

# SCOPE



Summer, 2004  
Volume 04, Issue 2

## MESSAGE FROM THE PRESIDENT



**SAGES President**  
**David Rattner, M.D.**

## A View from the Inside

There are many benefits of SAGES membership. Most of us would point to the vibrant annual meeting as the greatest benefit. The opportunity to interact with many colleagues on both a professional and social basis has always been one of the great attractions of attending a SAGES meeting. SAGES currently has 4,793 members, making it the second largest organization of general surgeons (The American College of Surgeons is larger) in the United States. Many non-SAGES members view the society as a technique based society. They believe that minimally invasive surgery is a fad that soon will go away and argue that SAGES is a one-dimensional organization. Having been on the inside of the organization now for a number of years, I assure you that this view could not be further from the truth. While the annual meeting is SAGES' signature event, it is just the tip of the iceberg.

In this issue of SCOPE, Dr. Eli Lerner has contributed a column detailing the terrible malpractice situation in Florida. Many members have asked me what SAGES is doing to "put an end" to the malpractice crisis. Unfortunately, SAGES standing by itself probably cannot have a great deal of impact on this complex issue. SAGES, however, has made a serious commitment to fight for medical liability reform by joining forces with both the American Medical Association and the American College of Surgeons. Sizable contributions have been made to the ACS Health Coalition on Liability and Access ([www.HCLA.org](http://www.HCLA.org)) as well as the AMA's Campaign for Medical Liability Reform. If we are to achieve our goals, however, money is not enough. A SAGES delegation visited key Congressional offices in Washington D.C. to speak with legislators about issues that

## Name Change

After almost a decade of discussion, the SAGES Board of Governors voted to officially change the name of the society...to SAGES! One small word will be added to the name, pending full membership approval. The acronym and logo will remain the same, but we will become the Society of American Gastrointestinal AND Endoscopic Surgeons. While the addition of a 3-letter word may seem insignificant, it accurately reflects the changes in our membership and meeting content that have occurred since the Society was founded in 1981. SAGES is no longer a society solely dedicated to endoscopic surgery. Rather, SAGES has become the pre-eminent venue for education and research in gastrointestinal diseases as well as a Society that is at the cutting edge of innovative technology. Through an upcoming public information campaign, we will get the message out that we are leaders in gastrointestinal diseases, endoscopic surgery and emerging technologies.

concern all SAGES members. Please see the Legislative Update (p. 7) for a recap of this visit.

Aside from efforts to reform medical liability, SAGES plays a vital role in coding and reimbursement for CMS. Thanks to the tireless efforts of Dr. John Coller, SAGES won a seat in the AMA House of Delegates in 1996. Although one seat in such a large body might seem insignificant, it does *Continued on page 24.*

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# SAGES 2004-2005 Slate of Officers

The following slate of officers was approved by the SAGES membership during the annual business meeting on Saturday, April 3, 2004.

## Officers and Members of the Executive Committee:



◀ **PRESIDENT** - David Rattner, M.D.

**PRESIDENT-ELECT** ▶  
Daniel Deziel, M.D.



◀ **1<sup>ST</sup> VICE PRESIDENT**  
(2 year term) - Steven Wexner, M.D.

**2<sup>ND</sup> VICE PRESIDENT** ▶  
(2-year term) -  
Steve Schwartzberg, M.D.



◀ **SECRETARY** (3-year term) - Jo Buyske, M.D.

**TREASURER** ▶  
Mark Talamini, M.D.  
(3 year term)



## Board Members—Three-Year Terms:

### Re-Appointments:

Steve Eubanks, M.D.  
Dennis Fowler, M.D.  
Mike Holzman, M.D.  
Scott Melvin, M.D.  
Nathaniel Soper, M.D.

### New Board Members:

Mark Callery, M.D.  
Karen Horvath, M.D. (2 year term, fulfilling unexpired 3 year term of Dan Deziel)  
Namir Katkhouda, M.D. (1 year term, fulfilling unexpired 3 year term of Steve Schwartzberg)  
William Richards, M.D.  
Steve Rothenberg, M.D.

