

Scope



FUSE IN FRANCE



FOREGUT SURGERY GROUP



SAGES AND MENTORSHIP



SAGES 2017 MEETING



FEATURED INSIDE...

PRESIDENT'S MESSAGE



“ On this 35th Anniversary of the founding of SAGES, I am very pleased to report to you that SAGES is extremely strong. ...

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SAGES SAFE CHOLE



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SAGES has done so much for my career and personal development over the years. Through its stellar mentorship and sponsorships, I am on the path to attaining my academic goals. I owe a lot of gratitude to SAGES and am so happy to be a part of this organization. ...



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MESSAGE FROM THE PRESIDENT

DANIEL J. SCOTT, MD, FACS, PRESIDENT, SAGES

“

On this 35th Anniversary of the founding of SAGES, I am very pleased to report to you that SAGES

is extremely strong. In fact, I would say that SAGES is an organization that is vital to the world of Surgery. And, thanks to the SAGES Foundation we expand our horizons each year with groundbreaking research and education.

Our 2016 annual meeting in Boston had a record attendance of more than 2,500 surgeons, members, and guests who came from more than 40 countries. The meeting was a fantastic success and included our first ever TEDx event which was presented to an audience of more than 1,500 people. If you have not been to a SAGES meeting, I would strongly encourage you to attend one, as there is palpable energy and excitement about our field.



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SAGES is unique in so many ways. We embrace collegiality while forging new frontiers with courage. We are not afraid to take risks in order to explore new techniques, approaches, or methods for the sake of improving the care of our patients. Indeed, our founders had the courage to embrace gastrointestinal endoscopy and place it firmly into the armamentarium of surgeons when doing so was a daunting political challenge. In the same way, SAGES surgeons were quick to embrace laparoscopy despite substantial skepticism by many established groups. SAGES has demonstrated a longstanding commitment to not only seek out innovations that we feel are beneficial but more importantly to develop scientific evidence and educational programs in these areas.

Our annual meeting generates a wealth of clinical data, with 1,089 abstracts presented this past year. Many of these result in high quality papers which are published in our journal. Our research committee sponsors numerous grants and career development awards to foster specific and worthwhile investigations. Our TAVAC or Technology and Value Assessment committee evaluates novel technologies and distributes useful summaries describing the available clinical evidence supporting their use. Our guidelines committee follows a rigorous methodology for publishing robust recommendations.

SAGES has taken a major interest in Outcomes. In 2015, our Quality, Outcomes, and Safety committee hosted a summit with multiple stakeholders involved and through our Legislative committee we continue to work on advocacy for our members and our specialty in a collaborative fashion.

SAGES has been a leader in education. Our fundamentals programs include the fundamentals of

laparoscopic surgery or FLS and the fundamentals of endoscopic surgery or FES. Both of these programs incorporate a high stakes certification process and have been adopted as requirements by the American Board of Surgery. Fuse or the Fundamental Use of Surgical Energy is our 3rd fundamentals program and is now enjoying success not only in North America but is being adopted in France, Germany, and several other countries.

We continue to think differently about education and patient care. OUR ADOPT program is an innovative, multi-faceted educational program, designed to increase learners' adoption of new procedures and techniques into their surgical practice. Our "SMART" program is the SAGES version of enhanced recovery pathways for the operations we perform. Our SAFE Chole initiative strives to ensure that surgeons understand and routinely achieve a critical view of safety. In 2015, we hosted a summit on Telementoring and initiated our Project 6 program, which has already demonstrated feasibility of using on-line connections to foster improved surgical skills. Moreover, this technology has been used to support our Global Affairs programs to help the surgeons we train in the developing world keep current and further improve their skills. The generous grant from Dr. Pon will allow us to expand these international activities with an emphasis on sustainability.

No man is an island, nor is an organization. To accomplish our goals, we collaborate with a whole host of other organizations and we are grateful for these relationships. The landscape of surgical training is in evolution, and we have enjoyed strong collaborations with the Fellowship Council and the American Board of Surgery as we collectively have interests in affording surgeons the best possible training.

I am especially excited about an initiative we started in 2015 called our SAGES University Masters Program. SAGES has so much educational material that we hired a full time librarian to help us catalog our content. The Masters Program is designed to allow our members to access these materials, organized according to topics and embedded within carefully structured curricula. This program allows surgeons to submit a video of various index operations, receive feedback about their performance, and get coaching to help them further optimize their practice. We very much believe that this novel program will make a difference for our members and our patients.

Innovation is the word most often associated with SAGES. As you can see from just a few of the items that I have covered, innovation is very much at the heart of our organization. For those who have recently joined the SAGES family and for those considering becoming a part of it, I want to tell you that there really is no other organization like this one.

