



SCOPE

Spring, 1997

President's Message *Flexible Endoscopy – SAGES Continuing Role*



**Desmond Birkett,
MD, FACS**

When SAGES was first founded in 1981 by Gerry Marks and his "small band of surgical renegades" the organization's primary focus was on flexible endoscopy and its role for the general surgeon. Since the late '80s early '90s we

have tended to focus on the exciting and rapidly changing area of laparoscopic surgery, however we have not forgotten our bond with flexible endoscopy which continues to be strong, and vital to our patients. We need to refocus our attentions on flexible endoscopy.

At a recent meeting in Washington, D.C., several members of the leadership reaffirmed our concern about the preservation of flexible endoscopy in the practice of surgery. They brain-

stormed about solutions to the continuing problem of privileging in many hospitals, new therapeutic techniques and how to teach them, and flexible endoscopy in residency education. These issues are important enough for me to address them in my first President's message.

Privileging Issues – Turf or Patient Protection?

For those of you who think the turf question was resolved long ago, think again! The SAGES office receives 5-10 calls per week with questions concerning difficulty in obtaining privileges. The "turf battle" with our GI colleagues continues, but even more complicated are the issues of patient access and managed care policies. In some states the major health care providers bar surgeons from perform-

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*Newsletter of the
Society of American
Gastrointestinal
Endoscopic Surgeons*

(SAGES)



Desmond Birkett (left), Incoming President of SAGES, congratulates Greg Stiegmann, who completed his term of office at the March San Diego meeting, with a presidential plaque. Dr. Birkett, in his introductory comments, discussed Dr. Stiegmann's great contribution toward moving SAGES in a leadership role in resident education.

Randomized Trials—Our Responsibility

As we are all well aware, laparoscopic techniques have forever changed the face of General Surgery. Laparoscopic cholecystectomy and



R. Larry Whelan, MD

laparoscopic anti-reflux procedures have supplanted the equivalent open operations as the procedures of choice. Laparoscopic adrenalectomy, splenectomy, appendectomy, and herniorrhaphy are also widely practiced minimally invasive procedures. Laparoscopic techniques for colonic resection have also been developed. However, because of the development of port site tumor recurrences, a great controversy has arisen as to whether or not it is appropriate to use minimally invasive techniques to resect colon cancers for cure. In addition to the port site tumor issue, many surgeons remain unconvinced that an equivalent cancer resection can be performed laparoscopically while observing accepted oncologic principles. Finally, because a small incision is needed to remove the specimen and to facilitate the anastomosis, critics point out that the potential benefits of laparoscopic-assisted colectomy (LAC) are less than for other fully laparoscopic procedures.

Presently, there is a relatively small core of laparoscopic enthusiasts who are performing laparoscopic-assisted colectomy for cancer while the majority of surgeons are standing on

View

a critical look at endoscopic surgery

Scientific Editor for SCOPE:

R. Larry Whelan, M.D.,
Assistant Professor of Surgery,
Columbia Presbyterian Hospital
New York, New York

This section of SCOPE explores the clinical science of surgical endoscopy and attempt to address some controversial questions in the SAGES newsletter. Your thoughts and comments, will be enthusiastically received. Letters to the editor will be published on a space-available basis.

the sidelines skeptical of the future of this procedure. This is the ideal setting for a randomized and prospective trial and is also a unique situation in the world of General Surgery. Historically, when a new technique has been introduced, once judged by surgeons (and/or patients) as being advantageous, it has been rapidly assimilated and became widely practiced by surgeons who are not willing to wait for the results of a randomized trial to demonstrate the efficacy of the new procedure over the older, more established operation. The explosive growth of laparoscopic cholecystectomy is the perfect example of this

“method” of development. However, with LAC, the majority of surgeons remain unconvinced and are not, therefore, performing the operation. Meanwhile, the relatively small core of proponents who are convinced of the benefits of LAC are performing LAC for cancer. A prospective randomized trial, if well performed and of adequate size, should answer the questions raised above and determine the appropriateness of LAC for colon cancer. For the first time in eons, the results of a randomized trial may well determine the fate of a new technique.

