

Join ISGE at its Annual Meeting in Agadir 2022 May 19-21

The ISGE
Newsletter
No. 16



Moroccan Association
For Minimally Invasive
Gynecologic Surgery



THE INTERNATIONAL SOCIETY
FOR GYNECOLOGIC ENDOSCOPY

PROMOTING VAGINAL SURGERY

OPUS

Winter issue, Jan 2022

Bringing Migs To Every Patient



Delivering The Latest in Guidelines and Best Practice

Managing endometriosis and bringing a standardised, straightforward approach to your clinical practice for this enigmatic disease has just been released last month from the European Society of Human Reproduction and Embryology (ESHRE). It provides more than 100 recommendations that guarantees an in-depth visibility into the care of women with endometriosis including lifestyle management from adolescence to menopause. I am hoping that the newly added subjects and the evidence-based modification of older recommendations will certainly put an end to the patient's misery and prevent many interventional complications. This 2022 guidelines replaces the previous 2014 edition, and I am delighted to include a glimpse of it in the OPUS Viewpoint of this issue.

Dr. Hisham Arab
Editor-in-Chief



Dr. Hisham Arab
Editor-in-Chief



Dr. Ameneh Haghgoo
Associate Editor



Dr. Meenu Agarwal
Associate Editor



Message from the President

Dear friends of the ISGE,

Another year has passed and ISGE survived this one too. The pandemic is more than a challenge for us as it deprives us of the basis of our financial security. Together we successfully resisted and seized the opportunities that presented themselves to us. In spring 2021, ISGE brought the global community together for the first 24-hour endometriosis event. This enabled us to bring the most important specialist societies together, which was a great pleasure for us. In addition, it has brought ISGE a lot of respect in the world.

With numerous webinars, we have received a lot of encouragement from our members and colleagues from all over the world. We were able to prove that our highest goal is the transfer of knowledge. In summer we dared to hold our annual meeting physically. The meeting in Split was very enjoyable for the participants, but also for our supporters from the industry. Although it was smaller than in previous years and we had to resort to many pre-recorded lectures, the participants agreed that it was an exciting meeting of high quality.

As soon as this meeting is over, our meeting 2022 is already approaching. At the end of May we will be guests of our friends from MAMIGS in Agadir. The President Mohammed Achour, in cooperation with the ISGE Board, designed an excellent program in an attractive location. We are very optimistic that the meeting will take place physically and that we will meet you as guests. We have kept ample space for free communication, especially for beginners in research, and look forward to numerous submissions and the competition for the Hisham Arab Prize 2022. We will give the best submissions full support for publication in our free access Online journal "TheTrocar". The latter has successfully published 5 issues and we are preparing volume 3. The journal has been so successful since its launch in 2020 that we are optimistic that we will also receive pub med registration by the end of the year. The journal focuses on young researchers in gynaecology, which we have done well so far and makes us very happy. We look forward to many more submissions.

ISGE continues to work hard to bring the gynecological world together and bring as much progress as possible to the people who trust us. I am very happy about the active cooperation of many supporters and the ISGE heart chamber, the medical director Prof Bruno van Herendael, our executive director Paula Simons and the always approachable ISGE office, which Patrizia Zaratti. Also, thanks to our technical team Hendrik Mondelaers and Dirk Schurmans who are actively involved in ISGE.

The successful year 2022 despite the pandemic makes me very optimistic for the future of ISGE.

Best wishes and hope to see you in Agadir

Günter Noé
ISGE President



From the desk of the Medical Director

Prof. Em. Bruno Van Herendael

Since my last message lots of things have happened. I will try and give you an oversight.

Spring of last year we erroneously did think that the SARS 2 – CoV 19 – Corona global pandemic would be under control. Gives you an idea how wrong we – humans - can be. We are so used to think that we are on top of almost everything. We now realize that this is not true at all. So we did have to postpone most of our organizations. We did however organize our Annual Meeting in Split Croatia as a hybrid meeting and the members and future members present did thoroughly enjoy the meeting and lots of contacts could be established to enhance the working of ISGE in the Future. Our member Eddy Hartono was confirmed by the General Assembly as vice-president and the new bylaws have been approved. If you need a copy you can get one by writing to Patrizia Zaratti at our secretariat secretariat@isge.org! In October Alfonso Rossetti, chairman of ISGE courses, and myself were able to visit Armando Romeo at his lab at the Sant'Anna hospital for women in Torino Italy. In this sophisticated lab ISGE will organize its "Train the Trainers Endoscopic Suturing" courses. The Trainers will have to sign an agreement that they will be available for ISGE courses three years following the course. The first course is fully booked and will take place April 11 – 14/2022.

