



# SCOPE

Summer, 1998

## Outcomes Studies:

### Vital for Surgeons, Patients, Health Care Providers



**John Hunter, MD**

**E**ach President of SAGES identifies those issues that are critical to the future of Surgery and to the strengthening of SAGES and undertakes projects to address those issues. The good news is that, although each President serves only one

year, the work to be done never runs out. One of the issues I have identified as critical to the late '90s is developing simple tools to allow SAGES members to track their own outcomes. There is no one more able to accurately determine outcome than the surgeon. The time is right. The project is needed.

Under the aegis of a task force appointed by the Board of Governors we have engaged an outcome

Consultant to guide us through this comprehensive, meticulous process. Ms. Megan Morgan, who was the project manager for the ACS task force works with specialty societies to implement outcomes studies. The task force has identified the key components of a successful outcome, those components that provide the value of a surgical procedure: clinical result, quality of life improvement, patient satisfaction, and cost.

The definition of quality over the past years has been cost based, but that is now changing. Specialty societies have a challenge in providing tools for their members to collect data that demonstrate quality or allow them the opportunity for quality improvements.

The SAGES study will use an  
*(continued on page 20)*

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*Newsletter of the  
Society of American  
Gastrointestinal  
Endoscopic Surgeons  
(SAGES)*



*Incoming SAGES  
President John Hunter  
presents President  
Desmond Birkett with a  
plaque that reads  
'For your dignity and  
unwavering leadership in  
representing SAGES, For  
building bridges,  
For laying foundations,  
For tireless efforts.'*

## THE ETHICS OF MANAGED CARE

By Fred Ackroyd, MD

**T**he American public is caught on the horns of a dilemma. Is health care a good, supported by public funds? Or a private commodity to be traded on Wall Street where return on investment is the overriding concern? If health care is a public good, and is paid for with public funds (taxes), its worth is measured by the amount and quality of care provided. If it is a private commodity, the principal measure is cost and the profits derived by the company created with investor capital. When profit is the primary objective, health care companies will intuitively try to avoid potentially sick patients, and they will limit (deny) access to services to those who are insured to improve profits. Remember, managers are judged by their bottom line.

Health care must not be treated as a commodity. It does not fit the Adam Smith concept of a true economic good. There is not perfect information available when the patient chooses his insurance carrier or his doctor. His carrier and plan are often determined by his employment and frequently provided by the lowest bidder. Finally, he often is in urgent need of care and, therefore, cannot logically choose his doctor or hospital basing his decision on quality or cost.

Traditionally, health care providers such as hospitals, Blue Cross, Blue Shield, and most HMOs have been not-for-profit institutions.

# View

## a critical look at endoscopic surgery

*This section of SCOPE explores the science and ethics of surgical endoscopy and attempts 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.*

Any excess of revenues over costs were plowed back into the system to provide care of the uninsured or to provide more and related health care services to the public. With health care institutions switching to a for-profit mode, any excess of revenues over costs is taken out of the system as profits for investors who provided the capital. This reduces the availability of funds derived from cost shifting to promote other socially redeeming activities such as care of the poor, disabled, and uninsured.

The concept of managed care is based on the notion that the health care needs of all patients must be kept in focus as decisions about priorities and equitable allocation of resources (access to services) are made in individual cases. When a service is denied to a patient, the underlying principle of equity dictates that the needs of the larger group must prevail and no one patient can have more than his/her fair share of limited resources. Also, the need to be cost effective and efficient will eventually result in a greater supply of health care for more patients. The whole paradigm is built on the equitable distribution of resources to all but relies on a full understanding of the rules by patients who willingly participate in managed care in return for reduced insurance costs compared to indemnity (fee for service) insurance coverage.

As long as these conditions are clearly written into the contracts between the managed care company and the patients, there should be no dispute if the terms of the contract are clear and understandable. When the physician who cares for the patient is placed, (unknownst to the patient) in a gatekeeper's role who may potentially deny access to care and services, an ethical dilemma is created, because the physician has abrogated his responsibility to place the patient's best interest ahead of all other considerations.

The true medical professional must efface his own self-interest when difficult decisions must be made. The core values of honesty, integrity, loyalty, courage, and respect for the dignity of others

*Continued on page 6—See Ethics*

## SAGES to Host World Congress in New York in 2002!

The SAGES Program Committee, supported by a unanimous vote of the Board has selected New York City as the site of the next World Congress to be hosted by SAGES in 2002. Dates have not yet been selected. New York was chosen because of it's unique attraction as an international destination, greatest air access, and proximity to the largest number of general surgeons in driving distance. SAGES has never before hosted a meeting in New York... but, according to Program Committee Chairman Jeffrey Peters, "It's about time we did. New York represents the vitality and energy of the U.S.A. in the same way that SAGES represents the vitality and energy of surgery."