Two such randomized prospective trials are presently under way in the United States. The Clinical Outcomes of Surgical Therapy (COST) trial is a multi-center trial sponsored by the National Cancer Institute (NCI). Currently, there are over 40 participating centers in the United States. The following cooperative cancer groups are involved with the trial: North Central

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Membership List to Be On-Line Before End of Year

SAGES membership list will be available online by the end of the year, making it easier to keep up with members address changes and current information. While SAGES does not provide referral services, the list will be available to patients and others seeking to locate SAGES members in a specific area. Since all surgeons offices are listed in AMA directories and

the phone book, we do not believe there is a privacy issue to consider. **However, if you have an e-mail address and you DO NOT WISH IT TO BE LISTED please contact the office by e-mail, fax, or letter.** Please do not call. Written communications will provide a record of your request. We expect to have the service available before the end of the year. ●

Two New Residents Courses in Advanced Laparoscopy

Attending Surgeons May Participate as Part of Team

As part of its augmented focus on the integration of advanced laparoscopy into residency training, SAGES, with the support of two corporate supporters, developed two courses in advanced Laparoscopic surgery for resident within a four month span. To assure clinical and training support after the introductory courses, an attending surgeon from the resident's institution may register under specific circumstances. The first course in Laparoscopic Foregut Surgery took place in May at the

University of Southern California Medical Center in Los Angeles and was supported by an educational grant from Ethicon Endo-Surgery. Under the direction of Jeffrey Peters, MD, the two day intensive lab course addressed esophageal motor disorders, diagnosis of and laparoscopic techniques to treat peptic ulcer disease, antireflux surgery including laparoscopic fundoplication, esophageal myotomy and toupet, etc. 26 residents and 4 attending staff participated.

The second course in Laparoscopic Colon Resection is

scheduled for September 5-6, 1997 in Norwalk, Connecticut at the United States Surgical Training Institute. Under the direction of Steve Eubanks, MD of Duke University Medical Center, the course will include laparoscopic colon resection, laparoscopic abdominal perineal resection and lower anterior resection, laparoscopic colostomy formation, etc. The two day course consisting of half day of lectures and one and a half day of hands-on training will be sponsored by an educational grant from USSurgical Corporation. ●

SAGES First Surgery Manual to Be Published Next Year

In a project with Springer Verlag, the publisher of SAGES official journal, SAGES will produce its first "nuts and bolts" manual entitled *The SAGES Manual: Fundamentals of Laparoscopy and GI Endoscopy*. some time in 1998. Designed for both residents and practicing surgeons, the manual will provide a how-to guide for both flexible endoscopic and general laparoscopic surgical procedures. Carol Scott-Conner, M.D., Ph.D., Professor and Head, Department of Surgery, Staff Physician, University of Iowa Hospitals and Clinics and College of Medicine, Iowa City, Iowa, has been appointed editor. Contributors will include the world's leading experts, in addition to a wide array of procedures and techniques and will include hundreds of diagrams and drawings.

The manual will be revised periodically and is expected to be the pocket guide reference to mini-access surgery and endoscopy. It will be a paper-

back volume with a modest price tag. More detailed information about the anticipated release date will be announced by SAGES before the end of the year. ●



Winton Berci (left), Vice-President, Circon Corporation, presents the Circon Golden Laparoscope to the Young Researcher of 1997, Phillip Schauer of the University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania.

GERD Course Slated for Chicago in October – Call Now to Reserve a Place

Full programs for SAGES first Advanced Upper GI Lap course will be available and mailed by early July. In the meantime, if SAGES members wish to reserve a place as a course registrant, please contact the office by phone or fax.

Course Title: Laparoscopic Approach to GERD

Date: Sunday, October 12, 1997, immediately preceding ACS Clinical Congress.

Place: Chicago (Palmer House Hilton)

Length of Course: Full day

Type of Course: Lecture and Hands-on-Lab

Under the direction of Lee Swanstrom, MD, the hands-on GERD course has a limited registration of 90.

