

Scope



Fall, 2012
Volume 12, Issue 2

MESSAGE FROM THE PRESIDENT

SAGES Moving Forward



SAGES President
W. Scott Melvin, MD

The Society of American Gastrointestinal and Endoscopic Surgeons is a leading surgical society, representing over 6,000 general and gastrointestinal surgeons throughout North America and the world. It is my distinct honor to serve as the President and represent the 6,000 surgeons of this great organization. The organization is a vibrant, growing and dynamic society based on its mission to optimize patient care through education, research and innovation. The leadership of this organization recognizes the breadth of the practice as well as the focus of more specialized practices throughout the spectrum of gastrointestinal and endoscopic surgery practiced throughout the world. We all realize that technology changes the way that we take care of patients, and subsequently our primary goal is to supply patients with the access, and the ability, to have outstanding care in all areas.

SAGES will continue to evolve. It is always important to remember that despite our broad based focus we can always bring new initiatives into the forefront. While new initiatives should address our main goal of supplying excellence in patient care, we also serve our members and the public as a whole. Over the last six months SAGES has been able to continue to develop and grow its known core programs including Fundamentals of Laparoscopic Surgery, Fundamentals of Endoscopic Surgery, and other organized and validated educational products to improve the level of care and training. Two new initiatives will be undertaken within the next six months that will further delineate SAGES as a leader in innovation.

Technology and Value Assessment

The first focus will be on the Technology and Value Assessment Committee. SAGES has long been a leader in technology

assessment, disseminating data on new and emerging technology as well as disseminating guidelines on the appropriate use of minimally invasive surgery techniques and technology. This relatively new initiative will be a liaison of these two existing committees and reside within the former Technology Committee. The main goals will be to provide to our membership evidence based descriptions of new technology with assessment on clinical appropriateness and some assessment on the cost and efficiency and value of the device and or technique. Technology in a wide variety of developmental states can be assessed, and the charge of the committee is to develop a common pathway where SAGES members can request a review of new technology and techniques and this request can then be assessed by the committee. When decided upon, these reviews will then be assigned to an unbiased expert team that assess the current data and prepare a written statement concerning the technology. These written statements can come in a variety of different levels depending on the data that is available for the particular technology. The Technology and Value Assessment Committee will consider new technology which is already FDA approved for sale in the United States. After preliminary review the technology will undergo more detailed assessment with several of the possible designations.

(continued on page 13)

Attention Medical Students!

SAGES is sponsoring **3 Scholarships** available for medical students to travel to the SAGES meeting (up to \$2K each).

Contact the registration office for details today!

SAVE THE DATES!

2013 Research Grant Application and Career Development Award

Research Grants

The SAGES Research Grant Application is now available on the SAGES website at <http://www.sages.org/leadership/committees/research/grants.php/>. Submit your grant application by **Friday, November 2, 2012**.

The Research Awards are open to any principal investigator who is a SAGES member, including Candidate members. SAGES would like to especially encourage grant funding to young investigators/candidate members in the hopes that funding through SAGES will lead to extramural funding. The purpose of these grants is to stimulate original research in gastrointestinal and endoscopic surgery. The study may be either "bench" research or clinical. In the spirit of supporting the goals of our membership, applicants are encouraged to review: Urbach DR, Horvath KD, Baxter NN, Jobe BA, Madan AK, Pryor AD, Khaitan L, Torquati A, Brower ST, Trus TL, Schwaitzberg S. A research agenda for gastrointestinal and endoscopic surgery. *Surgical Endoscopy* 2007 for a recent review of key research questions.

*All Grant applications must be submitted by Friday, November 2, 2012 (5pm EST). Grant Guidelines can be found by visiting: <http://www.sages.org/leadership/committees/research/grants.php>

Career Development Award

The focus of this SAGES Foundation supported award is to provide funding for a young surgeon or surgeon-in-training for the development of critical skills required for their academic career in gastrointestinal and endoscopic surgery. The intent of this award is to delay the start of a faculty role or ongoing residency training for supplemental training/traveling fellowship or intense research time. This grant will provide the awardee with a unique educational opportunity that would not otherwise be available. Eligible applicants must be SAGES candidate members (including residents and Fellows), or SAGES members early in their faculty appointment (within five years of completed training). Additional information for this Award is available at: <https://sages.org/leadership/committees/research/>

The application process will open Mid-August and all submissions must be submitted by **November 30, 2012 (5pm EST)**.

For more information on SAGES Research Grants or the Career Development Award, please contact Maribeth Balon at the SAGES office at research@sages.org or at (310) 437-0544, ext. 125.

2013 SAGES Webcast Sessions

Sign-up TODAY to be part of the 2013 SAGES International Webcast Sessions.
<https://www.research.net/s/MZ3T5TD>

Time	Session	Faculty
Thursday, April 18, 2013		
7:30AM - 9:30AM	Solid Organ Scientific Session	tba
10:00AM - 12:00PM	Hernia Scientific Session	tba
1:00PM - 3:00PM	Panel: Reoperative Foregut Surgery	Chair: Michael Holzman, MD / Co-Chair: Nicole Fearing, MD
3:30PM - 5:00PM	Panel: NOTES® Videos	Chair: John Mellinger, MD / Co-Chair: Eric Hungness, MD
Friday, April 19, 2013		
7:30AM - 8:30AM	Therapeutic Endoscopy Scientific Session	tba
8:30AM - 10:00AM	Plenary Session I	tba
10:00AM - 10:45AM	Presidential Address	W. Scott Melvin, MD
10:45AM - 11:30AM	Gerald Marks Lecturer	Christopher Ellison, MD
11:30AM - 12:30PM	Panel: MIS in Pregnancy	Chair: David Brooks, MD / Co-Chair: Danielle Walsh, MD
1:30PM - 3:30PM	Foregut Scientific Session	tba
4:00PM - 5:30PM	Panel: Acute Care Laparoscopy	Chair: Lena Napolitano, MD / Co-Chair: Raymond Onders, MD

SAGES gratefully acknowledges the following companies for their unrestricted support towards the SAGES International Proctoring Courses (IPC), a SAGES Global Affairs Initiative:

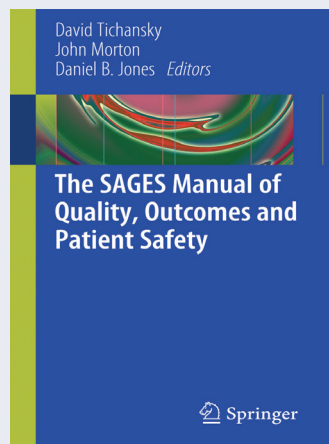
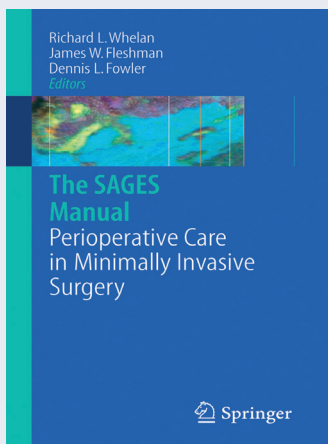
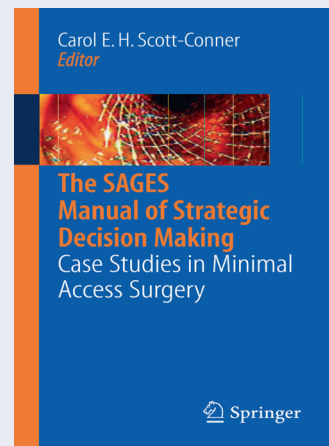
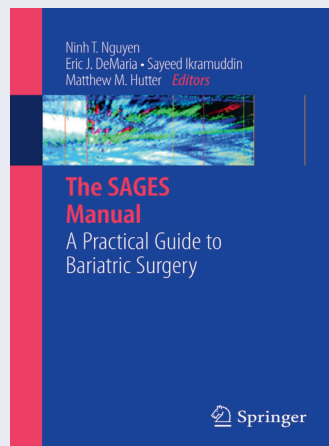
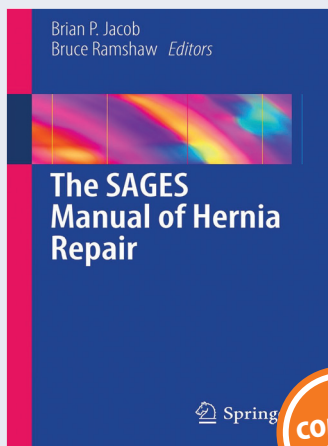
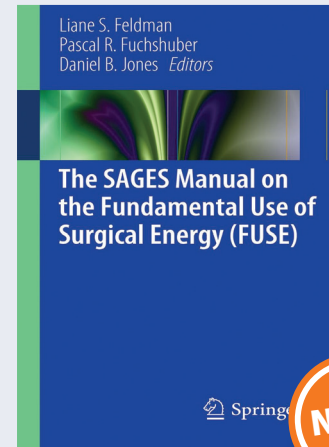
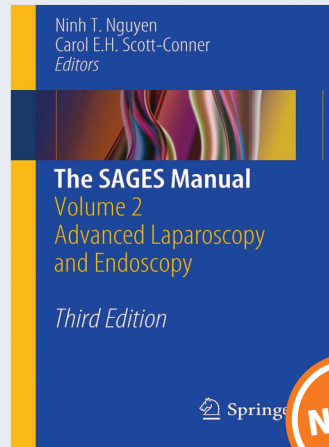
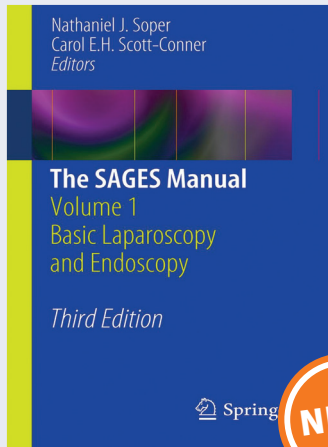
Allergan Foundation | SAGES Research & Education Foundation

SAGES gratefully acknowledges the following companies and individuals for their unrestricted contribution in kind:

Karl Storz Endoscopy | Stryker Endoscopy | Swanson Family Foundation

SAGES Manuals

The SAGES Manuals are portable, concise, beautifully illustrated manuals from the world's pioneering Society of minimally invasive surgery. These books provide an authoritative synopsis of the major laparoscopic and endoscopic procedures in easy-to-use, outline form.



COMMITTEE UPDATES

Communications

The SAGES Communications Committee announces three major initiatives for 2013. All SAGES web properties are currently in the process of being redesigned and new versions will be released publicly starting in early 2013. The main SAGES web site (sages.org) will be the first site to receive an updated skin along with an entirely new code framework that will allow SAGES to rapidly develop and deploy content and new features for the benefit of our membership and visitors alike. The new site will also feature a responsive layout for mobile devices and vastly improved navigation and these changes will be reflected to SAGES.TV, iMAGES and the SAGES Wiki as well. Our second project involves a complete rebuild of SAGESPAGES (The SAGES Member Social Network) based on user feedback and activity tracking from the first year of use. Some features that members find useful will be made smoother and more visible and issues with the user interface will be corrected or features removed to provide our members with a better communications tool. Finally, the Committee is investigating a number of methods and resources to translate SAGES educational content into a multitude of languages. Despite the “A” standing for “American” in our name, today SAGES is truly a global Society and we will be taking steps to ensure that our most valuable contribution can be read and used in native languages. If you are multilingual and wish to contribute to this effort, please contact Jason C. Levine at the SAGES office at jason@sages.org.

In addition to the major projects noted above, the Communications Committee reports that the SAGES web site received well over 1.1 million visitors in the past year who viewed over 2.25 million pages. This represents increases of 27.56% and 19.64% respectively and makes SAGES one of the most-visited surgical sites on the internet.

Continuing Education Committee

Self-Assessment Credit, Applicable to Part 2 of the American Board of Surgery (ABS) Maintenance of Certification (MOC) Program is Available for the 2013 Annual Meeting

The SAGES Continuing Education Committee's Assessment Task Force continues to review SAGES' evaluation methods for the Annual Meeting for areas of further improvement to help ensure that SAGES is meeting its overall educational objectives. Completing the survey will be mandatory in order to claim CME credit for the 2013 annual meeting.

Participants who complete the online survey and CME credit form who also complete a post-test are eligible to convert all of the CME credits claimed for participation at the Annual Meeting

to Self-Assessment credits, which can be used toward fulfilling Part 2 of the ABS MOC Program. Be sure to review the SAGES Final Program and meeting website for additional information.

Your feedback is vital to meeting the needs of surgeons and addressing changes in practice with the ultimate goal of improved patient safety and care. Thank you in advance for completing your Annual Meeting surveys.

SAGES University-Online Learning

FREE TO SAGES MEMBERS: SAGES University launched in July 2011 and provides members with access to a free premier online resource designed to fill the educational needs of general surgeons. Courses are now available in the following categories: Bariatric, Colorectal, Flexible Endoscopy, Hernia, NOTES, Solid Organ, Abdomen, HPB Foregut, Vascular, Biliary Tract, Endocrine and Education.

All SAGES University courses offer Self Assessment CME credit, which can be used toward fulfilling Part 2 of the American Board of Surgery Maintenance of Certification (MOC) Program.

SAGES U currently features:

Journal Club featuring the Editor's Pick from *Surgical Endoscopy* articles – get 1 hour of CME credit per article.

OSAP (Online Self Assessment Program) featuring 40 SAGES videos – get 0.25 hours of CME credit per video.

Guidelines featuring the latest SAGES guidelines - get 2 hours of CME credit per Guidelines course.

Additional modules to follow!

My CME Webpage featuring your own personalized webpage to track all of your SAGES CME credits with your credits transmitted directly to the ABS. **Note:** Although the MYC-ME system is intended to eventually become the central location to store all CME data awarded by SAGES, it is currently not loaded with historical data from past SAGES events. Past event data will be evaluated and uploaded as available.

Visit SAGES University today: <http://university.sages.org/>.

FLS

The FLS Committee is excited to share that on March 9, 2012 The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and the American College of Surgeons (ACS) jointly released a statement recommending that all surgeons practicing laparoscopy be certified through The Fundamentals of Laparoscopic Surgery™ (FLS) Program. FLS is the only validated, objective measure of a surgeon's fundamental knowledge and skills related to laparoscopic surgical procedures. SAGES and ACS also recommend that institutions credentialing surgeons to perform laparoscopic surgery consider FLS certification as a requirement of their credentialing process. Read the entire statement at www.flsprogram.org/updates/news/.