**Watch this space for more information! ●**

# New SAGES Executive Director Appointed



**S**allie Liesmann Matthews was appointed Executive Director of SAGES by unanimous vote of the Board of Governors at a meeting in October of 1997. Her term began immediately following the Seattle meeting. Barbara

Saltzman Berci, Executive Director since 1984 now serves as Executive Consultant to SAGES. She is still the principle partner of BSC Management LLC, SAGES management firm. Mrs. Matthews has been a member of the SAGES staff since February, 1993 and has served recently as Director of Program and Education and Senior Meeting Planner. She is a partner of BSC Management. Beginning as assistant to the Executive Director, she developed into senior level manager and conference coordinator in just 5 years. Ms. Matthews earned her Bachelor of Arts Degree from Indiana University.

Ms. Matthews previous responsibilities have included:

- Planning and Operation of major segments of annual national conference
- Staff liaison to twelve major educational & policy committees
- Negotiation and oversight of contracts
- Planning and operation of hands-on courses and labs
- ACCME Accreditation
- Video Library
- Development and dissemination of guidelines and research protocols
- Video Olympics
- Patient Education
- Awards program
- Faculty Communications & Syllabus

In her final report to the SAGES Board of Governors, Mrs. Berci indicated,

"Sallie is a hidden SAGES gem. In a way, she is my parting gift to you...and what a gift! She has honesty and integrity and many strengths both administrative and program. SAGES is, in many ways, my baby and I entrust that offspring to her as I would my own child...with absolute confidence.

I hope you will all appreciate her for the treasure she is." ●

## Election of New Officers and Board

**A**t its April meeting, the SAGES membership elected the following slate of new officers and board members.

### SAGES 1998-1999 OFFICERS & NEW BOARD

#### OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE:

PRESIDENT - John Hunter, M.D.  
PRESIDENT-ELECT - Jeffrey Peters, M.D.  
VICE PRESIDENT - Nathaniel Soper, M.D.  
SECRETARY - Lee Swanstrom M.D.  
TREASURER - Daniel Deziel, M.D.

#### BOARD MEMBERS—THREE-YEAR TERMS:

##### Re-Appointments:

L. Richard Whelan, M.D.  
Bruce Schirmer, M.D.

##### New Board Members:

Steven Wexner, M.D.  
Sherry Wren, M.D.

#### BOARD MEMBER—ONE-YEAR TERM: (to fulfill unexpired term of Dr. Soper)

Ramon Buerger, M.D.

#### MEMBERS ROTATING OFF THE BOARD:

Maurice Arregui, M.D.  
John Coller, M.D.  
Robert Fitzgibbons, M.D.  
Bruce MacFadyen, M.D.

(Dr. MacFadyen will serve again when his term as Editor officially starts)

Barry Salky, M.D.  
Steve Unger, M.D. ●

## Residents... Save These Dates!

### Basic Endoscopy and Laparoscopy Workshops for Residents

January 15-16, 1999  
August 20-21, 1999 ●

*As Executive Editor of SCOPE and Past Executive Director of SAGES I will, beginning with the following two mini-portraits, present a series of profiles which are the heart and soul of SAGES. They are not in any particular order, but will be presented as events suggest them. In my 14 years with SAGES I have never written over my own by-line, but this series is special. -Barbara Saltzman Berci*

## Profiles...

**Kenneth Forde, MD, FACS**



When a young person decides to go into the field of surgery, the kind of role model he envisions is a Ken Forde. Distinguished researcher. Innovative scientist. Patient teacher. Humanitarian. Those fortunate enough to enjoy the tutelage of Ken Forde have found those visions fulfilled.

When a young medical society decides to take on the status quo, they want exactly the same kind of model. SAGES was that young Society and Ken Forde was one of its visionaries. He was a vital force in the founding of SAGES, (its second president) the glue that held it together when it threatened to become uncoupled, and the force of wisdom and reason in many a turbulent situation over more than 15 years.

His hobbies are not those that bring relaxation and comfort to *him*, but those that bring comfort to others. He teaches. He works and is a Warden of his Church. He sings in its choir and assists at its services. If ever a person were granted license by his own character to sermonize to others, Ken Forde is that person. His unique perspective is at once honest, fair, practical and workable.