The course will cover:

- Fundamental skills
- Patient selection
- Pre Op testing
- Basic techniques and problem solving
- Complications
- Advanced procedures

A complete registration form can be obtained after July 30 by contacting the office. ●

Corporate Council Elects New Officers and Directors

SAGES Corporate Council approved the following slate of officers and directors at the General Membership meeting in San Diego:

OFFICERS

President – Ellen Duke, BioEnterics

Vice-President – Matthew McFarlane, Taut (2nd term)

Treasurer – Riki Metzger, US Surgical (3 yr. term)

Secretary – Patrice Downey, JARIT (last year of 3 yr. term)

DIRECTORS

Larry Doll, BEI Medical Systems

Lorne Elder, Welch Allyn

Cindy Holloway, Valleylab

Ed Standen, Ethicon Endo-Surgery*

Bob Vrooman, Springer Verlag*

* New directors

Ellen Duke has long participated as a member of the Corporate Council and has previously held the office of Treasurer. She was a high profile participant of the joint SAGES/Corporate Council educational presentation to key policy makers in Washington in the summer of 1995. Matthew McFarlane has also been a long time member of the Council and is the first officer to be re-elected to an office. Riki Metzger also chairs the Exhibit Advisory Committee which benefits from her years of experience as US Surgical's exhibit manager. Patrice Downey has been a vital member of the Council since 1991 and completes her term as Secretary this year.

Ed Standen, Ethicon's new Director of Professional Education has recently joined the Council and has already taken an active role. Bob Vrooman is also a more recent participant of the Council and will continue to occasionally publish the "Corporate Corner" in *Surgical Endoscopy*. ●

President Greg Stiegmann (left) presents a certificate of recognition to Jay Tims, Dexide Corporation, congratulating him for his year as President of the SAGES Corporate Council.



1997 SAGES Research Grant Award Winners

Principal Investigator: David Brams, MD
Project Title: Effect of Humidifying Insufflated Gas on Hypothermia due to Pneumoperitoneum
Institution: Lahey Hitchcock Medical Center
Grant Support: Karl Storz Endoscopy
Amount of Grant: \$15,000

Principal Investigator: Mark Callery, MD
Project Title: Kupffer Cell Activation and Laparoscopic
Surgery Institution: University of Massachusetts Medical Center
Grant Support: United States Surgical Corporation
Amount of Grant: \$14,000

Principal Investigator: Ara Darzi, MD
Project Title: The Effect of Laparoscopic Surgery on Intraperitoneal Fibrinolytic Activity and Adhesion Formation
Institution: St. Mary's Hospital
Grant Support: United States Surgical Corporation
Amount of Grant: \$14,000

Principal Investigator: Michel Gagner, MD
Project Title: Blinded, Randomized, Prospective Trial of Elective Laparoscopic Cholecystectomy with and without Prophylactic Antibiotics
Institution: The Cleveland Clinic Foundation
Grant Support: United States Surgical Corporation
Amount of Grant: \$15,000

Principal Investigator: William Richards, MD
Project Title: Prevalence of Gastroesophageal Reflux in Patients who have Undergone Heller Myotomy
Institution: Vanderbilt University School of Medicine
Grant Support: United States Surgical Corporation
Amount of Grant: \$15,000

Principal Investigator: Jonathan Sackier, MD
Project Title: Evaluation of Cerebral Spinal Fluid Absorption during Abdominal Insufflation
Institution: George Washington University
Grant Support: Ethicon Endo-Surgery
Amount of Grant: \$15,000

First Patient Information Brochures Now Available

Four patient education brochures will soon be available through the Educational Resources Committee and through the generous support of an educational grant from U.S. Surgical.

The first samples will be sent to all members by the end of the summer. Members may order a supply at only \$25 per hundred. Look for the samples and order forms soon.

The four brochures are:

Laparoscopic Gallbladder Removal

Laparoscopic Colon Resection

Laparoscopic Hernia Repair

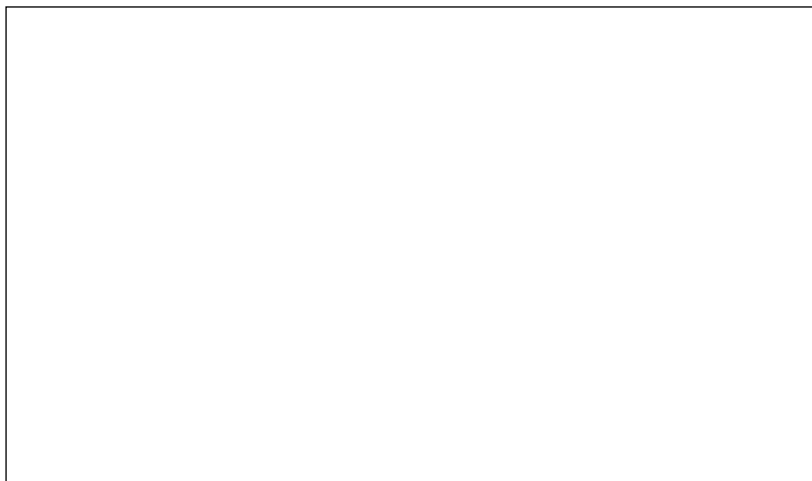
Laparoscopic Anti-Reflux Surgery



Greg Stiegmann (left) presents SAGES' first Distinguished Service Award to SAGES' Founder and first President Gerald R. Marks, M.D., F.A.C.S., Edgar J. Deissler Professor of Surgery, Director of Comprehensive Rectal Cancer Center, Director of GI Surgical Endoscopy, Allegheny University of the Health Sciences, Philadelphia, Pennsylvania. The plaque that Dr. Stiegmann presented read, "Founder, Pioneer, International Statesman in Endoscopic Surgery. You led the way. You fought the battles worth fighting. You understood the role of endoscopy for surgeons. You made it easier for those who followed."

CORPORATE COUNCIL TECHNICAL UPDATE

New Valleylab Lletz Loops Allow for Precise Tissue Excision



Valleylab Inc. recently announced the introduction of its new Tungsten LLETZ Loop Electrodes for precise tissue removal in LLETZ and other localized tissue-excision procedures. The new VALLEYLAB LLETZ wire loop electrodes, made from tungsten, according to the company are designed to offer greater control and increased durability than stainless steel products. Tungsten wire resists breakage while providing control against flexing and bending while in use.

Reusable and single-use electrodes with assorted loop sizes are available for a variety of surgical needs. These wire loops are intended to minimize thermal damage and yield good histopathology specimens. Ball electrodes are also available for fulguration and desiccation.

According to Kay Clanton, VALLEYLAB Vice-President of Marketing, "These electrodes were developed to meet surgeons' expectations specifically for tissue removal in a wide range of clinical applications."

VALLEYLAB INC is a division of the Hospital Products Group of Pfizer Inc. Valleylab test data is available upon request. Contact Lauri Good-year at 303-581-6890.

U.S. Surgical Corp.

In April, United States Surgical Corporation released the new MULTIFIRE ENDO GIA™ II Stapling System. This endoscopic stapler fires multiple length staple lines in a single instrument.

The ENDO GIA™ II handle accepts loading units that deliver 30mm, 45mm, and 60mm staple lines. The ENDO GIA™ II Stapling System can be fired 25 times in a single case, which is designed to reduce procedure costs.

Surgical applications include dividing and anastomosing stomach, small bowel, large bowel, and rectum, as well as dividing the appendix. Vascular staplers are also available to divide mesenteric and gastric vessels.

For more information, call 800-321-0263, extension 51924, or contact your local Auto Suture representative. ●

The Book Corner

Cirugia Laparoscopica y Toracoscopica was recently published by McGraw-Hill Interamericana and is now available through their distributors in the United States, Spain, Portugal, and Latin America. The book is authored by Jorge Cervantes, M.D., F.A.C.S., Professor of Surgery.

Endoscopy of the Colon, Rectum, and Anus gives comprehensive coverage on all forms of endoscopy for the lower gastrointestinal tract. It was published by Igaku-Shoin Medical Publishers, Inc. The author is James M. Church, FACS, FRACS.

Molecular Genetics and Colorectal Neoplasia: A Primer for the Clinician makes the molecular genetics of colorectal cancer understandable to the physician caring for patients with this disease. It was published by Igaku-Shoin Medical Publishers, Inc. The authors are James M. Church, FACS, FRACS, Bryan R. G. Williams, PhD, and Graham Casey, PhD. ●

The Book Corner highlights recent books by SAGES members. If you have recently authored or edited a book, submit the title, subject matter, publisher, publication date, and locations where the book is available to the SAGES office.

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Cancer Treatment Group (NCCTG), Southwest Oncology Group (SWOG), Cancer and Leukemia Group B (CALGB), Eastern Cooperative Oncology Group (ECOG), Radiotherapy Oncology Group (RTOG), and the National Cancer Institute of Canada (NCIC). Heidi Nelson of the Mayo Clinic is the principle investigator for the trial. Patients without evidence of metastatic disease with lesions in the right colon, hepatic flexure, splenic flexure, and left colon to the 15 cm level are eligible for the study. The trial has been open for patient accrual for the last 1-1/2 years and, thus far, has enrolled about 300 patients. The second randomized trial is a single-center study being run by Dr. Jeff Milson, a SAGES member, at the Cleveland Clinic.