## Rotating Off the Board:

Desmond Birkett, M.D.  
R. Larry Whelan, M.D.  
Sherry Wren, M.D.

# 2004-2005 Committee Chair/Co-Chair List

President David Rattner, M.D. made the following committee chair/co-chair appointments for the 2004-2005 year.

### Assets/Finance:

Finance Chair: Mark Talamini, M.D.  
Assets Chair: Barry Salky, M.D.

### Awards:

Chair: Bruce Schirmer, M.D.

### By-Laws:

Chair: Steven Stain, M.D.

### Continuing Education:

Chair: C. Daniel Smith, M.D.  
Co-Chair: Michael Brunt, M.D.

### Development:

Chair: Steve Schwartzberg, M.D.  
Co-Chair: Mark Callery, M.D.

### Educational Resources:

Chair: Horacio Asbun, M.D.  
Co-Chair: David Easter, M.D.

### Flexible Endoscopy:

Chair: Gary Vitale, M.D.  
Co-Chair: William Richards, M.D.

### FLS:

Chair: Nathaniel Soper, M.D.  
Co-Chairs: Lee Swanstrom, M.D., Lelan Sillin, M.D., Gerald Fried, M.D.

### Guidelines:

Chair: David Earle, M.D.  
Co-Chair: Robert Fanelli, M.D.

### Legislative:

Chair: Aaron Fink, M.D.  
Co-Chair: Rocco Orlando, M.D.

### Membership:

Chair: Tonia Young-Fadok, M.D.  
Co-Chair: Fredrick Brody, M.D.

### Nominating:

Chair: Lee Swanstrom, M.D.

### Outcomes:

Chair: William Traverso, M.D.  
Co-Chair: John Morton, M.D.

### Program:

Chair: Steve Eubanks, M.D.  
Co-Chair: Steven Wexner, M.D.

### Public Information:

Chair: Paul Cirangle, M.D.  
Co-Chair: Titus Duncan, M.D.

### Publications:

Chair: Kenneth Forde, M.D.  
Co-Chair: Frederick Greene, M.D.

### Research:

Chair: Karen Horvath, M.D.  
Co-Chair: Blair Jobe, M.D.

### Resident Education:

Chair: Jeffrey Marks, M.D.  
Co-Chair: Ray Onders, M.D.

### Technology:

Chair: Daniel Herron, M.D.  
Co-Chair: Santiago Horgan, M.D.

### Liaison Group Leads:

**Bariatric** - Sayeed Ikramuddin, M.D., Eric DeMaria, M.D.

**Ethics** - Michael Nussbaum, M.D., Todd Heniford, M.D.,

**International Relations** - Mehran Anvari, M.D., Abe Fingerhut, M.D.

**Pediatric** - Steven Rothenberg, M.D. Thom Lobe, M.D.

**Rural** - Peter Hedberg, M.D., Tom Broughan, M.D., Dave Duppler, M.D.

### Non-voting advisors to the Board:

George Berci, M.D., Frederick Greene, M.D., John Hunter, M.D., Jeffrey Peters, M.D.

*One of the issues most critical to SAGES and its Legislative committee is the medical malpractice crisis. To best represent our members, we have contributed to the AMA Fund for America's Liability Reform and joined the ACS Health Coalition on Liability and Access (HCLA). In addition, we have decided to begin to share the experiences of those members currently working in the most severely troubled areas.*

*Dr. Eli Lerner, an active member of SAGES and the Legislative Committee, has been most active in the "fight". Currently serving as Chairman of the Specialty Section of the Florida Medical Association, Dr. Lerner is deeply invested in this challenge. He has been kind enough to provide a brief synopsis of the local efforts in Florida. We hope that this column updates our members and encourages many to assist in this pressing need.*

—Aaron Fink, M.D.

## Tort Report

**Eli N. Lerner, MD, FACS**

As many of you know, Florida physicians have been locked in a fight to the death trying to bring reason to our malpractice problems. It seems strange that a year has passed since the issue finally came forward like the crest of a wave and drove us into a gigantic effort to change the system and provide better access for patients to quality health care. What has happened so far is a lesson of what is to come for other states. I was affected by the crisis and was sucked into the vortex of the fight as the Chairman of the Specialty Section of the Florida Medical Association.