Because of the growth and increasing demand for FLS, SAGES has partnered with VTI Medical to manage the sale and fulfillment of FLS Trainer Boxes and accessories. We are looking forward to the

COMMITTEE UPDATES (continued)

many benefits this collaboration will bring, including the ability to purchase online using a secure e-commerce system. Additionally, this partnership has allowed us the opportunity to add a non-medical-grade Multi-Use Ligating Loop for FLS manual skills practice. This new Ligating Loop allows for multiple use up to 10 times and is less expensive than a sterile product. The Multi-use Ligating Loop, FLS Trainer Box and other FLS accessories may be ordered by visiting www.vtmedical.com or by calling 978-385-5485.

FLS testing will be available at the SAGES 2013 Annual Meeting in Baltimore, MD. For more information, please visit www.flsprogram.org/testing-information/sages-2013. The schedule will be open for appointments in January 2013. Appointments will be limited so plan to schedule early!

Need more information about FLS? Please call 310-437-0544, ext. 137 and visit our website at www.flsprogram.org.

FES

The Fundamentals of Endoscopic Surgery™ (FES) committee is delighted to share that the first round of FES testing occurred at the ACS Clinical Congress 2012 Annual Meeting in Chicago, IL. Check www.fesprogram.org for updated information about FES Testing at the SAGES 2013 Annual Meeting in Baltimore, Maryland, as well as new FES test centers springing up around the country.

The FES Committee is also thrilled to announce the release of the FES online educational module. There are twelve chapters including:

- Patient Preparation
- Sedation & Analgesia
- Upper and Lower Gastrointestinal Endoscopy
- Hemostasis
- Tissue Removal
- Enteral Access
- Endoscopic Therapies

For more information about FES, please visit our new and improved FES website at www.fesprogram.org or call 310-437-0544, ext. 139.

FUSE

The Fundamental Use of Surgical Energy (FUSE) Task Force is hard at work finalizing the online educational module. The nearly completed program will include, but is not limited to, the following topics:

- Principals of Electrosurgery
- Mechanisms and Prevention of Adverse Events
- Monopolar & Bipolar Devices
- Radiofrequency for Soft Tissue Ablation
- Ultrasonic Energy Devices
- Energy Devices in Pediatric Surgery

Next on tap for FUSE is the final beta testing on the high-stakes examination, scheduled for Winter 2013.

For more information on the FUSE program, please call 310-437-0544, ext. 139.

Guidelines Committee

The SAGES Guidelines Committee has been hard at work finalizing a few updated guidelines that will be completed within a month and placed on the SAGES website. Please visit <http://www.sages.org/publications/guidelines/> to browse our current guidelines.

Journal Update

Congratulations, Surgical Endoscopy!

SAGES official journal, *Surgical Endoscopy*, had an increase in impact factor for 2011, leaping from 3.436 in 2010 to 4.013 in 2011. The journal is now ranked 10th out of 198 titles in surgery. Thanks to all SAGES members who continue to submit their best work to our journal!

Membership

STAY IN TOUCH! Are you moving this year? Remember to notify the Membership Dept. of any changes to your member profile! Log into the Member area to update your contact information at www.sages.org.

Candidate members: Have you recently become board certified and need to be upgraded to Active status? Just send a request in writing to be upgraded from Candidate to Active and a copy of your board certificate or the letter from the Board to our Membership Dept by email to membership@sages.org or fax to 310-437-0585.

Our Membership Dept staff is available for questions about your membership at 310-437-0544 x110 or email membership@sages.org.

Membership numbers as of September 2012:

Active	3,883
Associate Active	17
Candidate	1,265
International	772
Allied Health	76
Senior	455
Honorary	21
Medical Student	2
Total Membership	6,491

In Memoriam

Aderinmola Stepanie Adewunmi, Temple Terrace, FL

Marin D. Radulescu MD, Oviedo, FL

James U. Guthrie, Peru, IN

Resident Education Committee

Resident Courses

The Resident Education Committee is offering 5 Basic and 7 Advanced resident courses for 2012. Invitations are sent to general surgery residency program directors in the U.S. and Canada approximately three months prior to the course. Only one resident per program may apply. The basic courses are open to 2nd and 3rd year residents, with SAGES candidate members receiving priority. The advanced courses are geared towards 4th and 5th year members who must be SAGES candidate members.

For questions or to get on the invitation distribution list, please contact the SAGES Registrar Tina Sandoval at registration@sages.org or (310) 437-0544, ext. 128 or visit http://sages.org/meetings/resident_courses/.

FREE Webinars for Residents

The Resident Education Committee has developed a series of free webinars specifically for residents which will feature presentations by 4-5 expert panelists. All of the webinars will be presented from 7:00-9:00PM Eastern with didactic sessions plus an opportunity to chat online with the experts.

For a list of resident courses and webinars, see page 12.

Best Resident/Fellow Presentation Awards at the 2012 SAGES Annual Meeting

The SAGES Resident Education Committee would like to congratulate the following surgeons-in-training for placing in the top of the Best Resident/Fellow Presentation Awards at the 2012 SAGES Annual Meeting:

Best Resident/Fellow Presentation Awards-Scientific Session

1st Place: Ian Choy, MD – Remote Evaluation of Laparoscopic Performance Using the Global Operative Assessment of Laparoscopic Skills

2nd Place: Jesse R. Gutnick, MD – Analysis of Practice Patterns in 66103 Laparoscopic and Open Cholecystectomies Using the NSQIP Database

3rd Place: N Venkatesh G Jayanthi, MD, FRCS – Gastric Electrical Stimulation with Enterra for Drug-Resistant Gastroparesis

3rd Place: Marty Zdichavsky, MD – Acute Versus Elective Laparoscopic Sigmoid Resection for Diverticulitis

Top 5 Placement (due to scoring ties, there were 8 eligible presentations for 2012)

Fernando Navarro, MD – Laparoscopic Fundoplication Takedown with Roux-En-Y Gastric Bypass Leads to Excellent Reflux Control and Quality of Life in Patients After One or More Failed Funduplications

Soo Yeun Park, MD – Robotic Versus Laparoscopic-Assisted Intersphincteric Resection for Low Rectal Cancer: A Comparative Study of Short-Term Outcomes

Wissam Raad, MD MRCS – Outcomes Following Diagnostic Laparoscopy for Trauma: A National Trauma Data Bank Comparison on University and Community Hospitals

Chee Wei Tay, MD – Oncologic Safety of Laparoscopic Hepatectomy Versus Open Hepatectomy in Hepatocellular Carcinoma

Best Resident or Fellow Presentation Award – Resident and Fellows Scientific Session

1st Place: P D Colavita, MD – Laparoscopic Versus Open Hernia Repair, Results From The Nationwide Inpatient Sample

2nd Place: Rebecca J. Johnson, MD – Utility And Accuracy Of Endobronchial Ultrasound As A Diagnostic And Staging Tool For The Evaluation Of Mediastinal Adenopathy

Narrative from 2012 Brandeis Award Winner Dr. Jeffrey Haze

**Brandeis University: Leadership Program in Health Policy and Management
Heller School for Policy and Management**



The Leadership Program in Health Policy and Management at the Heller School for Policy and Management at Brandeis University spanned six days and included a wide variety of topics for consideration as healthcare responds to economic and political forces in the next 4 years.