We embrace bright people who want to work hard towards a common goal and for the good of our members and patients. SAGES is filled with surgeons - both young and old - who have this joie de vivre about what they do and enjoy working side by side without regard to hierarchy. Indeed SAGES is a family and we welcome you into it.

Please do not hesitate to reach out to me at PRESIDENT@sages.org, or to our executive director Sallie Matthews at SALLIE@SAGES.org, or follow us on twitter at [@SAGES_Updates](https://twitter.com/SAGES_Updates). We welcome your input and encourage you to be involved with our organization.

Thank you for supporting SAGES!

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SAFE CHOLE & SAGES

SAFE CHOLECYSTECTOMY TASK FORCE REPORT



Laparoscopic Cholecystectomy (LC) is responsible for the minimally invasive surgery revolution that started in the late 1980's. The first laparoscopic cholecystectomy presented at SAGES was at the 1989 annual meeting by Professor Jacques Perissat. Although LC demonstrated obvious benefits from the beginning and quickly became the gold standard for removal of the gallbladder, it carried an increased incidence of bile duct injury (BDI) when compared to the open approach. Over 25 years later, this increased incidence of BDI continues to be a key area of concern and a clear goal for a patient safety and quality improvement initiative. In 2014, SAGES formed the Safe Cholecystectomy Task Force under the vision of Michael Brunt and with Rob Fanelli, MD as Chair and Horacio Asbun, MD as Co-Chair, to address this issue and with the mission to enhance a universal culture of safety in cholecystectomy.

To date, the task force has a number of initiatives and projects that are underway. We have established a six-step program that describes practical steps which surgeons can currently begin incorporating into their practice with the goal of minimizing the risk of biliary injury. These six steps can be found on the SAGES website at www.sages.org/safe-cholecystectomy-program/. The centerpiece of the program is the use of the critical view of safety method.

Other recommendations include: considering performing an intraoperative time out or stop point, to verify that the critical view has been obtained before clipping or cutting any structures, understanding aberrant anatomy, liberal use of intraoperative cholangiography or other means of imaging the biliary tree, recognition of danger zones when facing a difficult gallbladder and potential exit strategies, as well as getting help for difficult cases. In a recent study by Barot and colleagues presented at the 2016 SAGES meeting, 173 lap chole cases were tracked 3 months pre- and for 6 months post implementation of the SAGES 6-step program. Implementation of this program was associated with an increased rate of critical view of safety visualization ($p < 0.001$), recognition of aberrant anatomy ($p = 0.039$), and fewer complications ($p = 0.025$).

At the 2016 SAGES meeting, a post-graduate course was held on prevention and recognition of biliary injury and SAGES recently had a joint panel session with the IHPBA and AHPBA at the IHPBA meeting in Sao Paulo, Brazil which was very well attended and received.

The task force is in the process of completing a series of web based educational modules to further expand on concepts around enhancing safety during LC which is expected to be

released later this year. This program will be available for CME self assessment credits, and will be freely accessible to the surgical community.

Other projects that are in development include:

- Comprehensive literature review of bile duct injury led by Phil Pulcher and Raj Aggarwal
- Database review of current rates of BDI in the US led by Dana Telem
- A study to evaluate the role of coaching in enhancing achievement of the critical view of safety during cholecystectomy led by Dimitrios Stefanidis
- Planning for a multicenter prospective, randomized trial to look at the role of ICG fluorescent cholangiography in identification of biliary anatomy led by Dana Telem and Michael Brunt
- Study to assess the ability of crowdsourcing to verify the critical view led by Adnan Alseidi

The SAGES Safe Cholecystectomy Taskforce is currently led by L. Michael Brunt, M.D., Chair, Horacio Asbun, M.D., Co-Chair and Dana Telem, M.D., Co-Chair. We look forward to your feedback to make this a valuable initiative to the surgical community and our patients.

Dr. L. Michael Brunt

SAGES MEMBERS

- READ THIS!

EVEN IF YOU DON'T THINK YOU WANT TO...

Chris Matthews, host of *Hardball with Chris Matthews*, provided the Keynote at the 2016 American College of Surgeons Leadership & Advocacy Summit. In addition to the usual humorous banter about American politics, he said something that really struck me as insightful, "Read the news every day, for about 10 -20 minutes. IN PRINT. ON PAPER." My mind quickly conjured up words like "old man, generation gap, save trees, instant updates online," and perhaps a few I won't share. He went on to explain. "When you read the news online, you tend to select only the articles that you like, and you never even look at the others." He pointed out that when one reads a news source in print, other topics and opinions will catch your eye, and you are more likely to read them. We can unintentionally narrow our viewpoints by reading only self-supporting opinions and create knowledge gaps by skipping articles that don't hit the top of our radar. It's an excellent point. I worry about this same issue as surgical journals go to online formats.

