



EDITOR
Stephen
Lyons

Volume 71 October 2019

escope

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

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● President's Letter

Currency

The rate of change of specialist medical practice has increased in recent years. We are subject to external pressures from government, insurers, rising patient expectations and increasing options for novel treatments that require highly specialised skills to administer. It is estimated that the doubling time of medical knowledge in 1950 was 50 years; in 1980, 7 years; and in 2010, 3.5 years. In 2020 it is projected to be 0.2 years – just 73 days. With all of these factors in mind, we need to take a renewed approach to professional development and consider what the face of training and currency will look like for the modern specialist gynaecologist.

Fortunately, we have not been swept into a system of externally prescribed “revalidation” that was looming as AHPRA and the various colleges addressed the community expectations for quality, safe medical care along with professional needs and responsibilities in this area. More balanced debate over CPD and currency of practice has been a welcome alternative. Nonetheless we are all facing increasing scrutiny of our practice and requirements for CPD, as well as accreditation and local credentialing that seem to be increasing in demands. Local, state and national policy has lagged behind the demands of modern external pressure and we lack clarity on some issues and what standards need to be applied. On a practical level, this leads to hospitals having difficulty in assessing practitioners in their credentialing for scope of practice.

Our college defines two very set and distinct aspects of credentialing, Training and Currency. →

President's Letter cont.

Training within RANZCOG involves a very structured training program through to FRANZCOG. This is complemented by the sub-speciality training pathways, the AGES Fellowship training program and the increased definition of the Advanced Training Modules for trainees in their 5th and 6th years of training.

Currency within RANZCOG is defined as 'the applicant having been trained within the relevant scope of practice and remains fit to practice within that scope'. Currency is further broken down into 'recency of practice' and 'continuing medical education'. The latter is covered by our formal RANZCOG CPD process, but what about 'recency of practice'?

As members of RANZCOG we are provided with limited guidance from the college on how to assess this aspect of currency. One of the challenges with a lack of guidance and definition on this from RANZCOG is the risk of having boundaries then set and enforced by another body. This external standard setting already happens in the medicolegal and consumer arena as the public gain increasingly high levels of health literacy in the information age and set their own standards for their care based on modern expectations for safety and quality.

Currency in modern specialist practice will not be the more passive process afforded to well-trained specialists that work hard and maintain their skills through fluctuating day to day work. The demands on specialist gynaecologists in 2019 and beyond will mandate that we need to be intentional about currency and engage with novel strategies to maintain or reach the expected high standards of medical practice.

At our recent Focus Meeting in Melbourne I spoke on one of the key determinants of outcomes related to currency. This was on case volume. Discussion of case volume almost invariably generates vigorous and impassioned debate. High quality evidence has been amassed that shows an association between higher volume practitioners and better outcomes – especially in procedural areas of medicine. Research within our speciality supports training and case volume as two of the key determinants of patient outcomes. Opinions and interpretations of this data range from those who feel it needs to be discussed and addressed openly in our contemporary context, to those who view volume as a potentially treacherous tool to assess currency. We do need to stand up and take ownership of these issues for our profession as we strive to provide the best possible care for our patients.

Interestingly on Twitter this was the most liked and retweeted piece of information from the entire meeting. It was so strongly supported by patient groups that I now find myself followed by endometriosis groups all over the world including Los Angeles, Canada, Ireland, Scotland, France, Spain and even Ghana – It is great to see this creating conversation worldwide! Though social media publicity was not my intended outcome! The resulting comments show that ensuring quality across the profession is important to consumers and specialists alike. Therefore, as a craft group we need to intentionally take ownership of this important professional issue as we strive to provide the best possible care for our patients.

When I reflect on my own practice over the last 12 years it has certainly changed. The range of procedures I perform has contracted to those that I perform in the highest volumes. Many procedures that I performed 10 or even 5 years ago I now commonly refer on to colleagues who perform these in higher volumes. From the point of view of cancer surgery, for the lower volume more radical procedures I perform, these are now more commonly done within a multi-disciplinary surgical team. In this way we all get the best out of each other's skillset and we get to benefit the patients' outcomes. →

● President's Letter cont.

In much of the research regarding case volume, the “number” that seems to accurately represent the ‘currency curve’ across common procedures for surgical specialties is approximately 20 cases per year. This is not a big number if structured, progressive pathways exist that support people to reach this volume of cases.

The most important part of my presentation looked at training pathways and options post fellowship. Currently most, not all, post fellowship training lacks structure, and access to high caseload numbers is challenging. Essential is direction and planning commensurate with the current and future landscape of our craft. Interestingly rural practitioners have some of the best caseload numbers in the country. This is reflected in the fact that the majority of rural rotations for trainees have the best procedural numbers in the country, eclipsing the caseloads available in the majority of tertiary centres for Australia.

So how do we ensure currency? As an organization that aims to represent our craft group, AGES is keenly interested in defining and supporting effective opportunities for those post fellowship to maintain their skillset and currency. As well as the traditional CPD directed learning provided within our three traditional meetings, we already provide a number of high-quality workshops in cadaveric dissection where practical procedural-style experience can be gained. We also offer numerous courses in clinical skills, that include suturing workshops, hysterectomy workshops and workshops on complications.

Another essential tool to maintain currency across the profession is clinical mentoring. At the institution that I base my practice, we have several types of clinical mentorship available. We run a regular clinical immersion where local or visiting surgeons attend and assist an experienced surgeon. However, the most valuable process appears to be the informal mentorship that has developed that allows junior consultant staff, or those who feel they need assistance, to operate on their own patients with a senior colleague assisting. I have worked with a number of colleagues in this manner and found that it has greatly improved their skillset and confidence in operating. It has been an effective means of creating case volume for these surgeons and upheld the patient's right to the safest surgical environment possible.

Given the significant value of mentoring as a tool for aiding currency, AGES will be working towards developing a formal structure and process for this over my term as president and beyond.

I look forward to seeing you all in Sydney for our [pelvic floor meeting](#) where we have an amazing international faculty including Denis Mukwege, the Congolese gynaecologist awarded the Nobel peace prize for his work for victims of sexual violence.



Stuart Salfinger
AGES President

(With thanks to Dr Kirsten Connan & Dr Helen Green
for their contribution)

Editorial

Dear AGES Members

Welcome to the 71st edition of eScope.

In this edition's [President's Letter](#) Stuart Salfinger addresses the thorny issue of "Currency" – no, not an investigative piece about ballooning surgical fees but how difficulties in maintaining our surgical skills can be overcome. Whilst this topic may seem confronting and even threatening for some AGES members, the thrust of this article is that, as a society, AGES' core business must incorporate the maintenance and improvement of its members' surgical skills to provide the best care for our patients.