SAGES has benefited from an inequitable allotment of his talents. We have assigned him the difficult. Expected the impossible. Demanded unreasonable deadlines. And through it all he has given unselfishly, quietly, asking neither recognition nor glory. He deserves both.

**Bruce MacFadyen, Jr., MD, FACS**



In 1994, at a time of technological explosion, SAGES chose as its President a man who embraced technology while practicing the old fashioned values that used to exemplify medicine: to care for the sick and the poor; to put the

## New Journal Editor to Begin at Year's End

**K**enneth J. Forde, who has served as the Editor in Chief of *Surgical Endoscopy, Ultrasound and Interventional Techniques* since it became SAGES official Journal in 1991, will step down at the end of December, 1998. He will be succeeded by Bruce V. MacFadyen, Jr., Professor, Department of Surgery, University of Texas Medical School, Director of Minimally Invasive Surgery, Hermann Hospital. Dr. Forde is Jose M. Ferrer Professor of Surgery, Columbia University; Vice-Chairman & Attending Surgeon, Columbia Presbyterian Medical Center. A Journal is the reflection-in-print of a Society's scientific soul. SAGES is fortunate to have two men with consummate surgical and personal integrity and whose editorial experience and ability is matchless.

patient first; to serve one's community; to love and be loved by one's family.

Bruce MacFadyen came from a dedicated medical family in which three generations all graduated from Hahnemann Medical College in Philadelphia. He soon earned impeccable academic and surgical credentials and was appointed full professor of surgery before he was 50. He held leadership positions in 20 medical societies, accomplished research for the NIH, and has been honored for excellence in teaching. But that is just his surgical persona.

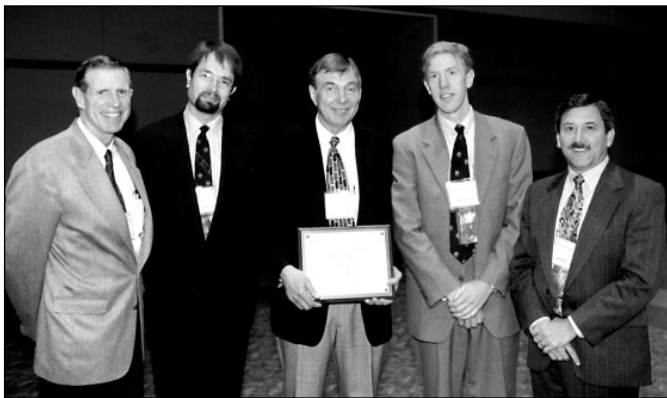
Does it matter how a person spends his summers? Sometimes! The entire MacFadyen family have spent almost every summer for more than 10 years caring for poor patients through the World Medical Mission. Bruce has gone to remote, primitive, sometimes dangerous, parts of the globe, taught surgery and performed operations on people who would otherwise not be treated. He has done it quietly, without fanfare or recognition.

Bruce MacFadyen has been one of the quiet workers for SAGES. He served as treasurer, program chairman, on the research, resident ed and educational resources committees and as President in 1994/95. He is a voice for reason and conciliation, while being a champion of patient safety. ●



## Ron Passi Elected to Honorary Membership

**R**onald Passi, MD, FACS, FRCS was inducted into Honorary Membership of SAGES at the April meeting in Seattle. Dr. Passi is an internationally acclaimed expert in the field of ERCP. He tendered his expertise to help SAGES draft ERCP guidelines and has served as a faculty member on many SAGES Courses. He has undertaken the training of literally hundreds of surgeons from the United States and Canada in ERCP. He has been a champion of flexible endoscopy for surgeons and is recognized as one of the great, but modest educators. Honorary membership is reserved for those who have made a unique contribution to the field of surgical endoscopy or to SAGES and its members. ●



*Bruce MacFadyen, Lee Swanstrom, John Hunter, and Aaron Fink congratulate Ronald Passi (center) on being awarded Honorary Membership.*

## SAGES Book Corner

**S**AGES members are prolific as always. The following is a list of those members who have recently published a book and have submitted the information to us. If you would like to have your recent book listed in this column, please submit to the Editor, SCOPE.

*An Atlas of Laparoscopic Colon Surgery* by Moises Jacobs, MD, Professor of Surgery, University of Miami; and Philip F. Cauchaj, MD, Chairman of Surgery, Bridgeport Hospital/Yale New Haven Health and Professor of Surgery, Yale University School of Medicine. Published by Williams and Wilkins Publishing, Baltimore.

*Ambulatory Surgery* by Bruce Schirmer, MD, Professor, Department of Surgery, University of Virginia Health Science Center, Charlottesville, VA. David Rattner, MD, Associate Professor of Surgery, Harvard Medical School, Attending Surgeon, Massachusetts General Hospital, et al. Published by WB Saunders, Philadelphia. Book was previewed at SAGES meeting in Seattle.