Most of the planned organizations had to be postponed due to the successive waves of viral infections throughout the world and will be held in this year 2022 as we experience huge vaccination campaigns through the world. The list of the activities is available in this News Letter.

By the end of the year 2021 ISGE did restart with its educational webinars. The first by Alfonso Rossetti and his co-workers gynaecologists and imaging colleagues on the topic of the preoperative diagnosis of fibroids to avoid operating on leiomyosarcomas. In 2022 the first was on Vaginal Hysterectomy by our life member and former Board member, member of the ISGE Task force on Vaginal Surgery and newly appointed professor at Witwatersrand University Johannesburg Andreas Chrysostomou.

We do foresee three Intensive Weeks – the first step for ISGE Accreditation – the first is the postponed one in Jamaica, cure of the newly appointed head of the Hugh Wynter Fertility Management Unit – our member John Harriot with as theme Hysterectomy in its different forms. The Second at the Malzoni hospital in Avelino, Italy, as our life member Mario Malzoni agreed to have an Intensive Week in November. In December there will be a French language Intensive Week in Tunisia at a location some 50 km outside Tunis. Here ISGE does work together with

LaparoscopicSurgCenter of Tunis our partner in Tunisia. All these Intensive Weeks are limited in number of participants so if you feel to participate, please do check with our secretariat for conditions and programs.

The Annual Meeting will be held in Agadir Morocco care of Mohamed Achour the president of MAMIGS, the Moroccan Society for MIGS. It will be held in the Hyatt Place Taghazout some 15 km from Agadir on the coast. Pre-congress courses May 18 Congress May 19-21. The Regional Meeting will be in Yaoundé Cameroon care of Professor Jean Marie Kasia head of the ISGE Center of Excellence in Central Africa the CHRACERH September 26-30.

In 2021 our Open Access Online Journal TheTrocar was published four times with articles mostly from our members and Volume 3 Issue one will be published in March 2022. The articles are DOI referenced and we just need another four issues to be referenced in Pub Med. Do send in your case reports. You will find all necessary details on isge.org/the-trocar.

End 2021 a General Board Teleconference was held to discuss the direction ISGE will head to in the years to come. Many very valuable ideas, coming from our board members have been discussed and adopted. It has been decided to put the emphasis on the emerging countries not just on MIGS but also on trying to see how we can push to develop the propagation of equipment and teaching.

In 2021 ISGE did collaborate with the Algerian Society of Reproductive Medicine to create a course "Writing Scientific Papers in English" with the support of Ellis Downes, Dusan Djokovic, myself of ISGE and Prof Jan Bosteels and Geert Page non ISGE. Two major papers are on their way to be finished.

In 2021 a new entity ISGE-Accreditation has been established as a non-for-profit entity in the Kingdom of Belgium in order to facilitate the function of our society. During the first EXCO – Board teleconference of 2022 Mrs. Paula Simons has been appointed as Executive Director and myself to continue as Medical Director for two more years. This means that we will be able to strengthen the logistical arm ISGE to prepare the society to play an even more prominent role in the years to come.

Let me end by wishing all of you, our members, a very healthy 2022 whilst urging you to actively participate to the live of our ISGE. Long live ISGE!!

The ISGE Annual Meeting 2021

26-29 August 2021
Split, Croatia

Split is the second largest city of Croatia and the largest city in the region of Dalmatia. It lies on the eastern shore of the Adriatic Sea and is spread over a central peninsula and its surroundings.

Split heritage is so rich because it has been under Roman, Venetian, Austrian, French, Italian, and Yugoslav rule. The Old City is also a UNESCO World Heritage Site. That's why it was considered as a venue for an annual meeting attended by a huge number of participants from around the globe. Despite covid international travel restrictions, almost 50% of the 74 invited speakers attended the conference in person which created a fruitful scientific atmosphere and memorable social gathering during the 3 days of the conference. Outside the conference 3 rooms which were running simultaneously for 3 days, attendees found their way to the historic attractions including Diocletian's Palace and the Cathedral of Saint Domnius, passing by the Riva Harbor to book a scenery tour to the Plitvice Lakes National Park, where scenes from "Game of Thrones" were filmed.

While all 3 pre-congress workshops attended by local doctors, online attendance of the virtual broadcast of the main congress hall was witnessed.

