

Scope



Summer, 2001
Volume 01, Issue 2

MESSAGE FROM THE PRESIDENT

breaking news for SAGES members – your education



**SAGES President
Bill Traverso, MD**

There are three issues of keen interest to SAGES members. SAGES is facilitating them for you. Since the main mission of SAGES is to provide education, it is not surprising to find these issues involve educational opportunities for you. Education involves not just didactics and hands-on-sessions, but also the ability for you to assess the impact of your educational efforts. SAGES has been pursuing these issues through several venues. There are three issues I'd like to discuss with you today - Your Surgical Diary (the SAGES Outcome Initiative), the Surgery in Rural Areas (SIRA) initiative, and the status and development of the Fundamentals of Laparoscopic Surgery (FLS).

Your Surgical Diary - The SAGES Outcome Initiative

The new buzzword in surgical clinical circles is "a surgeon's diary." The American Board of Medical Sub-specialties is expanding its evaluation of competency (both for initial certification and re-certification). Besides demonstration of knowledge it has become apparent that a surgeon may be expected to show proof of "lifelong learning." This proof may be in the form of a prospectively gathered list of procedures along with the outcomes of these procedures. A standardized tool for such a diary has never been validated. Four years ago the SAGES Outcomes Task Force met in Atlanta under the chairmanship of John Hunter. During many subsequent meetings and telephone conferences, SAGES ultimately developed a surgical diary for any operation. The Task Force accomplished this by asking experts in the field to design a standardized template whereby only the critical benchmarks would be accumulated on the SAGES website. In addition to a short Surgical Log for any

operation there are specific modules for procedures involving GERD, gallbladder, and inguinal hernia. A morbid obesity tool and perhaps a pediatric GERD tool is being or will be developed. The website first went live almost two years ago and has accumulated 3000 cases. A new website has been perfected and has just gone live. Any SAGES member can sign up and obtain a password to begin collecting their cases anonymously. At any time, the averages of their benchmarks can be compared to those of the entire database in tabular or graphic form.

Since surgeons were not trained to collect a lifelong surgical diary, SAGES has facilitated this change in surgeon behavior by allowing several methods of data entry. *Continued on page 18.*



Incoming President Bill Traverso (r) congratulates outgoing President Nat Soper for a productive year. His President's plaque notes: "You led with pride and purpose. You made just decisions for the right reasons. You insisted on excellence and integrity in every undertaking. You advanced the mission of SAGES."



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Modest membership dues increase slated for 2002

After lengthy and careful deliberation, the SAGES Board of Governors voted a modest dues increase to take place beginning January 2002. Active and active international members will now pay \$250.00 per year (up from \$200). Candidate Members (residents and fellows) will now pay \$60.00 per year (up from \$45). SAGES has not had a dues increase since 1997. In the five years since then, we have added four new committees, two major initiatives, a rural surgery task force and a flexible endoscopy task force. The cost of the journal, which is included

in dues has risen modestly each year and now accounts for about 30% of dues for active members and more than 60% for candidate members.

The Board is acutely aware that reimbursements are down and costs are up. That is why they refrained from dues increases for almost five years. However, the realities of budgets in 2001 mandated the adjustment. The Board hopes that members are both understanding of and in concordance with this difficult decision.



SAGES Incoming and current Board of Governors and officers.

New task force on surgeons residing in rural areas

Incoming President Bill Traverso launched a new initiative for surgeons in rural practice. The leadership wants SAGES to be a resource for surgeons practicing in less populated areas without the GI back-up that many surgeons have in urban settings. SAGES needs to determine what these surgeons need and want, and what can SAGES, as a society, can do to be supportive.

SAGES will:

- ▶ Construct a new SAGES task force on rural surgery
- ▶ Define the term "rural surgery"
- ▶ Profile the educational needs of the rural surgeon through a variety of needs-assessment methods
- ▶ Design educational opportunities for rural surgeons which MAY include flexible endoscopy courses, CD-ROM, videos, guidelines for credentialing endoscopic procedures

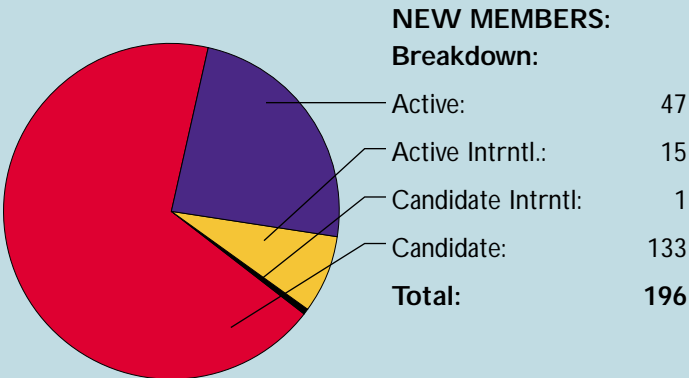
Surgeons from rural community practices have been invited to serve on the task force which met in Saint Louis for the first time. The task force is co-chaired by Carol E. SCOTT-CONNER, University Of Iowa and Nicholas W. MORRIS, Powell, Wyoming. At their first meeting, the group determined the primary goals and mission to be:

- ▶ Solidify and recognize the rural surgeons.
- ▶ Give forum to discuss issues in rural surgery.
- ▶ Utilize web site discussion page for tough issues.
- ▶ Establish a network of rural surgeons.
- ▶ Collect and compare data of patient profiles, similarities in practices, etc.

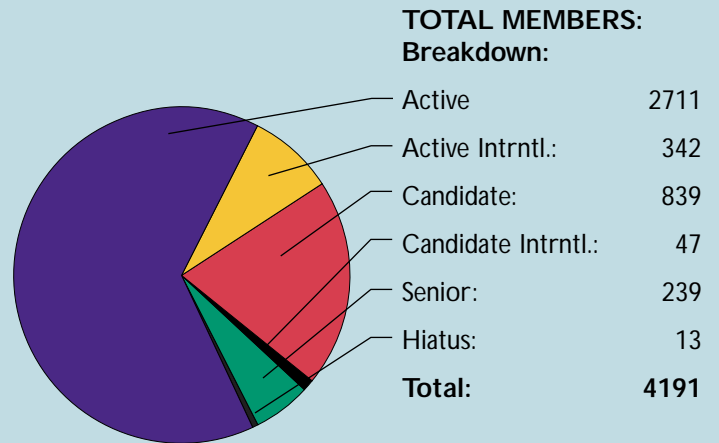
A secondary mission was defined to attempt to send urban surgeons to rural areas to help, thus giving rural surgeons a break to attend CME events.