Dr. Zazlove is not a member of SAGES, but has served on our faculty. *The Successful Physician, A Productivity Handbook for Practitioners* by Marshall O. Zazlove, MD, Aspen Publishers, Phone: 301-417-7592, Fax: 301-417-7650, E-Mail: Blitz@aspen.publ.com www.aspenpub.com ●

*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.*

## Circon Young Researcher Award Presented to Stephen Eubanks

**T**hrough a generous grant from the Circon Corporation, SAGES established the Annual "Circon Young Researcher Award," which is presented annually to a young SAGES member who is in residency, fellowship, or a faculty member within five years of completion of training. The 1998 award was won by William Stephen Eubanks, MD, Assistant Professor of Surgery, Director of Surgical Endoscopy, Director of Duke/US Surgical Endosurgery Center, Duke University

Medical Center, Durham, NC.

Dr. Eubanks is an active member of SAGES, within 5 years of completion of his residency. He is the first graduate of the Duke Fellowship Program in Minimally Invasive Surgery. His extensive research and publications are broadly acknowledged in areas such as laparoscopic hernia, laparoscopic anti-reflux surgery, laparoscopic surgery for achalasia, and physiology of laparoscopic surgery. His leadership role within SAGES began with his completion of post-residency

work. He is a member of several SAGES committees, co-chairman of the Resident Education Committee, one of the youngest surgeons ever elected to the Board of Governors, and Director of the 1998 Hands-On Course in Mini-Laparoscopy. ●



*Winton Berci (left), Vice-President, Circon Corporation, presents the Circon Golden Laparoscope to the Young Researcher of 1998, William Stephen Eubanks of Duke University Medical Center, Durham, NC.*

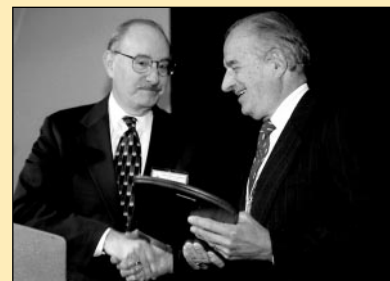
## William Wolff Accorded Distinguished Service Award

**W**illiam I. Wolff, MD, FACS, was presented with SAGES Distinguished Service Award during the 1998 Annual Meeting in Seattle. This award is designated for an endoscopic surgeon who is a member of SAGES and who has made a significant, long-term educational, research, clinical and/or technological contribution to the field of surgical endoscopy as well as to SAGES. The award has been presented only once before - to our first President and founder, Gerald Marks.

Dr. Wolff is a founding member of SAGES and an internationally acclaimed expert in flexible endoscopy. Dr. Frederick Greene who pre-

sented the award indicated that "those who know him affectionately call him the father of surgical endoscopy in the United States. He has been a true frontiersman in the exploration of new endoscopic territory." He is credited with being the guiding force behind the development of colonoscopic polypectomy.

He has published more than 120 papers and has been honored frequently. He was the first keynote lecturer at SAGES first Scientific Session in 1986, Williamsburg, Virginia. He is Professor of Clinical Surgery Emeritus at Mt. Sinai School of Medicine in New York City and past president of New York Surgical



**Awards Committee Chair Frederick Greene, MD presents the SAGES Distinguished Service Award to William I. Wolff, MD.**

Society. He was awarded the prestigious Gold Key Award, 1996, University of Maryland Alumni Association. ●

## SAGES Endorsed Course List

**Advanced Videoscopic Surgery Training Course**

**Director:** Lawrence W. Way, MD  
**Address:** 513 Parnassus Avenue, S-550  
San Francisco, CA 94143-0475  
**Dates:** 9/24-26/98, 10/15-17/98,  
11/19-21/98, 12/10-12/98

**Techniques in Minimally Invasive Surgery: For Residents**

**Director:** Noel Williams, MD  
**Address:** Hospital of The Univ. of PA  
Silverstein Four  
Philadelphia, PA 19104  
**Dates:** Monthly

**Advanced Esophageal Manometry Symposium**

**Director:** Reginal Bell, MD  
**Address:** 499 E. Hampden, Suite 210  
Englewood, CO 80121  
**Dates:** Sept 24-25, 1998

**Advanced laparoscopic Suturing & Surgical Skills**

**Director:** Zoltan Szabo, Ph.D.  
**Address:** 153 States Street  
San Francisco, CA 94114  
**Dates:** To be offered all year round