It started with an overview of healthcare economics focusing on the non-partisan reality of cost and sustainability in our current environment. It spoke to the rationale for the necessity for change in our current system. Although we may think things are “ok” with our healthcare system, a large debt looms on the horizon. I liken it to making late mortgage payments on a house. Although daily life does not change, at some point in time, the bank will take action and demand payment or default on a loan. As we go about our daily lives in medicine, we are participating in a system that cannot continue in its current state.

United States health policy followed and we were fortunate to have Stuart Altman speak to us who participated in the drafting of healthcare reform in the Clinton administration. He raised serious philosophical questions. Is healthcare a right or a privilege? If it is a right that all American's possess irrespective of their ability to pay then we need a system to ensure access to high quality healthcare for all its citizens.

This was followed by an overview of the proposed “episode

payment program” being developed by Medicare. Robert Mechanic is the chief architect of this newly proposed payment scheme under the Affordable Care Act. This payment system hopes to “bundle” not only inpatient care as a DRG would but also include outpatient and post hospitalization care in a single payment episode. The intent is to incentivize care providers to decrease cost for an episode of care and promote the concept of Accountable Care Organizations (ACO's) with shared savings responsibilities across an organization.

On the third day, we looked at operations and how to improve throughput within a hospital clinic and improve efficiency. This was reinforced with a discussion of new approaches to performance measures. Quality is the new benchmark in healthcare and we need to make sure we are measuring the right parameters. We as providers need to be engaged in this discussion to insure other stakeholders don't “set the quality bar” and dictate how we care for patients.

Day four centered around leadership. The most important lesson learned in this session was the notion that leadership style is not static. In order to lead people or institutions, one has to use different styles for different people or in different situations. Different people and different institutions do not all respond to a single style and tailoring your *(continued on page 12)*

Narrative from 2012 IRCAD Award Winner Omar Yusef Kudsi, MD, MBA

**IRCAD Private Institute, Strasbourg, France,
With Professor Marescaux, Founder of IRCAD**

I would like to thank the SAGES Foundation and Storz for the prestigious IRCAD award. As a young surgeon with an international background I saw IRCAD as the ultimate place to be after finishing my surgical training in the US.

I had the privilege to meet and interact with world famous surgeons, operate, improve my skills, and listen to live critical feedback from the faculty. Towards the end I was examined and given a diploma from university de Strasbourg. The university itself has more than 40,000 students, with an adjacent medical school and a large hospital of more than 2600 beds.

Six key points

1. Websurg; a powerful Internet source. We were all introduced to the state of the art website that is developed by the French team at IRCAD. It's a humongous bank of recorded live operations and lectures that are organized in a very simple way. Every surgical resident and young surgeon in the US should benefit from such a free source. SAGES web page has improved tremendously as well and they can add a lot by learning from the French experience.

2. Hands on experience on live pigs: young surgeons from all over the world meet here in Strasbourg to practice state of the art skills and high technology. All faculty mentored each one of us while operating: splenectomy, pancreatotomy, adrenalectomy, gastric bypass, bowel resection, nephrectomy, nissen, IVC and para-aortic dissection, etc. Young surgeons were able to compare themselves and their set of skills to the rest of the world and discuss the various approaches and challenges that they have in their countries.

3. World-class French facility: Superb integration between the university (faculty, residents, medical students, nurses) and the IRCAD foundation which is really state of the art and world class center. Every year, 4,000 surgeons from all over the world are trained by a team of 800 international experts. IRCAD ensured that surgeons from the entire world would obtain high-level skills and maintained and confirmed its role as an ambassador of French excel- *(continued on page 18)*





SAGES FLS and Go Global Teams Meeting with Leading Chinese Surgeons

On Sept 13 and 14, 2012 a SAGES team consisting of Sam Finlayson, Jacqueline Narváez, Steve Schwaitzberg, Melina Vassiliou, and Suzanne Yoder met with key leaders in minimally invasive surgery in China. The purpose of this Beijing meeting was to explore opportunities for SAGES and the Chinese Society for Surgery to collaborate. Several topics were explored including

SAGES international membership, joint exchange programs, joint symposia and the potential to translate and re-validate FLS in Mandarin. Members of the Ministry of Health attended part of this 2 day meeting and were interested in the possibility of using FLS in China. Discussion will continue this year at upcoming meeting in the US.

Why Membership in the AMA Is Important

Are you concerned about reimbursement? What about healthcare reform? Do you wonder about patient's diminishing access to quality care? If you answered yes to any of these questions then your membership in the American Medical Association (AMA) is important.

Your AMA Membership – What It Means For SAGES

In order for SAGES to retain its seat in the HOD, a significant percentage of our members also have to be members of the AMA. Maintaining your membership in the AMA allows SAGES to:

- **Keep our seat in the AMA House of Delegates (HOD)**
- **Have representation on the CPT Advisory Committee**
- **Have representation on the RUC Advisory Committee**

But that is just a part of it. While SAGES continues to gain experience and recognition in the legislative arena, there is no denying that being a part of a larger organization has its benefits. The government recognizes the AMA as representing physicians across the country. They take the lead in tracking action on Capitol Hill and in organizing member associations and grass roots efforts to affect positive change.

Keep the SAGES voice strong. Please join the AMA or renew your membership by visiting the AMA website: <https://membership.ama-assn.org/JoinRenew/search.jsp>. In addition, please visit www.ama-assn.org/go/ballot to designate SAGES as your specialty society for representation purposes.

Global Affairs Committee

International Proctoring Course

Dar Es Salaam, Tanzania

August 21, 2012

The SAGES Team in Dar Es Salaam consisted of Sam Finlayson, MD, Allan Okrainec, MD, Jacqueline Narváez, and myself. Dr. Sam Finlayson and I arrived a few days ahead of the rest of the SAGES Team to Tanzania to prepare for SAGES' first International Proctoring Course (IPC), at the Mhimili University, in Dar Es Salaam, Tanzania. What we found was a closet full of brand new laparoscopic equipment, but the closet was locked up and no one had a key! We sorted through equipment and immediately began to work with the Tanzanian nurse and surgeon to go through set up and instrument needs. The Tanzania nurses had been given responsibility for these instruments but had no training or knowledge as to how to care for them, and thus were much eager to learn. The same enthusiasm was felt from the surgeons and anesthesiologist. The Muhimbili University had acquired laparoscopic equipment but the surgical team, aside from a animate lab conducted in February 2012, had no other hands on experience, and therefore, were reluctant to use, explore, or open any of the equipment. We were able to put together three sets of instruments and assess that they had also had three fully functioning laparoscopic towers.

This was also the first SAGES IPC course where the allied health curriculum would be piloted. We trained the nurses on all aspects of Care of the Instruments, Sterilization, and Sterile Technique. Sterilization of supplies is different in each location because the process has to be adapted to whatever is available locally. This location was similar to other locations I have been to in that they

had several sterilization machines but only one actually worked. If they

could get the other machines to work, their ability to handle caseloads would be increased. With one sterilizer available, we had to carefully plan our days to make sure instruments were available for each case. The training was well received and we had additional allied health training support from Dr. Allan Okrainec's team at the University of Toronto, who teleconference in for some of the didactic sessions.