It started when our colleagues in South Florida began losing their malpractice insurance. It either cost too much money, in many cases as much as the protection allowed, or it simply was not available. More and more physicians became "self-insured." They agreed to be personally responsible for any judgments against them in a liability case.

Soon the specter of lost insurance became a statewide problem with almost all of the major insurers leaving the state. There were a few who hung in there with the doctors but their rates continued to climb. More and more of our colleagues left the state or retired rather than continue the scramble for liability coverage. Spontaneous demonstrations began cropping up, but we had no real direction at that point. We demonstrated primarily out of frustration in our inability to impact in a positive manner on the evolving crisis. These demonstrations, like bush fires, began popping up primarily in the southern part of the state where the crisis was felt first.

We began to realize early in 2003 that in order to make an impact we needed leadership on a level higher than local. Robert Cline, a cardiothoracic surgeon from Ft. Lauderdale, was elected President of the FMA and came out fighting. A study elaborated by the Florida Medical Association clearly demonstrated that a cap on non-economic damages (pain and suffering) of \$250,000.00 was required to curb the cost of

insurance required to pay runaway awards. Tort Reform became the primary goal of the FMA in 2003. Bob Cline led us to where the action was...Tallahassee, the State Capital.

Governor Jeb Bush championed our cause, realizing that a good medical framework was necessary to attract both tourists and workers alike. He appointed a Select Task Force on Healthcare Professional Liability Insurance, which recommended a \$250,000.00 cap on non-economic damages. The Task Force also included the following in its report: changes to the law regarding access to subsequent physicians providing treatment during the civil suit process, better control over who may testify as an expert witness, and sovereign immunity for all physicians providing services in hospital emergency rooms.

The process became even more political as the physicians of Florida took their problems to Tallahassee in the form of demonstrations. Many local demonstrations had generated interest in the liability insurance problem. Doctors all over the state took time to take their message to the public while others focused on our legislators. Surgeons in Jacksonville, unable to get meaningful liability coverage, withdrew from practice for three months. They were joined by surgeons in Miami, Tampa Bay, and some of the rural areas in the Northern part of the state. An emergency room in Orlando almost closed because of a lack of neurosurgical coverage. Southern Florida Surgeons reported that up to 50% of them were unable to buy coverage at any price and resorted to self insurance.

We became more politically active as the problems unfolded. Four thousand physicians demonstrated on the steps of the State Capital on March 27, 2003. A Bill was before the House at that time, which had been passed in the House by a resounding majority. We concluded our demonstration and went to the various Senate offices to discuss our issues with our Senators only to find that the President of the Senate had dismissed them all early in the day so that they could leave before they had to meet with us. The Senate finished the session without passing any legislation concerning malpractice.

The Governor was incensed. He declared special session after special session, promising not to give up until we had a \$250,000.00 cap in place. The President of the Senate, Jim King, and six other Republican Senators (including one who was a Family Practice physician from Pensacola) blocked every effort to produce a \$250,000.00 cap. In fact, they tried to leave the legislative year with no cap in place at all. It was apparent that our opposition, the trial lawyers, were well entrenched in the process and had done their homework well. They spent a tremendous amount of time and money on this issue with conservative estimates ranging up to \$28,000,000.00. Every time I was able to corner one of the six Senators to discuss the issue, a trial lawyer was not far behind. They sat in the Senate Gallery, predators trying to protect their livelihood with little, if any, regard for the common good of Florida's citizens, pro-

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## Research Grants

Applications for SAGES Research Grants will soon be available online at <http://www.sages.org/research>. The grant submission guidelines and grant writing tips can also be found using this link. SAGES Research Committee has requested electronic submission of applications. Please e-mail your applications to [research@sages.org](mailto:research@sages.org). If you cannot submit your application electronically, please contact the SAGES office at (310)437-0544, ext. 109.

Young researchers and small to mid-sized institutions are encouraged to submit applications.

**The deadline for submission will be October 31, 2004.**

## Membership

The Spring 2004 Membership Committee approved 195 new members: 34 Active, 118 Candidate, 19 International, and 24 Allied Health.