**Mini-Laparoscopy and Ultrasound for Surgeons**

**Director:** George Berci, MD  
**Address:** 870 Beverly Blvd. #8215  
Los Angeles, CA 90048  
**Dates:** September 25-26, 1998

**Colorectal Laparoscopic Advances in Surgery**

**Director:** Clifford L. Simmang, MD and  
Daniel Jones, MD  
**Address:** University of Texas Southwestern  
Medical Center  
5323 Harry Hines Blvd.  
Dallas, TX 75235-9059  
**Dates:** October 2-3, 1998 ●

**Ethics**—continued from page 2  
are essential in building the relationship between the one who is ill and the one who professes to help heal. It is fundamental for patients to understand whether they can trust their caregiver. For the majority of patients, the goal must be

disclosure and the atmosphere one of openness.

Without the moral compass of duty and obligation to our patients, we can be hurled into the abyss of inappropriate behavior. It is absolutely essential that we, as physicians, live

up to a long, hard-earned, and illustrious tradition of being professionals by placing the concerns and best interest of our patients first. To do anything else is an abrogation of their trust and our responsibilities. ●

# Legislative Update

## HCFA Announces Grace Period for E&M Guidelines

This April the AMA convened a meeting of the physician leaders of organized medicine for an open exchanges of ideas, opinions and concerns with representatives from HCFA, HHS, the Office of the Inspector General and the CPT Editorial Panel.

There has been increasing pressure put on HCFA regarding the implementation of the new E & M guidelines from physicians, the AMA, ACS, state medical associations and medical specialty societies. Concerns have been expressed about the complexity of the proposed guidelines and the threat of unwarranted prosecution for errors in interpretation. In response to this uproar, HCFA announced at the meeting that it has agreed to:

- **An indefinite grace period during which physicians may use the 1994 or the 1997 guidelines** (which ever is most advantageous for the physician);
- A review of the guidelines next fall followed by a test period in which carrier staff and physicians can familiarize themselves with the changes;
- Instruct Medicare carriers that physicians are not to be punished for honest errors due to misinterpretation; and

- Work with physicians to make the guidelines relate more accurately to the care provided and ensure that they can be more easily interpreted.

### Response Team Being Formed

As members of the AMA House of Delegates, SAGES has representatives on both the RUC (Relative Value Scale Update Committee) and CPT (Current Procedural Technology) advisory committees, Drs. Aaron Fink and Chuck Haynie respectively. (Dr. Fink also serves as SAGES representative to the ACS CPT/RUC committee, which in turn advises the corresponding AMA Committees.) The CPT Editorial Panel makes recommendations to HCFA as to which codes should be adopted or deleted, whereas RUC assigns value to codes.

Both Dr. Fink and Dr. Haynie travel to several meetings a year to represent SAGES in this regard. In between times, they are asked to respond to issues and concerns and it is for this your support is being sought. To better represent you, we seek to establish a network of SAGES members who would be willing to periodically review CPT and RUC questionnaires. It will take a few moments of your thoughtful

consideration to respond to most items which will be faxed or e-mailed once or twice a month.

Please contact SAGES Manager of Legislative Affairs, Colleen Elkins at 310-314-2404 or via e-mail at sagescol@aol.com to be added to this valuable response team.

### AMA Membership

Like it or not, the AMA is the voice of medicine to which the government lends its proverbial ear. In order for SAGES to appropriately represent its membership in the important areas of Guidelines, new and revised CPT codes, as well as numerous other socio-economic and legislative matters, it is essential that we continue our active participation in the AMA. SAGES AMA membership in the House of Delegates (HOD), and consequently in the wide ranging activities of the AMA is contingent upon our having a substantial percentage of members who are also members of the AMA. You are encouraged to maintain or renew your membership in the AMA and to actively voice your support or objection to AMA policy or activities. Dr. John Coller and Dr. Lee Smith are SAGES AMA HOD Delegate and Alternate, respectively. Please feel free to contact these representatives with any questions or concerns regarding AMA activities or policy. ●

## Future Events

### SAGES Scientific Session & Postgraduate Course

March 24 - 27, 1999, San Antonio Convention Center, San Antonio, Texas

### SAGES Scientific Session & Postgraduate Course

March 29 - April 1, 2000, Georgia World Congress Center, Atlanta, Georgia

### 7th World Congress of Endoscopic Surgery

June 1 - 4, 2000, Singapore

### SAGES Scientific Session & Postgraduate Course

April 18 - 21, 2001

America's Center  
St. Louis, Missouri ●



# Scenes from '98 SAGES



**Mini-Lap Lab**—Dr. **Marjorie Arca** (right) instructs participants in Mini-Laparoscopic techniques during the inanimate lab portion of the SAGES Mini-Laparoscopy Course.