There is no doubt that, with few exceptions, we, as surgeons, are strangers to the world of randomized surgical trials. Most of us are reluctant to get involved in such trials. Involvement in a randomized trial requires a strong commitment on the part of the surgeon. Enrolling patients is also time consuming and can be a frustrating experience. Adjusting your thinking so as to accept the randomization, despite the fact that you may have strong feelings about the usefulness of the procedure in question, can be difficult. However, it is vitally important that we overcome these reservations and become involved in randomized trials. The randomized trial is the scientific way to answer a clinical question. In the future, if the current political and economical climate per-

sists, we will probably have to justify new procedures with well performed studies that demonstrate a benefit.

The COST trial comparing open and laparoscopic-assisted colectomy for cancer is looking for new investigators. I urge SAGES members who are currently performing LACs to consider entering the trial. It is not that difficult to enter, and being in the trial is a satisfying experience. I am proud to note that half of the institutional principle investigators in the COST trial are SAGES members. Who better to perform a laparoscopic trial than the members of the Society that is committed to the proper development of minimally invasive techniques! Interested members may get information about the trial by contacting Dr. Heidi Nelson at 507-284-3329. ●

SAGES '97 Sails into San Diego

At the gala hosted by U.S. Surgical, one of five fantastic musical groups entertains at the cruise ship terminal where more than a thousand registrants relaxed at the "Sailabration."



Participants in the first OR Nurses Seminar and Luncheon. Left to right: Larry Whelan, Michael Marohn, Trudy Kenyon, Jonathan Sackier, Sue Manicom, and Steve Eubanks.

Learning Center '97

A SAGES registrant tests his skills while the ergonomics station records his movements.



Dr. Namir Katkhouda demonstrates some techniques of minimal access upper GI surgery.

Dr. Ramon Berguer (right) coordinated an ergonomic measuring station and survey as part of the '97 Learning Center.



Dr. Charles Filipi (center) demonstrates nissen wrap technique.



Dr. Charles Nduka explains some of the fine points of his poster at the "Meet the Experts" Poster Session held on Friday during the SAGES meeting in San Diego.



Awards Ceremony



Recipients of the 1997 Research Awards. Left to right: William Richards; Mark Callery; L. Yong accepting for Ara Darzi; Amy Halverson; Jonathan Sackier; Michel Gagner; B. Todd Heniford; Ed Standen, Director of Professional Education for Ethicon EndoSurgery; and David Brams.



The second Pioneer in Endoscopy Award was presented to Robert Quint of the Circon Corporation for his "significant contribution to the field of surgical endoscopy and his vision in enhancing science and technology for the care of our patients." Left to right: Winton Berci, Vice-President, Circon Corporation; Dr. Frederick Greene, Chairman of the Awards Committee; Mr. Quint; Dr. Greg Stiegmann; Marc Effron, Group Product Manager, Endoscopy, Circon Corporation; and Richard Auhll, President, Circon Corporation.



Carl Westcott is presented the prize for the Best Video at the SAGES meeting for his video entitled "During Endosurgical Heller Myotomy."



Dr. Frederick Greene (right) presents the award for the Best Resident Abstract to Ninh T. Nguyen.



Go Wakabayashi was presented the second place award for Best Video at the SAGES meeting.



Amy Halverson is presented with an award for one of the Best Resident Abstracts at the SAGES 1997 meeting.

The SAGES Ergonomics Task Force: Bridging the Gap Between Surgeons and Manufacturers

Formed six months ago, the task force's goal is to encourage the objective and scientific application of ergonomics to the design of surgical instruments, equipment, and the operating room work space. We want to im-

prove the comfort, safety, and efficiency of surgical operations by better matching our tools to the user's characteristics—particularly in video-endoscopic techniques.

One of our primary focuses is to encourage interdisci-

plinary research of the anatomy, physiology, and psychology of surgeons at work. It is our hope that this effort, when paired with modern engineering design, will result in surgical instrumentation and environments better suited to the task and the user. Ultimately, better designs will enhance our ability to perform minimal access surgery and benefit our patients while minimizing costs.

