Volume 72 February 2020

eScope

e-Newsletter of the **Australasian Gynaecological Endoscopy & Surgery Society Limited**

EDITION HIGHLIGHTS:

TOGETHER TOWARDS TOMORROW

President's Letter

2020, A clear vison of the year ahead for AGES

Happy New Year to everyone! This year promises to be a big year for AGES as we celebrate 30 years with many new things on the horizon.

2019 was a huge year for AGES with record meetings in Perth for the ASM, then we kept the ball rolling with our record biggest ever Focus Meeting, combined with the World Endometriosis Society, in Melbourne. As if things couldn't get any bigger, we hosted the truly awe-inspiring Denis Mukwege. Everyone who was at this meeting was treated to three amazing talks from this great and amazingly humble man. This was easily the highlight for me of the many years that I have been involved with our society.

We have a new cohort of 12 AGES trainees starting the AGES Accredited Training Program (AATP) and as the program has evolved the board have taken the steps to bring the program and its management more directly under the supervision of the society. This will hopefully clarify the lines of communication and was a necessary step as the program evolved and developed a more structured basis and assessment pathway for the trainees.

One more visible change that you will be seeing soon is the new AGES website. This has been in development since just after our last ASM and should be ready for a launch at our upcoming ASM in Sydney. The new site promises to be more user friendly, get you to the information you need faster with better access to all of our many member resources.

AGES is also planning to lead the way in surgical mentoring for Fellows, we are currently in the process of developing a structured format and way for mentee's to be able to link up with appropriate mentors in a guided process.

For the Sydney ASM Stephen Lyons and Bas Gerges have put together a fantastic program, headed up by Chad Michener from Cleveland Clinic, Marc Possover from Zurich (known as the father of neuropelveology) and Marie Fidela Paraiso the immediate past president of AAGL. Topped off with a great social program this should be a fantastic meeting highlighting the theme – Foundations and the Future.

July will see AGES head offshore again this time to Bangkok! In a combined venture with AAGL there will be a star-studded cast of renowned international speakers. Our focus will be on "Advancing the Art". The program will be released very soon but start looking at flights now to get to this landmark meeting between our two societies.

The Pelvic Floor meeting will return to its spiritual home in Adelaide at the end of October and we will be continuing our LAP D workshops with 5 running through the year and the new Train the Trainer workshops will also be running 4 times through the year. →

President's Letter cont.

Our profession has been in the good news lately most noticeably with Professor John Newnham being named as Senior Australian of the year for his groundbreaking work reducing pre-term delivery. This is really the tip of the iceberg with everything that John has done over the years. I remember fondly his Friday afternoon ward rounds that became evening gatherings in the DCR, the discussions and the enthusiasm he engendered in those around him inspired many great careers in O&G. Congratulations John. And also, congratulations to Michael Permezel being awarded AO, Michael is a permanent fixture of our Endoscopic Surgery Advisory Committee (ESAC) the conjoint committee with AGES and RANZCOG and his dedication to gynaecologic training and education is fantastic. Congratulations as well to Shaun Brennecke (AO), Desiree Yap (AM) and Philip Cocks OAM).

I look forward to seeing you all in Sydney very soon.

Stuart Salfinger
AGES President

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Editorial

Dear AGES Members

Welcome to the 72nd edition of eScope and to the 2020's!

In his President's Letter Stuart Salfinger summarises what was been an exciting and successful for AGES, and details what is likely to be a very rosy year ahead for AGES Members. This, the 30th anniversary of AGES, we can look forward with anticipation to a year of 3 great meetings as well numerous workshops for AGES Members (and maybe some celebrations too!).

The AGES Pelvic Floor Symposium held in Sydney in November was a great success. The meeting will be long remembered by registrants especially for the inspirational presentations given by Nobel Peace Prize winner Denis Mukwege and Sayeba Akhter about triumph over adversity and the practice of medicine under the most difficult and dangerous conditions. As evidenced by the conference photographs, a great time was had by all, both at work and at play (especially at the Gatsby-themed conference dinner).

In this bumper edition of eScope there is not one but two really fantastic AGES Board Member articles – "Human factors in the operating theatre" by Helen Green and "Female genital mutilation: A rising challenge in women's health" by Fariba Behnia-Willison, both very topical, interesting and important subjects for AGES Members.

I am very pleased to introduce Bec Szabo's new column SMG (Social Media for the Gynaecologist) which will be both educational and entertaining for AGES Members, the first installment entitled "What's the Fuss?" (what *is* the fuss?).

Many thanks to the "SWAPS" Fellows who have again provided JMIG summaries of recent significant articles chosen to be of interest to AGES Members.

Addressing an ever-increasing problem and cause of trepidation to doctors, as part of the AGES Educational and Practice Partnerships Kate Gillman from Avant has provided a very timely article, entitled "Guarding against a cyber-attack on your practice".

I look forward to seeing you in the "The Emerald City" in March at the AGES 2020 Annual Scientific Meeting where we will explore both the *Foundations and The Future* of our profession.

Enjoy your 30th anniversary!

Stephen Lyons
eScope Editor &
AGES Vice-President

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Human factors in the operating theatre

Helen Green

Adverse events can have devastating consequences for patients and for the health care providers responsible for their care.

In Australia between 2015-16 adverse events affected 5.4 per 100 hospitalizations (576 000 patients nationwide). Approximately half of these were due to *procedures causing abnormal reactions/complications.*[1] Many of these events occurred in the operating theatre. US data estimates medical errors as the third leading cause of death.[2] Root cause analyses suggest that up to 70% of adverse events are caused by human error (rather than technical ineptitude)[3] with communication failure being amongst the most common.[4,5]

During surgical training, if a procedure does not progress smoothly due to a failure to appreciate a point of anatomy or surgical technique, there are many well-publicized resources to review that allow for improved performance at the next opportunity. However, if a procedure does not proceed smoothly due to a non-technical skill, it is more difficult to find strategies to improve for next time. Our current training programs do not provide significant education or examination of these skills.

It is also not uncommon that evidence or suggestions may be dismissed as a) unsuitable for application to the operating theatre or b) at odds with perceived institutional pressures for patient care.

The editors of the 1st Edition of Gray's Surgical Anatomy (published in November 2019) have shown leadership in publicizing non-technical skills. Chapter 2 details evidence for improving surgical performance through recognition of human factors and enhanced team working. [A] I feel that the following statement from this chapter should be absorbed by everyone working in a surgical discipline: **'An understanding of human factors in modern surgery is just as important as knowing the surgical anatomy to improve safety for patient.'**[6]

What human factors should surgeons and their teams be aware of?

Surgical specialists are highly trained and regarded as experts in their area of specialization. Individual surgeons and the governments that train them invest significant resources into their expertise. Therefore it is important to protect this valuable asset so patients receive the highest level of care possible during a surgical admission. Just as a performance vehicle needs high performance fuel, regular services and shock-absorbent, responsive tyres, surgeons needs adequate hydration, nutrition, rest and awareness of stress and non-technical skills that impact surgical outcomes.

Dehydration can occur during long procedures and has be linked to reductions in cognitive function and the performance of other physiological processes.[7,8]

The physical and cognitive focus required for an operating list can be likened to other endurance activities with the surgeon in the role of high performance athlete. Regular, high quality food and the avoidance of low quality energy sources (e.g. simple sugars and processed foods) lead to ideal energy and cognitive conditions in both of these settings.[8]

Fatigue during and after on-call shifts has received significant attention as a cause of adverse events.[9] Less commonly acknowledged is the degradation of cognitive functioning that occurs after sustained periods of intense concentration longer than 20-30 minutes.

Brennan et al suggest that a 10-15 minute break every 2-3 hours allows for physical and mental recovery during complex surgeries with optimization of nutrition and hydration.[6] Closer to home, we are familiar with the AGES 'micro-break' performed after each 45 minute period of operating. →

A Dr Peter Brennan is a co-author of this chapter. He is also a consultant maxillofacial surgeon and has recently been awarded a PhD in Human factors and patient safety.

Human factors in the operating theatre cont.

Helen Green

Regular daily sleep of 6-8 hours improves recovery after surgery and also enhances the creation of new neural pathways for constant growth and improvement of performance. [10]

Unusual professional and personal stressors may also lead to reduced surgical performance. The IMSAFE model (adopted from the airline industry) is designed to help professionals judge their fitness to operate. This asks surgeons to take into account whether Illness, Medication, Stress (either professional or personal), Alcohol, Fatigue or Emotion may reduce performance. The importance of a regular surgical team is underscored by the observation that team members may be the first to recognize when a surgeon needs assistance.[2] Wakeman et al cite that 'The cognitive impact of IMSAFE elements have been correlated with medical negligence cases'. [11]

Non-technical skills are defined as 'the cognitive, social and personal resource skills that complement technical skills and contribute to safe and efficient task performance.'[12] Four categories of non-technical skills have been defined in the surgical setting. These are situational awareness, decision-making, communication and teamwork and leadership. [13]

Situational awareness is the ability of the surgeon to monitor the constant and often subtle changes in the operating environment that may impact of the performance of an operation. Recognition of increased cognitive demand is an example of situational awareness. High-risk situations may involve less frequently performed surgeries, complex surgeries or patients with additional risk factors such as obesity or frailty. During these surgeries mental capacity is reduced. Surgical trainees also experience increased cognitive demand when acquiring technical skills.[6] Distractions such as excess noise and conversation can impact more significantly in higher risk situations. Recognition of this by the surgeon and appropriate pre-operative briefing of the surgical team can reduce harm from unnecessary mental load.[14]

Ergonomics is another source of distraction and fatigue that is exacerbated during minimally invasive surgery. The use of complex equipment and the need for increased communication regarding visualization of the surgical field places stresses on the surgical team not experience during open surgery.[15] Physical discomfort can also reduce surgical performance[16] and it is therefore vital that surgery is conducted in as ergonomic and comfortable postures as possible for the entire team.

In 1999 the Institute of Medicine in the US issued a report entitled *To Err is Human*. It cited the promotion of effective team functioning as one of the strategies for creating safer hospitals.[17] Lack of communication has been shown to reduce operative workflow [18]and lead to medical errors.[3]

What is the impact of human factors and non-technical skills training on surgical outcomes?

A 2016 review of non-technical skills (NTS) training specific to minimally invasive surgery showed that training improved teamwork attitudes and scores on assessment scales of NTS. There was also a reduction in the number of technical errors and operative times.[19]

A change from ad hoc teams to fixed teams lead to a 24% reduction in surgical times after 12/12. [20]

The review examined different training modalities for NTS that involved didactic teach and interactive instruction OR simulation based training with structured debriefing. Both showed some benefit.[19]

A team training curriculum known has Team Strategies and Tools to Enhance Performance and Patient safety (TeamSTEPPS) has been devised by the Agency for Health Care Research and Quality. It was adapted from crew resource management training from the aviation industry and is freely available on the AHRQ website (https://www.ahrq.gov/teamstepps/index.html).[2] In institutes that implemented TeamSTEPPS, operating times were reduced, the number of patient safety concerns discussed during debriefing declined from 16% to 6%, and metrics of efficiency and team work improved.[21] Morbidity in one institute reduced from 20 to 11% and mortality from 2.7 to 1%.[22] An 18% reduction in annual procedural mortality was seen in another institute. [23] However, in an institute where training ceased due to budget cuts, metrics and outcomes returned to pre-training levels after 2 years.[22] For similar reasons, crew resource management training is mandatory for aviation professionals every 2 years. →

Human factors in the operating theatre cont.

Some reasons for lack of implementation of NTS training for surgery include a lack of awareness of its importance, cost considerations, but also a perceived lack of NTS benchmarks for use in specialized training .[24] In 2006, Undre et al suggested that further studies were needed to identify which NTS are most important from the perspective of the entire MIS team.[25] Ten years later Gjeraa et al identified 11 studies specific to MIS.[19] These and further such studies could add to the evidence base for existing training programs.

From the available evidence it would seem that the modern surgical specialist is compelled to understand and seek training in human factors and non-technical skills for safe surgery. Through advocacy and leadership (such as that demonstrated by the editors of Grays' Surgical Anatomy) we can prioritize further research into specialty specific training for all members of the surgical team and urgently progress institutional action regarding universal training of these important skills.

Helen Green
AGES Board member

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Human factors in the operating theatre cont.

Helen Green

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Australasian Gynaecological Endoscopy & Surgery Society Limited
PELVIC FLOOR SYMPOSIUM

NOVEMBER 2019
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Dare to be different!
Pelvic Floor Symposium 2019 report

Now that the AGES Pelvic floor conference for 2019 is over, it's time to reflect back on the meeting that was. I guess for us to gauge the success of any meeting, it's best to ask the attendees what they thought, and that is what we did over the 2 action-packed days. There was so much positive feedback, with a lot of it devoted to the quality of our international speakers, and the inspirational tone of much of the content.