The combined [AGES/WES Focus Meeting](#) held in August in Melbourne was a great success with nearly 400 registrants attending "The Limits and Limitations of Surgery and Endometriosis". As evidenced by the conference photographs, a great time was had by all, both at work and at play (in his inimitable fashion, Bas Gerges features in many "striking a pose").

In this edition's [AGES Board Member article](#), Kirsten Connan interviews Rachel Green, the first female member of the AGES Executive, about what drove her to become an AGES Board Member and her aspirations for the future of AGES (amongst other things!).

In a very interesting [AGES Travelling Fellowship Report](#), Hugh O'Connor, describes his experiences in the Sao Paulo, Brazil, in the unit of one of the pioneers of deeply infiltrating endometriosis ultrasound scanning, Professor Mauricio Abrao.

Many thanks to the "SWAPS" fellows who have again provided [JMIG summaries](#) of recent significant articles carefully chosen to be of interest to AGES Members.

For when it's not "a cheque in the mail", as part of the AGES Educational and Practice Partnerships, Rocky Roperto from Avant has provided a very important article entitled ["That sinking feeling: requests for patient records"](#).

I look forward to seeing you in Sydney in November at the [AGES 2019 Pelvic Floor Symposium](#), where hopefully we will all "Dare to be Different".



Stephen Lyons
eScope Editor &
AGES Vice-President

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AGES GENERAL MANAGER

Mary Sparksman

AGES CONFERENCE

ORGANISER AND SECRETARIAT

YRD Event Management

PO Box 717, Indooroopilly

QLD 4068 Australia

Ph: +61 7 3368 2422

F: +61 7 3368 2433

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● Gender Equity, Diversity, and Inclusion – The AGES story

Kirsten Connan

I attended my first AGES conference in Sydney as a mid-level RANZCOG registrar. While acknowledging the excellent content of the program, I felt distinctly like an outsider from those I viewed on stage. This was both as a female, and as an emerging laparoscopic enthusiast who was not yet exposed to teaching on single port laparoscopy (SPL) – which at the time was promoted as the pinnacle of practice!

Fast forward 10 years and AGES meetings now continuously delight me with their updates on both the technical and non-technical skills of surgery, and with their steps towards improved gender equity, diversity, and inclusion.

As a new board member of AGES, I was privileged to be part of our recent decision to renew our commitment to a Gender Equity Policy. This reflects an acknowledgment that gender inequity negatively impacts the quality of care and health outcomes for patients. AGES has committed to supporting and actively embracing gender equity through diversity initiatives.

- » Ensuring 40% minimum representation of men and women on the AGES Board.
- » Ensuring 40% minimum representation of men and women on AGES conference panels.
- » Ensuring sponsorship of all genders into leadership.
- » Ensuring conference venues provide infant-feeding and parenting rooms.

At this recent board meeting we also acknowledged that historically women have not held positions of leadership within AGES. More recently this has changed with the AGES board (2018-2020) now holding 40% female representation.

The AGES board will continue to engage with you, our membership, to work towards improving diversity and inclusion so that all members feel valued and have a place within our society.

AGES Leader in Focus Interview

Dr Rachel Green is AGES's first female executive board member. Rachel started her specialist training in 2001 and gained her fellowship in 2008. She is a generalist O&G based in Ipswich, Queensland where she is a practice owner and principal.



WHY DID YOU CHOOSE O&G AND YOUR CAREER PATHWAY?

I knew when I was at medical school that I would be a surgeon. I loved being in the operating theatre. Once I did my obstetric and Gynae rotation I knew that would be my career. I was inspired by my teachers and I thought the mix of surgery, medicine and all the other facets of the speciality were incredible. No one day is ever the same. We have the privilege of following a woman through her entire reproductive life and beyond.

WHAT HAVE BEEN THE HIGHLIGHTS OF PROFESSIONAL CAREER?

I have been so lucky to witness many amazing women becoming mothers. I work in a non-metro location and that means I get to be more involved in my community. I see children I have delivered sharing school classes with my own girls. I have birthed sisters, friends and I'm sure soon, babies of children I have delivered. I am also lucky enough to be involved in a general obstetric and gynaecology career. I think this will soon become a thing of the past.

WHAT HAVE BEEN THE BIGGEST CHALLENGES / VULNERABILITIES DURING CAREER – HOW HAVE YOU OVERCOME THESE?

Well the obvious answer would be the challenge to balance work and life! Being a mother to two pre-teens has its challenges. →

Gender Equity, Diversity, and Inclusion – The AGES story cont.

Kirsten Connan

I try to take time out to attend school events and holidays with the family. This takes a lot of forward planning and juggling. Like so many others, I don't always do this well.

The other huge challenge I have faced in my career would be managing complaints and complications. One of the disadvantages of living in a regional area is the difficulty of dealing with adverse outcomes or complaints from those who live in your community. Over time I have learnt to be resilient and to take time to reflect. An experienced surgical colleague said to me once "Rachel, Surgery is a contact sport. If you play long enough you will get hurt".

HOW DO YOU BALANCE YOUR PERSONAL AND PROFESSIONAL LIFE?

Plan, Plan, Plan! I am meticulous in planning my schedule ahead of time as much as I can.

As anyone who has met or knows me will tell you, I am an exercise junky. Staying active is such an important part of managing my health, both physical and mental. To fit this in I wake up early every day. This is certainly hard at times, but the benefit it brings far outweighs the lack of sleep.

When I first started out, I didn't like to take holidays. I was more concerned about letting my patients down, then having a break. I have come to realise taking time out is vital for my family and for me to stay fresh and motivated to continue my demanding job.

WHAT ROLE HAS AGES PLAYED DURING YOUR CAREER?

I first attended an AGES meeting as a registrar in 2005 and I have been a member since then.

AGES has educated and inspired me. I have been to many varied meetings, listened to countless experts and met many inspiring clinicians. AGES has also given me the opportunity to sit on a board and be a member of an incredible team.

WHEN DID YOU JOIN THE BOARD AND WHAT LED TO YOU NOMINATING FOR THE EXEC?

I first joined the board in 2015 as an ordinary board member. This was after being encouraged by a previous board member and seeing a gap in the board for representation from a generalist and female specialists in our society.

I was uncertain about applying for an executive position on the board. Like many others I was unsure as to whether I was "up for the job", and I questioned my validity as a generalist. But overwhelmingly I felt I still had important work to do on the board and wanted to be a part of moving the society forward. It has never been about being the "first woman".