The first day of operating was slow moving and we encountered road blocks but were able to work through them. At the end of the day the nurses had learned how to run the laparoscopic tower and trouble shoot. We worked on the concept of a circulating nurse, defining roles for laparoscopy, and giving specific responsibilities to each nurse. It is important for the success of the program and the team that each person, each nurse, knows their responsibility. We therefore provided a checklist for the nurses detailing their duties in chronological order.

For the first few days I scrubbed in on every case and helped take care of the instruments after every case. I wanted to make sure they were doing it correctly and they had many questions. The nurses were careful and conscientious in their work. By the end of the week I felt comfortable not scrubbing in and watching them scrub alone. I would have liked to have had another day to help them organize all their equipment and supplies. However, I was much impressed with their progress and I am excited to see how their laparoscopy program develops!

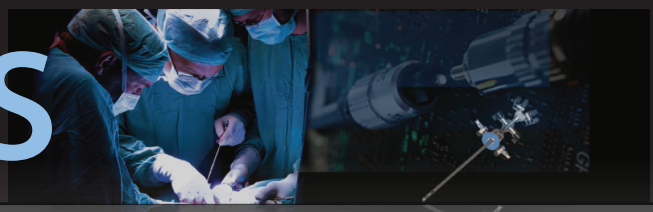
I would like to thank the Global Affairs Committee for the opportunity to participate in such a great program and I would also like to thank Dr. Mabula Mchembe and his team at the Muhimbili University Hospital for their hospitality and teamwork!

Allison Wagner, RN
SAGES Member
Global Affairs Committee Member








SAGES



Society of American Gastrointestinal and Endoscopic Surgeons

Resource/Program	Description	Members	Non-Members
<p>iMAGES at SAGES</p>  <p>SAGES TV</p>  <p>S-WIKI</p>  <p>SAGES Webinars</p>  <p>SAGESPAGES</p>  <p>THE SAGES SOCIAL NETWORK</p>  <p>SAGES University</p>  <p>MYCME</p>  <p>▶ SAGES Guidelines</p> <p>▶ SAGES Go Global</p>  <p>▶ MIS Safety Checklist</p>	<p>iMAGES provides access to vast library of digital images, photos and graphics.</p> <p>SAGES TV is a central “searchable and fully navigational” depository for SAGES videos</p> <p>S-Wiki is a surgical “Wikipedia” that has significant potential to become the most authoritative surgical reference on the web.</p> <p>These webinars have been developed specifically for residents and will feature expert panelist from SAGES.</p> <p>SAGESPAGES is a surgeon-to-surgeon social network that will have replaced the previous SAGES member area.</p> <p>SAGES University facilitates online education content for Self Assessment CME credit, which is applicable toward fulfilling Part 2 of the ABS MOC program.</p> <p>MYCME/MYMOC is a central repository to track all SAGES awarded MOC Part 2 CME credit.</p> <p>A complete list of all currently published SAGES Guidelines on the SAGES publication page.</p> <p>SAGES International Proctoring Courses are a vehicle for SAGES to “give back” to the world community by leveraging its leading educational and training activities to become a leader in bringing safe minimally invasive surgery to the developing world.</p> <p>A checklist developed by SAGES and AORN to aid operating room personnel in the preparation of equipment and other duties unique to laparoscopic surgery cases.</p>	<ul style="list-style-type: none"> • Download images • Utilize images in Presentations • Upload/Share/Archive images • Rate/Review images <ul style="list-style-type: none"> • Upload/Share/Archive • VideosRate/Review Videos <ul style="list-style-type: none"> • Edit Existing Articles • Create New Articles <p>Register and Participate in SAGES Resident Webinars for Free!</p> <ul style="list-style-type: none"> • Post enhanced member profiles • Build “Friendships” with members • Messaging between members • Participate Committees • Upload/Archive documents <p>Full Access to complete all SAGES U Courses and obtain Self Assessment CME Credit, applicable toward fulfilling Part 2 of the ABS MOC Program</p> <p>View and track all SAGES related CME Credit obtained from SAGES U and Live events</p> <p>On-line access to all SAGES Guidelines</p> <p>SAGES Members may volunteer to participate in SAGES Go Global Activities</p> <p>On-line access to all SAGES Guidelines</p>	<p>View access only to low resolution image versions</p> <p>View access only to video catalog</p> <p>Read only Access to Articles</p> <p>Register and Participate in SAGES Resident Webinars for Free!</p> <ul style="list-style-type: none"> • Search/View Member Profiles • Read only access to public documents and updates <p>This Resource is for Members Only</p> <p>View and track all SAGES related CME Credit obtained from live events</p> <p>On-line access to all SAGES Guidelines</p> <p>On-line access to all SAGES Guidelines</p>

For information how to become SAGES member go to www.sages.org/membership/

SAGES Media Madness! Now available on sages.org


→ **ELECTRONIC RESOURCES**

RESOURCES

www.sages.org

For product details and to order please visit www.cine-med.com/sages or call (800) 253-7657 or (203) 263-0006

VIDEO EDUCATION CURRICULUM

Resource/Program	Description	Members	Non-Members
	<p>SAGES Pearls Series Step by Step</p> <ul style="list-style-type: none"> • Short Video Clips • Expert Narratives • Tips • Tricks • Important Steps 	<p>Available For Purchase. Member Discount Available For product details visit www.cine-med.com/sages</p>	<p>Available For Purchase. Full Price</p>
<p>SAGES TOP 21 DVD</p> 	<p>This Collection contains the most common minimally invasive procedures performed by general surgeons, as determined by the SAGES Educational Resources Committee. SAGES Top 21 replaces the very popular SAGES Top 14 DVD, with all new videos and commentaries.</p>	<p>Available For Purchase. Member Discount Available For product details visit www.cine-med.com/sages</p>	<p>Available For Purchase. Full Price</p>
	<p>SAGES Grand Rounds Master Series offers video, slide presentations, discussion and in depth education.</p>	<p>Available For Purchase. Member Discount Available For product details visit www.cine-med.com/sages</p>	<p>Available For Purchase. Full Price</p>
<p>Patient Information Brochures</p> 	<p>The SAGES Educational Resources Committee has developed these patient information brochures to assist surgeons in preparing their patients for surgery. Given the variations in technique, SAGES has designed these handouts to describe the most commonly performed techniques.</p>	<p>Available For Purchase. Member Discount Available For product details visit www.cine-med.com/sages</p>	<p>Available For Purchase. Full Price</p>
	<p>On-line based education module designed to teach physiology, fundamental knowledge & technical skills.</p>	<p>Available For Purchase. Member Discount Available To order FLS, please visit www.flsprogram.org or call 310-437-0544 x 137</p>	<p>Available For Purchase. Full Price</p>
COMING SOON!			
	<p>The Fundamentals of Endoscopic Surgery (FES) Program is a test of knowledge and skills in flexible gastrointestinal (GI) endoscopy. FES is the flexible endoscopy equivalent of the Fundamentals of Laparoscopic Surgery™ (FLS) Program developed by SAGES.</p>	<p>Will Soon Be Available For Purchase. Standard Price</p>	<p>Will Soon Be Available For Purchase. Standard Price</p>
	<p>The Fundamental Use of Surgical Energy (FUSE) Program is an educational program/curriculum that will cover the use of energy in interventional procedure in the operating room and endoscopic procedure areas.</p>	<p>Will Soon Be Available For Purchase. Standard Price</p>	<p>Will Soon Be Available For Purchase. Standard Price</p>

Resident Courses and Webinars

Resident Courses

SAGES is offering several basic and advanced courses this year for surgical residents. Course announcements and invitations to attend for all SAGES resident courses are emailed to all U.S. and Canadian general surgery residency program directors. Each program selects the resident to attend the course. In order to provide equitable service to all residency programs, each program may register only one resident per course. For questions, please contact the SAGES Registrar Tina Sandoval at registration@sages.org or (310) 437-0544, ext. 128 or visit http://sages.org/meetings/resident_courses/. The following dates and course are subject to change.

