surgery on a weekly basis of a variety of simple and difficult operations for almost one year, and the streaming still going on for members only.

Don't miss any of that and become an ISGE member to enjoy a unique society that is **always in action**.



**A Quick Access
To ISGE Website**

Sincerely,
Hisham Arab
Editor-in-Chief

Message from the President



Dear Colleagues and Friends,

Who would have believed that the world is still in the midst of Covid-19 pandemic with numbers of affected individuals rising all over the world? It has been over a year since first case of Covid-19 infection was reported in Wuhan, China, and since then, over 90 Million people have been infected worldwide with close to 2 million dead. While China was successful in containing and eradicating the infection through government led and reinforced strict measures of mask wearing and social distancing, the rest of the world was not so fortunate.

We in the United States are experiencing the third surge with total of 22 million cases, 300.000+ new daily infections and close to 400.000 deaths despite the fact that we have tremendous resources compared to other countries. Some parts of the United States are experiencing very high infection rates that are stretching the health resources very thin and testing the limits of our healthcare system.

In the past year we have learned a lot about the virus and have developed the vaccines and quite effective treatment protocols. We have learned that the best way of containing the infection is through preventive measures such as mask wearing, hand washing and avoiding close contacts. We have learned to live with the virus and have accommodated our daily work routine to fight the spread of this infection. We are back at performing elective surgeries in the U.S. and are following the recommendation of the SAGES, as well as the AAGL and ESGE, ISGE to test all patients for Covid-19 before surgery.

All medical meetings and educational courses around the world in the previous year have been canceled, postponed or converted to virtual. With the help of our industry partners, ISGE has taken the initiative to organize 19 educational webinars and prerecorded surgeries that are free for any physician to attend. The response has been outstanding with several thousand physicians from all over the world participating in these educational events.

ISGE is organizing a unique Virtual Endo 24 meeting that is taking place on March 20 and 21, 2021. This meeting will go alive continuously for 24 hours, starting in European and African time zone for 8 hours, move to South and North America for 8 hours and finish in Asia and Australia for the last 8-hour segment. The meeting will be virtual over Zoom on 4 different channels and will feature over 120 confirmed speakers and 36 prerecorded surgeries. For additional information and for registration visit www.isge.org.

In 2020, the ISGE board of directors has decided to postpone the Annual Meeting in Split, Croatia for one year; it has been rescheduled for June 5 - 9, 2021 at the same venue. Our plan is to hold in person meeting in Split.

I plead with you to respect the CDC recommendations of social distancing and isolation and to educate your patients to do the same, and to show compassion with those less fortunate who are experiencing hardship on different levels. I am also asking you to advocate with your patients to sign up for Covid-19 vaccine since this is the best way for all of us to fight this health crisis.

We are all in this together and it is a test of humanity and our resilience. I am sure that we will come out of this stronger and I hope to see you in Croatia in 2021 where we will celebrate our victory.

Paya Pasic ISGE President

Invitation from Vice President





From the desk of the Medical Director

Dear member, Dear future member, Dear colleague interested in MIGS, Dear Sympathizer!

2020 has been a very difficult year for all of us at ISGE on the personal level and on the level of the society. However, lots of innovations did take place and these did intensify the interaction within the society.

Our Honorary Secretary, **Viju Thomas**, did come up with a **completely new concept of congress** as ISGE had to postpone our annual congress in Split until June 5-8/2021. He did **launch VirtualEndo24 the Global View**. A 24-hour virtual congress on endometriosis in three time zones Starting in Africa-Europe, followed by the Americas to end in Asia Oceania. The congress is backed by all the important Societies on Gynecologic Endoscopy and Endometriosis. This, his idea, is a **World First**. We look forward to this bring this on March 20-21/2021.

Our president-elect, Günter Noé, together with the original editor of TheTrocars, came with the idea to create a real **Open Access, Online Journal** under the name **TheTrocars**. We were able to realize this endeavor in December 2021 with nine articles in the first issue.

https://www.isge.org/wp-content/uploads/2020/12/TheTrocars-Issue1_December2020.pdf



ISGE did start with **two webinars** on a monthly basis. These webinars do cover all aspects of MIGS and have been attended by over one thousand participants – counting only the ones receiving a certificate because they were resent during more than half of the duration. Africa did account for 37,8 %, Asia 27,2%, Americas 21,2%, Europe 13,3% and Oceania 0,9%. Women colleagues did take care of 35 % and males 64% seems like one % has to be transgender. India taking the lead in the country hit parade.

ISGE did also start with **live surgery streaming** by our Board **member Ameneh Haghighi and Günter Noé**. In toto 39 times on Instagram isge_members channel and lately on a professional platform. Viju Thomas will try and get these live streaming on a professional level in the years to come.

For **the New Year 2021 we project a Hybrid Annual Congress in Split** – same location – from **June fifth through eight!** Here we will have also the hybrid Annual meeting and ISGE will propose to the General Assemble a new set of Bylaws with the intention to involve more motivated members in the running of the society. This new bylaw will be sent to our members two months before the venue to get your comments.

ISGE will continue and professionalize its other projects as to remain a top worldwide endoscopic society.

As Medical Director I would like to ask each and every one of you to join ISGE in these projects, to send in articles, to organize webinars or at least send in the topics you would like to be addressed.

Long live our ISGE with your help and contributions to the scientific content!

I do wish you a very Prosperous, Healthy and above all Different 2021 for you and your loved ones.