WHAT DO YOU SEE AS THE CURRENT CHALLENGES FOR AGES (THE INSTITUTION)? SOLUTIONS?

Our speciality is hugely evolving. We need to stay current and up to date with these changes. We need to continue to provide high quality education for our trainees and Fellows. To allow us to do this we have an incredible team on the board. We represent a number of speciality interest, locality, social and societal groups allowing a huge diversity. We need to listen to our members to provide them with value.

One of our best assets is our amazingly diverse board. We have a great team who are prepared to work hard and work together.

WHAT GOALS DO YOU HAVE FOR YOUR TERM AT AGES?

I would like AGES remain a contemporary inclusive society. We need to ensure our whole membership is well supported. I would also like to see our role as prominent educators, both for clinicians and women, continue.

I see my executive role now as one that provides mentorship for other board members and providing sponsorship for future board candidates. →

● Gender Equity, Diversity, and Inclusion – The AGES story cont.

Kirsten Connan

WHAT DO YOU FEEL HAVE THE BIGGEST CHALLENGES/ BARRIER TO LEADERSHIP WITHIN AGES?

For me the biggest challenge has been acceptance of my place on the board as I am not purely an advanced laparoscopic surgeon. I have been directly questioned about this and at times made to feel uncomfortable. I have never had a gender issue in the society.

WHAT FUTURE LEADERSHIP GOALS DO YOU HAVE?

Currently I am completely focused on AGES.

In the future I would like to be more involved in local community leadership.



Kirsten Connan
AGES Board member

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AGES/WES Focus Meeting report

The Limits and Limitations of Surgery and Endometriosis

August saw AGES and the World Endometriosis Society (WES) combine for a fantastic meeting in Melbourne. This was a record focus meeting attendance of almost 400 delegates attending the high attendance driven by an outstanding program with a star studded local and international faculty. Such a high attendance was well beyond our expectations especially after backing up to a record meeting in Perth earlier in the year.

A special thanks must go to our WES colleagues in particular president Neil Johnson, as well as Luk Rombauts, Catherine Allaire, as well as AGES representatives Anusch Yazdani and Jason Abbott. Ably assisting us as always was Mary and the YRD team delivering everything we expect and more as well as Lone Hummelshoj from the WES Secretariat. The combined international meetings require a whole additional level of planning and effort to bring together and I really must thank all of those involved for their help.

Our international guests added a whole additional level to the meeting with Moamar Al-Jefout, Horace Roman, Sun-Wei Guo and Deborah Bush adding to the high-quality local presenters on the program.

Whilst the program centered around a strong clinical focus around surgery and evidence in a first for AGES, we also had a significant presence of Patient groups at the meeting. Some people may have found this a departure from our usual ways, but it is imperative that we continue to explore these areas and also keep grounded and remember that it truly is the patient that is at the center of the care that we deliver.

The meeting capped off a busy week for AGES after facilitating our first two Train the Trainers and being accredited as a training organization for Lapco TT by the founders of this fantastic learning opportunity Mark Coleman and Tom Cecil. We are truly indebted to these two colorectal surgeons from the UK for guiding our society to this point.

The meeting truly set the bar high for our next combined international meeting as we head to Asia for a [combined meeting with AAGL next July!](#)



Stuart Salfinger
President, AGES
Chair AGES WES Focus Meeting

● AGES/WES Focus Meeting report cont.



● AGES/WES Focus
Meeting report cont.



● AGES/WES Focus
Meeting report cont.



● AGES/WES Focus
Meeting report cont.



DARE TO BE *Different*



ABSTRACT SUBMISSIONS CLOSE
FRIDAY, 30TH AUGUST 2019

EARLYBIRD REGISTRATIONS CLOSE
FRIDAY, 6TH SEPTEMBER 2019

REGISTRATION OPEN

1st & 2nd November 2019
Sheraton Grand
Sydney Hyde Park

To register visit the AGES website
www.ages.com.au

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Early bird registrations close
Friday, 6th September 2019

AGES CONFERENCE ORGANISERS

YRD Event Management
PO Box 717, Indooroopilly, QLD 4068 Australia

Ph: +61 7 3368 2422
Fax: +61 7 3368 2433
Email: ages@yrd.com.au

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Dear Colleague,

It is with great pleasure and anticipation that we invite you to join us as we **'Dare to be Different'** at the 20th Annual Pelvic Floor Symposium, being held at the Sheraton Grand Sydney Hyde Park on the 1st & 2nd November 2019.

AGES is excited to announce that the joint **2018 Noble Peace Prize winner, Dr Denis Mukwege**, will be joining our esteemed faculty and will present in the opening plenary.

This inspirational Congolese doctor has devoted his life to the repair of women who have been brutalised and violated. 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 will share stories and experiences not to be missed.

'Mukwege has earned the moniker "the man who mends women" for the work he and his colleagues at Panzi Hospital have done to treat tens of thousands of women and girls, survivors of rape and sexual violence, which has been used as a weapon of war since conflict began in the east of the DRC in 1995'. Rumours had circulated for years that he was in the running for the Nobel Peace Prize, and in 2018 he was awarded the highest of honours for his work.

Dr Mukwege will be joining our other international faculty members such as Dr Lynsey Hayward, the stellar 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. They are charged with the task of guiding you along a different surgical pathway, a task they are ably equipped for. By popular demand we have invited Lorimer Moseley to join us again to explain pain. We can't pass by an opportunity to extend our knowledge of this ever-expanding area, presented in such a beguiling way.

Let our local faculty dare you to innovate with more controversial surgical options and new technology updates. Then let's move into another realm and join our invited international physiotherapist, Professor Kari Bø, a woman of immense achievements. In 2015, she was awarded the Mildred Elson Award, the most prestigious award from the World Confederation of Physiotherapy, for her contribution to research and education in pelvic floor dysfunction and women's health. In 2016 she was awarded the International Continence Society Lifelong Achievement award. She will bring us into the world of physiotherapy and its intersection with the pelvic floor.

Everything about our 2019 program is different. We'll explore obstetric and gynecological issues, and even venture into politics, exploring the plights of different groups, including a foray into the Rohingya Crisis... now that is different! We will also continue with our discussions on different strategies in obstetrics to prevent pelvic floor disorders

You just need to **accept the dare** and **register** for this meeting to learn how you too can be different and rise above the ordinary.