The Allied Health membership grew significantly since the Fall 2003 review period by more than 60% and the membership number in this category is now 39 members!

SAGES would like to congratulate 119 Candidate members who upgraded to Active membership status since Fall 2003.

### Membership Category numbers as of June 2004 are:

Active	2930
Candidate	941
International	503
Allied Health	39
Senior	335
Hiatus	24
Honorary	21
<b>Total Membership</b>	<b>4793</b>

## Outcomes

The SAGES Outcomes Initiative continues to grow with more than 14,000 cases in the database as of July 1. Participation is up with more than 60 new users since the Denver meeting. On the technology front, George Maupin from Whispercom has been working diligently to produce the first software CDs for the

Palm and Pocket PC. The software is currently in the beta testing phase and will be made available to members by the end of the summer. Benefits of the program include real-time benchmarking by comparing your results to the study group instantly; web-based application that can be accessed from the home, office, laptop, etc.; ability to meet present and future data requirements for credentialing, contracting and reimbursement; PDA software with compatibility to Microsoft Access and the web-base application; and **FREE TO ALL SAGES MEMBERS!** For more information about these current events or to participate, contact Jennifer Clark at the SAGES office at (310) 437-0544, ext. 105 or [jennifer@sages.org](mailto:jennifer@sages.org).

## Publications

In addition to the many benefits you receive from membership in SAGES, we are pleased to announce that you will now have access to another leading journal in surgery—*Diseases of the Colon & Rectum*—the official publication of ASCRS.

Effective immediately, you will be able to access articles published in *Diseases of the Colon & Rectum* using the same passwords you use to access *Surgical Endoscopy*. Simply visit [SpringerLink.com](http://SpringerLink.com) and log-in using your username and password. Do not press enter on your keyboard. Click on “browse publications” and access either *Surgical Endoscopy* or *Diseases of the Colon & Rectum*.

Enjoy the benefit of having two of the leading journals in the field at your fingertips via one password! Dr. Bruce MacFadyen and Dr. Alfred Cuschieri join Dr. David Rattner in encouraging you to take advantage of this significant benefit.

## Educational Resources

The Educational Resources committee has finalized excellent and beneficial informational tools for surgeons. SAGES Top 14 Project, a revised collection of the top most common minimally invasive procedures performed by surgeons, is now available. The SAGES Nissen Pearl, a procedure-specific instructional series concentrating on different, important steps of a Nissen procedure, and offering instructions, tips, tricks and alternatives for these steps, is available as well. To order either, please visit [www.cine-med.com](http://www.cine-med.com) or call 800-515-1542.

# In Memoriam

## Leonid Daykhovsky

When the laparoscopic revolution descended upon us, there were simply not enough trained proctors to teach everyone who wanted to learn the revolutionary new procedure (lap chole). Many of our leaders were teaching almost every weekend for a year. Leon Daykhovsky, a young candidate member, stepped up to the plate. He became a proficient teacher, traveled all over the U.S. and to many international locations, patiently helping in labs and O.R.'s. He was an innovative station coordinator for the SAGES learning center for many years. We mourn his untimely passing and extend our condolences to his young family.

## SAGES members visit the “Hill”

Late this spring three members of SAGES visited the Capital to speak with key Congressional leaders. Fred Brody, MD of Washington, DC; Paul Cirangle, MD of San Francisco, CA; and Jeffery Cohen, MD of Hartford, CT spent June 9th meeting with a series of U.S. Senators and Representatives. The purpose of SAGES visit to the Hill was two-fold: 1) to speak to members of Congress regarding issues of importance to surgeons and, in particular, to our membership; and 2) to establish SAGES as a leading surgical association in the minds of our lawmakers.