The congress medical exhibition was so crowded by interested clients exploring this industry from 9 sponsors who were there.



The ISGE Annual Meeting 2021

They were:

- KLS Martin
- Immobob
- Storz
- Verhoeven GCV
- Bowa
- Antwerp AirCo
- DynaMesh
- Promedon



Hisham Arab Prize 2021

At 1400 hours of 27 August 2021 the Hisham Arab Prize session was held at room Brac III of Le Meridien Hotel in Split, Croatia.

5 contestants met the criteria for inclusion in this competition, & because of the absence of the Macedonia speaker, only 4 competed for the prize. 2 judges (Dr Paya Resad & Dr Hisham Arab) along with 5 referees from the audience who also participated in the contestant's evaluation. Criteria used for judging the presentation included: originality of the work, level of technique or methodology, relevance to our practice, benefit to the patient, and quality of slides & sound.

Out of 100 marks the following marking was attained by the contestants:

- 1) Robert Carey, from Australia = 84%
- 2) Megan Cesta, from USA = 81%
- 3) Tanvir Carey, from India = 66%
- 4) Anne Sophie Maryns, from Belgium = 59%

The name of the winner who was announced at the closing ceremony on Sunday 29 August 2021 was:

Dr Robert Carey, from Australia, for his presentation titled: Use of Regenerative Medicine for management of Vaginal Mesh.

Please note that because all the presentations were recorded for virtual competition during this covid time of difficult travel, I still have the plaque and the awarded monetary prize of \$1000.00 till the winner respond to the ISGE secretariat to receive his Prize.