So that it's not all work and no play whilst you are in Sydney, you may like to extend your stay and take the opportunity to make the most of the November weather. You can see the Jacaranda trees in full bloom by visiting one of Sydney's many parks, visit the world-class beaches, or even take a stroll around the Harbour. Sydney will also be hosting the Sydney Open, where the city unlocks the doors of over 60 of their iconic, intriguing and inspiring buildings and spaces on Sunday 3rd November.

We promise that this year's program will **challenge your thinking** and take you on a journey of difference. As specialist gynaecologists we need to be leaders in elevating the care that we offer the women who rely on us. Joining your colleagues to discuss and debate the latest ideas and innovations will help make a difference to the lives of these women.

We look forward to warmly welcoming you to the AGES 20th Annual Pelvic Floor Symposium in Sydney.

Kind regards,



Stuart Salfinger
President, AGES



Prof Ajay Rane OAM
Co-Chair



Dr Emma Readman
Co-Chair

FRIDAY 1ST NOVEMBER 2019

0700 - 0755 Conference Registration

0755 - 1000 **SESSION 1: DIFFERENT SURGERY**

Welcome - **Ajay Rane & Emma Readman**

Is the sacrospinous ligament optimal for vaginal vault prolapse repair? - **Lynsey Hayward**

Reconstructive pelvic surgery after gender-based violence - **Denis Mukwege**

Apical support by robot or straight stick laparoscope - a balanced view - **Joseph Lee**

Obliterative procedures for vault prolapse - **Sayeba Akhter**

How do we approach the necessity of high-volume surgery? - **Gil Burton**

To stent or not to stent? ... That is the question! - **Vincent Tse**

Panel Discussion

1000 - 1030 MORNING TEA, DIGITAL COMMUNICATIONS & TRADE EXHIBITION

1030 - 1230 **SESSION 2: DIFFERENT PAINS**

Pain - please explain? - **Lorimer Moseley**

Painful bladder syndrome - is surgery ever indicated? - **Lucy Bates**

Pain outside the pelvis - is it important? - **Charles Brooker**

Pathophysiology of pelvic pain post mesh and native tissue surgery - **Thierry Vancaillie**

Botox infiltration of the bladder, pelvic floor & bowel - A "how & why" instructional video - **Erin Nesbitt-Hawes**

Pain after sexual violence - **Denis Mukwege**

Panel Discussion

1230 - 1330 LUNCH, DIGITAL COMMUNICATIONS & TRADE EXHIBITION

1330 - 1500 **SESSION 3: KEYNOTE LECTURE & FREE COMMUNICATIONS**

KEYNOTE: The weighty issue and the pelvic floor - **Lynsey Hayward**

FREE COMMUNICATIONS A

FREE COMMUNICATIONS B

1500 - 1530 AFTERNOON TEA, DIGITAL COMMUNICATIONS & TRADE EXHIBITION

1530 - 1730 **SESSION 4: DARE TO INNOVATE**

Urogynaecology current affairs - **Stefaan Pacquée**

The vaginal mesh debate exposed us... Where are our databases? - **Lynsey Hayward**

Does the laparoscope have a place in urogynaecology? Prove it! - **Marcus Carey**

Paradise lost? Is there still a role for vaginal mesh? - **Alan Lam**

Big data, grand plans and the pelvic floor - **Elvis Šeman**

Autologous grafts - back to the future? - **Fariba Behnia-Willison**

New wave technology and the pelvic floor - is it the way? - **Christopher Maher**

Panel Discussion

1730 Close of Day One

1930 - 2300 **GREAT GATSBY DINNER & AWARDS**

SATURDAY 2ND NOVEMBER 2019

0730 - 0800

Conference Registration

0800 - 1000

SESSION 5: DIFFERENT COLLABORATIONS

Are physios all the same? Physiotherapy philosophies - **Kari Bø**

Myotherapists - muscular magicians?! - **Taryn Hallam**

Colorectal collaboration - **Shahrir Kabir**

Getting it going - the GP's role in pelvic floor management? - **Sara Yousaf**

Help! The urologist and urotrauma - **Justin Vass**

Urogynae nurses nurturing the service - **Wendy Allen**

Let's talk about sex therapy - **Rosie King**

Panel Discussion

1000 - 1030

MORNING TEA & TRADE EXHIBITION

1030 - 1230

SESSION 6: DIFFERENT OBSTETRIC ISSUES

Physiotherapy and the post-partum patient - the evidence - **Kari Bø**

Scarab and UR choice - **Harsha Ananthram**

Assisted vaginal delivery and pelvic trauma - the green top guideline - **Jennifer King**

"There will be no fistulas in 2030"... Dream or reality? - **Ajay Rane**

Towards normal birth? - **Jason Mak**

Australian Birth Trauma Association - **Jessica Caudwell-Hall & Amy Dawes**

The Pacific and training - are we on track? - **Amanda Noovao-Hill**

Panel Discussion

1230 - 1330

LUNCH & TRADE EXHIBITION

1330 - 1440

SESSION 7: DIFFERENT PLIGHTS

KEYNOTE: Is physical activity good or bad for the pelvic floor? - **Kari Bø**

Different surgeries - dare we do it? - **Gregory Cario, Jay Iyer & Stephen Lyons**

1440 - 1510

AFTERNOON TEA & TRADE EXHIBITION

1510 - 1710

SESSION 8: CHANGE, DIFFERENCE & POLITICS

Rohingya crisis - challenges for women - **Sayeba Akhter**

Challenges for a urogynaecologist in a developed world - **Anna Rosamilia**

Far from the city - bush urogynaecology - **Elizabeth Gallagher**

Medical interventions in the developing world. Can we help? Should we help? - **Sayeba Akhter**

KEYNOTE: How to truly make a difference - **Denis Mukwege**

Panel Discussion

1710

Close of Day Two and Symposium

INTERNATIONAL FACULTY



Prof Sayeba Akhter



Prof Kari Bø



Dr Lynsey Hayward



Dr Denis Mukwege

AGES MEMBERSHIP BENEFITS

To join, renew or update your details for your AGES membership online, please use the following link: <https://ages.com.au/membership-application/>

Membership of AGES includes the following:

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- Exclusive access to the new "AGES Video Library – Members only".
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- 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.

[^]at an additional fee.



AGES invites abstracts for oral, video and digital free communications at the AGES XX Pelvic Floor Symposium 2019. The Free Communications sessions will be held during the meeting, on the 1st & 2nd November 2019.

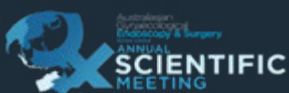
APPLICATION DEADLINE: **30th August 2019**

FREE COMMUNICATIONS INSTRUCTIONS FOR AUTHORS

1. The abstract submission deadline is **30th August 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 PFS 2019.
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. 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.