As part of the 1997 SAGES program the task force staged an ergonomics demonstration station at the learning center which generated significant interest from surgeons and manufacturers alike. We also distributed a questionnaire for registrants that polls surgeons for problems and inefficiencies they have experienced with Laparoscopic surgery. The information gathered from these activities will be presented to the membership and used to encourage manufacturers to adopt more ergonomic designs in future surgical tools.

The next step in the ergonomics task force program will be a meeting between committee members and the SAGES corporate council at the ACS in Chicago. We will present a summary paper on functional ergonomics problems in two specific areas: Laparoscopic instrument design, and Laparoscopic visualization devices. The program goal is to generate a lively and productive discussion about how to apply ergonomics principles existent in industry to improve the design of surgical instruments in these two

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Save This Date!

SAGES Annual Meeting April 1-4, 1998 Seattle, Washington

Program Chairman: Daniel Deziel, MD, Associate Professor, General Surgery, Service 1, Rush Presbyterian St. Luke's Medical Center, Chicago, Illinois

Postgraduate Course Director: Nathaniel Soper, MD, Professor of Surgery, Washington University School of Medicine, Director, Washington University Institute of Minimally Invasive Surgery, Staff Surgeon, Barnes-Jewish Hospital, St. Louis, MO

Wednesday, April 1, 1998 – Pre-conference hands-on course:

MINI/OFFICE LAPAROSCOPY

Course Director: Steve Eubanks, MD

POSTGRADUATE COURSE:

TIPS AND TECHNIQUES: THE DEVIL'S IN THE DETAILS

Two intensive half day sessions with the "how-to and when-to" maneuvers of the experts.

In 1998 SAGES will refine its practice of "the integrated meeting" by accenting the hands on skills needed for the postgraduate course topics in its learning center. Exhibitors will also demonstrate equipment and techniques for the two major PG topics.

The didactic portion will take place at the Hotel. Registrants will then be transported by shuttle to fully equipped animate laboratories in the Seattle area.

Mark Your Calendar!

SAGES Symposium on Pancreatic Cancer Slated for Wednesday Evening During ACS

Under the direction of William Traverso, M.D., SAGES will present a seminar on **Pancreatic Cancer - The Modern Approach**. The program, which will be held at approximately 5:30 PM on Wednesday, October 15th, is being presented in cooperation with SSAT (Society of Surgeons in the Alimentary Tract).

The course will include:

- State of the Art for Imaging
- Endotherapy
- The Role of Laparoscopy in Diagnosis and Treatment
- Outcomes of Surgical Treatment for the Unresectable Patient
- Outcomes of Surgical Resection
- Unpublished results of chemoradiotherapy protocols, gemcitabine and long acting sandostatin protocols

*Space is limited
register early!*

Legislative Update

CPT & RUC Advisors Appointed

SAGES takes an even more active role in shaping coding issues with the assignment of advisors to the AMA CPT and RUC Advisory committees. Charles (Chuck) Haynie has assumed the responsibility of serving as the CPT advisor and Aaron Fink as the RUC advisor. These positions are quite demanding with projects requiring time, attention and special expertise. Dr. Fink is currently working on the "Phase III" correct coding initiative involving over 200 digestive codes. If you have interest in coding issues and would like to be "on call" to assist Drs. Haynie and Fink please contact Colleen Elkins, Manager of Legislative Affairs in the SAGES office. In addition, Dr. Haynie will work with the ACS to present SAGES views to HCFA on the proposed development of ambulatory patient groups.

Committee Actions

SAGES continues to ally itself with both the ACS and the AMA on the impending change in the Medicare conversion factor. Unified efforts are being pursued in hopes of implementing the change over a three year period rather

than all at once, as currently proposed.

A letter from SAGES to HHS Secretary Donna Shalala will accompany our Telemedicine guidelines and offer our expertise as the department of HHS begins to delve into Telemedicine. One HHS demonstration project will allow for Medicare payment for health services delivered via Telemedicine.

Consumer Protection Commission

Ms. Shalala will also head the new Clinton appointed Advisory Commission on Consumer Protection and Quality in the Health Care industry whose first mission will be to develop a consumer bill of rights. The 32 member group is comprised of a variety of representatives including health plans and employee organizations.

SAGES Grass Roots Action

Under the direction of Jonathan Sackier, SAGES will attempt to mount a grass roots education program concerning one or more basic legislative issues. The ad hoc task force will meet over the summer. If you are interested in working with such a group

on a local or state level, please contact Colleen Elkins at the SAGES office.