Thank you

Hisham Arab, MD FRCS FACOG
ISGE EXCO member



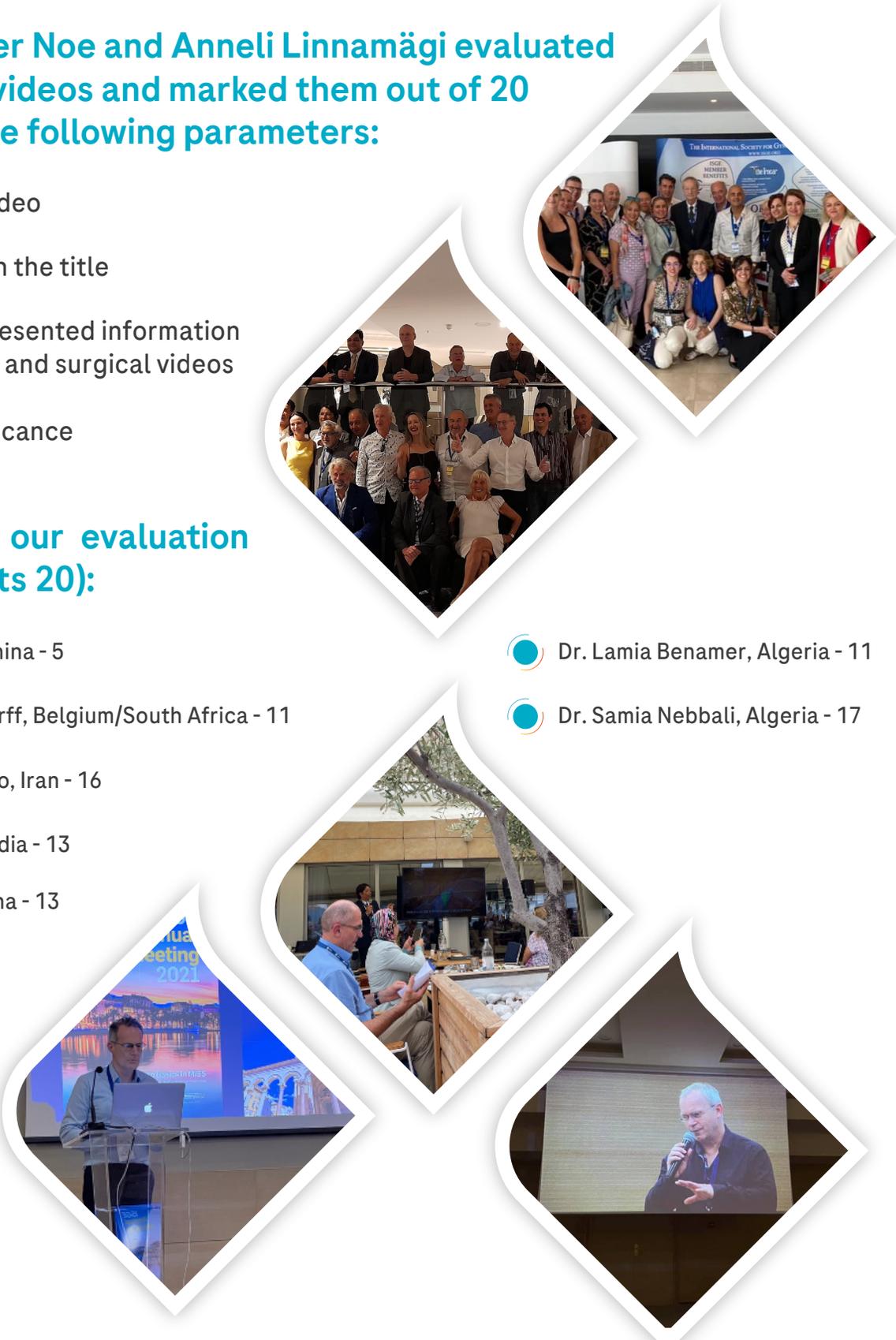
ISGE Best Surgical Video Competition

Both Drs. Günter Noe and Anneli Linnamägi evaluated the submitted videos and marked them out of 20 according to the following parameters:

- Length of the video
- Compliance with the title
- Clarity of the presented information - the voice, text and surgical videos
- Scientific significance

The results of our evaluation were (max points 20):

- Dr. Junije Wang, China - 5
- Dr. Julie Bettendorff, Belgium/South Africa - 11
- Dr. Amaneh Haghoo, Iran - 16
- Dr. Sanket Pisat, India - 13
- Dr. Yan Kuang, China - 13
- Dr. Lamia Benamer, Algeria - 11
- Dr. Samia Nebbali, Algeria - 17



Out of 7 presenters at the congress, the prize was awarded to Dr. Samia Nebbali from Algeria. This prize includes free admission to the next ISGE annual meeting in 2022.

Case Report

How to approach Endometrioma consisting solid mass and positive color Doppler

- Ameneh Haghgoo, Saadat Mostafavi Seyed Reza , Nasiri saeed , Haeri pour Saeed.⁴
- 1, 4- Iranian Scientific Society of Minimally Invasive Surgery. Tehran, Iran
- 2-Department of Radiology, Rasoul e-Akram Hospital, Iran University of medical science, Tehran, Iran
- 3- Department of imaging, Shahid Beheshti University of medical science, Tehran, Iran
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Introduction

Endometrioma as a common disease world widely affects 10% of reproductive age women (1). Although accompanying endometrioma and malignancy are rare (merely 1.8%) (2), discrimination of endometrioma from other types of adnexal masses is one of the most important concerns. Endometrioma with mass like appearance suspicious to malignancy, requires appropriate approach. We report a case of endometrioma consisting vascular solid mass lesion which was suspicious to malignancy, therefore full considerations observed to prevent distribution of endometrioma contents during surgical resection.

Case report

A 36 year-old nulli gravid lady (BMI: 22.8) with abdominal pain presented to our office. Her MRI with and without contrast injection 3 months before had demonstrated, a well-defined smooth margin cystic lesion in right posterior part of pelvic cavity with the size of about 8.0 × 5.5cm which was postero superior to the uterus body. The mass was compatible with large endometrioma. In addition, internal solid component was seen with intermediate and mild hyper signal intensity on T2 and low signal on T1 and T1 fs without restriction on DWI. Mild free fluid was detected in posterior cul-de-sac. Trans vaginal ultrasound in the office demonstrated an endometrioma consisting of a vascular solid mass which had positive color Doppler blood flow. At the next step, dedicated color Doppler trans vaginal ultrasound by an expert sonographer reported an endometrioma with the dimension of 105×65 mm with a medium vascular solid part (color score 3 according to IOTA) near the cyst wall with the size of 32×26 mm (larger than MRI report) which proposed malignant lesion. There were also 2 endometrial polyps with the size of 12×9 and 13×8 mm in the uterine cavity. Tumor marker analysis reported as CA-125 level of 124u/ml and ROMA index of 10 . CA-125 level was not significant and ROMA index was in the low risk category. Consequently, the decision making for the type of surgery: laparoscopy or laparotomy was a dilemma since in case of malignancy, the tumor would be progress in staging.