SAGES Advanced Laparoscopic Colorectal Surgery Resident Course

November 29-30, 2012

4th and 5th year residents (must be SAGES Candidate Members)
Cincinnati, OH

Sponsored by Ethicon Endo-Surgery, Inc.

SAGES Advanced Upper GI Bariatric Surgery Resident Course

December 6-7, 2012

4th and 5th year Canadian residents (must be SAGES Candidate Members)

CSTAR, London, ON Canada

Sponsored by Ethicon Endo-Surgery Canada

Resident Webinars

The SAGES Resident Education Committee will present the following FREE webinars for residents during 2012 and 2013. These webinars are developed specifically for all residents and will feature four expert panelists from SAGES. All of the webinars will be presented on Tuesdays from 7:00-9:00PM Eastern with didactic sessions plus an opportunity to chat online with the experts. Residents should register NOW:

Management of Acute Bariatric Surgical Complication for the Nonbariatric Surgeon

December 4, 2012

Faculty includes: Valerie Halpin, MD (Chair); Matthew Goldblatt, MD; Sachin Kukreja, MD; Brandon Williams, MD

Register now: <http://events.SignUp4.com/December4thWebinar>

Gastrointestinal Endoscopic Pathology: Recognition, Diagnosis and Treatment by the GI Surgeon

February 5, 2013

Faculty includes: Benjamin Poulouse, MD (Chair); Diya Alaadeen, MD; Melissa Phillips, MD; Archana Ramaswamy, MD

Register now: <http://events.SignUp4.com/February5thWebinar>

Minimally Invasive Hepatobiliary and Pancreatic Surgery

April 30, 2013

Faculty includes: Horacio Asbun, MD (Chair)

Register now: <http://events.SignUp4.com/April30thWebinar>

Past webinars are available on SAGES TV on the Resident Webinar Channel-visit: sages.org/video

Brandeis Award Winner—continued from page 7

leadership style to the individual or situation is critical.

Negotiations highlighted the fifth day. Finding common ground to facilitate negotiations and attaining a goal are essential for healthcare leaders. “My way or the highway” is not an effective negotiating tool. Although it may seem obvious, many subtle things we do as leaders are perceived in this light. Often the path to successful negotiations is on a road not mapped out initially. The ability to look at the spirit of the negotiation and keeping the big picture in mind is important to not get bogged down in the esoteric and non-essential or non-relevant issues.

On the final day, a primer on financial literacy was tackled. Learning the nuts and bolts of a balance sheet and how a healthcare system, department or division handles a financial

statement is critical if physicians are to take on a role as leaders within a healthcare system. The notion of “Net Present Value” was introduced when making large purchases. All too often, we as physicians ask our hospitals to purchase a big-ticket item without consideration or understanding of the net present value. The ability to speak to our financial officers in their language will improve physician leverage when looking at new technology in an era of cost containment.

In summary, six days were packed with material typically presented over a full semester’s worth of course work. It makes the student want to learn more and continue his/her education in healthcare not addressed in traditional medical school training. The course is clearly beneficial and I would recommend to anyone interested in healthcare leadership.

President's Message—continued from page 1

1. A Technology Alert which would be most appropriate for newly approved devices without significant clinical data.
2. Safety and Effectiveness Assessment: An assessment of the currently available data to determine if the technology meets criteria for safety and effectiveness, this may or may not include #3.
3. Value assessment: An assessment of the value of the technology for practice, hospital, or surgeons, recognizing the often ambiguous data and the influence of local environments on this parameter.
4. Clinical Guidelines: Clinical guidelines will be more appropriate for well-developed products and or procedures with significant evidence. Guidelines are evidenced based reviews produced and published after an exhaustive review of the germane body of literature that has been analyzed using a literature grading system, culminating a series of best practiced recommendations for clinicians that are anticipated to guide clinical care for 85 to 90% of patients with an indexed clinical condition.
5. Consensus Statement: A consensus statement is appropriately issued for a device and its associated techniques after it is approved by FDA, but with scientific literature less mature than what is required for the guideline. A panel of experts with clinical interests, and clinical expertise, who are free from conflicts, will discuss the device and its procedural reviews, review the available clinical data and consider other components related to determining the proposed value of the device at a round table forum. The conclusions drawn will be prepared for publication and it is anticipated that the device support from this group would be interpreted as support for funded use.

It is the intent of the Technology and Value Assessment Committee to offer a “menu” of appropriate reviews for new technology when requested by a SAGES member. This assessment will help guide clinicians and hospitals in acquiring, providing, and delivering the most appropriate and expert and advanced innovative clinical care.

Open To Minimally Invasive Surgery, Improving Access

SAGES was developed concerning the technique and technology of endoscopic surgery and matured over the development of safe laparoscopic and other minimally invasive surgical techniques. MIS has demonstrated huge advantages to our patients and the community in some clinical scenarios like gallstone disease. Laparoscopic cholecystectomy is clearly the standard of care, and failure to provide the opportunity for laparoscopic surgery for cholelithiasis falls below the standard of care. However the use

of laparoscopic surgery in other conditions has not been as well accepted. Despite overwhelming evidence in a variety of other clinical conditions the use of laparoscopy and other minimally invasive techniques for the care of disease processes such as colorectal surgery, incisional hernia, and bariatric surgery remains limited. It should be the goal of a high functioning organization that pledges to provide access and quality care to the public to be charged with providing increased access to our patients. Therefore I challenge our organization to target our efforts to increase the prevalence of minimally invasive surgery.

Changing open to minimally invasive surgery should be a major initiative of SAGES in all areas of focus. This includes education of patients, politicians, insurers and of course, surgeons. Over the next few months our leadership will, via a series of retreats and series of focused conversations, develop goals and tactics to help achieve an increased penetration of minimally invasive and high technology programs to increase the ability of all patients to receive minimally invasive procedures for their disease processes.

One example is the availability of bariatric surgery to the general patient population. A recent report from the Center for Disease Control demonstrated that the obesity epidemic continues to grow rapidly. By the year 2030 more than two-thirds of US population will be deemed obese. Education and prevention should be paramount in our desire to control this modern epidemic. However, once obesity significantly affects an individual the only statistically proven method of controlling this disease process is through bariatric and metabolic surgery. When applied appropriately with minimally invasive surgical techniques, this life saving surgery improves the quality of lives, decreases comorbid conditions and improves longevity for the affected patient. Despite this overwhelming evidence a variety of insurers and now, state medical use committees, have denied access of minimally invasive bariatric surgery to our patient populations. This is one example where SAGES should actively advocate on behalf of our patients to all policy makers to increase access for minimally invasive surgical techniques to our patients.