Bruno van Herendael
Medical Director ISGE



FINE TIPS ON

Laparoscopic Hysterectomy



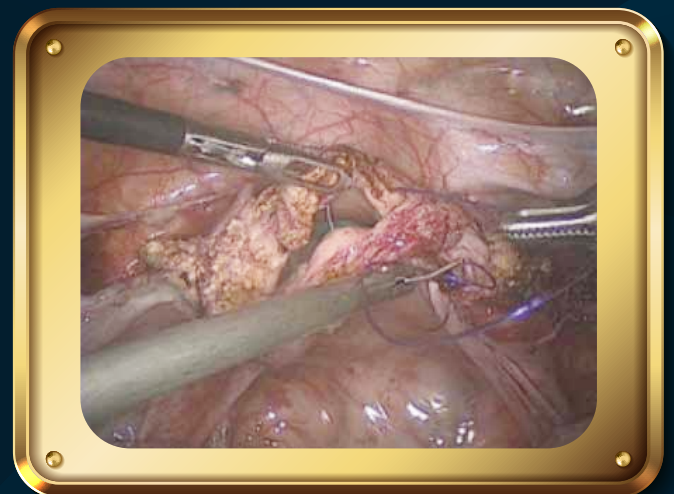
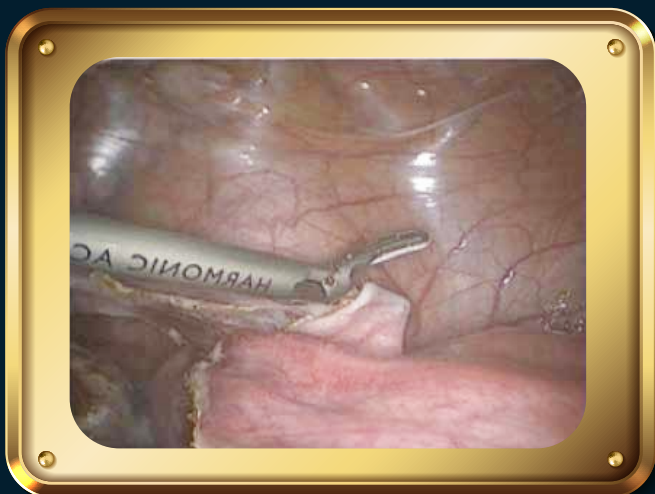
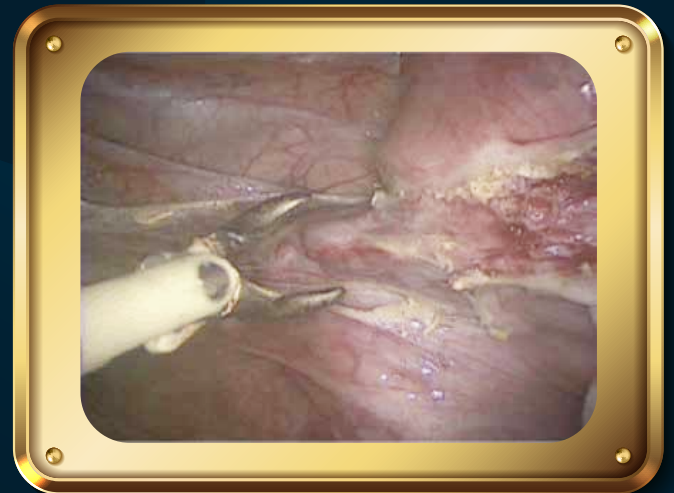
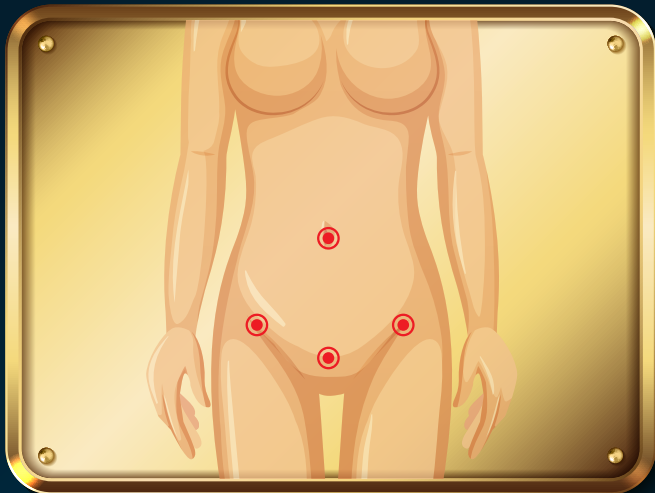
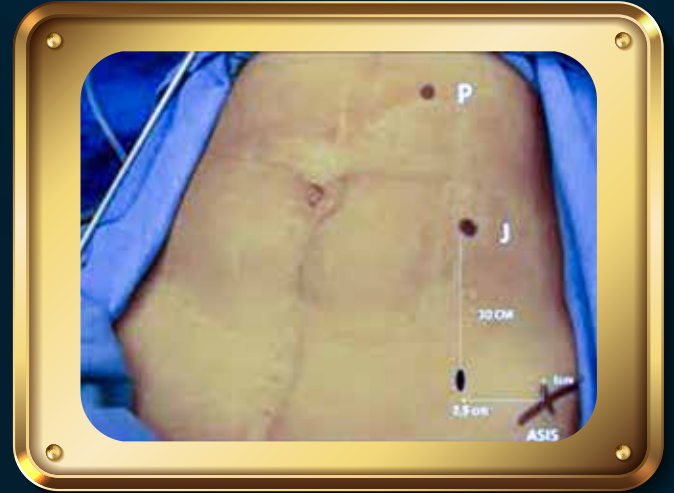
Megan Cesta

**Pelvic Health and Minimally Invasive Gynecologic Surgery
Summa Health**

Citation: OPUS January 2021. DOI: 10.36205/OP0006

- Patient positioning must include a non-slip device for steep Trendelenburg and boot stirrups to minimize nerve injury.
- Uterine manipulators with colpotomizer cups that allow for articulation of cervico-uterine junction help create better exposure.
- Abdominal entry at Palmer's point when indicated (patients with previous abdominal surgeries, obese patients and with failed insufflation).
- In patients with large uterus place the camera port 10 cm above the uterus and ancillary ports high and lateral.
- A 30° degree 10mm laparoscope provides increased magnification and light for improved visualization, in patients with large and multiple fibroids and distorted anatomy.
- Chose an electrosurgical or ultrasonic device that the surgeon is most comfortable and familiar with.
- Traditional bipolar energy is useful when sealing vessels over 7mm.
- A suprapubic or midline port aids in uterine manipulation and can provide traction and exposure when needed. This is best done with suction irrigator, a laparoscopic tenaculum or corkscrew.
- Additional uterine manipulation can be achieved by placing operating table in airplane configuration in cases such as large fibroid uterus.
- Start with the "easy side" first which will allow for greater exposure and movement when approaching the difficult side. Begin by visualizing the ureters and restoring normal anatomy.
- When approaching obliterated cul-de-sac or adnexa, retroperitoneal dissection and visualization of the ureter is essential first.
- If hemorrhage is encountered first apply direct pressure, this can be accomplished with an atraumatic grasper or a gauze which can be placed down a 10mm trocar.