**Storz Lecture**—Incoming President **John Hunter** congratulates Karl Storz New Technology lecturer **Michael Mack** after his extraordinary presentation entitled 'Lap. Choly to MIDCAB: Revolution to Evolution.'

**Marks Lecture**—President **Desmond Birkett** (left) and SAGES Founding President, **Gerald Marks** (center) with Professor **Jacques Perissat**, the 1998 Marks Lecturer.



After having performed an esophageal motility test on a University of Washington medical student, **Dr. Blair Jobe** (top right) explains the test results to a group of interested SAGES participants.



**1998 Video Achievement Award**—SAGES Video Chairman **David Easter** (left) presents **Michel Gagner** with the 1998 Video Achievement Award.



**1998 Research Grant Recipients**—from left to right; **Mark C. Horattas** (grant supported by United States Surgical), **Kenric M. Murayama** (grant supported by Ethicon Endo-Surgery), **Blair Jobe** and **Lee Swanstrom** (grant supported by United States Surgical Corp.), **Richard L. Whelan** (grant supported by United States Surgical), **Jo Buyske** (grant supported by United States Surgical), **Thomas R. Eubanks** (grant supported by Karl Storz Endoscopy-America), and **Guy Maddern** (not pictured, grant supported by Ethicon Endo-Surgery).

**1998 1st Annual International Surgeons Sing**  
The crowd shows its enthusiasm for the performance of the first place winners, **SAGES Far East**.





# S in Seattle



**Outgoing Corporate Council President**—SAGES President **Desmond Birkett** presents outgoing Corporate Council President **Ellen Duke** with a plaque to thank her for her time and dedication during the year.

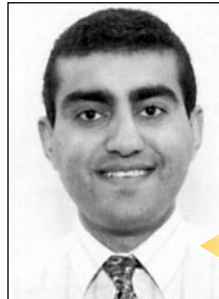


**1998 Resident Presentation Awards**—The following Residents won prizes for their excellent presentations at the SAGES meeting. **The Prizes were offered by the SAGES Corporate Council.**

**1st Prize - Justin Wu, MD** for his presentation "Laparoscopic Paraesophageal Hernia Repair: Evolution Of Technique"



**2nd Prize - Walter Gantert, MD** for his presentation "Error Analysis Of Laparoscopic Bile Duct Injuries"



**3rd Prize - Niknam Eshraghi, MD** for his presentation "The Effect Of Laparoscopic Port Site Irrigation On The Incidence Of Wound Site Metastases"

**Dr. Shawn Garber (center)** demonstrates Nissen wrap technique.



**Dr. Patricia Figert (left)** discusses Common bile duct stone retrieval with several SAGES participants.

**Sing-Off-  
Performance**

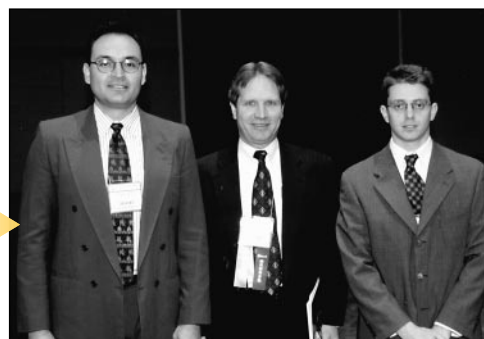


And the winners of the 1st International Musical Surgeons Sing-Off...SAGES Far East, featuring **Manuba Yamamoto (left)** and **Goro Kaneda (right)**.

### 1998 Best Poster Presentations

- Mehran Anvari, PhD** for his poster "Prospective Comparison Of Laparoscopic Fundoplication And Long-Term Omeprazole Therapy"
- L. Steven Weinstein, MD** for his poster "Laparoscopic Ventral Hernia Repair Using The Endoscopic Spiral Tissue Tacker And Polypropylene Mesh"
- Richard Whelan, MD** for his poster "Postoperative Cell Mediated Immune Response Is Better Preserved After Laparoscopic Versus Open Colectomy In Humans: A Preliminary Study"

**1998 Resident Abstract Awards**—**Antonio Garcia-Ruiz (left)** and **Richard A. Falcone, Jr., (right)** are congratulated by **Program Chairman Daniel Deziel (center)** for winning the 1998 Resident Abstract Awards.