AMA Membership

SAGES gained a seat on the AMA house of delegates (HOD) after several years of working towards this goal. Membership on the HOD is available only to those organizations having more than 50% of their members as members of the American Medical Association. We want to assure our secure place at the table. Please don't let your AMA membership lapse. If you need information about how to join the AMA, Please call 1-800-262-3211.

HMOs New Disclosure Rules

Based on a case alleging that the patient died because he did not receive a referral from his primary care physician to a cardiologist, a US court of appeals has held that HMOs are required to disclose any financial incentive that discourages doctors from making referrals to specialists. In a related case, the largest HMO in Texas agreed to divulge to subscribers that the doctors' compensation can be reduced if they utilize too many health care services. ●

Ergonomics: from page 12
important areas. We envision future programs involving other surgical societies, the Human Factors Society, and other experts in the field, focusing on how to develop the tools that best match the needs and characteristics of the surgical team.

I encourage SAGES mem-

bers and corporate council members to bring their ideas and concerns to the ergonomics task force. SAGES remains committed to being a leader in technology issues and maintaining a strong partnership with industry.

– *Ramon Berguer, MD*
Chairman,
Ergonomics Task Force ●

New Membership Lists and By-Laws Available

In an effort to cultivate a leaner, more streamlined administration, SAGES will print and mail a new membership booklet with by-laws every two years. However, those member who do use the list regularly may request it from the SAGES office via phone, mail, fax, or e-mail. ●

Does Your Hospital Utilize SAGES Guidelines?

In an effort to assure broader understanding and acceptance of SAGES guidelines on granting of privileges, we need your help. It will take about five minutes. Please call either the Chairman of the Department of Surgery or the chairman of the committee on privileges in your hospital and ask the following questions. Fax the form to SAGES no later than July 30. Your five minutes of inquiry will give us the information we need to further safeguard patient safety and surgeon access. Thanks.

Is your hospital aware of and/or utilizing any of the following SAGES Guidelines?

GUIDELINES	AWARE OF	USES
Flexible Endoscopy Privileging Guidelines:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Laparoscopic Privileging Guidelines:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Framework for Post Residency Surgical Education & Training:	<input type="checkbox"/> YES <input type="checkbox"/> NO	(in determining privileges) <input type="checkbox"/> YES <input type="checkbox"/> NO
Standards of Practice Guidelines:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>If yes, which Standards of Practice Guidelines are you aware of?</i>		

Comments: _____		

Please return this form via fax (310-314-2585) to Sallie Matthews ●

President's Message:

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ing flexible endoscopy. We have worked to correct or improve these situations, but our success has been an uphill campaign. We continue this battle with good reason. The same reasons we were founded in 1981.

- It is often better for the patient to have the eventual operation performed by the person who performed the diagnostic endoscopy. Then there is no 'translator' of the findings which has a tendency to not always represent the exact situation. Whenever it is possible for the patient to see one physician instead of two, the flow of care is smoother.
- Surgeons should be well prepared to perform therapeutic endoscopic procedures as well as diagnostic endoscopy, particularly as their knowledge of disease and how it relates to surgical anatomy, the surgical

alternatives, and ability to handle the complications of GI endoscopy make them a natural choice for the performance of therapeutic procedures. Combining diagnosis with therapy is cost effective and better for the patient.

The leadership continues to agonize over the question of "numbers." Our guidelines now contain minimal numbers, these are less than the numbers required by ASGE. Currently our numbers are being examined with a view to revision. What do numbers mean? How do they guarantee that you know what you are looking for, whether you can recognize it, and whether you know how to treat it. We have always believed and continued to proclaim that endoscopy is all about cognitive skills and the ability to treat GI disease. We maintain that surgeons require fewer numbers because they con-

stantly work in the anatomy, they see disease lesions and as a result easily recognize them. We therefore feel that it takes fewer training sessions to become competent.

New Therapeutic Techniques and How to Teach Them

We have two challenges for practicing surgeons:

- Surgeons who learned endoscopy during training but use it infrequently. For this surgeon we have biennial refresher seminars or workshops to help hone skills and learn state of the art techniques. While we do not have a preceptorship registry, the SAGES staff frequently help with referrals to learning centers which provide clinical experience.
 - Surgeons who learned endoscopy and have integrat-
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ed it into their practices, but need training in emerging therapeutic techniques. While the above outline seminars are helpful for these surgeons, and our annual meeting features new techniques, we are now preparing more intensive training courses. Under the direction of Jeffrey Ponsky, an ad hoc task force is preparing recommendations to address this training need in a way that will be meaningful. Short courses which serve only 30-50 surgeons are not necessarily the most effective way to teach. We are also working on high tech methods to broadcast new techniques to our members.