- Detailed skeletonizing of uterine artery pedicles yields better compression and sealing which prevents bleeding pedicles or bleeding during colpotomy.
- Strategies for a difficult vesicouterine peritoneum dissection include retrograde filling of the bladder or grasping the bladder and lifting it from the cervico-uterine junction and first dissecting uterine arteries to find the endopelvic fascia.
- Laparoscopic closure of the vaginal cuff is magnified so take care to make sure tissue purchases are at least 5mm.
- Universal cystoscopy can be performed safely and efficiently with a 5 mm 300 laparoscope by back filling the bladder.



Practising Gynaecology In The Covid Pandemic

Citation: OPUS January 2021. DOI: 10.36205/OP0005



As doctors, we are living and working in the storm that is the global covid pandemic. Every continent in the world is facing up to the challenges of providing healthcare against a new serious infection, maintaining existing healthcare services and balancing the economic damage being done as countries face up to the challenge of fighting coronavirus.

Over the last few months I have been struck by a number of recurring themes, and would like to share these to stimulate your mind, and possibly your clinical practice.

While covid has dominated the global agenda, and governments, hospitals and healthcare staff have changed working practices, introduced policies and worked so hard to try and get on top of this dreadful diseases, we must not forget that other diseases have not stopped during this

time, and as gynaecologists we must remind our patients about the importance of maintain female health and seeking advice if they develop any gynaecological symptoms.

Sadly we will see people dying of medical conditions, such as cancer or heart disease, that could have had better outcomes had they had earlier medical treatment. There is now data emerging that patients are delaying engaging with medical services for a number of linked reasons - they may be anxious about developing covid, they don't wish to appear a "burden" in the covid pandemic or because of challenges accessing hospital care.

Many specialities have reduced the frequency of face-to-face consultations to reduce the risk of covid infection, and I have been doing lots of telephone / video consultations. In gynaecology however we must not forget that often it's only by taking a good history, carefully examining a patient, and if necessary doing a pelvic ultrasound can a full diagnosis be made and we must make sure that, where possible, we give our patients a proper consultation.

As gynaecologists, we know the intimate link between the mind and hormones. We've always known for example that anxious patients are less likely to ovulate and therefore conceive. What we are learning now about stress and hormones takes this to a whole new level. We can't measure "stress" directly with a blood test, but undoubtedly we are living for most of us in the most stressful times of our lives, almost similar to previous generations living through the World Wars. Patients experiencing stress will negatively impact the hypothalamus in the brain, which is linked to the pituitary gland which, by secreting FSH and LH stimulates the ovaries. In the last ten months, I have seen many of my patients with unusually low serum oestrogen levels. Some of these patients have irregular or heavy periods, or may be amenorrhoeic. Once a structural lesion has been excluded, they can be reassured that, in time, as their oestrogen levels improve these symptoms will improve. The patients need strong reassurance that hypo-thalamic hypo-oestrogenism is totally different to menopausal changes.

Hypo-oestrogenism affects vaginal pH, and over the last few months, many of my patients have developed recurrent minor vaginal infections, both bacterial and fungal. I have been struck by the microbiological diagnosis of a number of uncommon infective organisms such as unusual strains of candida species and wonder if this is a consequence of significant hypo-oestrogenism in younger patients ? I am exploring this is a research study at present.

Low grade recurrent vaginal infections have, I believe, also contributed to an increase in positive HPV cultures at the cervix, and a greater number of borderline smears in my clinic. Again I am currently collating this, but the covid pandemic, with stress affecting the immune system, as mentioned above, should remind us to ensure our patients are up to date with cervical HPV and cytology screening.

Like many surgeons, over the last few months I have been doing less surgery. Not only has it been more difficult to access operating theatres for many colleagues, in the middle of a pandemic it is, I believe, important to only undertake surgical procedures which are essential and, when contemplating a surgical procedure, I discuss all management options (surgical, medical and conservative) with patients so they are fully informed. Patients need to be informed before surgery, that, despite careful screening, there is a small risk of developing covid in hospital and they may be more unwell, with an increased mortality rate, if they develop covid post-operatively.

As doctors, patients ask us for advice and I believe as gynaecologists we have a duty to keep personally up to date on covid developments so we can give our patients accurate medical information about strategies of reducing infection, treatment options and accurate information about vaccination. The internet is full of mis-information about covid, which coupled with the "anti-vax" movement means our patients sometimes struggle to access accurate medical information, and we as their gynaecologists, can contribute to their knowledge base.

Many of us have found the last few months incredible stressful. A recent survey of UK doctors found high levels of exhaustion, anxiety and depression. While we are looking after, and reassuring our patients in these difficult times, we must not forget our own physical and mental health. We must find time for regular exercise, relaxation with family and friends (when permitted) and time to "just be", as the old expression put it, "Physician Heal Thyself".

On a positive note, once the vaccination rates start to rise worldwide, the weather (and temperature) improves as we move into Spring, and the results of additional clinical trials are known, both the infection rate of covid, and the mortality rate should come down and life will start to make a slow return back to some sort of normality. Despite the world being a dark place at the moment, there will be better times ahead !

Dr Ellis Downes
Consultant Obstetrician & Gynaecologist,
London, UK ellis@ellisdownes.com
ISGE Editor Ex-Co

Exclusively for ISGE Members

Weekly Live Surgery at the tip of your finger

I am **Dr. Ameneh Haghgoo**, Consultant Obstetrician, Gynecologist and subspecialist in advanced laparoscopy and hysteroscopy from Iran university of medical science, Nikan Hospital, Tehran, Iran. I am proud to be an ISGE board member and share my expertise with my fellow colleagues who are interested in gynecologic endoscopic surgery around the globe. In association with ISGE, I have established an Instagram channel, **@isge_members**, for the purpose of transmitting my live surgery on a weekly basis to all ISGE members.



Why Instagram?

Fortunately, Instagram is free of charge and has enough space to save and archive the full-time recorded surgeries for future review at your leisure. This is an interactive transmission where I can answer questions or relay facts about the procedures to all viewers instantly. I am also available to reply to comments or suggestions sent to me later on.

What type of surgeries?

Over the past 10 months, since April 2020, we transmitted the live surgery of 60 cases which include Laparoscopic hysterectomies, myomectomies, suspension, endometriotic bowel nodules with shaving or resection, bladder endometriosis, ovarian masses, pectopexy for pelvic organ prolapse; as well as Hysteroscopic myomectomies, polypectomy, septal resection, bulkamid injection, and many others.

Do you invite world experts to this channel?