AGES Events 2019/2020



**AGES XXX
Annual Scientific Meeting 2020**
Hyatt Regency, Sydney
5th - 7th March 2020

MARCH	MARCH	MARCH
5	6	7



**AGES/AAGL Affiliated Society
Focus Meeting 2020**
Bangkok, Thailand
17th & 18th July 2020

JULY	JULY
17	18



AGES XXI Pelvic Floor Symposium 2020
Adelaide Convention Centre
30th & 31st October 2020

OCTOBER	OCTOBER
30	31



AGES LAP-D Workshops
MERF QUT, Brisbane

2019
Dissection Workshop:
30th November 2019

NOVEMBER
30

2020
Dissection Workshop:
4th April 2020
28th November 2020

Advanced Dissection Workshop:
5th April 2020

Demonstration Workshop:
29th August 2020

APRIL	APRIL	AUGUST	NOVEMBER
4	5	29	28

LUCILA ZENTNER



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 brush strokes are always solid, definite and final.

SPONSORSHIP & TRADE EXHIBITION

AGES gratefully acknowledges the following sponsors and exhibitors who have confirmed their support at the time of publication.

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Single Meeting Package	Earlybird Registration (Before 06/09/2019)	\$950	\$1,115	\$360	\$499	\$370
	Regular Registration (After 06/09/2019)	\$1,150	\$1,315	\$460	\$599	\$370
Great Gatsby Dinner Ticket		\$145				

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*

CONFERENCE VENUE & ACCOMMODATION

Sheraton Grand Sydney Hyde Park
161 Elizabeth Street
Sydney NSW 2000
Australia

Sheraton Grand Sydney Hyde Park (formerly Sheraton On The Park) is located in Sydney CBD, overlooking Hyde Park. Sheraton Grand Sydney Hyde Park is just 5 minutes' walk from Town Hall Railway Station, the State Theater and Pitt St Mall. The Rocks, Sydney Opera House and Circular Quay are all within 20 minutes' walk.



Onsite at Sheraton Grand Sydney Hyde Park
161 Elizabeth Street Sydney NSW 2000

Accommodation Room Types

Standard King Room – Including Breakfast
AUD \$325.00 per night

Hotel Check-in/Check-out

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

Changes to hotel reservations

Any changes must be made in writing to the AGES Secretariat (ages@yrd.com.au) and not directly to the hotel.

***All fees are quoted in Australian Dollars – AUD\$*

****Tax invoices will be issued on receipt of registration and payment*

GREAT GATSBY DINNER

Sheraton Grand Sydney Hyde Park
Friday 1st November

Ticket cost:
\$145.00pp

Conference registration fees include:

- Attendance at AGES XX Pelvic Floor Symposium sessions on Friday 1st and Saturday 2nd November 2019
- All conference publications
- Conference lunch, morning tea and afternoon tea teas as per the program on Friday 1st and Saturday 2nd November 2019

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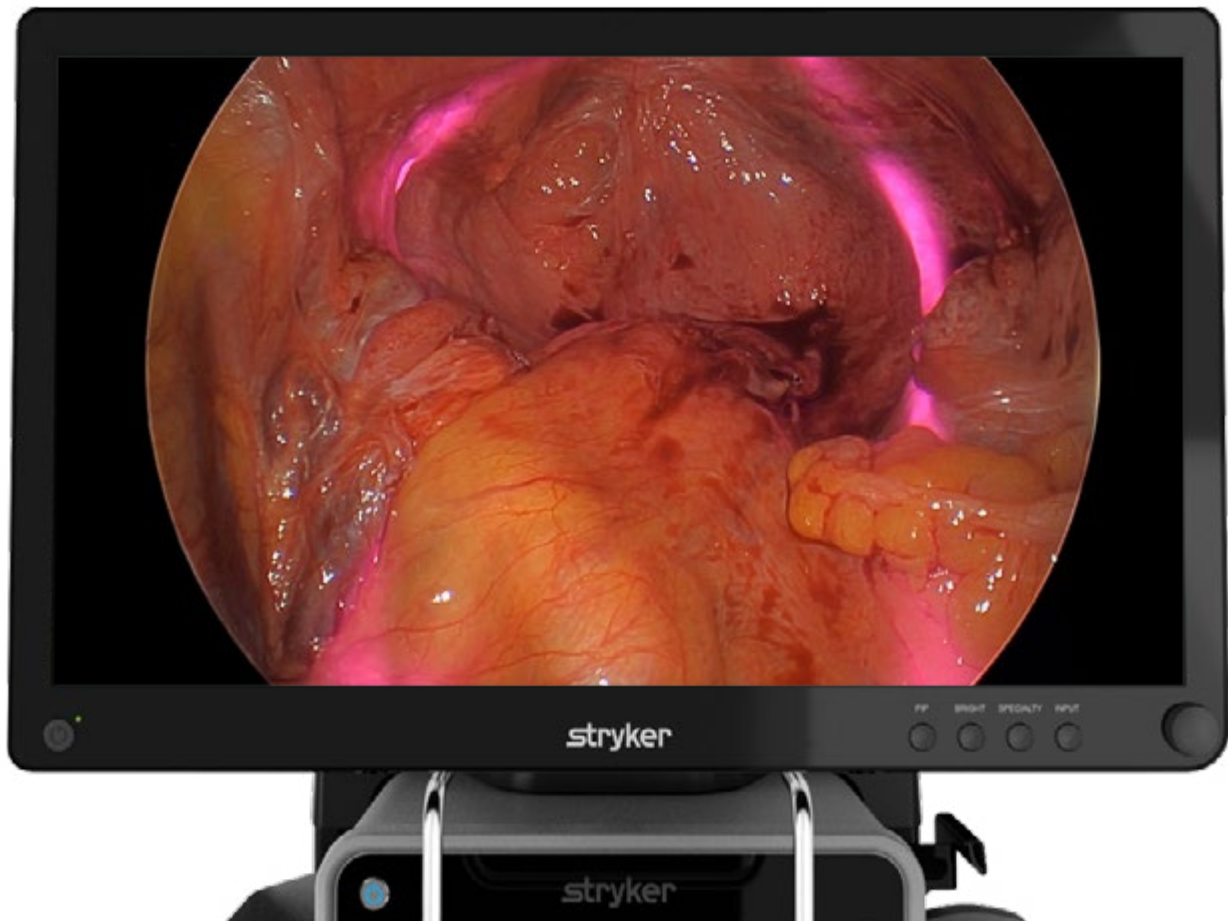
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 **MARCH 2020**
05-07
Melbourne



AGES XXX Annual Scientific Meeting 2020

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 from the 5th to 7th March 2020.