We thank our lucky stars that we were able to secure the talents of such leading lights as the joint 2018 Noble Peace Prize winner, Dr Denis Mukwege. This very humble Congolese doctor has devoted his life to the physical and mental health of women who have been brutalized and violated, and made to feel valueless. The son of a pastor who was prepared to shift the focus of his career from pediatrics to obstetrics and then gynecological surgery to respond to local needs, Denis moved all of us who heard him. He was inspirational not only in the self-sacrifice of his work, but also the sheer quality of the service he provides in a third world setting.

Our other international faculty members were also inspirational. Dr Lynsey Hayward, the immediate past president of IUGA and Dr Sayeba Akhter, a visionary woman who has transformed hundreds of lives in Bangladesh and who works tirelessly for the Rohingya women, both spoke well. Professor Kari Bo brought us into the world of physiotherapy. Her talks helped us to appreciate how great the impact of physiotherapy has been on all aspects of the pelvic floor. Lorimer Moseley continues to provide unique and useful ways of approaching pain science, in his own inimical style

Along with this amazing international faculty, we were blessed by a local and Australasian faculty who gave us their time and considerable expertise. It was notable how much of the content was from outside the traditional preserves of the urogynaecologist, not only in who was speaking, but also the topics on which they spoke, and the content of the talks. Long may AGES challenge the status quo! Many of you commented on that.

The Industry representation was of a very high quality, and the stands were well supported by the conference participants.

We all really enjoyed the 'Great Gatsby'- themed dinner at the Sheraton Grand ballroom. Seeing all the men and women dressed up in their 1920s finery, to be greeted by our president pouring Champagne onto the pyramid of champagne glasses made us all want to return to a much more glamourous era!

So let's leave with a final thank you to our Organising Committee, Local and International Faculty, our industry partners, sponsors and exhibitors, and of course the delegates who made the trip to Sydney to join us at the Sheraton Grand. We hope that the next conference is not too far away!

Dr Emma Readman
Conference Co-Chair

Professor Ajay Rane
Conference Co-Chair

Pelvic Floor Symposium 2019 report cont.

Pelvic Floor Symposium 2019 report cont.

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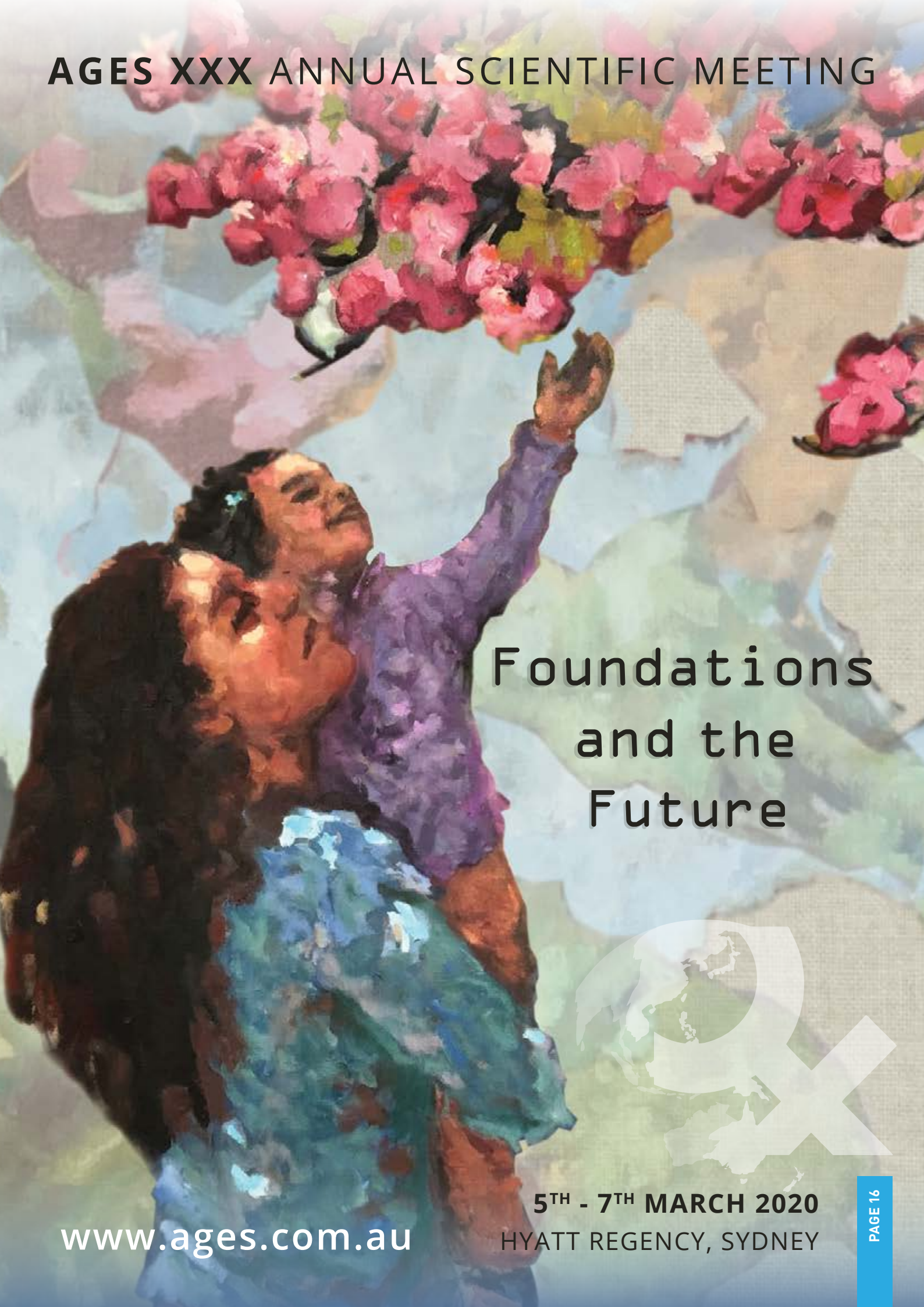
Pelvic Floor Symposium 2019 report cont.

Pelvic Floor Symposium 2019 report cont.

Pelvic Floor Symposium 2019 report cont.

AGES XXX ANNUAL SCIENTIFIC MEETING



Foundations and the Future

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This is a RANZCOG accredited meeting. Fellows of the college can claim 18.5 hours for Full Registration (3 days).

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Membership application forms are available from the AGES website or from the AGES Secretariat.
https://ages.com.au/membership-application/

This brochure and online registration are available on the AGES website: **www.ages.com.au**

LETTER OF INVITATION

We would like to invite you to Sydney, the city that dazzles by day and by night, and home of the Sydney Opera House, the Harbour Bridge and some of the world's most beautiful beaches, for the AGES XXX Annual Scientific Meeting *"Foundations & the Future"* to be held on from the 5th to the 7th March 2020.

The theme *"Foundations and the Future"* encompasses two sub-themes. Firstly, our society has solid foundations established by previous AGES Boards and its members but also needs to remain dynamic to remain of relevance to its Members so that best care for our patients is ensured. Secondly, core topics relevant to all gynaecological surgeons will always remain central to AGES' role in ongoing education for its Members; in addition, new and advanced laparoscopic surgical techniques, as well as cutting-edge technologies will be showcased so that our Members can stay abreast of modern gynaecological endoscopic options for their patients.

The AGES ASM 2020 scientific committee has developed a program showcasing a spectacular team of local and international speakers, including Marc Possover from France and Chad Michener from the USA. We will also be joined by Marie Fidela Paraiso, the immediate past-president of the AAGL and Jan Baekelandt from Belgium. In addition, Annabelle Farnsworth will be the first female to have the honour of delivering the Dan O'Connor Perpetual Lecture. And to top it all off, in the very last session Dr Kerryn Phelps AM will have the vexed task of "herding the cats" in the *AGES Q&A Forum*.

This meeting will be one that cannot be missed, taking us back to our foundations and guiding us towards the future of gynaecology, obstetrics and more – Foundations and the Future!

We look forward to seeing you all in Sydney in March 2020.

Dr Stephen Lyons
Conference Chair
AGES, Vice-President

Dr Bassem Gerges
Scientific Chair
AGES, Director

INVITED FACULTY

A/Prof Chad Michener

Prof Marc Possover

Jan Baekelandt

Annabelle Farnsworth

Marie Fidela Paraiso

Kerryn Phelps

Please find the Invited Faculty Biographies on the following page.

A/Prof Chad Michener

Dr. Chad Michener is a board certified Gynecologic Oncologist and Associate Professor of Surgery in the Cleveland Clinic Lerner College of Medicine. Dr. Michener completed residency in Obstetrics and Gynecology at Bethesda Hospital in Cincinnati, OH. Following his residency he was a Cancer Research Fellow in the Molecular Signaling Section of the Laboratory of Pathology at the National Cancer Institute and subsequently completed his clinical fellowship in Gynecologic Oncology at the Cleveland Clinic. He joined the Division of Gynecologic Oncology in the Women's Health Institute at the Cleveland Clinic in 2004. He is currently Interim Chair of the Department of Subspecialty Services for Women's Health and serves as the Associate Fellowship Director for Gynecologic Oncology.

Research interests include genetic basis of Gynecologic cancers, screening and early detection of gynecologic cancers, chemoresistance in ovarian cancer, and the application of Single port, robotic and standard laparoscopy in the treatment of gynecologic cancers.

Prof Marc Possover

Prof Marc Possover began his medical studies at the University of Nancy in France at the age of 15 and graduated at the age of 22. He is a specialist in Gynecology and Obstetrics as well as a certified specialist in Special Operative Gynecology and Oncological Surgery.

Prof. Possover is Director of The Possover International Medical Center AG in Zurich, Professor of Neuropelveology at the University of Aarhus, Denmark, and Associate Professor at the University of Cologne, Germany. Prof. Possover is also President of the International Society of Neuropelveology (www.theison.org), the pioneer of minimally invasive surgical techniques for the treatment of pelvic gynecological tumors and deep infiltrating endometriosis, and the world's leading expert in the treatment of pelvic nerve disease.

Prof. Possover is the pioneer and founder of Neuropelveology - a new discipline in medicine that deals with neuropathic pelvic pain, endometriosis of the pelvic nerves and pelvic nerve dysfunctions. He has developed nerve-sparing pelvic surgery and a method for the laparoscopic implantation of neuroprostheses. Neuromodulation, which enables patients with spinal cord injuries to regain some functions, was also developed by Prof. Possover.

Prof. Possover is nationally and internationally renowned for his research, academic and clinical merits in the fields of gynaecological oncology, surgical endometriosis treatment and Neuropelveology. He has written scientific papers for numerous scientific journals and published articles in various medical textbooks and reference books. His numerous awards from leading and highly respected medical associations prove his competence and exceptional knowledge.

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INVITED FACULTY

Dr Jan Baekelandt

Jan Baekelandt qualified as a medical doctor in 1999 and as a specialist in gynaecology and obstetrics in 2004 at the Catholic University of Leuven, Belgium. From 2004 to 2006, he subspecialised as a gynaecological oncologist in Pretoria, South Africa, and Koln, Germany. He currently consults at Imelda Hospital in Bonheiden, Belgium, specialising in gynaecological oncology and endoscopic and robotic surgery. Jan started his vNOTES research in 2012, introduced vNOTES in his daily practice in 2013, and has performed more than 1000 vNOTES cases to date.

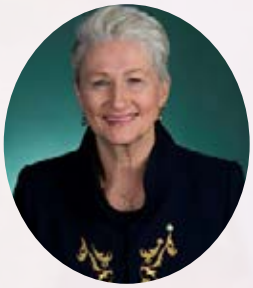
A/Prof Annabelle Farnsworth

A/Professor Annabelle Farnsworth is a graduate of the University of Sydney and trained as a histopathologist at Royal Prince Alfred Hospital. She was Director of Anatomical Pathology at the Royal Hospital for Women, Paddington, before joining the Douglass practice in 1995. A/Professor Farnsworth is a specialist gynaecological histopathologist and cytopathologist and is the Director of Cytopathology and GynaePath at Douglass Hanly Moir Pathology where she also holds the position of Medical Director. She is well known throughout Australia and internationally for her contributions to cytology and gynaecological pathology. She is a past President of the Australian Society of Cytology and a member of the Executive Committee of the International Academy of Cytology. She is the current president of the Australian Society of Colposcopy and Cervical Pathology. Annabelle is Head of Pathology at the University of Notre Dame, School of Medicine Sydney. A/Professor Farnsworth has published numerous papers and is co-author of a respected textbook on ovarian pathology. In 2013 she was made an Honorary fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Dr Marie Fidela Paraiso

Dr. Paraiso is a staff physician in the Department of Obstetrics and Gynecology at Cleveland Clinic, where she also serves as Head of the Center for Urogynecology and Reconstructive Pelvic Surgery. She also sees patients in the Center for Specialized Women's health and has a joint appointment in Urology.