Of course, education can only be completed by notes from the experts who can give you the fine tricks and details that you never read in a textbook or an article. I have been joined many times by world renown Laparoscopic experts like Prof. Bruno Van Herendael from Belgium, Prof. Noe Guenter from Germany, Prof. Adel Shervin from USA, Prof. Kurian Joseph from India and Prof. Hammouda Ashour from Morocco, who joined our live surgeries and we had live discussion with them about the case and the instant implementation of certain super techniques to make the surgery smoother and more educational.

How can we join?

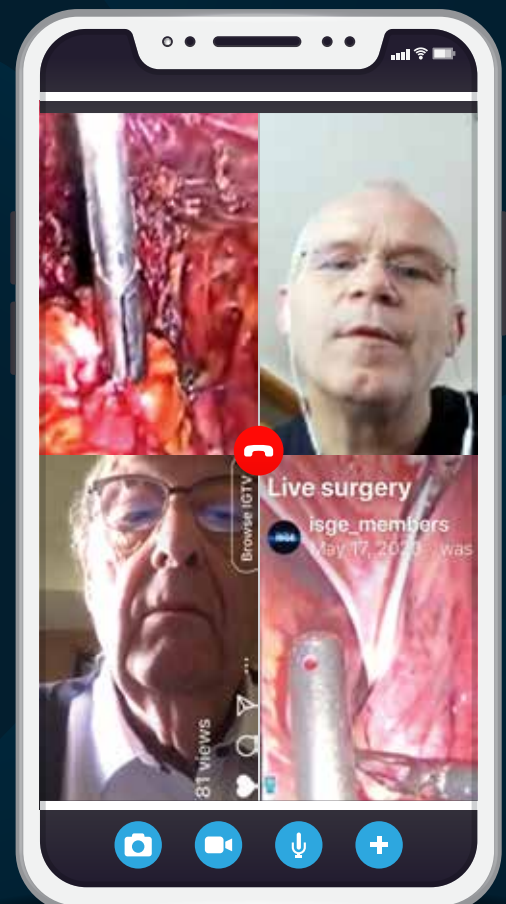
What people need to do to join this channel is as follow:

- 1- They should become ISGE members first
- 2- Installing Instagram App
- 3- Sending their request to ISGE secretary for joining this channel
- 4- Once confirmed by the ISGE secretary, she will send me the name
- 5- Then I will Accept their request to join channel

This is the address of this channel that you can find and join;



@isge_members



What are your future plans?

Beside this channel we have prepared another platform that is designed for live surgeries and webinars too, and its address will be send to all ISGE members soon.

This platform has other benefits when compared to Instagram:

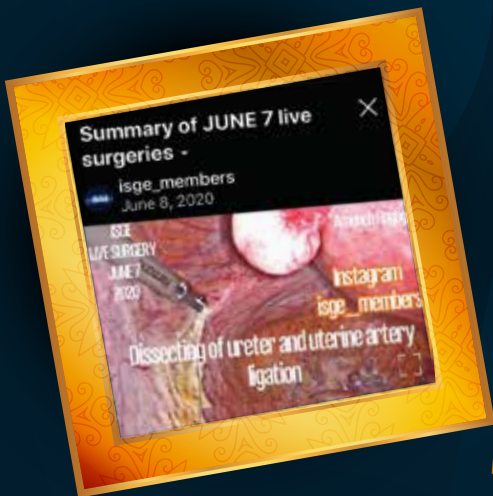
1- Allows us to transmit 3 videos at the same time from different sites and zones

2- Better quality of image and sound compared to Instagram,

However, there is one disadvantage which is the lack of space to archive long videos at this platform, but we do save it in our PC for future needs.

The date, time and link of live surgeries on this platform will be sent in advance to all ISGE members to join us.

Hence, I am trying to do whatever I can to promote ISGE's role in global training and education in the field of endoscopy, and it's my pleasure to hear from you any suggestions or comments at this email address mnhaghgoo@yahoo.com.



ISGE-VirtualEndo24 – February 2021



VIRTUALENDO24



March 20-21, 2021



Participating Organizations



D

Welcome Message



Dear Partners in Industry

My name is Viju Thomas and I serve as the honorary secretary of the ISGE. Please lend me your imagination and visualize the dream I have created.

Imagine if you will, a 24-hour non-stop congress where international experts share their knowledge with us. Is the idea mind boggling? Certainly, the concept is novel as such a marathon has never happened before! More importantly our participating societies hold hands with us as we breathe life into this idea.

On the 20th March 2021, at 8 am on a sunny morning in Cape Town, the world will wake up to the start of this epic congress. We begin this meeting in the cradle of mankind as Africa and Europe simultaneously keep the flame burning till 4pm. These 2 great continents will share the spotlight for 8 hours of detail on the latest information, clinical experiences, challenges, nuances and controversies surrounding this enigmatic disease.

As the world watches on their screens, and the clocks tick, the sun will slowly rise on the continents of North and South America as they take up the torch on this global stage to share their knowledge and experiences with the world.

As the sunlight begins to fade on these continents it will start to shine on the continents of Australia and Asia. Among others our friends from Eastern Europe, Russia, the sub-continents of India and the great nation of China will take their turn, as we borrow from their knowledge.

The world will rotate and revolve, the sun will once again rise in Africa and Europe as we complete our journey absorbing the contributions of the world.

Endometriosis affects one in ten women, roughly 170 million women around the world resulting in a huge burden of disease. This condition alters the patient's quality of life, fertility and causes chronic pain syndromes.

To this end we are proud to introduce the only congress ever held where all these international societies are represented and sharing their knowledge and experiences.

Collaborating Societies involved in this meeting include besides the Endometriosis Foundation of America:

AAGL, AFSGE, AGES, APAGE, BSGE, CAGES, EEL, ESSE, IAGE, KESES, MAMIGS, SASGE, SEG, SAOL, WES.

The cost of burden for endometriosis was evaluated in an Australian study which concluded that it costs \$16,970.00 to \$ 20,898.00 per woman per year (Amour 2019) and it is our responsibility to ensure that this burden is carried by more than just the patient and society.

In my opinion, industry plays a massive role in the strategy to harness this condition. Industry partners pivotal to our cause are companies providing drugs to alleviate symptoms such as pain, hormonal suppression, gastro-intestinal relief to name a few.

In order to address this disease, we need "A Power Team". This team consists of medical personnel but also partners working in research, patient advocacy and patient information groups.

Please join us as we invite you on this epic adventure together.