In summary, it is important that I once again reiterate that it is an honor to serve as the President of SAGES for this year. It has been my pleasure to communicate with many of you directly over the course of this time and I welcome the opportunity to discuss any of these issues with you further. I will strive to continue to provide organizational leadership as SAGES moves towards solidifying its core guidelines, education, and excellence in patient care by continuing to develop our core areas. Specifically, through advances of the Technology and Value Assessment Committee and by spearheading the new initiative of “Open to MIS”, SAGES will continue to grow and expand and maintain its leadership in the field of gastrointestinal and endoscopic surgery.

—W. Scott Melvin, MD
SAGES President

SAGES 2013

SCIENTIFIC SESSION & POSTGRADUATE COURSES

Innovating the Present for the Future

Surgical Spring Week



Held in conjunction with ISLCRS –
the 8th International Congress of
Laparoscopic Colorectal Surgery

April 17 - 20, 2013
Baltimore, MD

Program Chairs:
Fredrick Brody, MD
Santiago Horgan, MD

**Early Housing &
Registration Deadline:**
March 15, 2013



www.sages.org

Society of American Gastrointestinal and Endoscopic Surgeons



Android



iOS

SAGES 2013 Schedule at a Glance (as of Oct. 2012)

Early Housing & Registration Deadline: March 15, 2013

Oral & Video Sessions will take place throughout the SAGES Scientific Session (Thursday, Friday and Saturday).
The exact program will be determined in November 2012. Detailed information will be available online at www.sages.org and in the Advance Program in November.



Innovating the Present for the Future

Wednesday, April 17

Half-Day Postgraduate Course: Foregut

Half-Day Postgraduate Course: Bariatric –
Chairs: Raul Rosenthal & Dan Jones

SAGES/ISLCRS Half-Day Postgraduate Course: MIS Colorectal

SAGES Foundation Awards Lunch

Postgraduate Course: Joint SAGES/AAES session –
MIS Endocrine

Postgraduate Course: Optimizing Outcomes of
Ventral & Inguinal Hernia Repairs

Half-Day Hands-On Course (porcine): Bariatric

Half-Day Hands-On Course: Colorectal

SAGES/AHPBA Panel: HPB Controversies

Panel: Pre-, Intra-, Post-Operative Management of CBD
Stones

SAGES/JSES Panel: Endoscopic
Management of GEJ Disease - Dysplasia & Barrett's

Session: Complications

Exhibits Opening Welcome Reception 5:30pm - 7:30pm

Thursday, April 18

SAGES Scientific Sessions

Exhibits/Posters/Learning Center open 9:30am - 3:30pm

Half-Day Postgraduate Course:
Endolumenal Treatments - GERD and POEM

Half-Day Postgraduate Course: Ventral Hernia

SAGES/ISLCRS Panel: IBD

SAGES/ISLCRS Panel: Colorectal Potpourri

SAGES/ALACE Symposium:
Diseases from South of the Border

Educator's Lunch: Do Quality Initiatives Change Surgery Residency Training?

Half-Day Hands-on Course (porcine):
Endolumenal Treatments

Half-Day Hands-on Course (porcine): Ventral Hernia

SAGES/ISLCRS/ASCRS Symposium: Rectal Cancer

Panel: Reoperative Foregut Surgery

SAGES/ASMBS Panel: Innovative Bariatric Procedures

Panel: Humanitarianism

Panel: NOTES Videos

Friday, April 19

SAGES Scientific Sessions

Exhibits/Posters/Learning Center open 9:30am - 3:30pm

Panel: Update on Healthcare

Presidential Address – W. Scott Melvin, MD

Gerald Marks Lecture – E. Christopher Ellison, MD

Debates: Presidential Debate

SAGES/SSAT Panel: Update on Bile Duct Injuries

Simulation Session

Panel: MIS Pregnancy

Panel: GI Emergency for the non-Pediatric,
non-Bariatric Surgeon

Session: Emerging Technology

Panel: Pancreas – Heads or Tails

Panel: Multidisciplinary Future of Surgery

Panel: Foregut – Myth Meets Reality

Panel: Acute Care Laparoscopy

SAGES/ISLCRS Colorectal Robotics

SAGES/CAGS Session: Ultimate SAGES

Main Event & International Sing-Off

Saturday, April 20

SAGES Scientific Sessions

Exhibits/Posters/Learning Center open 10:00am - 1:00pm

Session: Career Development

Session: Military

Karl Storz Lecture – Lee L. Swanstrom, MD

FREE Lunch in Exhibit Hall for all

SAGES Meeting Attendees 12:00pm - 1:00pm

Panel: Management of GIST Tumors

Symposium: Robotics

SAGES/AORN Session: Patient Safety Checklist –
Time Out and Huddle

Who Should Attend:

The SAGES Annual Meeting has elements that have been specifically designed to meet the needs of practicing surgeons, surgeons-in-training, GI assistants, nurses and other allied health professionals who are interested in minimally invasive surgery and gastrointestinal endoscopy. Thorough coverage of traditional topics and presentations of “cutting edge” material can be found in this program. The SAGES Program Committee recommends that participants design their own attendance schedule based on their own personal educational objectives.

Hosted By

**Society of American Gastrointestinal
and Endoscopic Surgeons (SAGES)**

11300 W. Olympic Blvd., Suite 600

Los Angeles, CA 90064

Phone: 310-437-0544

Fax: 310-437-0585

Email: sagesweb@sages.org

How do I register?

Register on-line! www.sages.org/registration/

Please register online prior to the early registration deadline
of March 15, 2013.

Email: registration@sages.org

SAGES-Endorsed Courses as of September 25, 2012

As a service to members, SAGES offers Course and Program Directors the opportunity to have their courses reviewed and endorsed by the Continuing Education Committee.

These courses meet the guidelines established in the SAGES Framework for Post-Residency Surgical Education and Training and are endorsed by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES).

For more information and applications, please visit the Endorsed Course Application page at: http://www.sages.org/education/endorsed_courses/

Ethicon Institute of Surgical Education / Johnson & Johnson Medical

Course Director: Dr.Vinita Kulkarni

For More Information Contact:

Ethicon Institute of Surgical Education
Johnson House, 64-66

Senapati Bapat Marg

Mahim, Mumbai 400 016, INDIA

Phone: +91-22-24467438

Contact: Dr.Vinita Kulkarni

Email: VKulkar2@its.jnj.com

Basic Laparoscopic surgery; Laparoscopic Knot Tying and Suturing; Laparoscopic solid Organ Surgery; Laparoscopic Nissen Fundoplication; Minimally Invasive Technology (Self Study); Laparoscopic Colorectal Surgery; Basic Course on Laparoscopic Gynecology// January 01, 2012 - December 31, 2012

IRCAD-EITS

Course Director: Jacques Marescaux, MD, FRCS

For More Information Contact:

IRCAD-EITS, Hopitaux Universitaires

1 place de l'Hopital, BP 426

Strasbourg, France F-67091

Phone: +33-388-119-000

Fax: +33-388-119-099

Email: guy.temporal@ircad.fr
www.eits.fr

Colorectal Surgery// November 16, 2012 - Nov. 17, 2012

GI Endoscopy// November 19, 2012 - November 20, 2012

Intensive Course in Laparoscopic Surgery//

November 26, 2012 - November 30, 2012

Bariatric and Metabolic Surgery// December 07, 2012 - December 08, 2012

Intensive Course in Laparoscopic Urological

Surgery// December 10, 2012 - December 14, 2012

Microscopic and Endoscopic Approaches to the Skull Base: Neurosurgery-ENT-Skull Base// January 23, 2013 - January 25, 2013