Membership Committee

The membership committee recommended and the board approved 196 new members for SAGES membership at the April meeting.



This addition brings the total number of SAGES members to



In late July, SAGES will mail a comprehensive membership survey to a random sample of members. If you receive the survey, please be sure to fill it out and return it by August 14th. If you do not receive a survey but would like to participate, please contact the SAGES office at (310) 314-2404 and we will send you one. Results will be published in the next issue of SCOPE.

New Tiered Membership Dues Structure for International Members

For many years both the Membership and International Relations Committees have sought a way to structure SAGES individual dues so that surgeons in developing countries could participate in SAGES. These are surgeons whose income levels cannot sustain the regular \$200 per year active membership dues. Until recently we were unable to find documented figures indicating the actual income per capita. Documented figures from the U.S. Government's own calculations gave us accurate data.

As of April our international dues structure includes three tiers of membership dues for active international members. The dues structure is below. For those seeking a complete list of countries within each tier, it can be found on SAGES website or by calling the SAGES office for a list.

- TIER 1 MEMBERS** **\$250 per year**
Journal Included - Both Hard copy and On Line
- TIER 2 MEMBERS** **\$125 per year**
Journal Not Included - On Line Access Only as available to non members
- TIER 3 MEMBERS** **\$75 per year**
Journal Not Included - On Line Access Only as available to non members

In the spirit of fairness, SAGES has made a special effort to offer international membership rates based on available economic indicators. We are aware that physician income is not always a reflection of the local economy. Therefore, we ask that if a member's economic status warrants, he/she will elect to pay

Member News



Kenneth A. Forde, Class of 1959, has been chosen to receive the Columbia University Physician & Surgeons Alumni Association's Gold Medal for Excellence in Clinical Medicine. The award was presented May 12, 2001 at the Annual Gala.

The Florida Surgical Society has established a **James H. Corwin** Distinguished Service Award. Dr. Corwin is a long-time SAGES member and has served on various committees for the past 15 years. Dr. Corwin is a graduate of Jefferson Medical College in Philadelphia and served as president of Florida Surgical from 1985 - 1987.

A Chair in minimally invasive surgery has been created at Cedars Sinai Hospital, Los Angeles. Named "The Karl Storz Chair in Honor of **George Berci**" the first designee is **Edward Phillips**. This is a double distinction for SAGES as both the honoree and designee are well known SAGES members.



If you have "good news" about a SAGES member, please send it to Barbara Berci at SAGES for the next issue of SCOPE.

the full membership fee of \$250.00 per year. There is a check off for this option on the international membership application.



March 13 – 16, 2002 New York! WORLD CLASS CITY ... WORLD CLASS PROGRAM!

Hosted by
SAGES

8TH WORLD CONGRESS

Topics & Highlights: (tentative)

- Introducing new procedures/technologies into surgical practice
- The Importance of Outcomes in Endoscopic Surgery
- Minimally Invasive Vascular Surgery/Interventional techniques
- Endoluminal Endoscopic Surgery
- Laparoscopic Treatments for Morbid Obesity
- Advanced Topics in Antireflux Surgery
- International Issues in Training
- Ethics/All in the Family: The Relationship Between the Medical Device Industry & Surgery
- Surgical Ergonomics
- Pediatric Endoscopic Surgery
- Surgery in Space

General Information:

Abstract Deadline: September 7, 2001

Abstract mailed worldwide in June, 2001. Advance Programs with Registration and Hotel reservations forms will be mailed in Fall, 2001.

Location: New York Hilton & Towers

1335 Avenue of the Americas, New York, New York 10019-6078

Sponsor: SAGES

Society of American Gastrointestinal Endoscopic Surgeons (SAGES)

2716 Ocean Park Blvd., Suite 3000

Santa Monica, CA 90405 U.S.A.

Phone: (310)314-2404 Fax: (310)314-2585

E-mail: SAGESweb@sages.org

Register On-Line after September 15, 2001

Website: www.sages.org

Dates: March 13 - 16, 2002

Keynote Lectures:

Gerald Marks Lecture: Hans Beger, MD

Karl Storz Lecture: Paul Swain, MD

Presidential Address: L. William Traverso, MD

Courses/Events:

Appropriateness Conference:

When Is Open Surgery Most Appropriate?

Formerly known as a consensus forum. 1/2 day course
Chairs: Drs. John Hunter & Abe Fingerhut.

Avoiding and Treating Complications of Laparoscopic Surgery

Full day course presented by SAGES & EAES.

Chairs: Drs. Nathaniel Soper & Joel LeRoy

Minimally Invasive Surgical Management of Hepatic Disease

Half day course presented by SAGES & JSES.

Chairs: Drs. Frederick Greene & Masao Tanaka

Laparoscopy in Acute & Emergency Situations:

Half day course presented by SAGES, ALACE & FELAC.

Chairs: Drs. Steve Eubanks, Luis Burbano & Jorge Cervantes

Unedited Video Course:

A half day course presented by SAGES.

Chairs: Drs. Michel Gagner & Guy Bernard Cadiere

Fundamentals of Advanced Minimally Invasive Surgical Procedures

Half day course for nurses

Chairs: Ellie Dougherty & Donna Stanbridge

Basic Science Forum:

Half day course presented by SAGES & ICEL.