Dr. Paraiso is skilled in advanced laparoscopy, robotic surgery, midurethral slings, mini-slings, advanced vaginal reconstructive surgery, pelvic organ prolapse repair kit procedures, and sacral neuromodulation (bladder pacemakers). Most recently, Dr. Paraiso has embraced the burgeoning field of robotic surgery, adapting several of her innovative surgical techniques to robotic-assisted laparoscopic approaches.



Prof Kerryn Phelps

Dr Kerryn Phelps AM is a mother, doctor, business woman, health communicator, public health and civil rights advocate, author and media commentator.

Dr Phelps was the first woman and Independent to be elected to the seat of Wentworth in the House of Representatives, in the Federal By Election 2018. In 2016 she was elected to the City of Sydney Council, and was Deputy Lord Mayor from 2016 to 2017. She was first female President of the Australian Medical Association.

For two decades, Dr Phelps has been at the forefront of the struggle for LGBTQI inclusion and equality in Australia. She is also an Ambassador for Barnardo's child protection work, a Patron of ACON's Pride in Health+Wellbeing program.

Her media career includes medical reporting on morning television, health columnist for over 25 years for the Australian Women's Weekly and authoring six health books.

Dr Phelps was awarded an Order of Australia for her contributions to Medicine as well as the Centenary Medal.

Australasian Gynaecological
Endoscopy & Surgery
Society Limited

TOGETHER TOWARDS TOMORROW

WEDNESDAY 4TH MARCH 2020

0800 - 1700	AGES ADVANCED TRAINEE WORKSHOP (INVITE ONLY)
	For further information and updates on pre-conference workshops, please visit www.ages.com.au

THURSDAY 5TH MARCH 2020

0700 - 0800	REGISTRATION		
0800 - 1010	**SESSION ONE: FUTURE**		
	Welcome		
	KEYNOTE: Neuropelveology - A new discipline in medicine - **Marc Possover**		
	KEYNOTE: Total abdominal hysterectomy - Please explain! - **Chad Michener**		
	Beyond sacral colpopexy: When robotics is most useful in pelvic organ prolapse surgery - **Marie Fidela Paraiso, AAGL President**		
	vNOTES and pathways to the future - **Jan Baekelandt** *Sponsored by Applied Medical*		
	Panel Discussion		
1010 - 1040	MORNING TEA, TRADE EXHIBITION & DIGITAL FREE COMMUNICATIONS		
1040 - 1230	**SESSION TWO A: HYSTERECTOMY - PAST, PRESENT, FUTURE**	**SESSION TWO B: OFFICE GYNAE UPDATE**	
	Route of vaginal cuff closure at TLH - Where are we now? - **Chad Michener**	Vulval dermatology - An update - **Jennifer Bradford**	
	Evolution of hysterectomy - **Thierry Vancaillie**	Vulval pain syndromes - **Lauren Kite**	
	The LACC Trial - Not all that glitters is gold - **Helen Green**	Dyspareunia and vaginismus - **Sherin Jarvis**	
	Caesarean hysterectomy - **Ken Jaaback**	Prolapse and pessaries - **Lucy Bates**	
	Vaginal hysterectomy - Preferred but unloved? - **Gil Burton**	Ambulatory hysteroscopy - **Jason Mak**	
	Uterine Transplant - **Rebecca Deans**	Recurrent pelvic organ prolapse: What we have learned over the last 20 years at the Cleveland Clinic - **Marie Fidela Paraiso**	
	Panel Discussion	Panel Discussion	
1230 - 1330	LUNCH, TRADE EXHIBITION & DIGITAL FREE COMMUNICATIONS		
1330 - 1500	**SESSION THREE A: FREE COMMUNICATIONS**	**SESSION THREE B: FREE COMMUNICATIONS**	**Interactive Hubs 1** (1330 - 1430)
	Maternal Morbidities: A Challenge For Bangladesh - **Musarrat Sultana**	Increasing the adoption of ambulatory hysteroscopy in Australia - cost comparisons and patient satisfaction - **Pav Nanayakkara**	
	Improved Low Anterior Resection Syndrome scores after rectal disc resection in women with Deep Infiltrating Endometriosis. - **Vanessa Lusink**	Temporal and external validation of the Ultrasound-Based Endometriosis Scoring System (UBESS) - **Mercedes Vaquero**	
	Safety, technique and outcomes of stellate ganglion blocks for vasomotor symptoms - **Michelle W Emerson**	Pre-operative Imaging in Deep Infiltrating Endometriosis: predicting depth of disease in rectosigmoid specimens - **Kate Stone**	
	International survey of obstetrician/ gynecologists on awareness of ultrasound for diagnosing endometriosis - **Mathew Leonardi**	Gynaecology trainees would benefit from a competency-based medical education model in learning ultrasound for endometriosis: A learning curve study for the detection of pouch of Douglas obliteration and deep endometriosis of the rectum in gynaecological sonology trainees - **Jozarino Ong**	
	Visual Symptoms among Surgeons Performing Minimally Invasive Surgeries in Australia and New Zealand - **Ameer Alhusuny**	Is the World Endometriosis Research Foundation, WERF, Endometriosis Phenome and Biobanking Harmonisation Project (EPHect) Questionnaire a good triaging tool for women with ovarian and posterior compartment endometriosis? - **Kiran Vanza**	
	MRI sliding sign: feasibility to assess bowel and uterine mobility using motion MRI in the preoperative planning for pelvic endometriosis? - **Rose McDonnell**	Correlation between Transvaginal Ultrasound (TVUS) findings and laparoscopy in prediction of Deep Infiltrating Endometriosis (DIE) - **Melinda Pattanasri**	
1500 - 1530	AFTERNOON TEA, TRADE EXHIBITION & DIGITAL FREE COMMUNICATIONS		

1530 - 1700	**SESSION FOUR A - GONE IN ~~60~~ 420 SECONDS ENDOSCOPIC SURGERY AND BEYOND**	**SESSION FOUR B - GONE IN ~~60~~ 420 SECONDS SEXUALITY, FERTILITY & OBSTERTICS**
	Energy sources - Where did we come from, where are we going? - **Amani Harris**	Foundation, not the future - Left lateral tilt at C-Section - **Matthew Doane**
	Protecting the posture - Laparoscopic Ergonomics - **Martin Ritossa**	Myomectomy for fertility or an exercise in futility? - **David Rosen**
	Ashermans - Is there a way out? - **TBC**	The "perfect" caesarean section - **Rachel Green**
	Physiology of laparoscopy - What the anaesthetists wish we knew - **Stephen Ford**	Rest in peace dear forceps? The future of instrumental delivery - **Rachel Collings**
	Endometriosis pre-operative planning - IDEA guidelines - **George Condous**	Towards normal abdominal delivery - **Bassem Gerges**
	Caesarean section scar thickness and ultrasound assessment - **Karen Mizia**	Enhancing recovery after Caesarean section - **Erin Nesbitt-Hawes**
	Caesarean scar niche reconstruction - **Sarah Choi**	Fetoscopic Surgery - Past, present, future - **Margaret Harpham**
	What's in the name? Eponymous O&G - **Andrew McIntyre**	Pregnancy & hypertension - Opiates & NSAIDS? - **Gene Lee**
	Peri-operative VTE prevention - Hail Aspirin! - **Fariba Behnia-Willison**	Laparoscopic cerclage - **Krish Karthigasu**
	Haemostatic agents - An update - **Alison Bryant-Smith**	Who's doing what? Mature sexuality - **Harry Merkur**
	Peritoneal pockets - Who cares? - **Mark Ruff**	PCOS - where are we now? - **Michele Kwik**
	Laparoscopic surgery in pregnancy - **Christopher Smith**	Ovulation induction made easy - When? How? Why? - **Manny Mangat**
	CLOSE OF DAY ONE	
1700 - 1800	**WELCOME RECEPTION**	

FRIDAY 6TH MARCH 2020

0730 - 0800	REGISTRATION	
0800 - 1000	**SESSION FIVE: NEUROPELVEOLOGY UNRAVELLED - LIVE CADAVERIC SURGERY**	
	Danny Chou, Marc Possover & Michael Wynn-Williams	**Interactive Hubs 2** (0900 - 1000)
1000 - 1030	MORNING TEA, TRADE EXHIBITION & DIGITAL FREE COMMUNICATIONS	
1030 - 1215	**SESSION SIX: ENSURING SAFETY FOR THE FUTURE - M&M LIVE**	**Interactive Hubs 3** (1030 - 1130)
	Foundations of an effective M&M meeting - **Thomas Hugh**	
	SurgicalPerformance Update - **Andreas Obermair**	
	Live M&M - **Andreas Obermair & Stephen Lyons**	
	AGES Travelling Fellowship - **Supuni Kapurubandara**	**Interactive Hubs 4** (1145 - 1245)
	AGES AAGL Exchange Lecture: Risk of Complication at the Time of Laparoscopic Hysterectomy; A Prediction Model Built from The National Surgical Quality Improvement Program Database - **Kristen Pepin**	
1215 - 1315	LUNCH, TRADE EXHIBITION & DIGITAL FREE COMMUNICATIONS	

1315 - 1445	**SESSION SEVEN: CHAIRMAN'S CHOICE**
	A randomised, double-blind, placebo controlled trial of fractionated carbon dioxide laser treatment for women with post-menopausal vaginal atrophy symptoms - **Fiona Li**
	Bladder Care Following Laparoscopy for Benign Non-Hysterectomy Gynaecological Conditions: A Randomised Controlled Trial - **Lalla McCormack**
	Superficial endometriosis can be seen on ultrasound: a diagnostic accuracy study of a novel ultrasound technique called saline-infusion sonoPODography - **Mathew Leonardi**
	The Myometrial-Cervical Ratio (MCR): A new measurement to improve the ultrasound diagnosis of Adenomyosis - **Kate Stone**
	The Traffic Light Pilot Study: a pilot study assessing the quality of interventions in obstetrics and gynaecology - **Krystle Chong**
	Virtual Clinics in Gynaecology: Can we shorten the wait? Assessing the success, feasibility and patient acceptance of Virtual (Telephone) Clinics for Postmenopausal Bleeding - **Samantha Mooney**
	Fight or Flight: Biological measures of surgeon stress during surgery - **Aaron Budden**
	We live in a virtual world: Training the trainee using an integrated Visual Reality Stimulator training curriculum - **Samantha Mooney**
	Botulinum toxin A (Botox) injection into muscles of pelvic floor as a treatment for chronic pelvic pain secondary to pelvic floor muscular spasm - A Pilot Study - **Alaina Francis**
1445 - 1515	AFTERNOON TEA, TRADE EXHIBITION & DIGITAL FREE COMMUNICATIONS
1515 - 1700	**SESSION EIGHT: LESSONS LEARNT**
	Video face-off! Surgical management of endometriosis - Cold-cut & bipolar vs monopolar vs ultrasonic vs robot - **Alan Lam, Stephen Lyons, Alastair Morris & John Pardey**
	Foolproofing the surgical future - ERAS - **Jason Abbott**
	Panel Discussion
	Dan O'Connor Perpetual Lecture - A brief history of cervical screening - **Annabelle Farnsworth**
	CLOSE OF DAY TWO
1700 - 1800	**AGES ANNUAL GENERAL MEETING**
1900 - 2300	**AGES ANNUAL BLACK TIE GALA DINNER, AWARDS & CHARITY AUCTION**

SATURDAY 7TH MARCH 2020

0800 - 0830	REGISTRATION & LIGHT BREAKFAST
0830 - 1015	**SESSION NINE: SURGICAL FOUNDATIONS** *Moderator: Kerryn Phelps*
	Re-laying the foundations - Managing the trainee in trouble - **Rosalie Grivell**
	A solid foundation - The AGES Fellowship training program - **Anusch Yazdani**
	LapCo TT - The solid foundation of teaching - **Luke McLindon**
	Feedback - The foundation of learning - **Rebecca Szabo**
	Maintenance and evolution after the fellowship - **Stuart Salfinger**
	Is there a future for the Generalist - **Vijay Roach**
	Panel Discussion
1015 - 1045	MORNING TEA & TRADE EXHIBITION
1045 - 1205	**SESSION TEN: THE FUTURE - PUSHING THE LIMITS**
	Menopause back to the future - **Rod Baber**
	Neuropelveology and the future - **Marc Possover**
	Laparoscopic hysterectomy - Keeping the surgeon safe - **Chad Michener**
	Physician heal thyself - **TBC**
	Timing, Tribes and STEMI's - **Victoria Brazil**
1205 - 1305	**SESSION ELEVEN: THE FUTURE SURGEON - Q&A** *Moderator: Kerryn Phelps*
	Panel members: **Victoria Brazil, Kirsten Connan, Annabelle Farnsworth, Chad Michener, Marc Possover, Stuart Salfinger, Vijay Roach**
1305 - 1330	CLOSE OF DAY THREE & LUNCH ON THE GO

*Program correct at time of publication and subject to change without notice. Updates available on the AGES website

PRE-CONFERENCE WORKSHOPS

AGES Advanced Trainee Workshop*

Hyatt Regency, Sydney
Wednesday
4th March 2020
0800 – 1700

The annual AGES Advanced Trainee Workshop will comprise of both didactic and practical sessions facilitated by prominent local and international speakers to enhance and compliment the current two year national fellowship in Advanced Gynaecological Endoscopy. This workshop is only open to Trainees currently enrolled in the AGES Trainee Program.