Flexible Endoscopy in Residency Education

SAGES has offered two intensive weekend courses per year in flexible endoscopy. Through the generous support on Ethicon Endo-Surgery,

these have served as an important adjunct to residents who are supposed to be learning flexible endoscopy as part of their residency training. The best venue is for direct training at the resident's own institution with an experienced mentor. It is uncertain how much progress we have achieved since SAGES was successful in encouraging the RRC to include endoscopy training in residency. The issue of the GI suite in control of gastroenterologists still exists. Many 4th and 5th year residents tell us that they can't "get their hands on a scope." That is political issue that we contend with daily. But another, more pressing problem is that all of us, together, have not been convincing enough in imparting to our young colleagues the value of flexible endoscopy to the general surgeon. We need to convince them of the potential effectiveness of performing endoscopy for their patients.

SAGES is in the process of revising our residency curriculum guidelines. We continue to press for an endoscopic instructor or director in every general surgical residency program. We are working with the APDS (Association of Program Directors in Surgery) to assure that surgeons in training are obtaining adequate training in flexible endoscopy.

I urge all of you to press your residents to incorporate flexible endoscopy into their future surgical practice.

SAGES will publish in January's issue of *Surgical Endoscopy* a tip list for residents on the "Ten Best Reasons to Incorporate Flexible Endoscopy into Surgical Practice." It wouldn't be a bad idea for our members to read it to remind ourselves why we should all do it...for the benefit of our patients.

– *Desmond Birkett, MD, FACS, President* ●

New President Announces Committee Chairpersons 1997 Committees

**President Desmond Birkett has announced
1997-98 Committee Chair appointments.
The following SAGES members will serve.**

ASSETS MANAGEMENT

Chair: Ted Schrock

AWARDS

Chair: Frederick Greene

BYLAWS

Chair: Irwin Simon

CONTINUING

EDUCATION

Chair: Lee Swanstrom

Co-Chair: Nat Soper

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Video Production Guidelines Available

SAGES educational resources committee announces the availability of printed tips on how to make a good video. Developed

by Zoltan Szabo, Ph.D., the outline is available by calling, faxing, or sending an E-mail request to the SAGES office. ●

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SAGES

2716 Ocean Park Boulevard
Suite 3000

Santa Monica, CA 90405

Tel: 310/314-2404

Fax: 310/314-2585

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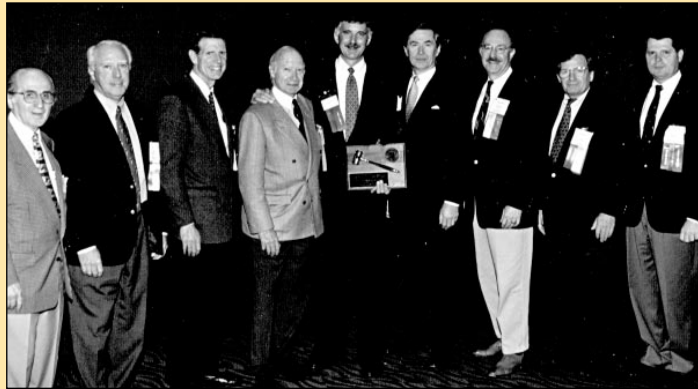
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Two prominent members of SAGES model the new SAGES striped laparoscopic tie for Dr. Sayeed Ikramuddin. Left to right, the prominent tie models are Dr. William Scott Melvin and Dr. Michael Marohn, USAF.



Several past presidents get together to congratulate Outgoing President Greg Stiegmann on a superb year for growth and progress. Left to right: George Berci; Tom Dent; Bruce MacFadyen, Jr.; Gerald Marks; Dr. Stiegmann; Incoming President Desmond Birkett; Frederick Greene; John Collier; and Richard Satava.

SAGES

2716 Ocean Park Boulevard
Suite 3000

Santa Monica, CA 90405

Tel: 310/314-2404

Fax: 310/314-2585

E-mail: SAGESMail@aol.com

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