Chair: R. Larry Whelan, MD

Cooperating Organizations:

IFSES

ALACE CAGS EAES ELSA FELAC GSA JSES

CONGRESS LEADERS:

Congress President: Kenneth Forde, MD

Program Director: Lee Swanstrom, MD

Int'l Prog. Co-Chair: Antonio Lacy, MD

Prog. Commit. Chair: Daniel Deziel, MD

Local Arrangements

Chair: Barry Salky, MD

Consensus Forum John Hunter, MD

Co-Chairs: Abe Fingerhut, MD

Poster Co-Chairs: Peter Crookes, MD

Manabu Yamamoto, MD

Video Co- Chairs: Michel Gagner, MD
Guy Bernard Cadiere, MD

Learning Center: Steven Wexner, MD
Joseph Mamazza, MD

Educator's Lunch C. Daniel Smith, MD
Coordinators: Tehemton Udwardia, MD

Resident & Fellows Jeffrey Marks, MD

Scientific Session: Leena Khaitan, MD

Discussion Coord.: Sherry Wren, MD

HONORARY PRESIDENTS:

ALACE: Manolo Cortez

CAGS: Michael Talbot

EAES: Wolfgang Wayand

ELSA: Serafin Hilvano

FELAC: Alberto Chouseb

GSA: David Watson

JSES: Yasuo Idezuki

of endoscopic surgery scientific session & postgraduate courses

Advance Programs and registration materials will be mailed this Fall.

JOURNAL UPDATE

Every Journal, including our own official journal *Surgical Endoscopy*, strives to streamline its submission and review process. The goal is to publish the best of those articles which have been peer reviewed with the least amount of time between the actual research and the time of publication. It's not easy!

While our editors and editorial staff are working constantly to improve their processes, systems and performance, we ask you, our prospective authors, to do everything possible to expedite your own publication. A complete set of author's instructions are available in every issue and also on-line at: <http://link.springer.de/link/service/journals/00464/author.html>

There are several deadlines which help expedite publication, in addition to sending your manuscript in as soon as possible.

- ▶ Respond immediately to questions from editor
- ▶ If your manuscript needs re-write or editing after review, make sure you return it by the request date. Late return can hold up your manuscript by as much as 2 or 3 months since issue planning is done well in advance
- ▶ Return your galley proofs by or before the deadline. Since galley proofs are sent closer to the issue publication, your late return of galleys can hold up not only your own publication but could jeopardize publication of the issue

Here are some of the basics to keep in mind in speeding your submission along.

Manuscript Preparation

- ▶ Papers must be written in English, and authors are urged to aim for clarity, brevity, and accuracy of information and language. Authors whose mother tongue is not English should

have their papers checked for linguistic accuracy by a native English speaker.

- ▶ Manuscripts must be submitted in their final form. The position of figures and tables should be indicated in the margins.
- ▶ Case reports accepted for publication are presented in their entirety in the electronic version of the journal. The printed version of the journal will contain the titles, authors, affiliations, and abstracts of the case reports.

Manuscript Submission

Manuscripts (in triplicate) may be submitted to one of the Editors-in-Chief.

For North America

Dr. Bruce V. MacFadyen, Jr.
c/o North American Editorial Office
Bernadine Richey
91 Clinton Avenue, South Nyack, NY 10960, USA
Tel: 845.353.3106 Fax: 845.348.3948
Email: publishing_services@fcc.net

For Europe

Sir Alfred Cuschieri
Department of Surgery
Ninewells Hospital and Medical School
Dundee DD1 9SY, UK
Tel: 441.382.632174 Fax: 441.382.641795
Email: j.e.k.james@dundee.ac.uk

Authors from all other areas may submit their paper to either editor.

Checklist for Submitted Articles

Articles must be complete. They must include the following:

1. Email address as well as postal address, telephone and fax number for corresponding author

VIEW – A CRITICAL LOOK AT ENDO SURGERY

This section of SCOPE explores the science and ethics of surgical endoscopy and attempts to address some controversial questions.

Your thoughts and comments will be enthusiastically received. Letters to the editor will be published on a space-available basis.

do institutional review boards have a role in the evaluation of emerging technology?

Debbie Youngelman, MD

Medicine and the general public have become enthralled with the concept of minimally invasive procedures. These techniques have been employed in the treatment of cardiac disease, vascular disease and an increasing number of other disorders. As laparoscopic cholecystectomy has become the standard of care for symptomatic biliary disease, similar approaches to the treatment of other surgical problems are continually under development. The push to perform minimally invasive proce-

dures has driven our colleagues in all surgical specialties to alter their operative techniques. SAGES has developed numerous guidelines for training, standards of practice and granting of privileges. They are meant to assure that patients are cared for by competent surgeons with the knowledge and ability to employ minimally invasive techniques.

Many question whether an Institutional Review Board (IRB)

Continued on page 16.

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12. All references cited in text by numbers in square brackets
13. List of references in alphabetical order
14. References styled according to journal requirements
15. Article checked by physician whose mother tongue is English

A Note from Our Publisher:

Springer is pleased to announce several important developments in the publication process and online publication of *Surgical Endoscopy*...its electronic delivery system– **Online First**. This new service provides SAGES/EAES members as well as all other subscribers with electronic access to the full text of new articles months before they are scheduled to appear in a specific print issue.

Online First will significantly reduce the time from acceptance of an article to publication. The publication date of the article becomes is the actual online publication date. This information is indicated both in **LINK** (Springer-Verlag's electronic portal) as

well as in the printed article. **Online First** articles are in their final form. After electronic publication, authors cannot change the contents of an article, nor can the articles be withdrawn. Only the page numbers, the journal citation line, and the online publication date are added to the subsequent print version.

To make rapid online delivery a reality, Springer is implementing a new workflow system for *Surgical Endoscopy* that will streamline the production process.

Online First articles are searchable and citeable by Digital Object Identifier (DOI).

All material accepted for publication in *Surgical Endoscopy* (e.g., original articles, case reports, techniques, editorials, letters, etc.) will be published **Online First**. The full text of case reports, will no longer be reproduced in the print edition of the journal.

Note: Access to the full text of any electronically published material in *Surgical Endoscopy* is restricted to SAGES/EAES members and other bona fide subscribers. If you are a SAGES or EAES member, please contact your society for your current ID and password.