*Invite only

vNOTES Workshops

Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNOTES) is an evolving minimally invasive technique for hysterectomy and adnexal surgery offering benefits to both patient and surgeon. Applied Medical, in association with the 2020 AGES ASM, is excited to be able to offer surgeons an opportunity to attend a vNOTES training course. Applied Medical believe that these globally standardised courses, in conjunction with other training and educational opportunities, will assist surgeons with the safe adoption of vNOTES in Australia & New Zealand, ultimately resulting in optimal patient outcomes.

These courses are scheduled for **Tuesday March 3 (SOLD OUT)** or **Wednesday March 5 (LIMITED SPACES), 2020** with a live surgery session on the afternoon of Tuesday 3rd open to all registered participants. These dates are immediately prior to the 2020 AGES ASM program. **Delegates must be registered to attend the AGES ASM if you wish to attend the vNOTES course.**

Attendance at these courses is purposely restricted to small numbers of surgeons to ensure that all delegates get maximum hands on time and interaction with faculty. Potential delegates should have advanced laparoscopic skills paired with a high degree of competence and confidence in a vaginal approach to surgery. All vNOTES course registrations are reviewed for suitability by an independent panel which includes experienced vNOTES surgeons. Their current recommendation for surgeons wanting to pursue vNOTES training is that they review their caseload to consider if they are likely to be able to perform a minimum of 30 cases annually to gain and maintain a high level of competency.

The link to the registration survey can be found here.
(https://appliedmedical-kkzni.formstack.com/forms/vnotes_workshop_survey_aus)

AGES INTERACTIVE HUBS

AGES is proud to once again announce the inaugural Interactive Hubs, held in conjunction with our Industry Partners. The Interactive Hub is the AGES Society's response to the changing needs of our members and industry partners. Industry want more than to simply show their product on a stand, they want AGES members to use or learn about their product as it is intended. Whilst there are many workshops available to gynaecological surgeons, none have access to the skilled faculty of the AGES membership and the multitude of products that our industry partners want to showcase. The Hub experience is a Members only experience, and registrations are now open!

Interactive Hub sessions will be held during the ASM on Thursday, 5th March at 1.30pm, Friday 6th March at 9.00am, 10.30am and 11.45am.

Please see below the industry sponsors hubs with more information available on the AGES website:

Applied Medical
Avant
Hologic
Johnson & Johnson
Karl Storz
Medtronic
Olympus
Stryker

LIVE CADAVERIC SURGERY

NEUROPELVEOLOGY UNRAVELLED

Dr Danny Chou
Prof Marc Possover
Dr Michael Wynn-Williams

APPLICATIONS CLOSED

FREE COMMUNICATIONS

AGES invites abstracts for oral, video and digital free communications at the AGES XXX Annual Scientific Meeting 2020. The Free Communications sessions will be held during the meeting, between the 5th – 6th March 2020.

APPLICATION DEADLINE: MONDAY, 9TH DECEMBER 2019

FREE COMMUNICATIONS INSTRUCTIONS FOR AUTHORS

1. The abstract submission deadline is MONDAY, 9TH DECEMBER 2019
2. All abstracts must be submitted online using the registration link. Faxed, posted, and abstracts submitted via any other email address will NOT be considered
3. Abstracts must be in English language only
4. Maximum 400 words/3050 characters with NO pictures, graphs, tables or images
5. References are excluded from the word limit but must be restricted to THREE ONLY
6. The decisions of the selection committee are final
7. All oral/video presentations will be 7 minutes in duration and 3 minutes question time, with no exceptions
8. Successful applicants for the Free Communications program will be notified
9. Presenters of accepted abstracts are required to pay for registration to AGES ASM 2020
10. All presentations at the Conference will be via the Conference laptops. No personal laptops will be used for presentations. All presentations will need to be uploaded at the Speaker's Prep area. Details will be forwarded to you with acceptance of your abstract
11. Any conflict of interest/sponsorship must be declared at the commencement of any presentation
12. Failure to follow the instructions for submission of abstracts may result in rejection of your document
13. By submitting an abstract you agree that Copyright of the abstract(s) is assigned to AGES only for the purpose of publication in the Conference Abstract Book and (if applicable) media releases/ reports
14. NO changes to any abstracts will be accepted after close of abstracts
15. The presenting author can only present a maximum of 2 presentations.
15. Any questions should be directed to the secretariat at ages@yrd.com.au

Please note that when you proceed through the submission process that you must click save, before moving on to the next step. Up until the close of abstract submission you can log into your profile to continue your submission where you left it or make any changes. If you have any concerns please contact the secretariat office on +61 7 3368 2422 or by email to ages@yrd.com.au.

SOCIAL PROGRAM

WELCOME RECEPTION

Trade Exhibition
Maritime Ballroom, Hyatt Regency, Sydney
Thursday 5th March 2020
5.00pm – 6.00pm

AGES ANNUAL BLACK TIE GALA DINNER, AWARDS & CHARITY AUCTION

Grand Ballroom, Hyatt Regency, Sydney
Friday, 6th March 2020
7.00pm - late

Ticket cost: $145.00

CONFERENCE INCLUSIONS

Conference registration fees include:

- Attendance at AGES XXX ASM 2020 conference sessions on Thursday 5th, Friday 6th and Saturday 7th March 2020
- Conference morning tea, lunch and afternoon tea as per program on Thursday 5th, Friday 6th and Saturday 7th March 2020
- Conference satchel (*if available)
- Conference publications

INDUSTRY PARTNERS

AGES gratefully acknowledges the following Industry Partners that have confirmed their support at the time of publication:

Medtronic

AGES Educational Training Partner

Applied Medical – A New Generation Medical Device Company

stryker

Gold Partners of AGES 2020

Avant mutual | Device Technologies | Hologic | Johnson & Johnson Medical Devices Companies | Storz Karl Storz – Endoskope | Olympus

Major Partners of AGES ASM 2020

Single Exhibitors

Aspen Australia	Aspen Medical	Baxter Healthcare
ConMed	Endotherapeutics	Guerbet Australia Pty Ltd
Gynaepath - Douglass Hanly Moir Pathology	High Tech Medical	LifeHealthcare
Matrix Surgical	Medical Devices	Mentone Educational
MSD	The OR Company	Teleflex Medical Australia

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PRIZES & AWARDS

Best Free Communication Presentation
Sponsored by Medtronic

Outstanding New Presenter

Outstanding Video Presentation

Outstanding Trainee Presentation
The Platinum Laparoscope Award
Sponsored by AGES

Best Digital Communications Presentation
Sponsored by AGES

AGES/Medtronic Travelling Fellowship 2020
Sponsored by Medtronic

AGES/Hologic Hysteroscopic Fellowship 2020
Sponsored by Hologic

AGES-AAGL Exchange Lecture
Sponsored by AGES

Prizes will be awarded at the AGES Annual Black Tie Gala Dinner, Awards & Charity Auction

CONFERENCE VENUE & ACCOMMODATION

Hyatt Regency Sydney
161 Sussex Street
Sydney, New South Wales
Australia, 2000

A Premium, Waterside Retreat in Sydney

Located adjacent to Darling Harbour in Sydney's Central Business District (CBD), the hotel is a haven of relaxation for the business or leisure traveller. With views over Sydney's Darling Harbour, we invite you to enjoy an unparalleled Australian getaway!

Onsite at Hyatt Regency Sydney
161 Sussex Street Sydney NSW 2000

Accommodation Room Types
City View King Room
Includes one buffet breakfast at The Sailmaker
and standard in-room Wi-fi access
AUD $380 per night

Harbour View King Room
Includes one buffet breakfast at The Sailmaker
and standard in-room Wi-fi access
AUD $420 per night

**Upgrades available upon request and subject to hotel availability and additional costs*

Hotel Check-in/Check-out
Check-in is from 3:00pm. Check-out is prior to 11:00am

Changes to hotel reservations
Any change must be made in writing to the Conference Organisers and not directly to the hotel.

Parking
Valet parking is available for in house guests only at a fee of AUD$75.00 for 24 hours and includes unlimited in-and-out access. Entry is gained via the hotel driveway at 161 Sussex Street, Sydney. Parking height limit of 2.1m, for all vehicles taller than 2.1m, nearest parking at Sydney Fish Market, corner of Pyrmont Bridge Rd and Bank St, Pyrmont. For guests that prefer to self-park they will have the option to pay directly to the Wilsons Car Park opposite the hotel.

https://www.wilsonparking.com.au/park/2235_383-Kent-St-Car-Park_383-Kent-Street-Sydney

***All fees are quoted in Australian Dollars – AUD$*
****Tax invoices will be issued on receipt of registration and payment*

REGISTRATION INFORMATION

REGISTRATION COSTS	Single Meeting Earlybird ASM Only *Paid by 12th December 2019*	Single Meeting Full Registration ASM Only *Paid after 12th December 2019*	Double Meeting Package ASM & PFS	Double Meeting Package ASM & FM	Triple Meeting Package ASM, PFS & FM
Fellow – Member 3+ Year *Ends 31st January 2020	$1095	$1295	$1841	$1751	$1800
Fellow – Member	$1095	$1295	$1841	$1751	$2462
Fellow – Non-member inc GP, CMO etc.	$1495	$1695	$2440	$2287	$3192
Trainee Member - AGES/RANZCOG	$495	$595	$770	$761	$1025
Trainee Non-member	$795	$795			
Allied Health Professional - Physio, Nurse, Practice Manager, Medical Student, Intern, Resident & other	$490	$490	$774	$765	$1038

To register and to view the AGES terms and conditions,
please visit the AGES website **www.ages.com.au** and see the events page

***All fees are quoted in Australian Dollars – AUD$*
****Tax invoices will be issued on receipt of registration and payment*

AGES MEMBERSHIP 2020

- Attend all three AGES Meetings in 2020 for only $1,800.00, saving of up to 50% per meeting. Only applicable for 3+ year members.
- Savings of up to 15% on member registration fees for AGES meetings.
- Exclusive access to the new "AGES Video Library – Members only".
- Eligibility to register for the AGES Laparoscopic Anatomy Pelvic Dissection & Demonstration Workshops (LAP-D).
- Eligibility to register for the AGES Interactive Hubs.
- Eligibility to apply for AGES Research Grants.
- SurgicalPerformance 1-year Premium subscriptions will be available at a subsidised rate of $100 to all Ordinary Members of AGES in 2020. This includes SurgicalPerformance's self-auditing Software and AGES/SurgicalPerformance webinars.
- Complimentary subscription to the Journal of Minimally Invasive Gynaecology (formerly AAGL Journal).
- Option to subscribe to the International Urogynaecology Journal instead of JMIG for an additional fee.
- AGES electronic newsletter, eScope, published three times annually.
- Eligibility to register for the "Who do you want to be when you grow up" Seminars.
- Member access to AGES website and resources.
- Downloadable "AGES Member Icon" available for use in signature blocks and websites.
- Listing on the Membership Directory of the AGES website.
- Eligibility to apply for a position in the AGES Training Program in Gynaecological Endoscopy

JOIN NOW FOR 2020
www.ages.com.au

AGES ART PRIZE & CHARITY AUCTION

AGES is pleased to announce **Lucila Zentner** as the 2019/2020 AGES Society Art Prize winner.

Lucila Zentner is an Australian artist working predominantly in oils. Lucila combines a love and practice of fine art with a career in medicine, practicing as a Radiologist and Nuclear Medicine specialist.

She has lived and worked in Regional Victoria and NSW over the last 10 years and has now moved studio to Sydney. Lucila paints private commissions as well as for private and public institutions ranging from professional medical suites/hospitals to cafes.