We read the emailed titles and select the ones that seem most relevant to our current practice. But what education is lost by not even glancing at the abstracts of other topics as you flip through to the page of a paper journal? How often do we do a literature search after a complication and quickly bypass any paper that seems to disagree with the approach we took? We keep looking until we find the paper that supports the management decision we made! This self-affirming practice has the potential to narrow

our perspectives further and further, perhaps to our personal and professional detriment.

If we want to be well balanced, educated thinkers, we have to read not only on the topics that interest us the most, but also the ones that weren't on our radar. This lesson from Chris Matthews was particularly poignant for surgeons on the topic of Advocacy. (Please don't stop reading because the topic just fell off your list of interests.) Many surgeons simply don't want to engage in Advocacy until something very personally impacts their practice. Some will go on to blame on the AMA, the ACS, or any faceless organization for not protecting them from the untoward event. In reality, that's akin to blaming another service for the postop complication of your elective surgical patient when the complication could have been prevented by good preoperative surgical planning. Physician – heal thyself! What have you done to advocate for your patients and your practice in the political arena?

Like learning any new skill in the surgical arena, it can be uncomfortable to step into the world of advocacy and legislation without education on the process and experience. However, a wealth of training and information available from professional organizations can guide the surgeon from the simple steps of calling and writing a legislator through testifying in Washington, DC.

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The mission of the Society of American Gastrointestinal and Endoscopic Surgeons is to improve quality patient care through education, research, innovation and leadership, principally in gastrointestinal and endoscopic surgery. Our leadership has wisely recognized that meeting this mission will require closer attention to the legislative activity through service as a voice for the surgeon and patient in this arena. SAGES members are now being trained to serve on the committees that create the guidelines, to speak at hearings in which legislation is considered, and to directly interact with our representatives in office. As part of these efforts, it was an honor to represent the organization and my fellow surgeons at the Leadership and Advocacy Summit, along with several others. An outstanding panel of surgeons, including our own Ross Goldberg, gave guidance and insight into how to navigate the advocacy arena. Education on

key topics and initiatives ranging from MACRA to GME were followed by personal visits to legislative offices. The same rewarding feeling that comes from a case well done was present after having an opportunity to share the needs and concerns of surgeons and their patients with my state Senators. Chris Matthews was right about learning new concepts and ideas by at least reading a little about topics outside your norm. Broaden your horizons to benefit your practice and patients by learning about the key issues and making your voice heard. SAGES, under the leadership of Don Selzer for the Advocacy and Health Policy Committee, looks forward to assisting you in your efforts.

Sincerely,

Danielle Walsh, MD , FACS, FAAP

2016 Leadership and Advocacy Fellowship Recipient



Dr. Danielle Walsh with SAGES Advocacy & Health Policy Chair Dr. Don Selzer (R) & Co-Chair Dr. Ross Goldberg (L)

SAGES FOUNDATION



UPDATE

Thank you to those SAGES members who annually contribute to the SAGES Research & Education Foundation. The SAGES Foundation could not carry out its mission without the contributions of the dedicated members of SAGES. Your past and future investment towards great projects of surgical education and research is both valued and appreciated. This past year, the SAGES Foundation was able to distribute \$508,000 in grants.

Why should YOU support the 80 by 20 Campaign?

The goal of the campaign is to have 80% of SAGES members giving to the Foundation by the year 2020. Did you know:

- The Foundation supports the amazingly ground-breaking work that SAGES does: Seed money for FLS, FES, FUSE Research grants, Career Development Award, Go Global, Brandeis Scholarship, Flexible Endoscopy Fellows Courses & Resident courses.
- SAGES matches member contributions
- For every \$1.00 SAGES has given to the Foundation, the Foundation gives \$1.50 back to SAGES projects and programs

All donations to the Foundation are tax deductible (to the extent permitted by law). Every donation, no matter the amount, counts toward the 80 by 20 Campaign. Are you a part of the 80%? Visit <https://www.sagesfoundation.org/> to donate today.

Leadership News

The Foundation Board of Directors is pleased to announce the appointment of two new Directors, Dr. Gary Vitale and Dr. Jo Buyske, and an Advisor, Dr. Tonia Young-Fadok. These surgeons have a long and accomplished history with SAGES and the Foundation's board members look forward to working with them.

The 2016 SAGES Foundation Awards Luncheon Recap:

The 10th Annual SAGES Foundation Awards Luncheon was held on Wednesday, March 16 at the Hynes Veterans Memorial Convention Center. More than 300 guests gathered to celebrate the accomplishments of a select group of outstanding and talented award recipients. The proceeds from the luncheon will be used for future minimally invasive research and educational opportunities!

See pages 20-21 for photos.

BE A MEMBER. BE A LEADER. BE A DONOR.