# SAGES Ergonomics Task Force

## The Objective Assessment of the Quality of Endoscopic Visualization

Rocco Orlando, III, MD, Eric Rosow, MS, Hartford Hospital, Hartford, CT, Joseph Adam, MS, Premise Development Corporation, Avon, CT

The assessment of the optical performance of endoscopes and video systems is often difficult in the clinical setting. The surgeon depends on a high quality image to perform minimally invasive surgery and poor quality image may hinder technical performance and can result in eyestrain and fatigue in the surgeon. Assurance of proper function of the equipment by biomedical engineering staff is not always straightforward because variables in both the patient and the equipment may result in a poor image.

Equipment variables which may degrade image quality include:

- Endoscope problems
- Optics
- Light transmission
- Light cable problems (optical loss from damaged fibers)
- Malfunctions of the CCD video camera
- Cleanliness of the equipment, especially lens sur-

faces on the endoscope (both proximal and distal ends)

- Cabling and connection problems resulting in radio frequency interference.
- Patient factors such as a large operative field and bleeding at the operative site may also affect image quality.

The evaluation of new videoendoscopic equipment is difficult because of the lack of objective standards for performance leading purchasers of equipment to make a subjective decision about image quality. We have developed an instrument, the EndoTester, with integrated software to quantify the optical properties of fiberoptic endoscopes in the following ways:

- Quantify optical loss by measuring output light from the endoscope and available input light to the endoscope from the check light cable.
- Check reflective symmetry of the output light from the endoscope using computer analysis of a video signal generated through the endoscope
- Measure the light pattern to

determine areas of damage to optical fibers.

- Test the lens system of the endoscope by measuring geometric distortion.
- Measure the Modulation Transfer Function (MTF) of the lens system.

In most operating rooms, endoscopes are removed from service and sent for repair when they fail in clinical use. This causes operative delays with attendant risk to the patient and increase in cost to the institution. The problem is made more difficult because an endoscope maybe adequate in one procedure yet fail in another which is more exacting. Objective assessment of endoscope function may eliminate some of these problems.

Ongoing research will evaluate the correlation between surgeon's ratings of "Good" and "bad" endoscopes and objective measures of endoscope performance obtained with the EndoTester. Surgeons will also be asked to rate image quality in a series of images intentionally degraded by distorting lenses to determine the surgeon's threshold for detection of distortion. ●

## Mini-Laparoscopy Video Brings the Experts to Your Office

**T**welve of the world's experts shared their experience in Mini-Laparoscopy, the newest innovation in minimal access surgery, at the recent meeting of the Society of American Gastrointestinal Surgeons. Now, SAGES offers a video of this course to those who missed the meeting and would like to learn about this still-developing field.

"This course addresses the issue that every surgeon wants to know... will Mini-Laparoscopy make office surgery a reality in the near future?" according to Course Chairman W. Steven Eubanks, MD. "The panel of experts discuss instrumentation, anesthesia, and indications, as well as the specific procedures that may be performed. The syllabus contains valuable original contribu-

tions from the experts."

Faculty for this course include George Berci, MD, Titus Duncan, MD, Morris Franklin, MD, Michel Gagner, MD, James Rosser, MD, Steven Rothenberg, MD, CO; Philip Schauer, MD.

The video set consists of two two-hour tapes which may be obtained by contacting the SAGES office at (310) 314-2404 or fax (310) 314-2585 or order on line at [www.sages.org](http://www.sages.org) ●



# SAGES 1999

1999 Program Chairman - Nathaniel Soper, MD

## ☛ **PRE-MEETING HANDS-ON COURSE:**

- \* Laparoscopic Solid Organ Surgery

## ☛ **POSTGRADUATE COURSE:**

### **Laparoscopic Surgery in 1999: What's New and What to Do When it Happens to You**

- \* An update on the latest technologies in minimally invasive surgery and subsequent complications.
- \* Course Chairman - Richard Larry Whelan, MD
- \* Faculty - World renowned experts in the field of Laparoendoscopic Surgery
- \* Moderated Discussions - Opportunity to exchange ideas and questions with panel of experts

## ☛ **SCIENTIFIC SESSION:**

- \* Panels and Symposia:
  - Barrett's Esophagus
  - Minimal Access Surgery in Childhood
  - The Role and Limitations of Laparoscopic Surgery for Cancer
  - New Procedures: When is Innovation Experimentation?
  - Laparoscopic Bariatric Surgery
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# Update on Guidelines

## Standards of Practice

**T**he Committee on Standards of Practice continues to work on updating current guidelines and issuing new guidelines and statements as the need arises.

At the recent meeting in Seattle, the Committee presented to the Board of Governors for its approval the following statements which were ratified by the full board.