Case Report

According to IOTA (the International Ovarian Tumor Analysis), some findings in the current case were in favor of malignancy including color score 3, cyst size of greater than 10 cm with solid mass, while round shape (since according to IOTA irregular solid tumor is considered as malignant), and low risk ROMA index were not suspicious for malignancy therefore appropriate approach was necessary. After obtaining consent in written form, she was candidate for laparoscopy. Accordingly peritoneal fluid cytology was necessary for staging, initially a laparoscopy was performed followed by an hysteroscopy with the purpose of not contaminating the peritoneal fluid with the intra uterine fluid that may be spilled via fallopian tubes during hysteroscopy. Laparoscopy initiated with making a 12 mm incision in umbilicus, insertion of an #Applied medical Balloon Trocar and insufflating CO₂ with a #Karl Storz Se & Co KG insufflator. The abdominal cavity was carefully explored, there was no pathology in abdomen except a large hemangioma in the left lobe of liver. Small samples of peritoneal fluid in the anterior cul de sac were sent for cytology. A large rightsized endometrioma of about 12 cm and an adenomyomatous uterus were observed, while a left tubo-ovarian complex appeared normal with a small 5×5 mm endometrioma. We put 2 gauzes in the right and the left para colic gutter to prevent distribution of cyst material if spillage happened. Then we decreased the volume of cyst with aspiration of the cyst fluid by aspiration and sent it to cytology. During ovaryolysis from the ovarian fossa, the solid mass with the size of 3×2 cm was expelled out of the ovary unintentionally. The solid mass was like an endometrial polyp in shape and consistency but softer and more fragile. There was a highly vascularized pedicle and a bleeding originated from peritoneal surface just below the ovary at the location of the color positive site and the solid mass originated from that site. The solid mass together with a biopsy of the endometrioma and the ovarian fluid was inserted in an Endo bag and send for frozen section pathology. Frozen section pathology reported as endometrial tissue and negative for atypia and malignancy. Therefore, the surgery continued as endometriosis surgery to resect all deep endometriotic lesions. Eventually, hysteroscopy was performed to resect 2 to 3 sessile polyps with a bipolar Karl Storz Se & Co KG resectoscope. Classic pathology confirmed a right endometrioma, endometriosis of right uterosacral and right hypogastric nerve as well as left endometrioma.

Discussion

As endometriosis is a common disease and malignancy in an endometrioma is not common, in cases of endometrioma with a solid mass inside it, it's very important to make the decision to approach the entity as a malignant cyst or a benign one. In terms of suspicious ovarian mass, laparoscopic cystectomy in-a-bag technique must be considered to prevent massive spillage (3). Ovaryolysis in endometrioma surgery either by laparoscopy or laparotomy often results in cyst rupture and spillage of the chocolate fluid as it is often densely adherent to the nearby peritoneum (4). Consequently, special considerations must be observed to prevent fluid spillage into the abdominal cavity in suspicious endometrioma cases as much as possible. Hence step by step surgery was as follow: 1- Inserting 2 gauze at the paracollic gutter to absorb probable leakage, 2-cyst aspiration with laparoscopic aspiration by a laparoscopic needle before ovaryolysis, 3- Gentle and slow ovaryolysis. with the aspirator canula in close vicinity of the ovaryolysis site, 4- Putting tissues in Endo bag to bring out them and prevent port site metastasis and 5- Suctioning without irrigation to prevent the spread of suspicious cells as much as possible. Consequently, after complete drainage of the cyst and chocolate fluid, thorough irrigation of abdominal pelvic cavity and peritoneal washing should be considered as other complementary approaches.

Case Report

Conclusion

In cases where malignancy of an endometrioma is suspected and not confirmed, it is recommended to perform a diagnostic laparoscopy to decide whether routine endometriosis surgery should be continued or a classical oncologic approach should be preferred depending on the stage of the disease.



Fig 1. Color Doppler (color score 3)

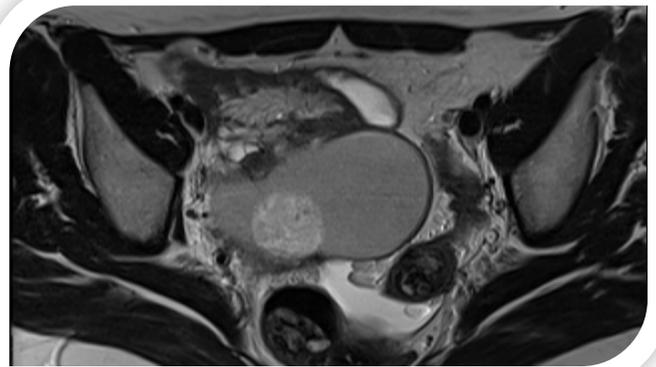


Fig 2. Axial T2, A cystic mass with diameter of 80 mm in Rt ovary with intermediate signal T2 shading) containing internal high signal, well-defined 27 mm solid component. Mild free fluid in Cul de Sac.