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BOOK CORNER

These books are the proud intellectual progeny of our members. These have been published within the last year or anticipated for publication within the next few months. We congratulate these members on their contribution to the body of knowledge in endoscopic surgery.

Book title *Minimally Invasive Abdominal Surgery*

Author(s) or Editors Karl Kremer, Werner Platzer, Hans Wilhelm Shreiber, and Felicien Steichen

Publisher Thieme Stuttgart

Date New York, 2001

Brief Description Covers basic concepts as well as specific techniques. 14 chapters, 80 contributors, 1088 illustrations

UPDATE ON GUIDELINES

The following guidelines were reviewed and revised over the past several months by the Committees on Standards of Practice and Credentials. All three will be available on the SAGES web-site by the end of July and will be forwarded to all SAGES members, as well.

- ▶ SAGES Guidelines for Laparoscopic Surgery During Pregnancy
- ▶ Guidelines for Surgical Treatment of Gastroesophageal Reflux Disease (GERD)
- ▶ Granting of Privileges for Gastrointestinal Endoscopy by Surgeons

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Half Page Sandhill Ad -- SAGES to supply artwork

No page number

RESIDENT EDUCATION BULLETIN

SAGES resident course registration policies

Course announcements for all SAGES resident courses are sent to all U.S. program directors. Each program selects the resident to attend the course. In order to provide equitable service to all residency programs, each program may send only one resident per course.

Because of long waiting lists for participation, as of this date, residents attending advanced resident workshops *must* be a SAGES member. Candidate membership applications will be sent with the course announcement.

Resident Selection Criteria

Basic Courses: Preference will be given to SAGES members. Additional spaces will be assigned to residents on the waiting list from the previous basic course. Remaining spaces will be assigned on a first come, first serve basis.

Advanced Courses: SAGES candidate membership is mandatory. Additional spaces will be assigned to residents on the waiting list from the previous advanced course. Remaining spaces will be assigned on a first come, first serve basis.

Course Dates & Information

SAGES Basic Endoscopic and Laparoscopic Foregut Course

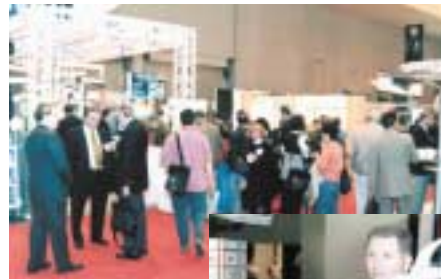
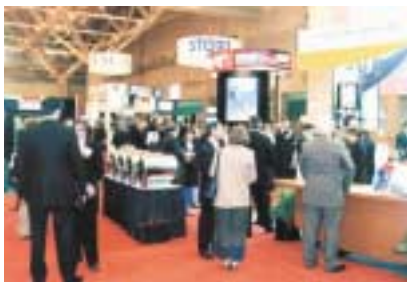
SAGES will again offer the Basic Endoscopy and Laparoscopy Workshop at the Ethicon Institute in Cincinnati, OH. This August 10 - 11th, 2001 course, chaired by Dr. Jeffrey Ponsky, now has a revised didactic content with increased lab time.

A *tentative date* has been set for the next basic endo course in Cincinnati. Jan 18 - 19, 2002.

Additional courses in advanced laparoscopic procedures will be posted on our website as they are confirmed. www.sages.org

Saint Louis is site of Largest Attendance since Philadelphia World Congress!

More than 1,300 SAGES members and surgeon guests crowded the halls of the 2001 SAGES annual meeting. With 6 postgraduate courses, including two hands on labs, lecture halls were brimming full. Social events were "vintage" SAGES. Time for old friends, and new; great food, lifting your glass and fabulous entertainment.



▲ **The Technical Exhibits** were an important feature as usual. The hall was packed during the 3 hour break each day. Major new technology was showcased here for the first time.



▲ **The Learning Center** Learn, turn, manipulate, drive, feel, maneuver. Some verbs of surgical learning. More than 80% of those who came to St. Louis stopped in to try the new "gadgets."



◀ Dr Layton "Bing" Rikkers presents the **Marks Lecture**. His topic: Medical Publishing. (L to r) Drs. Soper, Rikkers and Gerald Marks.



◀ Foreshadowing a year of detailed investigation as well as humor, incoming President William Traverso introduces Dr. Nathaniel Soper for his presidential address. The introduction featured Dr. Soper as toddler, athlete and high school charmer.



▲ **The Karl Storz Lecture in Innovative Technology** was presented by Professor Jacques Marescaux. Congratulating him on his futuristic presentation, are (a) Charles Wilhelm, Karl Storz Endoscopy, Professor Marescaux and William Traverso. (B) Drs. Schirmer, Rattner, Marescaux, Soper & Traverso.

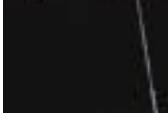


◀ **Twenty Years of Excellence** are celebrated at a dinner honoring our founding members. Some of them gather here. (l to r) Standing: Drs. Ted Schrock, Joe Bowden, John Coller, Gerald Marks, Ken Forde, Fred Ackroyd. seated: Byron Gathright, Whitney Boggs, Tom Dent.



◀ Lunch and Learn...Saturday

From the sublime to the ridiculous...Dr. Tom Russell of the American College of Surgeons (above, left) gives the keynote lunch lecture on cooperation between ACS and SAGES. On the heels of a superb lecture by Dr. Russell, Drs. Jeffrey Ponsky (l) and Ed Phillips (r) take joy in hosting a lunch entitled "shambles I have known" which turned out to be a series of great lessons in complications-avoidance.



▲ **SAGES, Rattle and Roll!** SAGES annual International Sing Off in its pre-Broadway run featured from the U.S., Japan, Netherlands, Italy and parts unknown. Featured once again The Peters Girls and the SAGETTES competed with the original lap rappers for the cudos. The Japanese team won again and everyone has adopted their Anthem "We are the World...We are the SAGES"

Go West, Young Man!