Artist Statement

I paint to hold onto a moment, to thrill the senses, to delight, to mourn and to live. My paintings are oil on canvas or linen, representational, mildly abstracted, expressionistic. All are of people, places or ideas. I enjoy gestures, light and form and shadows. My muses are my family, my friends and the Australian landscape. My styles are diverse, but the brushstrokes are always solid, definite and final.

The artworks will be auctioned at the AGES Annual Black Tie Charity Auction & Awards Gala Dinner on Friday 6th March 2020 at the Hyatt Regency, Sydney.

The proceeds of the Charity Auction will be donated to a charity of the Board's choice.

We do hope you are able to join us on this vibrant and fun-filled night. To register for the AGES ASM 2020 and purchase a ticket to Black Tie Gala Dinner to participate in the charity auctions, please visit www.ages.com.au/events

For more information please visit the website **www.ages.com.au**

FUTURE EVENTS

MAR

AGES ANNUAL SCIENTIFIC MEETING
'Foundations and the Future'
Hyatt Regency, Sydney
5th – 7th March 2020

APR
AUG
NOV

AGES
LAP-D Workshops
MERF QUT Brisbane
April, August & November 2020

JUN

AGES
Trainee Workshop
RACS, Melbourne
13th & 14th June 2020

JUL

AGES/AAGL AFFILIATED SOCIETY FOCUS MEETING
'Advancing the Art: The Future of Endoscopic Surgery'
Hyatt Regency Bangkok Sukhumvit
17th & 18th July 2020

OCT

AGES PELVIC FLOOR SYMPOSIUM
'I can see clearly now!'
Adelaide Convention Centre, Adelaide
30th & 31st October 2020

MULTIPLE DATES

AGES/MEDTRONIC
Train the Trainer Workshop
Held 2-3 times annually throughout Australia

MULTIPLE DATES

AGES
Seminars
Held 2-3 times annually throughout Australia
Sydney, Brisbane & Perth, 2020

www.ages.com.au

Female genital mutilation: a rising challenge in women's health

Fariba Behnia-Willison

A challenging and eye-opening keynote address was delivered by Nobel Peace Prize Winner Dr. Denis Mukwege at the Pelvic Floor Symposium in Melbourne 2019. He highlighted the severe and ongoing emotional, physical, and economical impact on victims of rape and genital trauma, experienced during times of conflict. The consequential increase in migration from these affected areas to other countries such as Australia, have challenged gynaecologists with potentially other unseen gynaecological issues such as Female Genital Mutilation (FGM). Some practitioners may have their first encounter in labour ward, which can be confronting and challenging, as the exposure to this condition and its management are mostly unknown and limited. Adequate skills in treating this condition and its complications are not fully researched and developed, which may impact both the practitioners and health outcomes for the patient. The need of an ongoing holistic multi-disciplinary approach in a specialised centre may increase the outcomes for the victims and assist the practitioner in providing adequate and ongoing care.

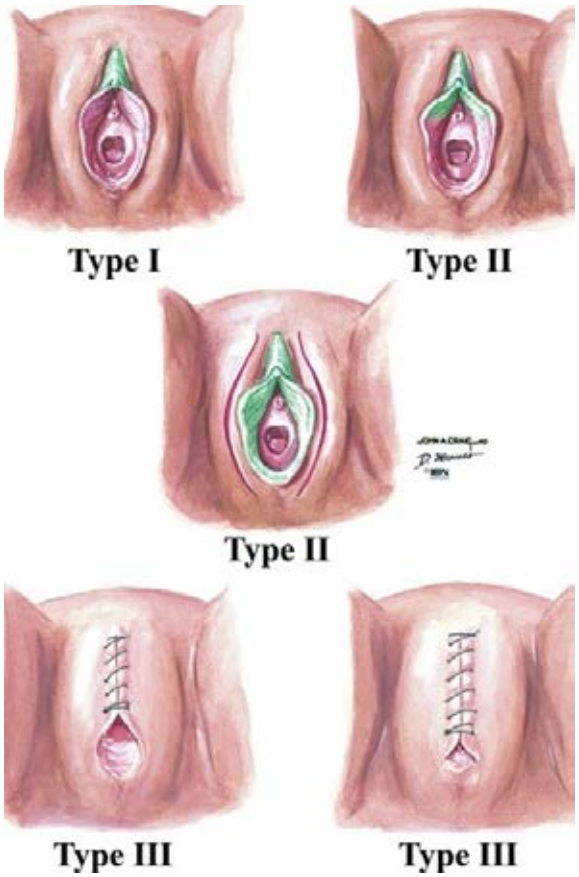
WHAT IS THE DEFINITION OF FEMALE GENITAL MUTILATION?

Female Genital Mutilation is a term used to describe a non-consensual procedure, mostly seen in children, completed to injure or intentionally alter female genital organs for any reason other than a medical benefit (WHO, 2018). The majority of cases are carried out before the age of 15 with only parental consent, with some cases occurring in infancy. It is a violation of human rights, carrying no health benefits, with the potential for devastating complications extending throughout the women's lifetime.

WHAT IS THE PREVALENCE OF FGM?

The World Health Organisation currently estimates more than 200 million females have experienced FGM across areas of increased prevalence, including countries in Africa, Asia, and the Middle East in addition to Central and South America. Currently there are over 53,000 women in Australia who have been affected by FGM (Australian Institute of Health and Welfare).

Each day another 6000 girls experience FGM – equating to one girl being mutilated every 10 seconds. This is not a religious undertaking, but mostly cultural and economical.



WHAT ARE THE TYPES OF FGM?

- Type I: Partial or total removal of the clitoris
  - Also known as circumcision, sunna, or a clitoriectomy
- Type II: Partial or total removal of the clitoris, with a partial or total removal or excision of the labia minora
- Type III: Partial or total removal of the external genitalia including the clitoria, labia minora, and labia majora
  - Infibulation is carried out to stitch and/or narrow the vaginal opening while leaving a small hole for urine and menstrual flow
  - Also may be known as Pharaonic or Somalian circumcision
- Type IV: Includes unclassified FGM, potentially including other piercing, incising, stretching, cauterisation, or scraping of the clitoris, labia or surrounding tissues.
  - Introducing harmful or corrosive substances into the vagina to narrow or tighten it is also included in this classification, as are any other practises injuring or intentionally altering the female genital organs for any reason other than a medical benefit →

Female genital mutilation: a rising challenge in women's health cont.

Fariba Behnia-Willison

WHAT ARE THE POSSIBLE COMPLICATIONS OF FGM?

Immediate complications include pain, haemorrhage, infections, septicaemia, shock, tetanus, urinary retention, or injury to other tissues, such as vaginal fistulae. There is also an increased risk of infection due to re-used instruments including bacterial, Hepatitis B, or HIV infections, or even death. FGM is also associated with delayed healing, scarring/keloid formation, abscess formation, or obstructions to urine flow. There is also an association with painful or obstructed menstruation, pelvic infections, and urinary tract infections.

Potential longer-term complications include vaginal closure due to scarring, epidermal cyst formation, dyspareunia, pelvic pain, and chronic infections due to obstructed menstrual flow. Recurrent urinary tract infections and consequent renal damage may also occur. Infertility, associated with PID, painful intercourse due to the obstructed genital tract, or vaginal closure due to scarring, or even permanent pain due to severed nerve endings are also possible consequences of FGM. There are also associations with poorer mental health, including post-traumatic stress disorder, anxiety, depression, somatisation, low self-esteem, and an associated lack of trust in carers.

Partial or total infibulation is associated with increased obstetric risks, including perineal tears, prolonged/obstructed labour from tough scarred perineum, vaginal fistulae, postnatal wound infection, or uterine inertia or rupture. There is also an increased risk of maternal and neonatal death, as well as higher rates of caesarean sections.

WHAT SHOULD GYNAECOLOGISTS KNOW ABOUT FGM?

FGM is illegal and a reportable criminal offense in Australia, there are practitioners who perform FGM in Australia illegally, some migrants may also return to their homeland for the practise to be carried out, which is also illegal and reportable, hence education and support are vital in the elimination of this practise globally.

FGM may be associated with the cultural ideal of removing body parts considered to be male, unclean, or non-feminine, based on the cultural beliefs of the community. It can be considered as a cultural tradition, hence the continuation of the practice between generations, with some communities believing it increases the chances of marriage. It is important to recognise that women may seek the restoration of the original infibulation post-vaginal birth, due to lack of education or pressure from the partner, and this is also an illegal practise if medically not indicated.

Often, FGM is believed to increase the chances of maintaining premarital virginity, by reducing female libido, or inducing a fear of opening a closed vaginal opening, hence further reducing the chances of premarital sexual acts. FGM is also considered to be a social norm in some communities, and at times can be seen as a necessity, so the fear of social rejection and social acceptance can further increase the pressure to carry out FGM.

Some victims may request reversal and normalisation of their genitalia due to intercultural relationships post-migration. There are special centres dedicated to holistic and multi-disciplinary approaches to assist in working with affected women, and managing expectations.

Overall, the cultural environment and social norms of communities continuing the practise of FGM are complicated, and may vary between communities. Doctors should be aware of other girls and women in a family who may be at risk of FGM, and clearly explain the health implications and illegal nature of the practise. The Australian-based Desert Flower Clinic, was established in 2018 at FBW Gynaecology Plus with cooperation from Ashford Hospital in Adelaide (South Australia). →

Female genital mutilation: a rising challenge in women's health cont.

Fariba Behnia-Willison

This is a charity centre with a multi-disciplinary approach treating women with non-invasive or minimally invasive methods at a low cost. These methods aim to assist women to achieve their goals in normalising the function and anatomy of the genitalia, supporting them emotionally, educating the parents and organising educational programs for future generations of male and females in the at-risk communities. The clinic also works to reverse the FGM with regenerative medicine such as platelet-rich plasma and fat grafting, also offering minimally invasive surgery as required.

Fariba Behnia-Willison
AGES Board member

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JULY 2020
17-18
Hyatt Regency
Bangkok Sukhumvit

Australasian Gynaecological Endoscopy & Surgery Society Limited
FOCUS MEETING

AGES/AAGL Affiliated Society Focus Meeting 2020

Advancing the Art: The Future of Endoscopic Surgery

I am excited to announce that the Australasian Gynaecological Endoscopy & Surgery (AGES) Society and AAGL will be partnering together for a combined meeting this coming July in Bangkok!

Now in its 30th year, the AGES Society is the premier gynaecological surgical association representing the majority of practising gynaecologists in Australia and New Zealand, with links to other societies throughout the Asia-Pacific region and international collaborations. Our annual Focus Meetings began as a way to respond to an unmet need for education in a variety of fields that often fall outside the realms of science and evidence.

AAGL President, Dr Jubilee Brown, and I will be co-chairing the 2020 Focus Meeting and we invite you to join us in Thailand's capital, Bangkok on the 17th & 18th of July as our two societies delve into minimally invasive gynaecological surgery through "Advancing the Art: The Future of Endoscopic Surgery".

The meeting will feature an esteemed International and Australian faculty drawing from the strengths of both Societies and promises to be one of the highlights of the year. Our International Faculty Includes;

- Prof Jason Abbott (Sydney, Australia)
- Dr Fariba Behnia-Willison (Adelaide, Australia)
- Dr Linda Bradley (Cleveland, USA)
- Dr Jubilee Brown (Charlotte, USA)
- Dr Marie Fidela Paraiso (Cleveland, USA)
- Dr Helen Green, (Gold Coast, Australia)
- A/Prof Krish Karthigasu (Perth, Australia)
- Dr Grace Liu (Toronto, Canada)
- Dr Stephen Lyons (Sydney, Australia)
- Dr Shailesh Puntambekar (Pune, India)
- Dr Martin Ritossa (Adelaide, Australia)
- Dr Stuart Salfinger (Perth, Australia)
- Dr Jonathon Solnik (Toronto, Canada)
- Dr Michael Wynn-Williams (Brisbane, Australia)

Join us as we delve into industry advancements, whilst ensuring patients remain our central focus as we move into the future of gynaecological surgery. The AGES/AAGL Affiliated Society Focus Meeting 2020 will be an advantageous opportunity to all in attendance, I look forward to seeing you in Bangkok!

Stuart Salfinger
AGES President

SMG (Social Media and the Gynaecologist)

Rebecca Szabo

"What's it all about"

Social media can be used professionally and/or personally depending on the user and platform. Twitter is widely considered the most popular platform amongst the medical, scientific and academic communities with Instagram, Tik-Tok and other platforms emerging. Social media is relatively new and can and has changed how we can network and interact as a community.