Fig 3. Large right endometrioma about 12 cm and adenomyomas uterus



Fig 4. Polypoid shaped solid mass inserted in Endo bag and sent to Frozen pathology....

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1. Zondervan KT, Becker CM, Missmer SA. Endometriosis. *N Engl J Med* 2020; 382:1244-56.
2. Sorbi F, Capezzuoli T, Saso S, Fambrini M, Corda M, Fantappiè G, Petraglia F. The relation between endometrioma and ovarian cancer. *Minerva Obstet Gynecol.* 2021; 73(3):347-353.
3. Detorakis S, Vlachos D, Athanasiou S, et al. Laparoscopic Cystectomy In-a-Bag of an Intact Cyst: Is It Feasible and Spillage-Free After All?. *Minim Invasive Surg.* 2016; 2016:8640871.
4. Unlü, C., & Yıldırım, G. (2014). Ovarian cystectomy in endometriomas: Combined approach. *Journal of the Turkish German Gynecological Association*, 15(3), 177–189.

Viewpoint

The new ESHRE guidelines on Endometriosis

Released February 2022

Whilst most of the more recent studies confirm previous ESHRE recommendations published in 2014, there are five topics in which significant changes in clinical practice supported by recent research are to be expected. We are bringing to you in this edition the first table from these guidelines which summarises the new guideline changes as compared with the previous one.

Chapter	Changes In the current version
Diagnosis of endometriosis	<ul style="list-style-type: none"> Laparoscopy is no longer the diagnostic gold standard and it is now only recommended in patients with negative imaging results and/or where empirical treatment was unsuccessful or inappropriate.
Treatment of endometriosis-associated pain	<ul style="list-style-type: none"> Studies on GnRh antagonist treatments support their use as additional (second line) treatment option. Recent data indicate that postoperative medical treatment may be beneficial towards pain management and support a recommendation to offer it in women not desiring immediate pregnancy. <i>Danazol anti-progestogens, laparoscopic uteroscopic ablation (LUNA), presacral neurectomy (PSN) and anti-adhesion agents are no longer included in recommendations, but still covered in the text</i>
Treatment of endometriosis-associated infertility	<ul style="list-style-type: none"> The extended administration of GnRH agonist prior to ART treatment to improve live birth rate in infertile women with endometriosis (ultralong, protocol) is no longer recommended due to unclear benefits. The Endometriosis Fertility Index (EFI) was added as a step in the treatment as it can support decision-making for the most appropriate option to achieve pregnancy after surgery. New <i>Information on pregnancy and fertility preservation was added.</i>
Endometriosis recurrence	<i>Information is included as a separate chapter to highlight its importance and challenges.</i>
Endometriosis and adolescence	New <i>This topic was not included in 2014 and is now extensively covered.</i>
Endometriosis and menopause	New <i>More extensive information compared to 2014.</i>
Asymptomatic endometriosis	<i>Update without major changes.</i>
Extrapelvic Endometriosis	<i>Update without major changes.</i>
primary prevention of endometriosis	<i>Update without major changes.</i>
Endometriosis and cancer	New <i>More extensive information compared to 2014.</i>

Reference

<https://www.eshre.eu/Guidelines-and-Legal/Guidelines/Endometriosis-guideline>.



WHO IS WHO

Name: Anneli Linnamägi

DOB: 25.05.1978

Nationality: Estonian

Email: anneli.linnamagi.01@gmail.com

Medical School and Year of graduation:
University of Tartu, 2002

Specialty Degree (Place and Year):
gynecologist and obstetrician, University of
Tartu/East-Tallinn Central Hospital, 2012

Work place and position: The Hospital District
of South Ostrobothnia, Seinäjoki, Finland, Chief
of Department of Gynecology/Gynecological
surgery,

Endoscopic Interest: Endometriosis, Pelvic
organ prolapse, Hysterectomy, vNOTES.

Research achievement:

2021 - study site principal investigator of
SCHUMANN study - Bayer AG
conducted pharmaceutical study.