The theme "*Foundations & 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 international and local faculty that will make this meeting one that cannot be missed, taking us back to our foundations and guiding us towards the future of gynaecology, obstetrics and more – Foundations & The Future!

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



Stephen Lyons
Chair AGES ASM
Organising Committee
AGES Vice-President



Bassem Gerges
Chair AGES ASM
Scientific Committee
AGES Board Member



JULY 2020
17-18
Bangkok



Advancing the Art AGES & AAGL

I am excited to announce that the 2020 AGES Focus Meeting will be held in conjunction with affiliate society, the AAGL!

AAGL Vice-President, Dr Jubilee Brown, and I will be co-chairing the 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 star studded International and Australian faculty drawing from the strengths of both of the Societies and promises to be one of the highlights of the year.

A note for travel arrangements – the meeting will coincide with the end of school holidays in most Australian States, so this could work well tying your attendance in with a pre-conference family holiday in Thailand.

AGES will be sure to keep you updated with session highlights, as the program evolves over the coming months. Watch this space!



Stuart Salfinger
AGES President

● AGES Travelling Fellowship report

Hugh O'Connor

VENUE: University of Sao Paulo & Hospital BP, Sao Paulo, Brazil

DATE: 27/01/2019 – 9/02/2019

HOST: Professor Mauricio Abrao

I was very fortunate to be awarded the travelling fellowship by AGES at the 2018 annual scientific meeting in Melbourne. This was made possible by Medtronic who most generously provided the financial support. As an Irish trainee it has always been my intention to return to Ireland after completing the AGES fellowship where it is my goal to develop a true gynaecological endoscopy unit that is dedicated to the advancement of the treatment of endometriosis for Irish women. A key component of this will be development of a high quality pelvic ultrasound service, which is delivered by gynaecologists and radiographers with an advanced understanding of endometriosis and then utilising that clinical information to counsel patients appropriately and individualise their treatments. Furthermore, highly accurate knowledge of the extent of disease prior to surgery allows for greatly enhanced theatre and resource efficiencies.

My trainer Dr Jim Tsaltas at Monash introduced me to Prof Abrao. He and a number of colleagues at Monash had previously travelled to Sao Paulo to spend time in Prof Abrao's unit and this had already translated in to a highly integrated approach at Monash to the preoperative assessment and operative treatment of deeply infiltrating endometriosis.

I travelled to Sao Paulo at the end of January 2019 for a two-week period. The University of Sao Paulo lies at the heart of the Sao Paulo, a vibrant, energetic city and the most populous in South America. My schedule was intense but this allowed me to maximise my experience. Surgery began daily at approximately 5.30am at Hospital Beneficência Portuguesa de São Paulo. This is an enormous hospital campus with over 1,000 inpatient beds. All necessary preoperative preparation had already taken place so there was minimal delay in commencing the list. I was very impressed with the level of planning that was undertaken for each case. Just before knife to skin the extent of the patient's disease, the findings of preoperative investigations, the goals of the procedure and the necessary pieces of equipment and personnel

that were required were discussed with every theatre team member involved. This had the effect of significantly reducing any inefficiencies once the case had begun and reducing operative times. Once the first case had been completed there was just enough time for a quick espresso before commencing the next case. The majority of the procedures that I observed were excisions of stage IV endometriosis and resection (usually a disc) of a rectal lesion.

Following the morning theatre session there was either a case planning session where upcoming cases were discussed and planned in detail or there was a research meeting or case presentation. This was an excellent opportunity to witness how another unit functions and an example of how clinical excellence can be fostered by a unit leader.

Afternoons were mostly dedicated to ultrasound sessions and on two days to MRI sessions. This was under the supervision of Dr Manoel Goncalves, a radiologist, who is a renowned pioneer in the use of ultrasound to assess deeply infiltrating endometriosis. Dr Goncalves and his team have devised a systematic approach to assessing endometriosis with ultrasound that has been replicated with success at many other institutions. This involves bowel preparation prior to the study, performing a transabdominal ultrasound to assess for extra-pelvic disease, a transvaginal ultrasound that systematically examines the uterus, ovaries, bladder, rectum and vagina. Once detected a lesion is then described in terms of its size, depth of infiltration and tethering to adjacent structures.

Interestingly with the ongoing advancement of ultrasound technology Dr Goncalves and his colleagues now believe that they can diagnose superficial peritoneal disease of 2mm in greatest dimension. Intraoperative findings are continually checked against preoperative ultrasound findings to ensure that ultrasound reporting is highly accurate. →

● AGES Travelling Fellowship report cont.

Hugh O'Connor

This unit is rapidly moving towards a time when the 'diagnostic' laparoscopy is obsolete for women with endometriosis.

Being awarded this travelling fellowship was a wonderful opportunity to experience gynaecological endoscopy in a completely different healthcare system and understand the opportunities and challenges unique to that system. Furthermore spending time with a passionate pioneer in the management of endometriosis such as Prof Abrao has been an enormously motivating experience in terms of my own career and the advancements that I can develop in Ireland. I believe that this will improve the lives of women with endometriosis in Ireland.

I am extremely grateful to AGES and Medtronic for affording me this fantastic opportunity.



Hugh O'Connor

AGES Travelling Fellow 2018

Tension-Free Vaginal Tape for the Treatment of Stress Urinary Incontinence: A 13-Year Prospective Follow-Up.

Ye Zhang, Xiaochen Song, Meng Mao, Jia Kang, Fangfang Ai, and Lan Zhu.

J Minim Invasive Gynecol. 2019 May-June; 26(4):754-59

Stress urinary incontinence (SUI) is common condition, affecting half of all women at some point in their lives. The lifetime incidence of surgical treatment for SUI is 13.6%, and mid-urethral sling procedures remain the gold standard. The safety and efficacy of these procedures are well established in the short-to-medium term, however in light of increasing life expectancy and recent controversy surrounding the use of mesh in pelvic floor surgery, it is important to evaluate the rate of long-term post-operative complications.

This was the objective of this prospective observational study which followed women for 13 years after insertion of the retropubic tension-free vaginal tape (TVT). The cohort consisted of 85 consecutive women with urodynamic-proven stress incontinence, who had failed conservative treatment and did not require concurrent prolapse repair. Post-operative evaluation consisted of annual pelvic examination and uroflowmetry, along with quality of life questionnaires Incontinence Impact Questionnaire

Short Form (IIQ-7) and Pelvic Organ Prolapse/ Urinary Incontinence Sexual Questionnaire Short Form (PISQ-12).