In 2019 AGES re-joined the social media platform Twitter using the handle @AGES_Society in an effort to expand its social media presence. This was in recognition that more of AGES' members, similar societies, journals, government and nongovernment organisations as well as consumers it interacts with have an active presence on Twitter. These include - @AAGL, @AAGLJMIG, @IUJ_BlueJournal, @ranzcog, @ama_media, @NASOG, @RACSurgeons, @FIGOHQ, @IGCSociety.

AGES approached me to write this column for eScope as I have been on Twitter and other platforms for a significant period of time, including having a medical education podcast (@MedEdStuffNN). This eScope series aims to highlight the place of social media, the benefits, risks and regulations as well as the 'how', 'what' and 'where'. I appreciate many reading this may have existing views about social media which may be positive, negative or ambivalent about social media and may already have existing active and/or dormant accounts. Please contact me directly or via social media if you have any questions, feedback or input.

How is it that I ended up being active on social media, particularly Twitter, as a gynaecologist, educator and person? Mostly I have been an early but cautious adopter of social media. I signed up to FaceBook fairly early in 2007 primarily because I had been living overseas and my USA and British friends would only keep in touch that way. When I joined, I did not envisage being contacted by patients on FaceBook and was surprised when it occurred in 2008. I responded by enhancing my privacy settings so that I could not be found by strangers and patients. So, it was with some trepidation and a more realistic understanding of social media that I created a Twitter account in 2010, which is a public platform.

I joined Twitter primarily to follow accounts about food, wine, music and travel. I intermittently checked in maybe once a month, mostly read tweets without contributing (so called lurking) and occasionally posted photos of coffee. As more news and media organisations started posting real time to Twitter, I started using it to keep up to date with breaking news and politics but did not use social media professionally until 2012 when I was at FIGO in Rome. A poster at FIGO on inhaled oxytocin had a Twitter account as the only method of contact so I logged in from my smart phone, followed @InhaledOxytocin and contacted them via direct messenger which is like a private email. It turned out that the scientists leading this project were based in Melbourne at Monash Pharmacy just down the road from where I work. We have now collaborated on some research but would likely never have met if not for Twitter.

Following this interaction, I started following more science, medical and academic related accounts and dipped my toe into posting tweets rather than just lurking. As I interacted more with others in healthcare and science I 'met' more colleagues and changed how I used Twitter progressing from music, food, politics and travel to academia, medicine, science and education.

Whilst I have emphasised the personal and professional connections I have made on what is a 'social' media platform I now also use Twitter as an academic tool. I use it for my own learning, teaching, sharing and reading academic literature and healthcare advocacy. From an academic stance evidence shows that access and promotion of academic articles on social media exponentially increases access, downloads and reads of scientific literature. →

SMG (Social Media and the Gynaecologist) cont.

Rebecca Szabo

Dr Hilary Joyce is one of the first people I met in real life after meeting first on Twitter. Hilary is also a FRANZCOG having received her fellowship in 1987 and is one of the founding AGES members. Like me she trained at The Royal Women's Hospital and is passionate about advocacy and women's health, but our paths were very unlikely to cross as she has been based in Sydney and Bowral since 1998. It's unlikely we would have met if it were not for Twitter and I am deeply glad we did as I value both her friendship and mentorship immensely. I have also connected with several gynaecologists in Canada, USA and UK increasing my knowledge and awareness of the challenges and experiences of colleagues across the globe and seeing that they are much the same as ours here in Australia and New Zealand.

For me these connections within medicine, science and with others across health professions disciplines and hierarchies have been the primary benefit for me of participating in Twitter. This has led to friendships, academic collaborations and other opportunities. It has also expanded my world view and understanding of issues facing colleagues at different life points be it trainees, those in early or mid-career like myself or those approaching retirement. Our world is increasingly fragmented and there is a genuine benefit to us all where social media can facilitate the remove of geographical and specialty silos. This unconventional community of practice can provide connections many of us have been lacking in our increasingly busy lives.

Rebecca and Hillary Joyce

I acknowledge social media is not for everyone, but I hope to share some of the benefits, pitfalls, do's and don'ts for those who may be interested in either participating or understanding social media. My world and community of practice has expanded, been disrupted and I personally and professionally have benefited from social media as a clinician, educator, learner and human. My mostly positive experience and the connections I have made on Twitter have helped me overcome my original fears of such a public forum but yes, it has taken me ten years to learn how to use this medium safely and feel confident to publicly participate rather than just lurk.

I am passionate about our obligation as health professionals to use social media responsibly and therefore teaching and learning how to do this. In the next eScope I will share what I think are some interesting accounts relevant to an AGES member to follow and a 'how to' guide. I'll also touch on the relevant regulations and what not to do.

Rebecca Szabo

Rebecca Szabo (@inquisitiveGyn) is an obstetrician/ gynaecologist and medical educator at The Royal Women's Hospital and University of Melbourne. She received her FRANZCOG in 2009 and attended her first AGES meeting in 2005. She is passionate about responsible use of social media by health professionals.

OCTOBER 2020
30-31
Adelaide

Australasian Gynaecological Endoscopy & Surgery Society Limited
PELVIC FLOOR SYMPOSIUM

AGES Pelvic Floor Symposium 2020

I can see clearly now!

The AGES board and Local organising committee welcome you to the Pelvic Floor Symposium meeting in Adelaide, city of festivals and churches, on October 30-31st. This meeting continues to be a successful and popular fixture in the AGES calendar and we hope to build on this following an outstanding meeting in 2019 where we had the great fortune to welcome Dr Dennis Mukwege and Dr Sayeba Ahkter to Australia.

The 2020 Pelvic Floor Symposium theme "I Can See Clearly Now" encapsulates the new positivity and promise of the future of urogynaecology. We are excited to announce that Dr Erinn Myers is a member of our international faculty. Dr Myers was a standout presenter at the AAGL Annual Scientific Meeting in Vancouver in November 2019. Erinn completed her fellowship in female pelvic medicine and reconstructive surgery in North Carolina. We look forward to hearing her insights into pelvic floor surgery in such a challenging time.

This meeting will cover a wide range of topics including urodynamic studies, pessary management, native tissue repair and paediatric urogynaecology. With a local organising committee comprising many different specialties and interests we will strive to make this meeting appealing to a wide range of our membership.

The AGES Pelvic Floor and local Committee are hoping to assist, upskill and prepare our members with a comprehensive and holistic approach needed in pelvic floor management. We hope you will join us for this exciting meeting in Adelaide.

Rachel Green
Chair AGES PFS20
AGES Hon. Secretary

Fariba Willison-Behnia
Scientific Co-Chair PFS20
AGES Board Member

Martin Ritossa
Scientific Co-Chair PFS20
AGES Board Member

JMIG Summaries: the best bits of the most interesting recent papers

Andrew McIntyre, Sean Heinz-Partington & Amy Feng
Sydney West Advanced Pelvic Surgery (SWAPS) Fellows

Anatomic Cartography of the Hypogastric Nerves and Surgical Insights for Autonomic Preservation during Radical Pelvic Procedures

Seracchioli R, Mabrouk M, Mastronardi M, Raimondo D, Arena A, Forno SD, Mariani GA, Billi AM, Manzoli L, O'Guin WM, Lemos N. J Minim Invasive Gynecol. 2019 Nov - Dec;26(7):1340-1345

Visceral pelvic innervation is established by two major plexuses. The superior hypogastric plexus, which lies anterior to the aortic bifurcation, carries mostly sympathetic fibres. The plexus divides in front of the sacrum into right and left hypogastric nerves (HN). At the level of the middle rectal vessels, the HN join the parasympathetic pelvic splanchnic nerves to form the inferior hypogastric plexus. Branches of the inferior hypogastric plexus follow arteries to supply the pelvic viscera. The HN is at risk of unintentional injury during pelvic surgery. As the visceral fibres are responsible for internal urethral and anal sphincter tone and vaginal lubrication, this can lead to urinary, anorectal and sexual dysfunction.

The aim of this prospective observational study was to analyse the relationships between the HN and several pelvic anatomical landmarks. Measurements were performed in two phases, firstly by laparotomy upon 5 female cadavers, and in-vivo dissection in 10 women undergoing laparoscopy for rectosigmoid endometriosis. The interfascial dissection technique involved opening of the posterior parietal peritoneum medial to the infundibulopelvic ligament at the level of the sacral promontory, with caudal extension of the incision and medialisation of the rectum to develop the medial pararectal space.

Despite different age profiles, the relative distances of the HN from anatomical landmarks did not differ between cadaveric and in-vivo dissection. However, differences were consistently observed between the left and right hemipelvises. The left HN was significantly closer to the ureter (mean 8.6mm v 14.5mm, $p<0.001$) and further from the mid-sagittal plane (21.6mm v 14.6mm, $p<0.001$). The HN was closer to the mid-point of the uterosacral ligament on the right side (mean 3.2mm v 3.4), without statistical significance.

The main limitations of this study are the small number of cases and exclusion of women with a history of previous pregnancy, prolapse or pelvic surgery. Its strengths include the confirmation of cadaveric measurements in-vivo, and demonstration of a reproducible technique to identify the HN and help preserve its anatomical and functional integrity during radical pelvic surgery.

How the Location of Intracavitary Lesions Influences Pain during Office Hysteroscopy

Neves AR, Mairos J, Martino PD. J Minim Invasive Gynecol. 2019 Nov - Dec;26(7):1334-1339.

Hysteroscopy is the current gold standard in assessment of the uterine cavity. The development of smaller-diameter hysteroscopes has enabled an increasing number of procedures performed in the outpatient setting. A number of variables influence pain during hysteroscopy. These include patient demographics (age, parity, menopausal status), physical factors (cervical stenosis) and procedural variables (cervical priming, lesion size, scope diameter). The aim of this retrospective observational study is to assess whether the location of intracavity masses influences pain scores during office hysteroscopy.

After exclusion of patients who had previously undergone hysteroscopy, cervical priming was performed selectively and all patients received oral buscopan and diazepam on the day of the procedure. All procedures were performed using a 5mm hysteroscope with warmed saline as the distension medium and a vaginoscopic approach which avoids the use of speculum, tenaculum and mechanical cervical dilatation. At patient request, anaesthesia was provided via endoscopic injection of 1% lidocaine using a 22G cystoscopic needle. For pain arising from uterine distension, the needle was guided into the uterosacral ligament; and for pain during resection into the base of the lesion. →

Andrew McIntyre, Sean Heinz-Partington & Amy Feng

How the Location of Intracavitary Lesions Influences Pain during Office Hysteroscopy

Neves AR, Mairos J, Martino PD. J Minim Invasive Gynecol. 2019 Nov - Dec;26(7):1334-1339.

298 operative office hysteroscopies were included in the study. 68% of the patients were postmenopausal and 61% had a solitary lesion. Ten minutes after the procedure, patients rated their pain on a numeric scale from 0 to 10, before and after anaesthesia where applicable. There was no difference regarding the percentage of patients requiring anaesthesia among the groups with different lesion locations. The pre-anesthesia pain score was significantly higher in patients with fundal lesions compared with all other locations (p=.039). Fundal lesions were significantly associated with larger specimen size and longer operating time. Pain scores were significantly lower after hysteroscopic anaesthesia, reinforcing the previously reported efficacy of this technique. The limitations of this study include its single-centre, retrospective nature and limited sample size. Patient anxiety was not evaluated in this study.

In conclusion, office operative hysteroscopy is a safe and feasible procedure, and neither lesion size nor location should be regarded as contraindications.

Perioperative Interventions to Minimize Blood Loss at the Time of Hysterectomy for Uterine Leiomyomas: A Systematic Review and Meta-analysis

Gingold A, Chichura A, Harnegie MP, Kho RM J Minim Invasive Gynecol. 2019 Nov - Dec;26(7):1234-1252

For women with symptomatic leiomyoma who have failed medical or conservative therapy and do not desire future fertility, hysterectomy remains the most definitive treatment option. When uterine size is greater than 500g, there is a 3-fold adjusted odds ratio for intraoperative blood loss exceeding 1000mL. The main objective of this study was to conduct a systematic review on the role of various interventions to reduce blood loss at the time of hysterectomy for uterine leiomyoma. The review excluded comparison of the route of hysterectomy, morcellation, cuff closure, hormonal medications, and case series with fewer than 10 patients. 33 studies met the inclusion criteria.

PERIOPERATIVE NON-HORMONAL MEDICATION

At abdominal hysterectomy (AH), misoprostol was the only non-hormonal medication shown to reduce blood loss (-96.43mL, p<0.01) and postoperative Hb drop (0.59 g/dL, p<0.01). Use of oxytocin alone and in combination with misoprostol at laparoscopic hysterectomy (LH) has shown promise in one study.