Viju Thomas

Congress President

Resad Pasic

President ISGE

Bruno Van Herendael

Medical Director SGE

BREAKING NEWS ISGE

All medical students, residents and fellows in training can attend VirtualEndo24 for FREE.

LIVE NEWS

MARCH 20-21, 2021



VIRTUALENDO24

THE GLOBAL VIEW
MARCH 20-21, 2021

ENDOMETRIOSIS



AFRICA / EUROPE

Time Zone: (Cape Town) Saturday March 20

MAIN CHANNEL 1

SESSION 1	
08.00-08.30	WELCOME & OPENING
08.30-09.00	Key Note Lecture Masters of the Universe. An anthology of the Firsts, <i>Viju Thomas (South Africa) ISGE</i>
TRILOGY 1	
09.00-09.15	Ultrasound for endometriosis, what's new? <i>Allesandra Di Giovanni (Italy)</i>
09.15-09.30	Non-invasive diagnosis of adenomyosis: diagnostic accuracy of imaging, <i>Tina Tellum (Norway)</i>
09.30-09.45	ICG Technique in the treatment of colorectal endometriosis <i>Attila Boker</i>
09.45-10.00	DISCUSSION & TEACHING BY EXPERTS, Moderators: <i>Attila Boker, Tina Tellum</i>
10.00-11.00	Coffee Break
SESSION 2 What's new in adenomyosis?	
11.00-11.30	Latest on symptoms and classification of adenomyosis <i>Grigoris Grimbizis (Greece)</i>
11.30-12.00	Debate: Adenomyosis, Laparoscopic vs Hysteroscopic approach, Moderators: <i>Yan Kuang (China) ISGE & Luis Alonso Pacheco (Spain)</i>
TRILOGY 2	
12.00-12.15	A new complication: Adenomyosis and uterine niche <i>Harald Krentel (Germany)</i>
12.15-12.30	Adenomyosis, management in adolescents <i>Caterina Exacoustos (Italy)</i>
12.30-12.45	Fertility sparing surgery for adenomyosis <i>Joerg Keckstein (Austria)</i>
12.45-13.00	DISCUSSION & TEACHING BY EXPERTS, <i>Grigoris Grimbizis (Greece), Lilo Mettler (Germany)</i>
13.00-14.00	Lunch Break
SESSION 3	
14.00-14.30	Key Note Lecture Endometriosis, my witness statement and my vision for the future <i>A. Wattiez (France)</i>
14.30-15.00	Debate: Conservative vs radical excision in a teenager, <i>B. Goolab vs A. de Bruin (South Africa)</i>
TRILOGY 3	
15.00-15.15	Saudi experience of primary amenorrhoea <i>Hisham Arab (Saudi Arabia) ISGE</i>
15.15-15.30	Endometriosis in the juvenile patient: symptoms and the danger of delayed diagnosis <i>Ertan Saridogan (UK) WES</i>
15.30-15.45	Endometriosis and Adhesions - the inevitable marriage for symptoms and recurrent surgeries, <i>Daniel Kruschinski (Germany) ISGE</i>
15.45-16.00	DISCUSSION & TEACHING BY EXPERTS: <i>Harold Krentel, Viju Thomas</i>
16.00-16.15	CLOSURE AND TRANSFER TO NEXT ZONE

MAIN CHANNEL 3

SESSION 1	
08.00-08.30	WELCOME & OPENING
08.30-09.00	Key Note Lecture Masters of the Universe. An anthology of the Firsts, <i>Viju Thomas (South Africa) ISGE</i>
TRILOGY 1	
09.00-09.15	Surgery versus first line ART in women with colorectal endo and pregnancy wish, <i>Horace Roman (France)</i>
09.15-09.30	The challenge of an endometrioma surgery in the time of ART, <i>Lilo Mettler (Germany)</i>
09.30-09.45	Endometriomas and fertility, South African Data, <i>Igno Siebert (South Africa)</i>
09.45-10.00	DISCUSSION & TEACHING BY EXPERTS: Horace Roman, Igno Siebert
10.00-11.00	Coffee Break
SESSION 2	
11.00-11.30	Key Note Lecture Symptoms and classification of adenomyosis, <i>Grigoris Grimbizis (Greece)</i>
11.30-12.00	Debate: Adenomyosis, Laparoscopic vs Hysteroscopic approach, Moderators: <i>Yan Kuang (China) ISGE & Luis Alonso Pacheco (Spain)</i>
TRILOGY 2	
12.00-12.15	Why does pain persist or recur after endometriosis surgery? <i>Helder Ferreira (Portugal)</i>
12.15-12.45	Nerve sparing surgeries: surgical dissection vs non-touch techniques, Deep endometriosis: <i>Olivier & Jacques Donnez (Belgium)</i>
12.45-13.00	DISCUSSION & TEACHING BY EXPERTS: H Ferreira, O Donnez
13.00-14.00	Lunch Break
SESSION 3	
14.00-14.30	Key Note Lecture Endometriosis, my witness statement and my vision for the future <i>A. Wattiez (France)</i>
14.30-15.00	Conservative vs radical excision in a teenager, <i>B Goolab vs A de Bruin</i>
TRILOGY 3	
15.00-15.15	Predictive factors for voiding dysfunctions after DIE surgery: <i>Michel Mueller (Switzerland)</i>
15.15-15.30	Management of ureteric endometriosis, <i>K. Günter Noé (Germany) ISGE</i>
15.30-15.45	When is surgery not indicated in symptomatic patients, <i>Istvàn Argay</i>
15.45-16.00	DISCUSSION & TEACHING BY EXPERTS: K.Günter Noé (Germany)
16.00-16.15	CLOSURE AND TRANSFER TO NEXT ZONE