At 13-year follow up, the rates of subjective and objective cure were 78.6% and 81.4% respectively. The overall complication rate was 21.4%, of which the most common was de novo detrusor overactivity (15.7%). Other complications included recurrent urinary tract infection (5.7%) and mesh exposure (2.9%). None of the patients reported voiding dysfunction or persisting suprapubic pain.

The strength of this study lies in its prospective collection of data over period of follow up. Its limitations however include a relatively small sample size, and inherent confounding in the risk of de novo detrusor overactivity with an ageing cohort. Quality of life questionnaires were implemented prior to validation specific to the Chinese study population. In summary, TVT reassuringly remains a safe and effective treatment of SUI in the long-term.

Fertility outcomes after cornual resection for interstitial pregnancies.

Svenningsen R, Staff AV, Langebrekke A, Qvigstad.

J Minim Invasive Gynecol. 2019 Jul-Aug; 26(5):865-870

Interstitial pregnancy (IP) is a rare form of ectopic pregnancy where the gestational sac implants into the proximal fallopian tube within the muscular wall of the uterus. It makes up 2-4% of all ectopic pregnancies. Currently there are no recommendations for managing IP. Surgery with cornual resection (CR) is one of the more common methods of treatment but there is limited data on future fertility effects. CR involves resection of the uterine cornua with the IP, and the ipsilateral tube, if present. The size of the resection depends on the size of the IP. The aim of this study is to evaluate the impact of CR for IP on future fertility past 24 weeks' gestation, compared to age- and parity-matched controls who have had laparoscopic salpingectomies for non-interstitial tubal ectopic pregnancies. Secondary outcomes assessed are mode of delivery and uterine rupture rate.

This was a single-site historic review of women who had a CR for IP over 11 years. Data collected included patient demographics, and management and details of the index IP/ectopic pregnancy. All women with IP who underwent CR were included, and matched controls were included in a 2:1 ratio as long as they had one fallopian tube in situ following the index salpingectomy. Exclusion criteria for both the IP and control groups were known pre-operative infertility, and loss of both fallopian tubes including during the index surgery.

40 women with IP were identified, of whom 33 were included in the study; median follow-up time was 71 months in the IP group and 76 months in the control group. There were no statistical differences in fertility outcomes between the women who had CR versus control groups:

Fertility outcomes after corneal resection for interstitial pregnancies.
Svenningsen R, Staff AV, Langebrekke A, Qvigstad.
J Minim Invasive Gynecol. 2019 Jul-Aug; 26(5):865-870

46% had 1 spontaneous pregnancy and 12% had 2 spontaneous pregnancies, versus 54% and 17% respectively. There were no pregnancies following fertility treatment in the IP cohort and 5% in the control group. There was a statistical difference in the mode of delivery of the babies born at more than 24 weeks' gestation: 33% had normal vaginal births in the IP cohort vs 80% in the control group, 60% vs 18% for caesarean section (CS), and 40% vs 8% for elective CS. No uterine ruptures were recorded in either group.

The strength of this study is the large cohort size compared to previous studies, especially given the rare incidence of IP. It also used age and parity-matched controls. The limitations, however, were that the matched controls limited other comparison factors, and that the indications for CS were not known. In summary, CR for IP does not appear to affect future fertility compared to women who undergo salpingectomies for non-interstitial ectopic pregnancies, but is significantly associated with higher CS rate.

Combined Laparoscopic Uterine Artery Occlusion and Myomectomy versus Laparoscopic Myomectomy: A Direct-Comparison Meta-Analysis of Short- and Long-Term Outcomes in Women with Symptomatic Leiomyomas.
Tranoulis A, Georgiou D, Alazzam M and Borley J
J Minim Invasive Gynecol. 2019 Jul-Aug;26(5):826-837

Leiomyomas are the most common tumour of the reproductive system, affecting up to 70% women by the age of 50 years. There has been a trend toward laparoscopic myomectomy (LM) in women wishing to preserve their fertility, however the procedure is associated with a high risk of intraoperative bleeding. Laparoscopic uterine artery occlusion (LUAO), performed through various transient or permanent techniques including clipping, ligature or coagulation, has the potential to minimise intraoperative blood loss and need for blood transfusion.

This meta-analysis of 3 randomized controlled trials and 9 moderate-quality observational studies compared the efficacy and safety of LM-LUAO performed in 873 women against 750 cases managed by LM. Estimated blood loss, blood transfusion and haemoglobin drop on post-operative day 3 were significantly decreased. The addition of LUAO did not significantly alter the mean operating time. This likely reflects the added ease of performing LM with reduced intraoperative bleeding. The trend towards

shorter length of stay in the LM-LUAO group is also likely attributable to reduced blood loss.

LUAO significantly decreased the risk of myoma recurrence (OR 0.38), presumably more so with permanent rather than temporary occlusion, due to ischemic involution of unexcised myoma. This did not translate to any significant difference in the menorrhagia relief rate. The pregnancy rate was also comparable over a period of follow up of 12-24 months. The impact of LUAO on fertility remains controversial because of the effect of uterine artery ligation on endometrial perfusion and ovarian function.

This study concluded that LUAO significantly reduces intraoperative blood loss at LM and improves intra- and post-operative outcomes for women with symptomatic leiomyomas. However, these results should be interpreted with caution given the limited number of included studies, considerable heterogeneity amongst the studies related to patient characteristics and surgical techniques, and the lack of data regarding long-term outcomes.

That sinking feeling: requests for patient records



Rocky Ruperto
Legal and Policy Officer

You have received a letter from a personal injury lawyer requesting the records of one of your patients. You are unsure why a lawyer would be asking for the records as you thought that the patient was satisfied with your care.

One of the main reasons gynaecologists seek assistance from Avant's Medico-legal Advisory Service is because they have received a lawyer's letter demanding the medical records of their patients.

Doctors can feel that a request for patient records conflicts with their legal and ethical duty to keep patient record patients confidential. They may also feel aggrieved by requests to hand over their patient file. When they contact us they are often unsure about how to respond, what records they can and should provide. In this article, we aim to clarify your obligations and what to check if you receive one of these requests from a lawyer. Providing medical records can involve some complexities, particularly if the record contains sensitive information, so contact your medical defence organisation if you have any doubt about what to provide.

Who is the lawyer representing?

Under Australian law, patients are generally entitled to access their records. They can also authorise you to provide a copy of those records to a third party, for example, a solicitor or insurer.