PERIOPERATIVE TECHNIQUES

Internal iliac artery balloon occlusion catheters are not widely available, and the evidence is of such low quality than an effect cannot be estimated. No studies have evaluated pre-operative UAE with the exception of one small series of 2 cases. Ligation of the uterine vessels at their origin (by clip or coagulation) appears to offer some benefit in terms of intraoperative blood loss (-69mL, 95% CI -135 to -2.95mL, p=0.04) but not post-operative Hb drop. Furthermore, "early ligation" (prior to securing the ovarian or utero-ovarian vessels) was associated with less blood loss than late ligation (-27.72 mL, p<0.01). The greater level of skill required to perform retroperitoneal dissection may limit its use.

SURGICAL DEVICES

Evidence in favour of any class of surgical device or instrument remains inconclusive. Postoperative Hb drop was not significantly different when bipolar electrosurgical devices were compared with suturing at AH (0.26 g/dL, p=0.26). Likewise, no difference was seen between use of conventional (visual estimation) and advanced (tissue impedence sensing) bipolar devices at LH (0.02 g/dL, p=0.79).

Despite the strong clinical interest in interventions to reduced blood at the time of hysterectomy, this review highlights the paucity of high-quality trials to guide practice. One major limitation is the inconsistent reporting of clinical outcomes. Although post-operative Hb drop is an objective measure of blood loss, it was not universally reported. Estimated blood loss is far more subjective, and variably measured. No significant differences in transfusion were seen for any of the interventions. This study did not consider the effect of surgeon experience or the cost-effectiveness of any intervention.

Guarding against a cyber-attack on your practice

Kate Gillman, BA, LLB, Head of the Medico-legal Advisory Service, Avant

A cyber-attack can have a devastating impact on your medical practice, potentially locking out clinical and administration systems for weeks and breaching patient privacy.

Every medical practice using the internet is at risk of a cyber incident. However, practice owners and managers can be prepared for and minimise the risks of a cyber incident by having clear IT security policies and procedures for all practitioners and staff.

A hard cyber lesson

Avant member Mary (a pseudonym), recently spoke to us about the devastating impact of a ransomware attack on her practice.

It was a hard lesson on why cyber security policies and procedures are essential in every practice, particularly ensuring your backup is secure.

Mary described the cyber-attack at her practice as a catastrophe. The practice was aware of the need to change passwords regularly. Beyond that, like many medical practices, it had relied on its IT provider to deal with cyber security and IT systems. The practice did not have a separate cyber response plan and staff in the practice felt unprepared to respond to a cyber incident.

When the attack happened, the paperless practice suddenly found it had no information on any patients. It discovered its backup was not sufficiently secure and had been infected as well. Ultimately all systems, data and backup files were inaccessible, from appointment books to patient records. It was five weeks before all patient information was recovered.

Finding the right IT provider

Mary's experience also highlighted the importance of having an IT provider with the expertise and experience to understand your practice's needs and help protect you from cyber incidents. Organising an IT risk assessment to identify any weaknesses in your system may also help offer you reassurance.

Recognising a cyber attack

It can be difficult to recognise a cyber incident, which may appear to be an internet connection or service provider problem.

Typical symptoms include the system not starting normally or repeatedly crashing, the internet browser going to unwanted pages or advertisements popping up in an unusual manner.

Minimise the damage

If your practice experiences IT problems, assume the worst and shut down all computers, including removing power points from the wall.

Be aware that if you try to restore your files from your backups while your system is still exposed to the attack, you may infect your backup. Do not connect the backup data or any portable devices such as laptops to the network. Contact your IT provider immediately.

Don't rely on being able to pay to restore your data

Seek advice from Avant and IT experts if you receive a ransomware demand.

Mary's practice received a ransom demand about 24 hours after the cyber-attack. After four weeks of being unable to access data and backup files, the practice owners decided to pay the ransom.

Even if you do get a decryption code, this is no guarantee you will get all your data back. In Mary's case, it took another week before the decryption code worked. Recent reports also now suggest ransomware files may corrupt data, so even getting it decrypted may not restore everything that was lost.

The Australian Cyber Security Centre advises against paying ransoms. →

Guarding against a cyber-attack on your practice cont.

Kate Gillman, BA, LLB, Head of the Medico-legal Advisory Service, Avant

Recreating patient records

While trying to get data restored, Mary's practice had to rebuild its data systems, including medical records, because the backup files were also inaccessible.

If a practice has separate and secure backups, it may be able to retrieve clinical and administrative information and be operating as normal within a few days of an attack. However, when backup files cannot be accessed, the practice will have to gather patient information from other sources. You may also be able to access information from a patient's My Health Record.

Lack of access to electronic medical records will make patient care difficult, but in most cases you should continue to see patients, unless you are unable to provide adequate health care.

In Mary's case the practice appointments were in the IT system that could not be accessed. When a patient arrived for an appointment, the practice took demographic details and contacted the patient's GP, other specialists, pathology/imaging practices, pharmacists and hospitals to provide clinical data for the patient.

The most concerning aspect for Mary was not knowing if patients had not attended an appointment.

Patient privacy

Mary contacted Avant for advice as soon as she became aware of what had happened at the practice. She was particularly concerned about privacy obligations. The Office of the Australian Information Commissioner (OAIC) did ask the practice for information about the incident. In this case it was ultimately agreed that as the firewall had not been breached there was no reasonable chance data had been accessed by unauthorised people or exported. Therefore, there was no obligation to report the incident to the OAIC under the Notifiable Data Breach scheme.

However, this may not always be the case. Whenever there is a cyber incident, the practice owners or manager should check if the incident is a notifiable data breach that needs to be reported to the OAIC and patients under the Notifiable Data Breach scheme.

Why cyber security is essential in your practice

What happened to Mary and her colleagues is a sobering warning of what can happen if your medical practice does not have cyber security policies and procedures.

Their experience alerted other practices to the risks of cyber-attack. Mary said every practice contacted to retrieve patient data looked at their systems after hearing what had happened.

The main lessons from Mary's experience were:

- Ensure your backup is safe, secure and impenetrable.
- Have strong cyber security policies and procedures in place and ensure all practitioners and staff adhere to these, especially password security.
- Conduct a cyber audit. Mary said she would now recommend getting a second opinion on IT security from another provider or consultant to ensure there are no weaknesses in the system, rather than relying on one provider.

MORE INFORMATION:

- **Avant: Cyber security – What you need to know** (avant.org.au/Resources/Public/Cyber-security-what-you-need-to-know/)
- **Avant: Podcast - It happened to me** (avant.org.au/Resources/Public/Podcast--It-happened-to-me--Cyber-attack/)
- **Avant eLearning – Cyber and privacy** (avant.org.au/Cyber_and_privacy/)
- **Australian Cyber Security Centre** (www.cyber.gov.au/)
- **Business.gov.au: Useful cyber security resources** (www.business.gov.au/CDIC/Build-your-business-in-defence/Cyber-security-resources-for-defence-industry)
- **Office of the Australian Information Commissioner: What is a notifiable breach?** (www.oaic.gov.au/privacy/data-breaches/what-is-a-notifiable-data-breach/)
- **RACGP: Information security** (www.racgp.org.au/running-a-practice/security)
- **Business.com.au: Cyber liability insurance** (www.business.gov.au/Risk-management/Insurance/Business-insurance)
- **Avant: Cyber insurance** (www.avant.org.au/cyber-insurance/)

Save the date

Australasian Gynaecological Endoscopy & Surgery Society Limited
ANNUAL SCIENTIFIC MEETING

AGES Annual Scientific Meeting 2020
XXX
MARCH 5–7 2020
Hyatt Regency, Sydney

Australasian Gynaecological Endoscopy & Surgery Society Limited
FOCUS MEETING

AGES/AAGL Focus Meeting
JULY 17–18 2020
Bangkok, Thailand

Australasian Gynaecological Endoscopy & Surgery Society Limited
PELVIC FLOOR SYMPOSIUM

AGES Pelvic Floor Symposium 2020
OCTOBER 30–31 2020
Adelaide Convention Centre, Adelaide

Australasian Gynaecological Endoscopy & Surgery Society Limited
LAP-D WORKSHOP

AGES Laparoscopic Anatomy Pelvic Dissection/ Demonstration Workshops
2020 DATES
April 4 Lap-Dissection
April 5 Lap-Dissection (Advanced)
August 29 Lap-Demonstration
November 28 Lap-Dissection

Medical Engineering and Research Facility (MERF), Brisbane

Australasian Gynaecological Endoscopy & Surgery Society Limited
AGES/RANZCOG TRAINEE WORKSHOP

JUNE 13-14 2020
Royal Australian College of Surgeons (RACS), Melbourne

AGES SEMINAR

Held 2-3 times annually throughout Australia in Sydney, Brisbane & Perth, 2020

AGES Clinical Research Grant 2020 Recipients

Congratulations to the successful applicants of the 2020 AGES Clinical Research Grants. Thank you to Medtronic for their continued support of this initiative.

SUBMITTER	AWARDED AMOUNT	PROJECT NAME
Lalla McCormack	$987.00	The Use of Ultrasound Elastography in the Diagnosis and Surgical Management of Adenomyosis
Ganendra Raj Mohan	$15,000.00	A Four-Arm Phase II Randomized controlled trial comparing the combination of Pulmonary REcruitment Maneuver with Open Drainage vs. open drainage vs. pulmonary recruitment vs. placebo in reducing shoulder tip pain after total laparoscopic hysterectomy (PREMOD Study)
Rebecca Deans	$15,000.00	Warm and Cold Ischemic times of the Uterus
Paul Berlund	$5,459.30	Constipation after elective laparoscopy for benign gynaecological indications – a prospective observational study
Amira Dkeidek	$19,843.70	What is the Role of Central Sensitisation and Catastrophising in Youth Chronic Pelvic Pain Development?
Rose McDonnell	$15,000.00	Endometriosis and Quality of Life: a long term follow up study
Mary Louise Hull	$9,570.00	Diagnosing endometriosis non-invasively using imaging technologies and machine learning
Samantha Mooney	$9,570.00	Ultrasound assessment of the uterosacral ligaments and diagnostic accuracy for peritoneal endometriosis: A multi-centre prospective study.
Rachel Collings	$9,570.00	The Effect of Surgical Complications on Surgeons

AGES PFS Award Winner Abstracts

Award: **BEST FREE COMMUNICATION**

Title: **Pilot Evaluation of 3D printed medical grade Polycaprolactone (mPCL) scaffold for the surgical treatment of pelvic organ prolapse in the sheep model**

Co-Authors: Chris Maher [1] , Alex Mowat [1] , Mairim Serafini [2] , Flavia Savi [2] , Onur Bas [2] , Tara Shabab [2] , Siamak Saifzedeh [2] , Nicholas O'Rourke [1]

1 Royal Brisbane Women's Hospital, Heston, QLD, Australia

2 Queensland University of Technology, Brisbane, QLD, Australia

Winner: **Zhuoran Chen**

OBJECTIVE

To compare 3D printed medical grade polycaprolactone mPCL scaffolds with polypropylene (PP) mesh for tissue regeneration in vaginal host environment of parous Ewes.

METHOD

mPCL is FDA-approved and CE-marked biodegradable polymer that has been evaluated as a tissue engineered scaffold in rat models for hernia but not within the sheep model or the vaginal environment. Six parous ewes were implanted with 3D printed mPCL scaffolds enriched with Plasma Rich Protein (PRP) in the rectovaginal space (20x20mm) and anterior abdominal wall (30x30mm) and compared to same size light-weight polypropylene (PP) mesh implant. Explants were retrieved at 3 months (4 ewes) and remainder at 6 months with a control sample of tissue from the anterior abdominal wall also retrieved. The mechanical properties and deformation characteristics were investigated via biaxial mechanical tests (plunger test). Histological and immunohistochemical evaluation was assessed by haematoxylin and eosin (H&E), Masson Trichrome and Von Willebrand factor (vWF).

RESULTS

There was no unexpected Ewe morbidity or graft exposure. The stiffness of the mPCL scaffold explant was greater than control tissue and less than PP a change that was significant in the abdominal explants ($p < 0.001$).

On histology there were no markers of acute inflammation in any treatment groups. The H&E and Masson trichrome staining of the vaginal explants demonstrate integration of fibrous tissue within both implants with the collagen being more densely and uniformly packed around the PP group. The vWF stain confirms equitable vascular response to both groups and reflects the architectural arrangement of the fibrous response seen in the H&E and Masson Trichrome stains.

CONCLUSION

In preliminary results the mPCL has equitable collagen and vascular ingrowth when compared to PP with stiffness that is greater than control and less than PP. Further evaluation of mPCL as scaffold for prolapse surgery is warranted.