We don't remember who said it but we did it at the SAGES Saturday night event in Saint Louis. At the Western Expansion Museum and Gateway Arch about 200 folks gathered to celebrate the end of the meeting and to explore the opening of America's west, not to mention a trip to the top of the arch!

▼ Kevin Condrin prepares to ride to the top of the 600 foot Gateway Arch. Otherwise entitled "All Alone in a Tram."



◀ Awarded Honorary Membership in SAGES Dr. Jozsef Sandor is congratulated by SAGES Membership Chair Dr. Sherry Wren (l) and Awards Committee Chair Dr. Frederick Greene.



▲ The Bioenterics sponsors gather with Dr. Michael Brunt (4th from left) to fete a great meeting and the extraordinary relationship of SAGES and its industry partners.



▲ A western style buffet was testament to SAGES collegiality and commitment to good food.



▲ Nat Soper congratulates Bart Bandy on his past year as President of SAGES Corporate Council.

SAGES endorsed courses

Last Updated: Friday, June 1, 2001

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 Endoscopic Surgeons (SAGES).

Course: Pancreas Cancer 2001, Seattle, WA

Director: L. William Traverso, MD

Date: August 24-25, 2001

Contact: www.pancreascancer2001.com

Course: Laparoscopic Bariatric Surgery (LBS) Preceptorship Program at the Alvarado Center for Surgical Weight Control, San Diego, CA

Director: Alan Wittgrove, MD & G. Wesley Clark, MD

Date: Monday - Thursday, Bi-weekly

Contact: Phone: 303-745-0463 x 237

Course: Minimally Invasive Approaches To Gastroesophageal Reflux Disease, Cleveland, OH

Director: Jeffrey Ponsky, MD

Date: June 15, 2001

Contact: Phone: 216-444-4831

Course: Workshop in Surgical Ultrasound, Cleveland, OH

Director: Allen Siperstein, MD

Date: September 13-14, 2001; November 8-9, 2001

Contact: Phone 216-444-4831

Course: Advanced Videoscopic Surgery Training Course, San Francisco, CA

Director: Lawrence Way, MD

Dates: Dates in 2001: 5/3-5/5, 6/7-6/9, 9/20-9/22, 10/25-10/27, 11/15-11/17, 12/13-12/15

Contact: Fax: 415-476-9557

Course: Advanced Laparoscopic Suturing & Surgical Skills, San Francisco, CA

Director: Zoltan Szabo

Dates: Check with MOET Institute for dates

Contact: phone: 415-626-3400

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

Institution: Albany Medical College

Course Dir.: Tejinder Paul Singh, MD and Edward C. Lee, MD

Contact: Phone: 518-262-5015

Courses: Contact for upcoming courses

Institution: MCV Hospitals & Physicians, Virginia Commonwealth University

Course Dir.: Eric J. DeMaria, MD and Brian Kaplan, MD

Contact: Phone: 804-827-0045, www.vcu.edu

Courses: September 28, 2001, Laparoscopic Hernia Course: Inguinal & Ventral

Nov. 15 & 16, 2001, Laparoscopic Bariatric Surgery

Fall 2001, Surgical Use of Ultrasound Course

Jan. 2002, Laparoscopic Colectomy Course

Spring 2002, Laparoscopic Anti-reflux Surgery (AORN & AST CE Accredited Courses)

Fall 2001, Advanced Minimally Invasive Surgery Seminar

Spring 2002, Basic Minimally Invasive Surgery Seminar

Institution: Minimally Invasive Surgery Center, Mount Sinai School of Medicine

Courses: Michel Gagner, MD, Jeffrey Milsom, MD, Alfons Pomp, MD, Stephen Dolgin, MD, Daniel Herron, MD

Contact: Phone 212-241-6737, Website: www.mssm.edu/misc

Courses: June 4-5, 2001, Laparoscopic Surgery for Morbid Obesity

June 21, 2001, Laparoscopic Ventral Hernia Repair

June 22, 2001, Laparoscopic Common Bile Duct Exploration

Sept. 6-7, 2001, Advanced Pelvic Surgery: Lessons in Laparotomy, Laparoscopy & Hysteroscopy

Sept. 13, 2001, Hand-Assisted Laparoscopic Donor Nephrectomy

Sept. 14, 2001, Laparoscopic Radical Nephrectomy

Sept. 20-21, 2001, Laparoscopic Surgery for Morbid Obesity

Sept. 28, 2001, Laparoscopic Ventral Hernia Repair

Nov. 8, 2001, Hand-Assisted Laparoscopic Donor Nephrectomy

Nov. 29, 2001, Laparoscopic Ventral Hernia Repair

Nov. 30, 2001, Laparoscopic Colorectal Surgery

Dec. 7 - 8, 2001, Endoscopic Neurosurgery of the Brain

Dec. 13 - 14, 2001, Laparoscopic Surgery for Morbid Obesity

Institution: University of Illinois

Course Dir.: Santiago Horgan, MD

Contact: Phone 312-355-1493

Courses: August 17, 2001, Lap Ventral Hernia

November 9, 2001, Lap Ventral Hernia

Institution: Minimally Invasive Surgery Center - University of Pittsburgh

Course Dir.: James Luketich, MD and Philip Schauer, MD

Contact: Phone 412-647-2845

Courses: June 1 - 2, 2001, Laparoscopic Bariatric Surgery Workshop

Sept. 14 - 15, 2001, Laparoscopic Bariatric Surgery Workshop

Oct. 4, 2001, 12th Annual

Thoracic/Pulmonary Refresher: Multi-disciplinary Management of Central Airway Tumors
Nov. 10, 2001, Surgical Education/New Educational Concepts
Nov. 30 - Dec. 1, 2001, Laparoscopic Bariatric Surgery Workshop
Feb. 19 - 24, 2002, Minimally Invasive Surgery for Morbid Obesity and GERD Related Topics Ski Seminar (Beaver Run Resort and Conference Center, Breckenridge, Colorado)
March 8 - 9, 2002, Laparoscopic Bariatric Surgery Workshop
April 19 - 20, 2002, Minimally Invasive Surgery for Esophageal Disease
May 5, 2002, Photodynamic Therapy Workshop
May 31 - June 1, 2002, Laparoscopic Bariatric Surgery Workshop