As long as you have a valid authority (see below) from the patient, you generally will need to provide the records even if you think they are being requested for a personal injury claim. Contact your medical defence organisation in this situation, however it's important not to assume the worst. Providing your records may give the patient the answers they are looking for, and may establish that there is no case.

If your patient has died, it may be the executor or administrator of your patient's estate requesting the records through a lawyer. You should be able to see the patient's Will or the letters of administration so that you can be satisfied this person is the patient's executor or administrator.

It is also possible that a lawyer is acting for an insurer (for example, in a workers' compensation or insurance claim). If this is the case, it is particularly important to ensure that your patient has actually given consent for their records to be released to this party, and to check the scope of the authority.

Is there a valid authority?

There should always be an authority which comes with the request for patient's records. Ideally, an authority will be in the form of a written document from the patient providing consent for the lawyer to access the records. Always check that the authority includes the patient's name and signature and the date it was signed. As a guide, we recommend you query any authority more than 12 months old. You can either ask the patient for an updated authority or ask them to confirm that you can provide the records. If you do seek verbal confirmation, you should document it in their record.

There is legislation in NSW, Victoria and the ACT which specifically requires certain requests for records to be in writing. In other states you can accept a verbal request for medical records, however it is always preferable to obtain a written request.

What does the authority cover?

It is important to check the purpose of the request and the scope of the authority and make sure that you only release records covered by the request.

Sometimes a solicitor acting for an insurer or someone other than the patient will request the complete medical record. You may have concerns about releasing the entire record, particularly if it contains sensitive information. The patient may not be aware that everything in the medical record will be provided. Check that the patient is aware which records may be included and confirm

that they can be released. Document any conversations you have with the patient.

Understanding the scope of the request can also make obliging with the request much more practicable – if the person has been a patient of yours for many years the records could be quite voluminous, or include paper files.

Timing and costs

While requests for records can seem complex and time-consuming, it is important not to ignore them. In some jurisdictions, you are required to respond within a particular time frame. In the ACT, it is 14 days. In NSW and Victoria it is 45 days. In the other states and territories, you are required to respond in an 'appropriate time'. The Office of the Australian Information Commissioner suggests that generally you should respond within 30 days of receiving the request.

We are often asked whether you can charge for providing medical records. In the ACT and Victoria, there are maximum fees that you can charge. In other states and territories, you are entitled to charge the 'reasonable costs' of providing what was requested. Remember, that when charging an amount for providing records, it is your patient who will most likely have to pay this cost and not the lawyer representing them.

Further information

Providing your patient's records to third parties can become complex. If you are in doubt about your obligations to your patient or their lawyer always get in contact with your medical defence organisation. If you would like more information, Avant has produced a number of factsheets and podcasts on this topic which are available to everybody:



Podcast



Factsheet

Handbook: This article does not cover your obligations if you have been compelled to produce documents under subpoena, issued with a court document or requested by police to give a statement. For more information on these topics please see Avant's handbook: [The Whole Truth](#).



● Save the date



AGES Pelvic Floor Symposium 2019
NOVEMBER 1-2 2019
Sheraton Grand Sydney Hyde Park, Sydney



AGES Laparoscopic Anatomy Pelvic
Dissection Workshop
NOVEMBER 30 2019
Medical Engineering and Research Facility
(MERF), Brisbane



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



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



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



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

● AGES 2020/2021 Society Art Prize

AGES is pleased to announce that the AGES Society Art Prize is open for submissions for 2020/2021!

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

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

To enter and for further information, please visit the AGES website on ages.com.au/ages-events/ages-society-art-prize

● AGES Global Gynaecology Scholarship 2020 are open!

AGES Global Gynaecology invites gynaecologists or gynaecologists in training from low resource settings to apply for a scholarship to the AGES Annual Scientific Meeting. The scholarship covers registration, up to \$1500 AUD for airfares, accommodation and attendance at the Gala Dinner.

[View full submission details and terms and conditions.](#)

● AGES Accredited Training Program

Applications for 2021/2022 positions for the AGES Accredited Training program will open the 1st November 2019.

For further information please visit the AGES website at ages.com.au/training

● AGES Membership 2020

AGES Membership renewal noticed will be issued late November 2019 for 2020.

For full membership information, please visit the [AGES website](#)

● AGES XXX Annual Scientific Meeting 2020 – Free Communication submissions

Abstract submissions opening soon!

The Free Communications sessions at the AGES Annual Scientific Meeting have continued to increase in scale over the past years and accordingly, we are again bringing the deadline forward for **abstract open on Friday, 1st November** and **close Monday, 9th December 2019**.

The meeting will be held at the Hyatt Regency, Sydney on the 5th – 7th March 2020.

This deadline will allow for the judging committee to assess the abstracts and return decisions to the authors earlier.

● AGES/Medtronic Travelling Fellowship – Applications opening soon!

The Travelling 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.

Applications open Friday, 1st November 2019

Applications close COB Friday 7th February 2020

The full criteria will be available in the Member's Section of the [AGES website](#) once applications open.

● AGES/ SurgicalPerformance Morbidity & Mortality Webinar

AGES & SurgicalPerformance have created the concept of a web-based Morbidity & Mortality (M&M) meeting. The M&M webinar will give clinicians an opportunity to review medical management, create self-awareness, generate insights about patient care and identify areas of improvement.

Registrations are restricted to AGES & SP members only. Spaces are limited!

Webinar: 23rd October 2019 at 8.00pm AEST.

To register visit

zoom.us/webinar/register/WN_hy0pqEkBShuXkat-WlTbIQ

● Dates for Laparoscopic Workshops

ADVANCED LAPAROSCOPIC GYNAECOLOGICAL WORKSHOP ST JOHN OF GOD HOSPITAL SUBIACO

COURSE DIRECTOR
DR STUART SALTINGER

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.

2019 Course Dates: on application.

Details

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

FLINDERS PRIVATE ENDOGYNAECOLOGY XXI MASTERING LAPAROSCOPIC SUTURING WORKSHOP "MASTERING LAPAROSCOPIC SUTURING 2018"

2020 Course Dates: on application.

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.

2019: October 14-18

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



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

2019 Course Dates: October 9-10

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

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

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.

● 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.

2019 Courses:

CARE Masterclass in Hysterectomy, Myomectomy and Adnexal Surgery: October 20-November 1

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 SYDNEY LAPAROSCOPIC WORKSHOPS 2019

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

2019 Course Dates:

27-28 October 2019 (Nepean Public Hospital and Kolling Institute RNSH)

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



Volume 72 coming out
in February 2020

Contact Stephen Lyons (stephen@drlyons.com.au)
with your contribution
Deadline **17th December 2019**