SAGES 2016

YOUNG RESEARCHER AWARD RECIPIENT

DR. DANA TELEM, ON SAGES AND MENTORSHIP



SAGES has done so much for my career and personal development over the years. Through its stellar mentorship and sponsorships, I am on the path to attaining my academic goals. I owe a lot of gratitude to SAGES and am so happy to be a part of this organization. SAGES really does support its members, and not just at the annual meeting; SAGES engages you year-round, 365 days a year. Whatever your career goals are and where your passion lies, SAGES helps you get there.

The Society has been a main driver in my career and responsible for my clinical and academic success. When I originally received the Researcher in Training Award in 2012, I was able to study more closely how the healthcare system worked and that fueled my desire to learn more and to continue in my career development by getting my MPH—also thanks to SAGES via the Career Development Award (CDA).

With SAGES, the mentorship is real. To be able to receive guidance from thought leaders in surgery, there's just nothing else like it. SAGES provides such an incredible network of people I can call anytime and ask for help who will enthusiastically pick up the phone and talk to me and share career advice. SAGES mentors give of their time and opinions and are thoughtful and available. And you just don't get that many places as a young faculty.

I've met some of my closest friends through SAGES and some of the most supportive mentors. I've been so moved by the spirit of mentorship and sponsorship at the organization that it's such a joy to give back to SAGES in the form of committee service and academic productivity. I just couldn't be more grateful.

About the SAGES Young Researcher Award

This award is designated for a young member of SAGES who is within five years of completion of residency or fellowship training, but not currently in a residency or fellowship program. The winner must demonstrate significant clinical and/or basic science research, publication or presentation at national meetings, and dedication to an academic career.

About Dr. Dana Telem

Dr. Telem is an Assistant Professor of Surgery at Stony Brook University Medical Center. She also holds appointments in the Department of Biomedical Informatics and Program in Public Health and serves as the director of the multi disciplinary surgical outcomes collaborative at Stony Brook. Her scope of practice includes bariatrics, foregut and hernia surgery. Dr. Telem is an avid researcher in both surgical outcomes and translational medicine. She is the recipient of the SAGES Researcher in Training Award (2012) Career Development Award (2014) and Young Researcher Award (2016). She has recently accepted a position at the University of Michigan and will be starting there this summer.

THE FRANCE FUSE PROGRAM

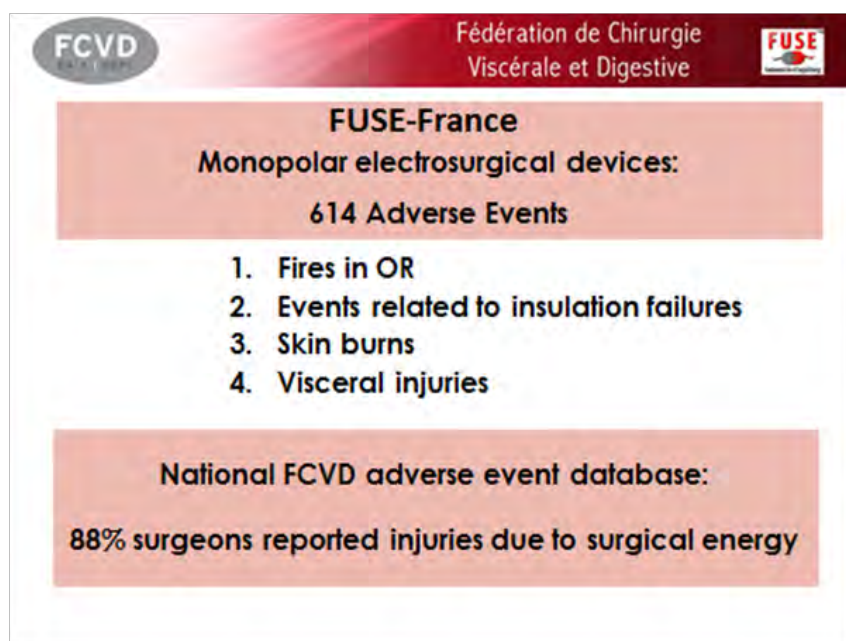
BY DR. PASCAL FUCHSHUBER, SAGES FUSE CHAIR

SAGES Fundamental Use of Surgical Energy™ Program Goes International

In 2014 SAGES was approached by the leadership of the French Society for Visceral and Digestive Surgery (FCVD) about integrating an e-learning module on surgical energy-based devices on the national French CME website. Having heard of the SAGES Fundamental Use of Surgical Energy program, the French were very interested to build a similar program in France. This interest was the result of an analysis of adverse events in the French national adverse events reporting database for surgeons. This database had been mandated by the French Health authorities in an effort to improve surgical outcomes and it showed energy-based device related injuries to be the 5th leading cause of surgical adverse events reported.