Institution: **The Ohio State University**
Course Dir.: Scott Melvin, MD
Contact: Phone 614-293-7399
Courses: **June 15, 2001**, Minimally Invasive Bariatric Surgery
November 2, 2001, Minimally Invasive Bariatric Surgery
Dec. 7, 2001, Endoluminal Treatment of GERD

Institution: **Emory University School of Medicine, Atlanta, GA**
Course Dir.: C. Daniel Smith, MD
Contact: Phone 404-727-1540
Courses: **Aug. 24, 2001**, Laparoscopic Ventral and Incisional Hernia Repair
Sept. 21, 2001, Hand-assisted Laparoscopic Surgery for General and Renal Surgeons
Dec. 7, 2001, Laparoscopic Ventral and Incisional Hernia Repair
Dec. 15, 2001, Hand-assisted Laparoscopic Surgery for General and Renal Surgeons

Institution: **Carolinas Laparoscopy & Advanced Surgery Program "CLASP"**
Course Dir.: Frederick Greene, MD & B. Todd Heniford, MD
Contact: phone: 704-355-4823
Courses: **June 1, 2001**, Sentinel Node

June 8, 2001, Hand Assisted
July 27, 2001, Lap Ventral Hernia Residents Course
Sept. 14, 2001, Lap & Endo Rx of Reflux
November 2, 2001, Lap Ventral Hernia
November 30, 2001, Sentinel Node

Institution: **Southwestern Center For Minimally Invasive Surgery (SCMIS), Dallas, TX**
Course Dir.: Daniel B. Jones, MD
Contact: phone: 1-800-688-8678
Courses: **June 24 - 29, 2001**, Laparoscopic Bariatric Surgery Mini-Fellowship
August 26 - 31, 2001, Laparoscopic Bariatric Surgery Mini-Fellowship
September 22, 2001, Nursing Update for Minimally Invasive Surgery

Institution: **Medical Training Worldwide (U.S. non-profit organization)**
Course Dir.: Ramon Berguer, MD (President and Executive Director)
Contact: Phone 415-892-1550
 email: mail@med-training-worldwide.org
Courses: Courses will be held in different developing nations. Volunteers are needed to teach these courses. Laparoscopic equipment is also needed, which will be donated to hospitals where the courses are taught. Surgeons and corporate representatives are encouraged to contact Dr. Berguer for more information. An article about Medical Training Worldwide is included in the July, 2000 issue of SCOPE, available at ftp.sages.org

Pediatric Endo Course to Be Held

Course Title: **Advanced Miniature Access Surgery for Pediatric Surgeons in Training**
Location: Miniature Access Surgery Teaching, Training, and Research Center, Children's Hospital of Buffalo and State University of New York at Buffalo, Buffalo, New York
Date: September 21-22, 2001.
Contact: Philip L. Glick, M.D., Surgeon-in-Chief, Children's Hospital of Buffalo, 716-878-7301 fax: 716-888-3850; e-mail:glicklab@acsu.buffalo.edu
Contact Info:

2001 Research Awards



▲ Mark Callery (l) Research Chair presents a grant to Brent Matthews, grantee, with Cress Whitfield (r) of W.L.Gore.



▲ Mark Callery (l) Chair, presents a grant to Steven Bowers and William Fisher, grantees, with Tim Nolan of U.S. Surgical.



▲ Giselle Hamad (l) is congratulated on her research award by representatives of Styker Endoscopy.



◀ Mark Callery (l) presents a grant to Ninh Nguyen with Kevin Condrin of Karl Storz Endoscopy.



◀ Several Ethicon grants are presented. (L to r) Joe Cullen, grantee, Mark Callery Research Chair, Bob Honigberg, Ethicon, Leena Khaitan, Marina Kurian, Jacob Langer, Bill Laycock, all grantees.

Applications for 2002 grants will be sent by September 15th and will be available online in the members-only area of the

website. (www.sages.org) The deadline for application deadline is Monday, November 5th, 2001.

Winners of SAGES 2001 Research Awards (Presented at the SAGES meeting in Saint Louis)

Primary Investigator: Joseph J. Cullen, MD

Project Title: The Role Of Free Radicals In Biliary Tract Motility

Institution: The University Of Iowa

Grant Support: Ethicon Endo-Surgery, Inc.

Primary Investigator: Samuel R.G. Finlayson, MD

Project Title: Utilization and Outcomes Of Laparoscopic Surgery: A Population Based Assessment

Institution: Dartmouth Medical School

Grant Support: Ethicon Endo-Surgery, Inc.

Primary Investigator: Leena Khaitan, MD

Project Title: Prevalence Of Reflux In The Hypopharynx Following Medical And Surgical Treatment: A Prospective Study

Institution: Vanderbilt University Medical Center

Grant Support: Ethicon Endo- Surgery, Inc.

Primary Investigator: Marina S. Kurian, MD

Project Title: Endoscopic Treatment Of GERD: Use Of A Capsaicin Analogue

Institution: Lenox Hill Hospital & Maimonides Medical Center

Grant Support: Ethicon Endo-Surgery, Inc.

Primary Investigator: Jacob C. Langer, MD

Project Title: The Hemodynamic Effects Of Carbon Dioxide Pneumoperitoneum In Infants

Institution: The Hospital For Sick Children, University Of Toronto

Grant Support: Ethicon Endo-Surgery, Inc.