This was our first visit to the Capital since the SAGES Board approved the Hill visits. We were guided in our efforts by the ACS staff in Washington who advised that we meet with Congressional members from the home states of the surgeons involved. The three SAGES representatives were able to meet with leaders from their respective states which included the following:

**Senator Christopher J. Dodd (D-CT)**

**Senator John Warner (R-VA)**

**Senator George Allen (R-VA)**

**Senator Joseph I. Lieberman (D-CT)**

**Senator Barbara Boxer (D-CA)**

**Representative John B. Larson (D-1st/CT)**

**Representative Nancy Pelosi (D-8th/CA)**

As SAGES builds credibility with Hill staff, we hope to meet with key committee leaders and members who have direct influence and impact on issues of concern to SAGES members. For this visit, the primary focus was to address the issues of Medicare reform, Medical Liability reform, patient safety legislation, and extending the grace period for repayment of medical education loans.

There was across-the-board support for patient safety legislation. The SAGES delegation stressed to lawmakers the importance of making error reporting confidential and anonymous, as well as focusing on system errors as these were felt to be the predominant problem in our current health care system. Each of the doctors in attendance strongly supported extending the grace periods for educational loan repayment so that residents participating in surgical training programs would not be financially burdened during their postgraduate education.

While there was bipartisan recognition that Medicare reform is needed, the upcoming Presidential election has polarized the two parties and currently immobilized any efforts on this front. The SAGES contingent insisted to those they met with that there is currently a true crisis situation with the Medicare program as patient access becomes increasingly limited as surgeons drop Medicare completely or curtail their practice due to unsatisfactory Medicare reimbursement. On the positive side, it appears that across party lines there is agreement that the Medicare system is in need of major repair, if not a total over-

haul. The bad news is that no one seems willing to put forth the massive effort necessary to identify and initiate needed reforms and forget party politics.

The lines are very sharply drawn by political party when it comes to medical liability reform. Drs. Brody, Cirangle and Cohen found that Republicans are completely on board with the idea of Tort reform and non-economic liability caps, while Democrats are resistant to this as the sole solution. The SAGES delegation tried to drive home the point that many states are facing a critical situation and immediate action is needed. SAGES physicians directed Congress members to the success that California has experienced with their medical liability caps and strongly suggested that this strategy would serve as an excellent model for a federal Tort reform plan. Again, our group encountered a lack of awareness and recognition of the overall severity of the situation.

It is the hope of the Legislative committee that SAGES can continue to visit the Hill annually and to increase communication between Congressional leaders and surgeons from SAGES.

SAGES is a member of the Healthcare Coalition on Liability and Access. For more information about what you can do to support medical liability reform, visit the website at [www.hcla.org](http://www.hcla.org). SAGES is also a member of the ACS Surgery State Legislative Action Center, which addresses activities on the state level. You can visit their website at [www.facs.org/sslac](http://www.facs.org/sslac). You may also express your concerns to the SAGES Legislative Review Committee by writing the administrative offices at [colleen@sages.org](mailto:colleen@sages.org).

## In Memoriam Heiner Groitl, MD

Heiner Groitl was not only an early member of SAGES, but he was part of a small group responsible for the initiation of what is now our official Journal, *Surgical Endoscopy*. Along with Gerry Marks, Hans Troidl, Ted Schrock, Ken Forde, Tom Dent and a few other visionaries, Heiner Groitl imagined a future of ever widening horizons for rigid and flexible endoscopy. He and the courageous band lobbied with Springer Verlag to form the journal and to organize the First World Congress in Berlin in 1988. He traveled the world knocking on industry doors asking for support at a time when endoscopic surgery was no more than a passing thought in most surgical minds.

Dr. Groitl died recently at the age of 59, after a tragic accident. His spirit, his tenacity and his laughter will be missed not only by his old friends at SAGES but by a grateful world surgical community.

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.

## SAGES: The society for practical and academic surgeons

Lee Swanstrom, MD

Surgical societies are unique animals. On the surface they are simply gatherings of surgeons with common interests in order to exchange ideas, socialize, network and to expand and refine the scope of one's practice. What seems like it should be easy and spontaneous, however, actually requires an immense infrastructure to carry off smoothly. I can sincerely say that the SAGES' administration is one of the best. There is, however, another component that is necessary in order to realize the goal of keeping up to date with current developments and learning to introduce new procedures and technologies into practice. That is the need for surgeons to develop, master and teach them. SAGES, and all other surgical societies, depend on the fact that some of these creative individuals love teaching so much that they will volunteer their time, effort and expertise – with no

compensation – to make our society productive and worthwhile.