As shown here over 600 adverse events due to monopolar electrosurgical devices were reported during the first 4 years of data collection. Almost 90% of all practicing visceral surgeons in France were involved in at least one adverse event of this kind.

As a result the FCVD, under the leadership of Secretary General Dr. Jean-François Gravie, Past President Dr. Bertrand Millat, CFO Dr. Alin Deleuzes and President Dr. Jean Gugenheim, acquired the FUSE-online curriculum source code in 2014 and translated it



into French. After successful implementation of the France-FUSE program on the national CME e-learning platform it became a mandatory compliance module for maintenance of certification for 2000 active surgeons and all surgical residents and fellow in France in 2015.

As part of the agreement between SAGES and the FCVD a mutual exchange of committee members for the FUSE committee was initiated. To celebrate the successful implementation of the France-FUSE program all four FCVD representatives were invited by SAGES and participated at this year's meeting in Boston with contributions to the FUSE postgraduate course, the OR fire prevention course and the FUSE task force meeting. The French delegation was introduced to the SAGES membership at the Presidents dinner and participated in the Sing-off event with great enthusiasm.

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From left to right: Jean Gugenheim, President FCVD; Alain Deleuzes, CFO FCVD; Daniel Jones, SAGES President Elect; Bertrand Millat, Past President FCVD; Brian Dunkin, SAGES Immediate Past President; Jean-François Gravie, Secretary General FCVD; Pascal Fuchshuber, Chair, SAGES FUSE Task Force.



We look forward to a continued and successful cooperation and friendship between SAGES and the FCVD in the future. Data collected in the French adverse event database will help underscore the importance of the FUSE Fundamentals program for surgical education. The successful implementation of the France-FUSE program will serve as a blueprint to continue international expansion of this important SAGES Fundamentals curriculum.

FOR FURTHER INFORMATION: <http://fusedidactic.org/> | <http://www.formationfuse-france.fr/programmes-dpc.html>

WHY MEMBERSHIP IN THE AMA IS IMPORTANT

Are you concerned about reimbursement? What about healthcare reform? Do you wonder about patients' 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. 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://commerce.ama-assn.org/membership/>
In addition, please visit www.ama-assn.org/go/ballot to designate SAGES as your specialty society for representation purposes.

SAGES 2017 CALL FOR AWARDS

SAGES AWARDS NOMINATIONS ARE NOW OPEN!

We encourage you to review the available awards and scholarships and submit your nomination online at www.sages.org/about/awards/. Note, you must be logged in to your SAGES account to submit nominations.

Nomination forms will be reviewed by the Awards Committee and winners will be selected at the SAGES Awards Committee meeting during the ACS Clinical Congress in October. The Committee will recommend recipients to the Board of Governors. Awards will then be bestowed upon the recipients during the SAGES Annual Meeting the following year.



DUE DATE TO SUBMIT NOMINATIONS IS BY FRIDAY, SEPTEMBER 16, 2016.

For any questions, please e-mail Viera Ewell at Viera@sages.org

We hope that you participate in this process so that we may honor those who have contributed a great deal to endoscopic surgery and to SAGES.

SAGES 2016 ANNUAL MEETING RESIDENT SCHOLARSHIP AWARD ESSAY



SAGES is a pioneering organization that holds innovation and education in high regard. This is reflected in the organization's support of its resident and medical student members. As a previous recipient of the scholarship to attend the SAGES basic endoscopy and laparoscopy resident course, I know firsthand how seriously SAGES values the mentoring of surgical trainees. Now, as the winner of the resident scholarship to attend the 2016 SAGES Annual

Meeting, I am truly grateful for the emphasis that SAGES places on supporting surgical trainees.

This was the first SAGES meeting that I have attended, and it exceeded my expectations. Events like the candidate networking night, where current and past SAGES leaders welcomed the residents, really made the organization appealing to new members like myself.

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The opening session video of the history of SAGES described how a small group of innovators has transformed into the prominent minimally invasive, bariatric, and endoscopic surgical society. The continued importance of improving the field through emerging technologies and encouraging new membership is clearly evident to anyone who attended the annual meeting. The amazingly inimitable Friday night gala is unlike any other academic conference's closing dinner, and demonstrated how this organization is growing and thriving.

As a surgical resident still learning the basics, I was especially im-

pressed with the SAGES University Masters Series. In this series, world-renowned faculty gave high-yield lectures on topics like hernia, flexible endoscopy, colorectal surgery, and foregut disease. This is the perfect, real world review that a surgical trainee wants and needs to succeed. The post-graduate courses on common bile duct stones and hernia were enlightening, and provided excellent information. Stopping by the exhibit hall and learning center gave me the chance to practice my laparoscopic skills and participate in the timed simulations at the Top Gun station. There were many other components to the meeting that added value to the experience,

including the poster hall, the TEDx-BeaconStreet talks, the many panels with distinguished discussants, the hands-on courses, and the talks given by Dr. Brian Dunkin and Dr. Jo Buyske.