Primary Investigator: Stephen R.T. Evans, MD

Project Title: Biochemical And Mechanical Blockade Of Transient Lower Esophageal Sphincter Relaxation Mediated Gastroesophageal Reflux Disease

Institution: George Washington University

Grant Support: United States Surgical Corporation

Primary Investigator: William E. Fisher, MD

Project Title: A Randomized Prospective Trial Of Laparoscopic vs. Open Repair Of Abdominal Ventral Hernia

Institution: Baylor College Of Medicine

Grant Support: United States Surgical Corporation

Primary Investigator: John G. Hunter, MD

Project Title: DNA Methylation Is Responsible For Mutagenesis In A Murine Model Of Barrett's Esophagus

Institution: Emory University

Grant Support: United States Surgical Corporation

Primary Investigator: Ninh T. Nguyen, MD

Project Title: Duplex Ultrasound Assessment Of Femoral Venous Flow During Laparoscopic And Open Gastric Bypass

Institution: University Of California, Davis Medical Center

Grant Support: Karl Storz Endoscopy

Primary Investigator: Giselle Hamad, MD

Project Title: Effect Of Fibrin Glue On The Healing Of Leaking Gastrointestinal Anastomosis After Roux-en-Y Gastric Bypass

Institution: University Of Pittsburgh Medical Center

Grant Support: Stryker Endoscopy

Primary Investigator: Brent D. Matthews, MD

Project Title: Evaluation of Adhesion Formation to ePTFE Mesh and Biosurgical Composites Utilizing Microlaparoscopy in a New Zealand White Rabbit Model

Institution: Carolinas Medical Center, Charlotte, North Carolina

Grant Support: W.L. Gore & Associates, Inc.

Nominations for 2002 Awards

Two of SAGES major awards are open for nomination from our membership at large. You may obtain a copy of the nomination form(s) by calling or faxing Sallie Matthews in the SAGES office. We encourage you to participate in this process so that we may honor those who have contributed a great deal to endoscopic surgery and to SAGES. Please submit all nominations no later than September 15.

Pioneer in Endoscopy Award

- ▶ The award is designated for a person in industry, not a physician/surgeon. * The award will be given to an individual, not to a company.
- ▶ The award will be granted for a significant, long-term scientific or technological contribution to the field of surgical endoscopy.
- ▶ The award will not be given every year, but bestowed when the Board determines a worthy nominee. It is intended for those whose efforts have substantively changed and improved the field of endoscopy.
- ▶ One person may not receive the award twice, as it is for a body of work as opposed to an individual achievement.

The George Berci Lifetime Achievement Award in Endoscopic Surgery

- ▶ This is the highest honor SAGES bestows.
- ▶ It is bestowed for a lifetime contribution as an innovator in the field of endoscopic surgery which may be scientific, technological or educational.
- ▶ It is designated to be granted to an endoscopic surgeon who may or may not be a member of SAGES.
- ▶ The award will not necessarily be given every year, but bestowed when the Board determines a worthy nominee.



Dr. Bruce Schirmer, SAGES Vice President, presented the first "George Berci Lifetime Achievement Award in Endoscopic Surgery" to Sir Alfred Cuschieri, MD, ChM, FRCD Ed, FRCDS Eng, FRCPSGlas(hon) FI Biol of Scotland. His award read: *"For attempting the impossible. For achieving the incredible. For sharing your knowledge unselfishly with your colleagues and the entire world of surgery."*

Awards for research and education were presented at the SAGES Annual Meeting in Saint Louis last April. Some of the photos appear on page 13. The photos below represent a few of those honored by SAGES this year.



Dr. Kenneth Forde received the prestigious Distinguished Service Award for 2001. His plaque read: *Visionary founder, role model, innovative researcher, humanitarian, statesman For defining service above and beyond...*



Two Pioneers in Endoscopy Awards were presented at the April Meeting. They were presented to William Chang, of Stryker Endoscopy and Richard Newman of Welch Allyn, Inc. They were honored for their pioneering work in imaging. (L to r) Dr. Nat Soper, William Change, Richard Newman, Frederick Greene and Kenneth Forde.



The Circon Golden Scope ,2000 Young Researcher to Daniel Jones, MD (center). Left to right Stephanie B. Jones, MD, Dr. Jones and Nat Soper, President.

View continued from page 6.

should have a role when new procedures are introduced. IRBs serve to protect the rights and welfare of research subjects, and to ensure their informed consent to any research for which they volunteer. These boards are usually guided by local or institutional and federal regulations. Research may be defined as the collection of data for review and subsequent publication or general dissemination of knowledge. This must be delineated from practice of accepted therapy. The Belmont Report defines "practice" as interventions that are designed to enhance the well being of a patient with a reasonable expectation of success. Departing from standard or accepted practice does not in itself constitute research, nor does the introduction of a new or untested procedure constitute research. It is recommended that the early evaluation of these procedures be conducted as formal research in order to determine safety and efficacy. Medical practice committees are encouraged to insist that a major innovation be incorporated into a formal research project. Multi-institutional studies regarding results of research and success of new or emerging procedures are considered research and are clearly subject to the approval of each local IRB.

Application for approval to one's local IRB can be both time consuming and frustrating. The written protocol must include justification for use of the new procedure, a clear description of the procedure, risks, expected benefits or outcomes and an

informed consent document which delineates this information for the patient in lay language. This information will be reviewed by both medical personnel and lay members of the IRB. IRB approval is required when newly established procedures are compared to standard procedures in a randomized manner. An example of this is the comparison of open inguinal herniorrhaphy to laparoscopic inguinal herniorrhaphy in a prospective randomized fashion. Retrospective studies or chart review for publication are also subject to IRB approval. These are usually handled in an expedited fashion or are considered exempt from full review.

IRB review may sound overbearing, but in many circumstances it is appropriate. It is not meant to deter the incorporation of emerging techniques into one's practice but to ensure safety and proper patient inclusion and education through appropriate informed consent. IRB approval assures ethical conduct and allows for publication of one's results without questioning the appropriateness of one's practice or methods.

1. Guidance for Institutional Review Boards and Clinical Investigators, 1998 Update. Appendix F: The Belmont Report, Ethical Principles and Guidelines for the Protection of Human Subjects of Research, The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, April 18, 1979.

President's Message continued from page 1.