AGES PFS Award Winner Abstracts cont.

Award: **BEST DIGITAL COMMUNICATIONS PRESENTATION**

Title: **Endometriosis at Appendicetomy: are patients being diagnosed at initial laparoscopy?**

Co-Authors: Stephen Lyons[1]
1 RNSH, St Leonards, NSW, Australia

Winner: **Rebecca Young**

OBJECTIVE

To establish if there is an increased rate of appendicectomy in premenopausal women relative to age-matched men.
To identify cases where subsequent diagnosis of endometriosis was made or suspected, and whether timely gynaecological review occurred.

DESIGN

Retrospective data analysis.

SETTING

A tertiary hospital in Australia.

PARTICIPANTS

Patients aged 12 – 52 who underwent appendicectomy for suspected acute appendicitis from January 2016 to January 2018. Incidental appendicectomies were excluded. Females were excluded if pre-menarchal or post-menopausal.

MAIN OUTCOME MEASURES

Primary: comparison of rates of positive appendicectomies in male versus female patients. Secondary a) cases where gynaecological pathology was suspected intra-operatively and, of those, the number where gynaecological review was requested; b) cases who re-presented with pelvic pain or a diagnosis of endometriosis.

RESULTS

759 cases were identified, 381 female and 378 male. 728 met criteria. Confirmed appendicitis was present in 74.5% females vs 88.5% males, a statistically significant difference of 14% $p<0.001$ (CI 8.4% – 19.6%). For females there was no documentation of pelvic findings in 57.5% (203) and partial findings in 31.7% (112). No cases specifically documented techniques undertaken to better visualise the pelvis, including those where intraoperative gynaecology review occurred. There were 64 cases with gynaecological pathology documented in the operative notes, 5 of these had preoperative gynaecological review and only 13 intraoperative. 6 received subsequent treatment for suspected or confirmed endometriosis with two having had intraoperative review by gynaecology (without biopsies taken) and 5 having negative histopathology of the appendix.
There were two cases of endometriosis found on appendiceal histopathology.

CONCLUSIONS

Given the high rate of gynaecological pathology, including endometriosis, closer collaboration with gynaecology would benefit female patients undergoing appendicectomy.

AGES Accredited Trainee Interviews Applications Open

Applications are now open for interviews for the 2021-2022 Trainee Positions in the AGES Accredited Training Program.

Interviews will be held on Saturday 7th March at the AGES XXX Annual Scientific Meeting 2020, to be held at the Hyatt Regency, Sydney. Applications will only be considered if you are registered to attend the full conference.

Applications will close on Friday 14th February 2020.

Visit the AGES website for more information. (https://ages.com.au/training/trainee-information/)

AGES/Medtronic Travelling Fellowship Applications Open

Applications are now open for the AGES Medtronic Travelling Fellowship in 2020.

This Fellowship will be awarded at the AGES XXX Annual Scientific Meeting 2020 to AGES Members who are Trainees or Fellows, within five years of graduation.

For further detail and to submit your application please visit the AGES website. (https://ages.com.au/members/awards-and-fellowships/)

AGES Medtronic Travelling Fellowship - AUD $7,500
Applications close midnight Friday 14th February.

Hologic Hysteroscopic Travelling Fellowship Applications Open

Applications are now open for the Hologic Hysteroscopic Travelling Fellowship in 2020:

This Fellowship will be awarded at the AGES XXX Annual Scientific Meeting 2020 to AGES Members who are Trainees or Fellows, within five years of graduation.

For further detail and to submit your application please visit the AGES website. (https://ages.com.au/members/awards-and-fellowships/)

AGES Hologic Travelling Fellowship - AUD $10,000
Applications close midnight Friday 14th February 2020.

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Renew your membership now to continue to receive your AGES benefits in 2020. Take advantage of the discounted registration fee for all three major 2020 AGES Meetings of $1,800.00 (three plus year members only), exclusive member's only Interactive Hub Sessions and Cadaveric Workshops.

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- Attend all three AGES Meetings in 2020 for only $1,800.00, saving of up to 50% per meeting. Only applicable for 3+ year members.
- Savings of up to 15% on member registration fees for AGES meetings.
- Exclusive access to the new "AGES Video Library – Members only".
- Eligibility to register for the AGES Laparoscopic Anatomy Pelvic Dissection & Demonstration Workshops (LAP-D).
- Eligibility to register for the AGES Interactive Hubs.
- Eligibility to apply for AGES Research Grants.
- SurgicalPerformance 1-year Premium subscription will be available at a subsidised rate of $100 to all Ordinary Members of AGES in 2020. This includes SurgicalPerformance's self-auditing Software and AGES/SurgicalPerformance webinars.
- Complimentary subscription to the Journal of Minimally Invasive Gynaecology (formerly AAGL Journal).
- Option to subscribe to the International Urogynaecology Journal instead of JMIG for an additional fee.
- AGES electronic newsletter, eScope, published three times annually.
- Eligibility to register for the "Who do you want to be when you grow up" Seminars.
- Member access to AGES website and resources.
- Downloadable "AGES Member Icon" available for use in signature blocks and websites.
- Listing on the Membership Directory of the AGES website.
- Eligibility to apply for a position in the AGES Training Program in Gynaecological Endoscopy

To renew your membership online or to update your details, please use the following link: AGES MEMBERSHIP 2020

AGES Society Art Prize 2020/2021 Winner

AGES is pleased to announce the winner of the AGES Society Art Prize, *Sally Ann Harrison*.

Submissions for a $10,000 cash prize are considered by the AGES Society Board of Directors for three (3) commissioned artworks, to be the covers of our three annual meeting brochures each year.

The three works will further be auctioned at the AGES Annual Scientific Meeting 2021, with all proceeds going to a charity of the AGES Board's choice.

Previous winner, Lucila Zentner's works will be auctioned at the upcoming AGES Annual Scientific Meeting 2020, which will be held in Sydney from the 5th – 7th March 2020.

Dates for Laparoscopic Workshops

ADVANCED LAPAROSCOPIC GYNAECOLOGICAL WORKSHOP
ST JOHN OF GOD HOSPITAL SUBIACO

COURSE DIRECTOR
DR STUART SALFINGER

A two day clinical immersion aimed at surgeons performing laparoscopic gynaecological surgery who wish to extend their skill set and knowledge of advanced minimally invasive techniques. Candidates will work with two certified Gynaecological Oncologists over the two days running in two theatres. The course aims to provide maximum operation experience to participants. They will have the opportunity to scrub in and be 1st and 2nd assist. The case load is 85% laparoscopic predominantly with exposure in total laparoscopic hysterectomy.

2020 Course Dates: on application.

Details
www.covidien.com/pace/clinical-education/event/250875

FLINDERS PRIVATE ENDOGYNAECOLOGY MASTERING LAPAROSCOPIC SUTURING XXI

2020 Course Dates: August 20-21.

For information contact:
Robert O'Shea P: (08) 8326 0222 F: (08) 8326 0622
Email: rtoshea@adam.com.au

SWEC ADVANCED GYNAECOLOGIC LAPAROSCOPIC COURSES FOR 2019
AT THE SYDNEY WOMENS ENDOSURGERY CENTRE (SWEC) AT ST GEORGE HOSPITAL SYDNEY. COURSE DIRECTOR: ASSOC PROF GREG CARIO

We invite you to participate in our advanced gynaecological laparoscopy course which has been running for the last 20 years. This 5 day course is aimed at consultants and registrars keen to develop laparoscopic skills, refresh their pelvic anatomy, and broaden their repertoire of laparoscopic surgery. It is also useful for those looking for an introduction to Robotic surgery. You will have exposure during live surgery to 5 different advanced laparoscopic surgeons and see their different styles and approaches for TLH, fibroids, endometriosis, pelvic floor reconstruction and incontinence surgery.

Comprehensive Course Curriculum:
- Laparoscopic pelvic anatomy instruction.
- Dry lab training concentrating on curved needle suturing.
- Robotic hysterectomy workshop.
- Endometriosis workshop.
- Live operating sessions running over 4 days with the opportunity to assist following pre-workshop accreditation.
- Live animal workshop.
- 43 CPD points (practice improvement points may also be claimed).
- Small group participation of 8 – 10 registrants per course.

2020: March 16-20, June 1-5 and October 12-18

Register on-line at www.swec.com.au
or contact our course administrator at: sweconline@gmail.com or
Assoc Prof Greg Cario, SWEC Director
doc@drgregorymcario.com.au

SWEC
Sydney Women's Endosurgery Centre

MONASH MEDICAL CENTRE MONASH ENDOSURGICAL PRECEPTORSHIP

PROGRAM DIRECTOR DR. JIM TSALTAS

The Monash Endoscopy Unit is offering a preceptorship in the following areas of advanced laparoscopic surgery:
- laparoscopic hysterectomy
- laparoscopic management of endometriosis and general gynaecological endoscopy
- laparoscopic oncological procedures
- laparoscopic colposuspension
- laparoscopic pelvic floor repair

2020 Course Dates: March 24-25, August 11-12

Each preceptorship is limited to only two surgeons for each two day preceptorship. The course aims to provide maximum operation experience to participants. The Monash preceptorship is primarily designed for FRACOG specialists. However, theatre nurses as well as senior registrars and registrars are welcome.

This has been approved by RANZCOG for CPD points. 18 CPD points, 1 meeting point and 15 PR & CRM points are available.

All enquiries should be directed to: Dr. Weng CHAN,
Gynae Endosurgery Consultant, Monash Medical Centre, 14-16 Dixon St, Clayton Vic 3168
P: + 61 3 9548 8628 F: + 61 3 9543 2487 Email: kkcha5@hotmail.com

Dates for Laparoscopic Workshops cont

ADVANCED LAPAROSCOPIC PELVIC SURGERY TRAINING PROGRAM

PROGRAM DIRECTOR ASSOC PROF ALAN LAM

You are invited to participate in an integrated training program in Advanced Laparoscopic Pelvic Surgery. An internationally recognized faculty aims to give you the skills to practice safe endosurgery and increase the range of laparoscopic procedures you can perform.

2020 Courses:

CARE Master Class in Laparoscopic Hysterectomy, Myomectomy & Adnexal Surgery: 16-20 March

CARE Masterclass in Laparoscopic Endometriosis Surgery & Hysterectomy Techniques: 3-7 August

CARE Master Class in Laparoscopic Hysterectomy, Myomectomy & Adnexal Surgery: 2-6 November

CARE Course Features

- Personalised tuition
- A maximum 8 participants per course
- Comprehensive tutorials including anatomy, energy sources, complication management/prevention
- Two skills labs to help refine intra and extra corporeal suturing
- Two live animal lab sessions
- Eight theatre sessions during which you will 'scrub in'
- Credited by RANZCOG with CPD and PR&CRM points

For further information contact:

CARE Course Coordinator, AMA House Level 4
Suite 408, 69 Christie Street, St Leonards NSW 2065
P: (fax) + 61 2 9966 9121 F: + 61 2 9966 9126
Email: care@sydneycare.com.au
Web: www.sydneycare.com.au for registration forms

CENTRE FOR ADVANCED REPRODUCTIVE ENDOSURGERY

LAPAROSCOPIC SURGERY FOR GENERAL GYNAECOLOGISTS

ÃDNEY LAPAROSCOPIC WORKSHOPS 2020

WORKSHOP CONVENORS:
A/PROF G. CONDOUS (Nepean Hospital),
DR T. CHANG (Campbelltown Hospital) &
DR N. CAMPBELL (RPAH)

Our intensive 2 day laparoscopic course (limited to 8 places) is aimed at helping the generalist and registrars up skilling and becoming confident at performing common, day to day laparoscopic procedures. The course is intended for those with an interest and has a basic skill base for laparoscopy including suitable for Trainees and well as Fellows.

LASGEG highlights:

- **DAY 1**
  - Live operating: endometriosis/cystectomy/oophorectomy/hysterectomy/ureterolysis
  - Theory of laparoscopy: instrumentation/setup/energy/entry techniques/anatomy/operative techniques/complications
  - Dry lab
- **DAY 2**
  - Full day live pig operating
  - 2 participants max per sheep
  - One to one hands on step by step guidance on how to perform laparoscopic procedures

2020 Course Dates:

20-21 April 2020, 2-3 November 2020

Course fees:

fellows $2000, Registrar $1350 (limited places)

For further information contact:

Nicole Stamatopoulos: nic96@hotmail.com
Website: www.lasgeg.com

escope

Volume 73 coming out in July 2020

Contact Stephen Lyons (**stephen@drlyons.com.au**) with your contribution
Deadline **12th June 2020**