However, my meager recitation of the sessions and events does not do the meeting justice. I wholeheartedly recommend any general surgery resident to attend the next SAGES meeting, as it will be packed with useful information. Thank you SAGES for giving me the opportunity to attend the annual meeting, and I am definitely planning on remaining involved with this amazing organization in the future!

Christopher McNicoll, MD, MPH, MS

*General Surgery Resident, PGY-2
University of Nevada School of Medicine*

SAGES FOREGUT SURGERY COLLABORATION

BY DR. ANDREW WRIGHT, CO-CHAIR, COMMUNICATIONS



Imagine seeing a patient in clinic with a challenging clinical problem, and then being able to turn immediately to a global network of colleagues for advice. SAGES has developed a new private group on Facebook that allows you to do just that – the SAGES Foregut Surgery Collaboration. This is an international platform for surgeons who are interested in optimizing outcomes in foregut surgery to come together to collaborate, share, discuss, post photos, post videos, and simply post anything related to the disease of the foregut (esophagus, stomach, and small intestine).

With over 400 members already, surgeons from all over the world debate interesting cases, work through difficult diagnoses, and discuss technical pearls and pitfalls. On average there are 20-25 posts per month, with an average of almost 9 comments per post. The group is closed to the public and potential members are vetted by the moderators (Andrew Wright MD, Jaisa Olasky MD, and Brian Jacob MD) in order to ensure that the group continues to be a safe place for surgeons to discuss their craft.

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THE SAGES FOREGUT SURGERY COLLABORATION AT WORK:

SAGES chose to use social media as the platform for the collaborative, since so many surgeons already use Facebook routinely. This means you can follow along without having to visit a separate site or remember yet another login and password. Facebook also makes it easy to share images or videos with minimal to no technical expertise on the part of the user. If you already use Facebook, great! If you are a Facebook skeptic, take heart - there are a number of members who have joined specifically to be a part of the collaboration. You don't have to feel obliged to post photos of your kids, pets, or lunch.

Although some surgeons have expressed concerns about using social media to discuss patient cases, there have been no HIPAA violations in the year since the group was started. You should check with your institution's policies, but generally speaking de-identified images and clinical scenarios are considered ok to post. Many surgeons feel more comfortable asking patients for permission to post questions, and most patients are quite grateful and pleased to agree to having their difficult or interesting cases posted to a group of experts.

To join the SAGES Foregut Surgery Collaboration please request to join the group on Facebook (www.facebook.com/groups/SAGESforegut/) and ensure that Facebook Messenger is active in your privacy settings so that the moderators may contact you. Keep in mind that this is a private group, and posts are held to the highest standards and all members wishing to join are vetted. Inappropriate posts and posts that violate USA HIPAA compliance rules are deleted. The posts are part of a social forum, and comments are individual opinions and not the opinions of SAGES. Posts do not constitute the appropriate standard of care and are not to be interpreted as final medical advice.


CASE POSTED BY A SURGEON


 May 23 at 6:21am


WWYD
39 y old female pod #4 s/p lap RYGB, HH repair was doing great until last night felt a pop on left side had nausea and distention after JJ is stapled 60mm , closed mesenteric spaces with vlock I placed NG carefully drained 700cc
F/u X-ray pending , labs and vitals normal
Would you explore to see if JJ is kinked or wait?


Like Comment

9 COMMENTS WITHIN 1ST HOUR, 59 COMMENTS TOTAL

 Go back and take a look.
Like Reply 3 May 23 at 6:33am

 Based on CT, would probably explore. Post a follow-up either way!
Like Reply 1 May 23 at 6:52am

 Lscope look
Like Reply May 23 at 7:19am


 No ct needed. Dx lap immediately 700 cc closed obstruction.
Wait it will blow
Like Reply 4 May 23 at 7:28am


DISCUSSION MIGRATES TO TECHNICAL ISSUES THAT MIGHT PREVENT COMPLICATION IN FUTURE

 Before



Like Reply May 25 at 4:33pm

 After



Like Reply May 25 at 4:33pm

CALL FOR ABSTRACTS

SAGES 2017 ANNUAL MEETING

March 22-25

George R. Brown Convention Center, Houston, TX

**SAGES 2017 SCIENTIFIC SESSION SUBMISSION DEADLINE:
SEPTEMBER 23, 2016 (11:59 PM PDT)**

Program Chair: Horacio Asbun, MD | Program Co-Chair: Melina Vassiliou, MD

To submit paper and video abstracts to the SAGES 2017 Scientific Session please visit the following web page: www.sages.org/meetings/abstracts/

The program will consist of oral presentations, video presentations, and poster presentations. The program committee will be responsible for selecting the length of the oral and video presentations.