Urological Surgery: Laparoscopic,

Minilaparoscopic, Robotic-Assisted Course:

Intensive Course// January 28, 2013 - February 01, 2013

Laparoscopic General Surgery: Intensive Course//

February 04, 2013 - February 08, 2013

Wrist Arthroscopy: Practical Course// February 22, 2013 - February 23, 2013

Laparoscopic General Surgery: Intensive Course// March 11, 2013 - March 15, 2013

Laparoscopic Gynecological Surgery: Advanced Course// March 18, 2013 - March 20, 2013

Pediatric Surgery "Laparoscopy in Neonates and Infants": Advanced Course// March 21, 2013 - March 23, 2013

New Perspectives in Hepatobiliary Surgery:

Advanced Course// April 04, 2013 - April 06, 2013

Urological Surgery: Laparoscopic and Robotic Treatment of Kidney Tumors: Advanced Course// April 11, 2013 - April 13, 2013

Laparoscopic Gynecological Surgery: Advanced Course// April 15, 2013 - April 17, 2013

Laparoscopic General Surgery: Intensive Course// May 13, 2013 - May 17, 2013

Urological Surgery: Laparoscopic, Minilaparoscopic, Robotic-Assisted Course:

Intensive Course// May 27, 2013 - May 31, 2013

Laparoscopic Colorectal Surgery: Advanced Course// June 07, 2013 - June 08, 2013

Laparoscopic Gynecological Surgery: Advanced Course// June 10, 2013 - June 12, 2013

Microscopic and Endoscopic Approaches to the Skull Base: Neurosurgery-ENT-Skull Base// June 19, 2013 - June 21, 2013

Laparoscopic General Surgery: Intensive Course// July 01, 2013 - July 05, 2013

Laparoscopic Gynecological Surgery: Advanced Course// September 16, 2013 - September 18, 2013

Laparoscopic General Surgery: Intensive Course// September 23, 2013 - September 27, 2013

Urological Surgery: Laparoscopic, Minilaparoscopic, Robotic-Assisted Course:

Intensive Course// October 07, 2013 - October 11, 2013

Flexible Endoscopy and Hybrid Endo-Laparoscopic Surgery: Advanced Course// October 18, 2013 - October 19, 2013

Laparoscopic Gynecological Surgery: Advanced Course// October 21, 2013 - October 23, 2013

Laparoscopic Digestive Surgery: Advanced Course// October 24, 2013 - October 26, 2013

Laparoscopic Colorectal Surgery: Advanced Course// November 15, 2013 - November 16, 2013

Laparoscopic General Surgery: Intensive Course// November 25, 2013 - November 29, 2013

Wrist Arthroscopy: Practical Course// November 29, 2013 - November 30, 2013

Laparoscopic Gynecological Surgery: Advanced Course// December 02, 2013 - December 04, 2013

Bariatric and Metabolic Surgery: Advanced Course// December 05, 2013 - December 07, 2013

Urological Surgery: Laparoscopic,

Minilaparoscopic, Robotic-Assisted Course:

Intensive Course// December 09, 2013 - Dec. 13, 2013

Interventional GI Endoscopy: Advanced Course// December 19, 2013 - December 20, 2013

Minimally Invasive Surgery Training Centre

Course Director: Prof MC Misra and
Dr. Virinder Kumar Bansal

For More Information Contact:

Minimally Invasive Surgery Training Centre
Room No. 5023, 5th Floor Teaching Block
Department of Surgical Disciplines
All India Institute of Medical Sciences
Ansari Nagar, New Delhi-110029
India

Phone: +91-11-26594285

Fax: +91-11-26588324

Email: drvkbansal@gmail.com

Email: mistrainingcentre.aiims@gmail.com

**Training Courses in Operative Laparoscopic,
Laparoscopic Hernia, Laparoscopic Colorectal and
Laparoscopic Suturing Surgery.** More information [http://
www.aiimslaparoscopictestingcentre.com/](http://www.aiimslaparoscopictestingcentre.com/) January 02, 2012 -
December 13, 2012

National University Hospital –

Minimally Invasive Surgical Centre

Course Director: David Lomanto, MD, PhD

For More Information Contact:

Level 2 Kent Ridge Wing 2
Advanced Training Centre
National University Hospital
5 Lower Kent Ridge Road
Singapore 119074

Phone: +65-6772-2897

Fax: +65-6774-6077

Email: misc@nuhs.edu.sg

International Congress of Asia-Pacific Metabolic & Bariatric
Surgery Society <http://www.misc-asia.com/> April 01, 2012 -
December 31, 2012

The University of California, San Diego School of Medicine

Course Director: Santiago Horgan, MD

For More Information Contact:

UC San Diego School of Medicine
2251 San Diego Avenue, Suite A-160, San Diego, CA 92110

Phone: 619-543-7567 / 619-543-7263

Fax: 619-543-7610

Contact Persons: Helena Zandstra & Bermelilyn Imamura

Email: hzandstr@ucsd.edu or bimamura@ucsd.edu

**6th Annual UC San Diego Advances in Minimally
Invasive Surgery: Hands-On Symposium.** [http://cme.
ucsd.edu/mis/](http://cme.ucsd.edu/mis/) November 08, 2012 - November 10, 2012



SAGES 2013

Coming Soon...

The 2013 Meeting App



IOS



ANDROID

Enhanced Features Include:

- » Personalized schedules
- » Note Taking
- » Tweet/Share favorite sessions
- » Enhanced maps, listings & search capabilities
- » Enhanced exhibitor listing & features

Stayed tuned to www.sages.org for further details



Society of American Gastrointestinal and Endoscopic Surgeons

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www.sages.org

Save the Date!

***SAGES Scientific Session & Postgraduate Course
April 17 - 20, 2013, Baltimore, MD***

***SAGES Scientific Session & Postgraduate Course
April 2 - 5, 2014, Salt Lake City, UT***

***SAGES Scientific Session & Postgraduate Course
April 15 - 18, 2015, Gaylord Opryland Hotel,
Nashville, TN***

IRCAD Award Winner—continued from page 7

lence. They are pioneer in MIS in Europe with numerous project underway including (image guided hybrid surgery institute, software augmented reality guided surgery, many research projects in robotics, notes, medical software).

4. Global society: it's very clear to me after completing this course and spending the summer in France that "the world is flat." Live lectures from Asia, USA, Europe, while we are sitting in a conference room in France. The future is for international collaboration and not for reinventing the wheel.
5. I strongly encourage all young surgeons to visit IRCAD. It's an eye opening experience and SAGES is on the right track to continue to be a leader in our surgical world. There are plenty of opportunities to learn from world famous surgeons to improve our skills for better patients outcomes.
6. Strasbourg, France: it self is a beautiful quite stunning city with its amazing old cathedral, houses, and the phenomenal food. The city is chiefly known for its sandstone Gothic Cathedral with its famous astronomical clock, opera, and for its medieval cityscape of Rhineland black and white timber-framed buildings, particularly in the Petite-France district or ("tanners' district") alongside the Ill and in the streets surrounding the cathedral.

SAGES EXECUTIVE OFFICE

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