ICONIC CAPE TOWN

MAIN CHANNEL 2

MAIN CHANNEL 2	
SESSION 1	
08.00-08.30	WELCOME & OPENING
08.30-09.30	Moderator:
08.30-09.00	1. Deep Endometriosis with parametrial involvement <i>Mario Malzoni (Italy) AAGL</i>
09.00-09.30	2.Strategies for endometrioma surgery, <i>Massimo Candiani (Italy)</i>
09.30-10.00	Moderator:
09.30-10.00	3.Veins, nerves and Pain, <i>Shaheen Khazali (UK)</i>
10.00-11.00	Coffee Break
SESSION 2	
11.00-12.00	Moderator: <i>G Centini, G Noé, A Haghighi, Lusanda Shimange-Matsose</i>
11.00-11.30	4. Principles of the shaving technique, <i>Gabriele Centini (Italy)</i>
11.30-12.00	5. Treatment of bladder endometriosis, <i>Ameneh Haghighi (Iran) ISGE</i>
12.00-13.00	Moderator: <i>Rodrigo Fernandes, Mohamed Achour</i>
12.00-12.30	6. Discoid & multi focal resection, <i>Fernanda De Almeida Asencio (Brazil)</i>
12.30-13.00	7. Recto-vaginal nodule with full thickness vaginal invasion. <i>Susana Maia</i>
13.00-14.00	Lunch Break
SESSION 3	
14.00-15.00	Moderator: <i>A Barnard, S Khazali</i>
14.00-14.30	8. Nerve sparing surgery strategies, <i>Benoit Rabischong (France)</i>
14.30-15.00	9. Laparoscopic hysterectomy in deep endometriosis, <i>Athanasios Protopapas (Greece)</i>
15.00-16.00	Moderator: <i>Benoit Rabischong, S. Heylen</i>
15.00-15.30	10. Resection of bladder endometriosis, <i>Rodrigo Fernandes (Brazil) WES</i>
15.30-16.00	11. Anatomy essentials for endometriosis surgery, <i>Mohamed Achour (Morocco) ISGE</i>
16.00-16.15	CLOSURE AND TRANSFER TO NEXT ZONE



AMERICA
Time Zone: (New York) - Saturday March 20

MAIN CHANNEL 1

SESSION 1	
10.00-10.30	WELCOME & OPENING
10.30-11.00	Key Note Lecture CPP and Endometriosis, <i>JD Villegas (Colombia)</i>
TRILOGY 1	
11.00-11.15	Opitz and the Mullerianotic Genetic Ensemble, <i>David Redwine (USA)</i>
11.15-11.30	Recognition of Endometriosis, <i>Dan Martin (USA)</i>
11.30-11.45	Peritoneal component of endometrioma, <i>Karli Provost Goldstein (USA) /Serin Seckin (USA)</i>
11.45-12.00	DISCUSSION & TEACHING BY EXPERTS <i>David Redwine (USA) and Dan Martin (USA)</i>
12.00-13.00	Lunch Break
SESSION 2	
13.00-13.15	Should patients with endometriosis be managed at the referral centers, <i>Jon Einarsson (USA)</i>
13.15-13.30	Anatomic landmarks for the surgical treatment of severe endometriosis. <i>Marco Puga (Chile)</i>
13.30-13.45	Endometriosis-associated pain; to re-operate or not, <i>Catherine Allaire (Canada)</i>
13.45-14.00	Extended Transvaginal Ultrasound. New Standard for the diagnosis of deep endometriosis? <i>Anibal Scarella (Chile)</i>
TRILOGY 2	
14.00-14.15	Endometrioma decision tree, <i>Chuck Miller (USA)</i>
14.15-14.30	IVF Pregnancy rates and Endometriosis, <i>Edgardo Rolla (Argentina)</i>
14.30-14.45	Intelligent light and endometriosis, <i>Ceana Nezhat (USA)</i>
14.45-15.00	DISCUSSION & TEACHING BY EXPERTS , <i>Marco Puga (Chile)</i>
15.00-16.00	Tea Break
SESSION 3	
16.00-16.30	Moderator: Resad Pasic Debate: Is Medical Management necessary for treatment of Endometriosis, <i>Hugh Taylor (USA) VS Tamer Seckin (USA)</i>
16.30-17.00	Key Note Lecture <i>When Hysterectomy is recommended for patients with endometriosis, Resad Pasic (USA) ISGE</i>
TRILOGY 3	
17.00-17.15	Neuropreservation for patients with endometriosis in the posterior compartment, <i>Gaby Moawad (USA)</i>
17.15-17.30	I have seen everything and done everything, <i>Harry Reich (USA)</i>
17.30-17.45	Laparoscopic Approach to Pudendal Neuralgia and other intrapelvic nerve entrapments, <i>Nucelio Lamos (Canada)</i>
17.45-18.00	Controversies in the surgical management of endometrioma. <i>Alejandro Meiggs (Peru)</i>
18.00-18.15	CLOSURE AND TRANSFER TO NEXT ZONE

MAIN CHANNEL 2

SESSION 1	
10.00-10.30	WELCOME & OPENING
10.30-11.30	Moderator: 1. Recto Vaginal endometriosis with partial vaginectomy and discoid resection, <i>Ted Lee (USA)</i>
11.00-12.00	Moderator: 2. Laparoscopic resection of large right parametrial nodule with-segmental bowel resection, <i>Adel Shervin (USA) ISGE</i>
11.30-12.00	3. Endometriosis compromising the parametrium, <i>Willian Kondo (Brazil)</i>
12.00-13.00	Lunch Break
SESSION 2	
13.00-14.00	Moderator: 4. Nerve Sparing for endometriosis, <i>Paulo Ayroza Galvao Ribeiro (Brazil)</i>
13.30-14.00	5. Resection of the endometriosis of the diaphragm, <i>Javier Magrina (USA)</i>
14.00-15.00	Moderator: 6. Radical Nerve Sparing Hysterectomy in Endometriosis, <i>Humberto Dionisi (Argentina)</i>
14.00-14.30	7. Surgical treatment of Bowel endometriosis with Preop Ultrasound, <i>Mauricio Abrao (Brazil)</i>
15.00-15.30	Tea Break
SESSION 3	
15.30-16.30	Moderator: 8. Total laparoscopic hysterectomy with resection of rectovaginal endometriosis, <i>Jay Hudgens & Traci Ito (USA)</i>
15.30-16.00	9. Bladder resection for Endometriosis, <i>Sony Sing (Canada)</i>
16.00-16.30	
16.30-18.00	Moderator: 10. Frozen Pelvis, <i>Fernando Paredes Chavez (Mexico)</i>
16.30-17.00	11. Isolated endometriosis infiltrating sacral plexus, sciatic and pudendal nerve, <i>Ricardo Pereira (Brazil)</i>
17.00-17.30	12. Laparoscopic management of genital and Extragenital Endometriosis with and without robotic assistance, <i>Camran Nezhat (USA)</i>
17.30-18.00	
18.00-18.15	CLOSURE AND TRANSFER TO NEXT ZONE