All paper and video abstracts MUST BE SUBMITTED ONLINE VIA THE SAGES ABSTRACTS SUBMISSION SITE LISTED ABOVE.

NOTE: ALL content authors are required to disclose any financial relationship(s) with an ACCME-defined commercial interest ('industry'). Also, no content author may be an employee of a commercial interest. More details available online.

The following Abstract Submission Policies will be firmly enforced:

- **No Previously Published Submission:** The abstract submitted must present original work that has not and will not be published or presented prior to the 2017 SAGES meeting.
- **No Dual Submissions:** The abstract must not have been submitted to any other upcoming meeting in North America.

- **No Previously Presented Data:** All abstracts must be new and original content OR include at least 50% new data if previously presented at a meeting.
- **Manuscript Submission:** Accepted Oral Abstract Presenters must submit a complete manuscript to Surgical Endoscopy.
- **Digital Poster Submission:** If selected for a Poster Presentation, a digital version of the poster must be submitted.

NOTE: The SAGES Conflict of Interest Task Force (CITF) declares that no employees of a commercial interest may present or be a planner in SAGES CME accredited activities when the topic is relevant. For additional information, review SAGES Policy on Employees of Commercial Interests.

2017 Emerging Technology Session

Submission for "Emerging Technology" abstracts will open in November and will run until early January 2017. For detailed instructions and submission deadlines, please visit: www.sages.org/meetings/abstracts/

If you have any questions, please contact the SAGES office at **310-437-0544 x118** or email: abstracts@sages.org.

FELLOWSHIP COUNCIL

IMPORTANT DATES FOR THE 2017 MATCHING PROCESS



ADVANCED FELLOWSHIP SURGICAL TRAINING

Streamlined Universal Fellowship Application and Matching Process

FOR INFORMATION: www.fellowshipcouncil.org

2017 FELLOWSHIP COUNCIL ACCREDITED FELLOWSHIPS AVAILABLE

2018-2019 FELLOWSHIP YEAR

- Advanced Gastrointestinal Surgery
- Advanced GI Minimally Invasive Surgery (MIS)
- Advanced GI MIS / Bariatrics
- Bariatric Surgery
- Flexible Endoscopy
- Hepato-Pancreato-Biliary Surgery

2017 FELLOWSHIP APPLICATION AND MATCHING CALENDAR

Fellowship Application Process Opens	December 5, 2016
Fellowship Application Closes	February 14, 2017
Letters of Recommendation Deadline	February 14, 2017
Inform Applicants of Interview Status	March 17, 2017
Rank Order Deadline	May 25, 2017
Date for Announcement of Fellowship Matches	June 13, 2017
Fellowships Begin	August 1, 2018 <i>(July 30, 2018 at program's discretion)</i>

T. 310-437-0555

F. 310-437-0585

E. info@fellowshipcouncil.org

SAGES EDUCATION AND TRAINING

SAGES ENDORSED COURSES

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).

AIS will present "Improving Colorectal Cancer Outcomes by Oncologic Assessment with Fluorescence Imaging," Thursday, July 14, 2016. For more information, visit <http://aischannel.com/congress/summer-event-2016/> or view the course trailer at <https://www.youtube.com/watch?v=XfA7xfU9bAk>

For more information and applications, please visit <http://www.sages.org/endorsed-courses/>

RESIDENT & FELLOW TRAINING COMMITTEE UPDATE

WINNERS OF BEST RESIDENT PRESENTATION

presented on behalf of the SAGES Resident & Fellow Education Committee at the SAGES 2016 Meeting:

1st place: \$500 award - Dr. Andrew Ibrahim - presentation entitled "Surgical Outcomes at Bariatric Centers of Excellence: Are They All Excellent?"

2nd place: \$300 award - Dr. Lisa Aird - presentation entitled "The Impact of Standardization on Short and Long-term Outcomes in Bariatric Surgery"

3rd place: \$200 award donated to SERF - Dr. Tiffany Cox - presentation entitled "A Prospective, International, Multi-institution Study Evaluating Type of Fixation and Number of Tacks Affecting Quality of Life (QOL) after Ventral Hernia Repair(VHR)"

WINNERS OF BEST RESIDENT/FELLOW SCIENTIFIC SESSION PRESENTATION

presented on behalf of the SAGES Resident & Fellow Education Committee at the SAGES 2016 Meeting (reported by Dr. Sucandy - the session chair & Dr. Pucher as the session co-chair):

The session went very nicely, very well attended, excellent 10 high quality papers were presented with dynamic discussions. Drs. Ken Murayama, Leena Khaitan, Justin Dimick and Mark Talamini were present as the Expert Panelists. Two winners were selected for best papers and received a certificate and Top 21 DVD:

1st place: Hospital Quality and The Cost of Bariatric Surgery in the US (Presented by Dr Andrew Ibrahim from Univ of Michigan).