2018 - study site gynecologist of ENDONEMO
study - Sacral

Neuromodulation effect on Endometriosis Pain.
2002-2003 interviewer of study participants in
doctoral research of dr. Kai Haldre
MD, PhD „Sexual health and behavior of young
women in Estonia“

Of Publications:

E-Poster ES28-0225 - P*013 „Laparoscopic
pectopexy and laparoscopic
native tissue repair: experience of first
operations in a single centre, perioperative
complications and short-term follow-up
outcome“ Anneli Linnamägi, Tiina Petäjä. ESGE
28th Annual Congress; Thessaloniki, Greece

Awards:

1996 Silver Medal for good academic performance,
Tallinn School 21.

2015 The Winner of „Who wants to be a Winner?“
competition, The 2nd International Winners
Meeting, Troia, Portugal.

My vision as an ISGE Board member:

- motivate and teach gynecologists to achieve their goals as gynecological surgeons
- create possibilities for gynecological surgery training
- promote pedagogic/andragogic rules
- focus on small/medium size hospitals and developing countries
- address and fight against all forms of physical and psychological violence

Thanks to

Patrizia Zaratti, Executive Secretary, ISGE.



ISGE Proposed Activities 2022



Month	Date	Location	Type	Payment
February	23-26	Istanbul, Turkey	Turkish Society ISGE session	
April	11 - 14	Torino, Italy	Suture Course Train the trainers	€ 250/person
April	TBD	University of Debrecen Hungary Péter Torok	Hysteroscopy	
May	18-21	Agadir, Morocco	Annual Meeting	€ 280/ participant ISGE
August	15 - 20	Kingston, Jamaica	Intensive Week Hysterectomy	
September	26-30	Yaoundé, Cameroon	Regional Meeting	
October	17 - 22	Avelino Malzoni Center, Italy	ISGE Intensive Week	
November	TBD			
December	12-17	Tunis, Tunisia Lapsurg Center	ISGE Intensive Week French Africa	

ISGE Projected Webinars For 2022

Month	Subject	Speaker
January 21 th	Vaginal Hysterectomy The Basics	Andreas Chrysostomou
February 25 th	Hysteroscopic Myomectomy ISGE Guidelines	Alessandro Loddo Dusan Djokovic
March 11 th	Energies at Hysterectomy	Bruno J van Herendael
April 22 nd	Endometriosis The diagnosis	Antonio Simone Laganà
May 6 th	Oncology and Endoscopy: How to deal	Omer Devaja Moderator: Masaaki Andou
June 16 th	Suturing in Endoscopy: The fundamentals	Armando Romeo Moderator: Alfonso Rossetti
July 8 th	The Frozen Pelvis and Endoscopy: Is there and indication?	Eddy Hartono Moderator: Wachyu Hadisaputra
August	Endoscopy and Endometrial Cancer Broaden the scope	Masaaki Andou
September 9 th	Endoscopy in low-income countries: Cost Effective Endoscopy	Kurian Joseph
October 7 th	vNOTES Vaginal Surgery Enhanced	Jan Baekelandt Moderator: Ichandy Rachman
November 11 th	Hysteroscopy CS Scar pregnancy: does hysteroscopy have a role	Adel Secrati Moderator: Bart De Vre"e
December 9 th	Hysteroscopy: Endometrial physiology Practical Implications	Amal Drizi Moderator: Bruno J van Herendael

Welcome

New ISGE members from July 2021- December 2021

Name
Sari Ahonkallio
Ajay Ranet
Ruben Vanspauwen
Yan Kuang
Mladen Risteski
Dragisa Sljivancanin
Suran Ramphal
Fatos Muhaxhiri
Edi Muhaxhiri
Mhammed El Achham
Laszlo Banzski
Ivirt Shkreli
Damodar Rao
Rong Hu
Kenan Drljevic
Shoreh Darvishzadeh
Afchine Fazel
Javier Perez
Kern Marian
Peter Zeleny
Miroslava Blahova
Tomas Remecky
Ajith Kumara Dissanayake Mudiyansele
Maja Zanic
Peter Torok
Wai Phyo
Witono Gunawan
Ali Mohamed
Ahmad Hamdan
Kunal Rathod
Myriam Struyven
Dusan Djokovic
Carlos Leal
Felix Gittens
Paula Simons
Alex Mutombo Baleka
Vimee Bindra
Nina Bogdanova
Tijani Najlaa
Pari-mah Koleini

Country
Finland
Australia
Belgium
China
Macedonia
Serbia
South Africa
Kosovo
Kosovo
Morocco
Hungary
Albania
Indonesia
China
Serbia
Iran
France
Colombia
Slovakia
Sri Lanka
Croatia
Hungary
Myanmar
Indonesia
Australia
Turkey
Uk
Belgium
Portugal
Mexico
Barbados
Malta
Congo
India
Russia
Morocco
Canada

ISGE presence at the Turkish 5th Minimally Invasive Gynaecological Surgical Congress (23-26 Feb 2022)

This conference at Istanbul was a collaborative effort of three societies of Turkey in minimally invasive surgery, with a large attendance of delegates, industrial exhibitors presence and support. This goes to prove that as organisations, if we join hands, we can deliver better.