MAIN CHANNEL 3

SESSION 1	
10.00-10.30	WELCOME & OPENING
10.30-11.00	CPP AND ENDOMETRIOSIS, <i>JD Villegas (Colombia)</i>
TRILOGY 1	
11.00-11.15	Imaging diagnosis for Adenomyosis, <i>Ana Luiza Santos Marques (Brazil)</i>
11.15-11.30	If you buy it for junk, you sell it for junk. If it is uterine pain it is uterine disease, <i>Keith Isaacson (USA)</i>
11.30-11.45	Presentation on adolescent endometriosis. <i>Patrick Yeung (USA)</i>
11.45-12.00	DISCUSSION & TEACHING BY EXPERTS , Moderators: <i>Keith Isaacson (USA) and Patrick Yeung (USA)</i>
12.00-13.00	Lunch Break
13.00-13.15	Excision vs ablation of endometriosis, <i>Suketu Mansuria (USA)</i>
13.15-13.30	Adjuvant treatments for endometriosis related pain, <i>Mark Dassel (USA)</i>
13.30-13.45	The Brain and Pelvic Pain: Examining the Connection Between Psych Disorders and Endo, <i>Nicole Donellan (USA)</i>
13.45-14.00	Considerations for Laparoscopic Management of Diaphragmatic Endometriosis. <i>Cara King (USA)</i>
TRILOGY 2	
14.00-14.15	Approach to the Obliterated Posterior Cul De Sac, <i>Megan Wasson (USA)</i>
14.15-14.30	Surgical Treatment of Endometriosis compromising the bowel, <i>Marco Aurelio Pinho de Oliveira (Brazil)</i>
14.30-14.45	How to treat endometriosis compromising the ureters, <i>José Fernando De Los Rios (Colombia)</i>
14.45-15.00	DISCUSSION & TEACHING BY EXPERTS , Moderators: <i>Megan Wasson (USA) and Marco Aurelio Pinho de Oliveira (Brazil)</i>
15.00-16.00	Tea Break
SESSION 3	
16.00-16.30	Moderator: Resad Pasic Debate: Is Medical Management necessary for treatment of Endometriosis. <i>Hugh Taylor (USA) VS Tamer Seckin (USA)</i>
16.30-17.00	Key Note Lecture <i>When Hysterectomy is recommended for patients with endometriosis, Resad Pasic (USA) ISGE</i>
TRILOGY 3	
17.00-17.15	Surgical treatment of Bladder Endometriosis, <i>Helizabet Salomão A. Ayroza Ribeiro (Brazil)</i>
17.15-17.30	Avoiding GI and GU complication in Minimally invasive Gynecologic surgery, <i>Samar Nahas (USA)</i>
17.30-17.45	Endometriosis and Cancer, <i>Joao Siufi Neto (Brazil)</i>
17.45-18.00	DISCUSSION & TEACHING BY EXPERTS , Moderators: <i>Samar Nahas (USA) and Joao Siufi Neto (Brazil)</i>
18.00-18.15	CLOSURE AND TRANSFER TO NEXT ZONE

NEW YORK. USA



EASTERN

Time Zone: (Shanghai) - Sunday March 21

MAIN CHANNEL 1

SESSION 1	
08.00-08.30	WELCOME & OPENING
08.30-09.00	Key Note Lecture Fertility & Edometriosis Luk Rombauts (Australia) WES
TRILOGY 1	
09.00-09.45	Whats New in Endometriosis ?: Moderator Bruno van Herendael
09.00-09.15	COVID-19 & Endometriosis Neil Johnson (New Zealand) WES
09.15-09.30	Cognitive and pain management strategies for Endometriosis Pain, Marilla Druitt (Australia)
09.30-09.45	The Fertility Outcome of HIFU Treatment in Patients with Uterine Myoma & Adenomyosis, Cheng-Yu Long (Taiwan) APAGE
09.45-10.00	DISCUSSION & TEACHING BY EXPERTS: Luk Rombauts, Neil Johnson, Marilla Druitt, Cheng-Yu Long
10.00-11.00	Coffee Break
SESSION 2	
11.00-11.30	Key Note Lecture Laparoscopic management of ovarian endometrioma in infertile patients Osamu Tsutsumi (Japan) APAGE
11.30-12.00	Discussion: Decision Tree for Endometrioma: Chuck Miller - Optimising Ovarian reserve at laparoscopic Surgery Prashant Maghesikar
TRILOGY 2	
12.00-13.00	Adenomyosis
12.00-12.15	Adenomyosis Ultrasound & Hysteroscopy Bruno van Herendael (Belgium) ISGE
12.15-12.30	Hysteroscopic Management of Adenomyosis Huang Xiaowu (China)
12.30-12.45	Ablative Techniques for Adenomyosis Xiaoming Gong (China)
12.45-13.00	DISCUSSION & TEACHING BY EXPERTS : Osamu Tsutsumi, Masaaki Andou, Huang Xiaowu, Xiaoming Gong
13.00-14.00	Lunch Break
SESSION 3	
14.00-14.30	Key Note Lecture Dilemmas in Surgical treatment in the young- Trait pain or Fertility: S. Krishnakumar (India) IAGE
14.30-15.00	STUMP THE EXPERTS: S. Krishnakumar, Bruno van Herendael, Huang Xiaowu, Xiaoming Gong
TRILOGY 3	
15.00-16.00	AGES Symposium Particular Aspects of Endometriosis
15.00-15.15	Menopausal Symptom Management in the severe endometriosis patient, Krish Karthigasu (Australia) AGES
15.15-15.30	Educational pathways toward skills development for management of severe endometriosis Jade Acton (Australia) AGES
15.30-15.45	Management of bowel injuries in endometriosis surgery, Amari Harris (Australia) AGES
15.45-16.00	Endometriosis and Malignancy - Risk and RMI - how to make sense of it, Stuart Salfinger (Australia) AGES
16.00-16.15	CLOSURE of the conference VirtualEndo24 The Global View