2nd place: Single Incision Laparoscopic Surgery Increases The Risk of Unintentional Thermal Injury From Monopolar Bovie In Comparison to Traditional Laparoscopy. (Presented by Dr Nicole Townsend from Univ of Colorado).



I would like to thank you all of you for the opportunity and privilege to contribute to SAGES.

Iswanto Sucandy, MD
*University of Pittsburgh Medical Center
 Hepatobiliary Pancreas Surgery Fellow*

SAGES MEETING 2016

SAGES 2016 AWARD WINNERS AND MORE...



Drs. Steven Schweitzberg and Brian Dunkin



Drs. Rebecca Baucom and Desmond Birkett



Dr. David Rattner and Charlie Wilhelm,
President & COO of Karl Storz



Drs. David Rattner and Adrian Park



Drs. Desmond Birkett and Daniel Scott



Drs. Desmond Birkett and Jeffrey Marks



Drs. David Urbach and Dana Telem



Drs. David Rattner and Karl Hermann Fuchs



Drs. Brian Dunkin and Alberto Montori

SAGES MEETING 2016

SAGES 2016 AWARD WINNERS AND MORE...



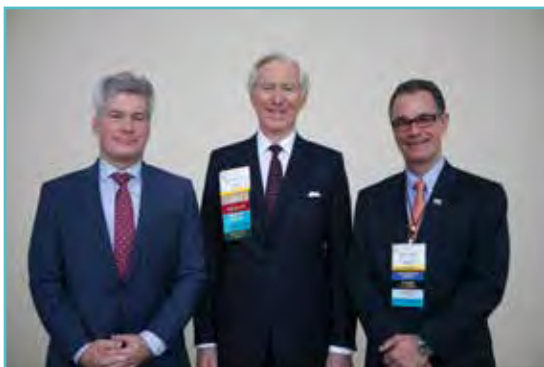
Drs. Gerald Marks, James Alexander and John Marks



Dr. Brian Dunkin, President



Dr. Daniel Scott, President Elect



Drs. Adrian Park, Desmond Birkett and Daniel Scott



Dr. Jo Buyske, Marks Lecturer



Dr. Yulun Wang, Storz Lecturer



Drs. Thadeus Trus and Robert Fanelli, Program Chairs



SAGES President's Dinner

SAGES MEETING 2016

2016 SAGES MEETING MAIN EVENTS: GALA AND TEDx





Surgical Spring Week

SAGES 2017

Scientific Session & Postgraduate Courses

Save the Date:

SAGES 2017 MEETING

HOUSTON, TX

MARCH 22-25, 2017

PROGRAM CHAIR: HORACIO ASBUN, MD
PROGRAM CO-CHAIR: MELINA VASSILIOU, MD



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Chair: Jeffrey Marks, MD
Co-Chairs: Jose Martinez, MD, Carmen Mueller, MD

FLS:

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Co-Chairs: E. Matthew Ritter, MD,
Melina Vassiliou, MD, Allan Okrainec, MD

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Brant Oelschlager, MD

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Co-Chairs: Steven Haggerty, MD, Geoff Kohn, MD

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Co-Chairs: Carla Pugh, MD, Guy Voeller, MD

HUMANITARIAN:

Chair: Tonia Young-Fadok, MD
Co-Chair: Marian McDonald, MD

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Co-Chairs: John Marks, MD, Caitlin Halbert, MD

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Co-Chair: Robert Rush, MD

NOMINATING:

Chair: Brian Dunkin, MD

PEDIATRIC:

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Co-Chair: Stefan Scholtz, MD

PROGRAM:

Chair: Jon Gould, MD
Co-Chair: Melissa Phillips Lapinska, MD

PUBLICATIONS:

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Co-Chair: Scott Davis, MD

QUALITY, OUTCOMES & SAFETY:

Chair: John Romanelli, MD
Co-Chair: Jonathan Dort, MD

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Chair: David Urbach, MD
Co-Chair: Rebecca Petersen, MD

RESIDENT & FELLOW TRAINING:

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Co-Chairs: John Mellinger, MD,
Robert Fanelli, MD, MHA

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Co-Chairs: Santiago Horgan, MD, Yuman Fong, MD

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Co-Chairs: Horacio Asbun, MD, Dana Telem, MD

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Chair: Liane Feldman, MD
Co-Chair: Thomas Aloia, MD

TAVAC:

Chair: Matthew Hutter, MD
Co-Chair: Shawn Tsuda, MD

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Co-Chairs: Ninh Nguyen, MD, Todd Ponsky, MD

SAGES Manuals

The SAGES Manuals are portable, concise, beautifully illustrated manuals from the world's pioneering society of minimally invasive surgery.