ISGE, a Truly international society, was given a session to deliberate on various topics related to minimally invasive surgery. Great efforts by the medical director, ISGE, Prof. Bruno J. van Herendael, the President ISGE Prof. Gunter Noe and the entire team of ISGE.

Prof. Gunter Noe spearheaded the ISGE session with eminent speakers, Dusan Djokovic, Amal Drizi, Meenu Agarwal, Ameneh Haghgoo, Michael Anapolski and, he also performed a live surgery on the 3rd day of the congress. The scientific celebrations and the live surgery was superbly enjoyed and appreciated by both the attending delegates and, the faculty.

The highlight of the congress was live relay of cadaveric dissection, live surgical relay and excellent video presentations by both, the senior and the upcoming budding colleagues, in this field.

The Organization of the congress and the local hospitality was impeccable.

We look forward to more such scientifically driven, high impact meetings. One such meeting will be at Agadir Morocco from 18-21 May and we look forward to having a great attendance over there.



Dr. Meenu Agarwal
Associat Editor

ISGE presence at the Turkish 5th Minimally Invasive Gynaecological Surgical Congress (23-26 Feb 2022)



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.



2016



2017



2018

The winner for 2021 at ISGE annual meeting that was held in Split, Croatia during 26-29 August 2021 was Dr. Robert Carey, from Australia.

Don't miss the chance of winning this prize this year at the Annual ISGE meeting in Agadir: May 18-21, 2022

Executive Board Members

Noé Günter (President)
Paya Resad Pasic (Immediate Past President)
Eddy Hartono (Vice President)
Viju Thomas (Honorary Secretary)
Charles Miller (Honorary Treasurer)
Alessandro Loddo (Representative of the Board Members in EXCO)
Alfonso Rossetti (Director of the Training Committee)
Hisham Arab (Director of the Membership Committee / Editor OPUS)

Daniel Kruschinski (Director of the Committee on Digital Matters)
Kurian Joseph (Director of the Accreditation Council)
Jianming Song (Director of the China Effort)
Mimi Fujitaka (Director of the Japan Effort)
Meenu Agarwal (OPUS Associated Editor)
Paula Simons (Executive Director)
Bruno Van Herendael (Medical Director)

ISGE Board Members

Africa: South Africa: Dr Annelize Barnard, Dr Jack Biko, Algeria: Dr Amal Drizi, Dr Adel Sedrati.

America: North America: Dr Ceana Nezhat (USA) South America: Dr Jorge Dotto

Asia: India: China: Dr Yang Kuang

Middle East: Iran: Dr Ameneh Haghgoo

Oceania: Australia: Dr Ajay Rane

Europe: Germany: Dr Michael Anapolski - Portugal: Dr Dusan Djokovic - Belgium: Dr Ruben Vanspauwen
Finland: Dr. Anneli Linnamagi

Hisham Arab Prize

Through the kind and generous endowment of Dr Hisham Arab, ISGE is delighted to offer this award of USD 1000 to the best presentation of original work in Gynecologic Endoscopy during the upcoming ISGE Annual meeting on 18–21 May 2022 in Agadir, Morocco.



Eligibility

Hisham Arab Prize is open for all physically present candidates for presentation at this conference regardless of their ISGE membership status or age.

Judgement Criteria

A panel of 4 experts will judge each presentation according to the following criteria:

1. Research question or technique
2. Literature Review and Clinical Relevance
3. Critical Discussion
4. Data presentation
5. Style of presentation

Prize Ceremony

Hisham Arab Prize will be awarded to the winner at the conference closing ceremony on 21 May 2022.

Register by scanning the QR below



The Heat is on!

Who is the winner of 2022 Hisham Arab Prize?

Hisham Arab Prize Session is going to be held on Saturday 21 May 2022 at 11:00 hrs at Room 4 of the congress venue, Agadir, Morocco. The winner will be announced during the closing ceremony of the congress on Saturday 21 May 2022 at 13:30 hrs at Room 1.