MAIN CHANNEL 2

SESSION 1	
08.00-08.30	WELCOME & OPENING
08.30-09.15	Moderator: Peter Maher ISGE- AGES ,
08.30-09.00	1. Laparoscopic Managment of ureteral endometriosis Adel Shervin (USA) ISGE
09.00-09.15	DISCUSSION & TEACHING BY EXPERTS: Peter Maher - Alan Lam
09.15-09.45	Moderator Peter Maher ISGE- AGES ,
09.15- 09.45	2. Laparoscopy in DIE Sanjay Patel (India) IAGE
09.45-10.00	DISCUSSION & TEACHING BY EXPERTS: Peter Maher - Adel Shervin
10.00-11.00	Coffee Break
SESSION 2	
11.00-11.45	Moderator: Adel Shervin ISGE
11.00-11.30	3. How and why robotics optimise multi-disciplinary surgical management of complex endometriosis? Alan Lam (Australia) ISGE- AGES
11.30-11.45	DISCUSSION & TEACHING BY EXPERTS Abhishek Mangeshikar - Masaaki Andou
11.45-13.00	Moderator Peter Maher (Australia) ISGE- AGES
11.45-12.15	4. Masaaki Andou (Japan) ISGE-APAGE Subject TBA
12.15-12.45	5. Classification of Endometriosis: The Enzian Classification Joerg Keckstein
12.45-13.00	DISCUSSION & TEACHING BY EXPERTS: Adel Shervin - Rob O' Shea
13.00-14.00	Lunch Break
SESSION 3	
14.00-14.45	Moderator: George Condous
14.00-14.30	6. Surgery for Bowel Endometriosis Abhishek Mangeshikar (India) ISGE
14.30-14.45	DISCUSSION & TEACHING BY EXPERTS Neil Johnson - George Condous
14.45-16.00	Moderator: Rob O'Shea ISGE
14.45-15.15	7. How and why transvaginal ultrasound should be the prerequisite imaging technique in the management of bowel endometriosis? George Condous, (Australia)
15.15-15.45	8.TBA
15.45-16.00	DISCUSSION & TEACHING BY EXPERTS: Rob O'Shea - George Condous - Abhishek Mangeshikar
16.00-16.15	CLOSURE of the conference VirtualEndo24 The Global View

MAIN CHANNEL 3

SESSION 1	
08.00-08.30	WELCOME & OPENING
08.30-09.00	Key Note Lecture Fertility & Edometriosis Luk Rombauts (Australia) WES
TRILOGY 1	
09.00-10.00	Endometriosis and the Ovary, Moderator: Luk Rombauts
09.00-09.15	Surgical Management of Ovarian Endometrioma: How to Preserve the Ovarian Function Bernard Chern (Singapore) APAGE
09.15-09.30	Optimising ovarian reserve at Laparoscipc Surgery for Ovarian Endometriomas, Prashant Mangeshikar (India) ISGE APAGE
09.30-09.45	Current Opinion of Endometriosis on the Prognosis of Ovarian Clear Cell Carcinoma Shouhua Yang (China)
09.45-10.00	DISCUSSION & TEACHING BY EXPERTS Luk Rombauts - Prashant Manghesikar - Bernard Chern, - Shouhua Yang
10.00-11.00	Coffee Break
SESSION 2	
11.00-11.30	Key Note Lecture Should We Treat Deep Infiltration Endometriosis in Infertile Patients? Chyi-Long Lee (Taiwan) APAGE
11.30-12.00	Moderator: Peter Maher (Australia) ISGE- AGES Debate: Chyi-Long Lee (surgery) vs Jim Tsaltas (ART)
TRILOGY 2	
12.00-12.45	Endometriosis and ART
12.00-12.15	Egg Freezing and Endometriosis? Jim Tsaltas (Australia) ISGE
12.15-12.30	Surgery / ART... the best option to choose...when and which! Meenu Agarwal (India) ISGE
12.30-13.00	DISCUSSION & TEACHING BY EXPERTS: Jim Tsaltas - Meenu Agarwal
13.00-14.00	Lunch break
SESSION 3	
14.00-14.30	Key Note Lecture Rethink the laparoscopic surgery for severe adenomyosis. Yan Kuang (China) ISGE
14.30-15.00	STUMP THE EXPERTS S. Krishnakumar, Bruno van Herendael, Huang Xiaowu, Xiaoming Gong
TRILOGY 3	
15.00-15.45	Bladder, Ureter and Kindney in Endometriosis
15.00-15.15	Urinary Tract Endometriosis Sarah Choi (Australia)
15.15-15.30	Bladder Endometriosis-The combined Approach. (with video), Fahad Algreisi (Saudi Arabia)
15.30-16.00	DISCUSSION & TEACHING BY EXPERTS: Yan Kuang - Adel Shervin
16.00-16.15	CLOSURE of the conference VirtualEndo24 The Global View

SHANGHAI SKYLINE AT SUNSET, CHINA



Welcome to ISGE

Members enrolled between October 2020 and December 2020

NAME	SURNAME	COUNTRY
Zhou	Dan	 China
Aleksandra	Savrova	 Estonia
Wael	Hosni	 Germany
Mohammed	Belkheiri	 Morocco
Hind	Ennasser	 Morocco
John	Harriott	 Jamaica
Sanjay	Shanbhag	 India
Satoki	Misaka	 Japan
Nahed	Amhager	 Morocco
Cecil Van	Heyningen	 South Africa
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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.



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.

Don't miss the chance of winning this prize this year at the
Annual ISGE meeting in Split, Croatia: June 6-9, 2021

Behind the Scene

Martha Sakellaris has over 2 decades of experience in accounting and tax developing an expertise working within the medical and dental professions. She began her career with The Abrix Group, LP as an accountant in the healthcare industry and specialized in the business and financial needs of medical and dental practitioners as well as the business and personal needs of individual practitioners.



Martha Sakellaris,
Accountant

The Abrix Group, LP merged with Marcum, LLP, one of the largest independent public accounting and advising firms in the United States where Ms. Sakellaris continues to focus exclusively on the healthcare industry providing accounting services and business advice to healthcare professionals.

She has worked along with the Honorary Treasurer, Charles E. Miller, MD for 7 years for ISGE in supporting ISGE's mission in promoting science and research between global medical professionals.

Now that Martha is leaving her work, The ISGE Family would like to thank Martha for her support, her patience, and her kindness.

Good luck, Martha, for your new work and for a happy and healthy life!!!



Executive Board Members

Paya Resad Pasic (President), Robert O'Shea (Immediate past president), Noé Guenter (Vice president), Bruno Van Herendael (Medical Director), Viju Thomas (Honorary Secretary), Charles Miller (Honorary Treasurer), Adel Shervin (Director Accreditation Council), Alfonso Rossetti (Director of the Training Committee), Alessandro Loddo (Representative Board Members), Hisham Arab (Director Membership Committee), Ellis Downes (Journal Editor), Daniel Kruschinski (Director Social Media), Michael Di Cesare (Director Financial Committee), Anthia Zammit (Legal Counsel to the ISGE), Jianming Song (Chair China Effort).

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Indonesia: Dr Eddy Hartono
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