A stumbling block for many SAGES members has been the real (not just perceived) lack of time for data entry - both for themselves or their office personnel. Therefore, there are currently three methods to enter data. First, the data can be entered through the SAGES website. This includes the opportunity for multiple follow-up periods for each patient. Second, SAGES has developed a palm digital assistant (PDA) method, whereby handheld computers such as the Palm Pilot™ or Visor™, or any palm device running the Palm OS™ software can enter data. The PDA method builds a database on your own desktop, which is periodically e-mailed to the SAGES national database. A third method is available for those institutions that are already collecting data in prospective databases. Any large database, as it is being prospectively gathered, can be converted to e-mail data to the SAGES national database.

In addition to motivating participants for data entry, there has been an additional hurdle. With the emphasis of HIPAA on patient privacy all cases entered have to be patient de-identified. The PDA does this automatically by random scrambling of each participant's case identification number.

An added feature is the ability to print out the benchmarks for a participant's own operations, either by date and/or by CPT code. Sign-up by calling the SAGES office (310) 314-2404 between 8 am - 5 pm, Pacific Standard Time. Your SAGES contact is Erin Simmons. This service is available free to any SAGES member.

SIRA – Surgery In Rural Areas

In rural areas the bulk of gastrointestinal disease is assessed and treated by one specialty—general surgery. The American Board of Surgery reported that among general surgeons applying for re-certification, the most common operation was flexible endoscopy (13%) of a surgeon's caseload. This percentage was even higher in rural areas. Since SAGES was begun by surgeons using flexible endoscopy, SAGES felt there was an educa-

tional opportunity here and surveyed surgeons from rural areas in Iowa, Montana, and Wyoming. These surveys were performed by the Chair and Co-Chair of the Surgery in Rural Areas Initiative—Carol Scott-Connor of Iowa City, and Nicholas Morris of Powell, Wyoming. The results of both surveys were surprising and remarkably similar. Approximately 50% of the cases performed by a general surgeon were flexible endoscopy—primarily screening colonoscopy and upper endoscopy. At the 2001 SAGES Annual Meeting in Saint Louis, SIRA had its first meeting where over 40 surgeons from rural areas attended. As a result, there will be a hands-on flexible endoscopy course at the SAGES 2002 World Congress meeting designed for the needs of surgeons in rural areas. These surgeons do not need basic training in endoscopy as they are already experts. However, they would benefit by knowing cutting edge updates on equipment or treatment opportunities through the flexible endoscope.

Do you wish to participate? If you are a surgeon in a rural area you are invited to attend the next SIRA meeting to be held in New Orleans during the American College of Surgeons Annual Clinical Congress in October. Call the SAGES office for information at (310) 314-2404 between 8 am - 5 pm, Pacific Standard Time. Your SAGES contact is Barbara Berci.

Fundamentals of Laparoscopic Surgery (FLS).

After four years of development, FLS is almost completed! What is FLS? SAGES created the Fundamentals of Laparoscopic Surgery as an educational and assessment opportunity for general surgery residents as well as practicing laparoscopic surgeons. Lee Swanstrom and Nat Soper began these efforts in 1997. FLS is best understood as two parts. The first part is for preparation and training. There is a didactic experience based on a five hour CD-ROM containing ten didactic chapters utiliz-

Continued on page 20.

SAGES LEGISLATIVE UPDATE

Dr. Thomas Dent, SAGES representative to the AMA RUC Advisory committee reports on the 5 Year Review stating that the RUC completed a HCFA-mandated 5-year review of relative values and discussed the substantial changes recommended by the American College of Surgeons (ACS) and other surgical societies. Although the RUC did not endorse the "building-block" methodology used by the ACS to reach these recommendations, all of the recommended increases were accepted by the RUC. If HCFA agrees with the RUC's recommendations, which they usually do, general surgery should see a large increase (as much as 12%) in Medicare reimbursements. HCFA will announce their decision in the Federal Register in May. Dr. John Gage, the RUC representative from the ACS, has worked

tirelessly and effectively on behalf of all general surgeons and deserves our most enthusiastic thanks!

CONSCIOUS SEDATION. The RUC, at their February meeting agreed with the ASGE that conscious sedation documentation requirements have increased the work of many endoscopic procedures, but at the last minute decided to recommend against any increase in the work values for the endoscopic codes. The ASGE requested a reconsideration, and the issue was rediscussed at the April meeting. The RUC decided that, since conscious sedation is used by many specialties in addition to gastroenterology, the whole issue needed input from these specialties before any decision about a recommendation for increased payment could be made.

President's Message continued from page 18.

ing photos, video clips, and animations. The CD-ROM also hosts a demonstration of five manual skills designed to assess a surgeon's MIS skills, validated by Gerald Fried of McGill University. Both of these items are for initial preparation and training. The second part of FLS is for testing the impact of this training for knowledge and manual skills. The didactic and manual skills tests will be given at eight regional testing centers. The five manual skills will be assessed on a specialized training box developed by Carl Westcott of Wake Forest University. The didactic test will be timed and must be completed in one sitting. Both didactic and manual skills scores will be mailed shortly after the test.

The long-term goals of the project are to assure that surgeons performing laparoscopy have the basic knowledge and technical skill to perform laparoscopic procedures safely and that residents completing a general surgery residency are knowledgeable and proficient in the basics of laparoscopic surgery. Currently there are eight regional testing centers that are about to roll out the Manual Skills Testing. Do you or your training program wish to participate? Call the SAGES office for more information about when FLS will be available to you (310) 314-2404 between 8 am - 5 pm, Pacific Standard Time or see the FLS website at www.flis-test.org. Your SAGES contact is Kelly Wettengel.

Remember the mission of SAGES is your education.

L. William Traverso, MD

SAGES President 2001 - 2000

save these dates! <http://www.sages.org/sag-cal.html>

**8th WORLD CONGRESS OF ENDOSCOPIC SURGERY
SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE**

March 13 - 16, 2002, New York Hilton & Towers, New York, NY

SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE

March 12 - 15, 2003, Los Angeles Convention Center, Los Angeles, CA

related meetings

9th WORLD CONGRESS OF ENDOSCOPIC SURGERY

Cancun Mexico 2004 - Hosted by ALACE/FELAC

18th WORLD CONGRESS OF ISDS: December 8 - 11, 2002, Hong Kong

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