- **Global Statement on Deep Venous Thrombosis** - A NEW STATEMENT
- **Global Statement on New procedures** - a revision of an existing guideline.

The following guidelines are in the process of final draft revisions and are pending a vote of the Board of Governors:

- **Guidelines for the Application of Laparoscopic Biliary Tract Surgery** - a revision of an existing guideline
- **Diagnostic Laparoscopy** - a revision of an existing guideline

The above guidelines will be available to the full membership by Fall.

## Credentials

The Committee on Credentials and Privileging is working on the following guidelines which are both in early stages of development. These will not be available until late 1998 or early 1999.

- **Ultrasound For Surgeons**  
Part I: Basic Ultrasound  
Part II: Intraoperative Ultrasound ●



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H. Inoue, MD	E. H. Phillips, MD	S. D. Wexner, MD

## **TOPICS INCLUDE:**

- ◆ Endoscopy
- ◆ Laparoscopic Approaches to the Stomach and Esophagus
- ◆ Laparoscopic Approaches to the Biliary Tract and Pancreas
- ◆ Laparoscopic Hernia and Abdomen
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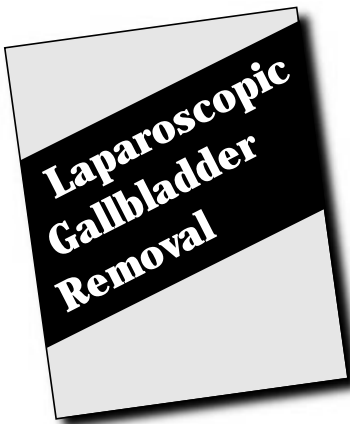
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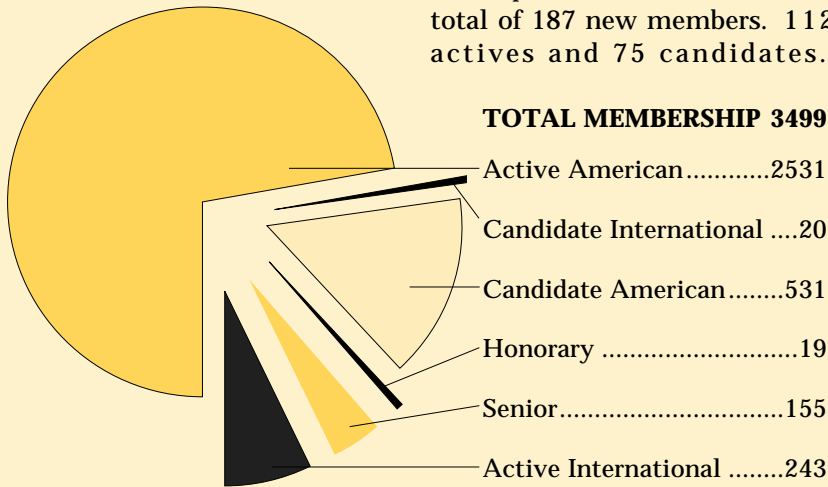
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# Membership Grand Totals

In April 1998 SAGES added a total of 187 new members. 112 actives and 75 candidates.



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### **President's Message—from page 1**

Internet based data collection system with several input points for surgeon, nurse and patient. Our mission is to provide a product that, once validated with a pilot program, can be more widely distributed to our membership for collecting their own data in a valid and accurate fashion.

SAGES, with support of an educational grant, will provide resources for the pilot study. Later, when made available to our members, an individual can take his/her own data and compare it to the SAGES data.

This is a new venture for SAGES and a vital one. Not only will it provide our members with the needed tools to provide better care and communicate more effectively with reimbursing organizations, but it will enable us to develop evidence based standards of practice. All of us who want to provide the best care for our patients agonize over issues concerning the best treatment and standard of care. We must make decisions

on when to perform a specific therapeutic option, when to refer the patient and how effective our therapeutic treatments are when compared to "the norm." Outcomes studies will enable us, as professionals, to make these decisions in a more enlightened environment.

Our leadership role as a surgical society demands that we concern ourselves with

- the care of patients
- the education of our members and other surgical colleagues
- the education of future surgeons
- the practice issues of our members

By gathering accurate outcome data we meet all of those demands.

I look forward to serving as your President in 1998-99.

John G. Hunter  
President

### **Do you have an E-Mail address?**

SAGES regularly sends out notices by e-mail. If you want to be "in the know" ahead of your colleagues, please drop a note to SAGES at [SAGESmail@aol.com](mailto:SAGESmail@aol.com) and we will add you to our e-mailing list!

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