I am going to define these surgeons as *academic surgeons*. These are the surgeons with unendingly questioning minds who never are satisfied with the status quo. These surgeons lay awake at night dreaming of new ways of doing surgery, and then wake in the morning and head to the lab to work through their vision. These are the brave souls who are willing to be the first to introduce a new procedure with the risk of public humiliation, condemnation, legal sanction or, on occasion, great success. From the society's standpoint the most important character trait for these surgeons is a capability and willingness to teach others. Under this definition of an academician, it is unimportant whether the surgeon works in a private practice or at a university and more critical that the individ-

*Continued on page 13.*

**Tort Reform** *continued from page 4*

moting politics at its most base and rudimentary levels.

Finally, in August 2003, a compromise bill was passed which created a cap of \$500,000.00 with penetration to \$1,000,000.00 in extreme cases (not currently defined). A claimant is now entitled to \$1,000,000.00 per claim no matter how many physicians are involved (with the apparent exception of extreme cases). Limits for cases resulting from emergency care are capped at \$150,000.00. These numbers reflect only the non-economic damages in a lawsuit and have nothing to do with the reimbursed cost of care or estimated loss of livelihood.

The new cap falls short of protecting physicians from large losses. Most of the doctors in the state who can afford liability insurance carry \$250,000.00, all they can afford in the marketplace today. Carriers continue to leave the marketplace and rates continue to climb. This still leaves us wide open in a lawsuit since the insurance doesn't begin to cover even the non-economic damages that might result from a legal action. We will soon have no choice but to self-insure, leave Florida entirely, retire, or find new ways to earn a livelihood.

Other changes were made to medical tort legislation designed to streamline the legal process and to place more stringent controls on expert witnesses. However these fell far short of our desire to have in-state medical expert witnesses and a more meaningful discovery process. There was no attempt to reform attorney's contingency fees in the legislation.

Sadly, this legislation may be seen as a bittersweet victory as well. The trial lawyers were assured that there would never be a cap passed in Florida, and even though the cap is effectively too high to reduce insurance rates and therefore secure patient access, it is currently law. The Florida Medical Association intends to go back and try to get it reduced in the future.

Our most important lesson of the year was that our cause affects the people more than the Legislature and the lawyers. We feel that the attorneys clearly demonstrated that in their view, the struggle is all about money and not about patient protection. We are now fighting for a constitutional amendment to cap legal contingency fees. We firmly believe that we will be successful in getting it on the ballot and that it will pass. The amendment states that a claimant is entitled to 70% of the first \$250,000.00 of all damages and 90% of all damages in excess of \$250,000.00, exclusive of reasonable and customary costs and regardless of the number of the defendants.

We have gone to the people of Florida, our patients, for their support and they are responding to us by signing the amendment petition. We have far surpassed the number of signatures needed for the amendment to be reviewed by the Supreme Court of Florida. We are approaching the 40% mark for its inclusion on the Fall ballot, and we are building up steam.

The battle continues. I hope that I will have more positive news for you both from the ongoing battle in Florida and from Federal attempts at tort reform for our next report.

# SAGES Endorsed Courses (As of June 23, 2004)

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. For more information and applications, please visit the Endorsed Course Application page at [www.sages.org/endorsed.shtml](http://www.sages.org/endorsed.shtml).

**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: Minimally Invasive Surgery Week**

**Institution:** Legacy Health System, Portland, OR

**Director:** Lee L. Swanstrom

**Contact:** Yashodhan S. Khajanchee, MD, Education Coordinator  
Phone: 503-963-2877  
[www.legacyhealth.org/education/meded/](http://www.legacyhealth.org/education/meded/)

**Dates:** Sept. 27 - Oct. 1, 2004

**Address:** Legacy Health System, Department of MIS, Portland, OR  
2801 N. Gantenbein, Portland, OR 97227

**Course: Third Annual Esophageal Conference**

**Dates:** September 9-10, 2004

**Institution:** Creighton University Medical Center

**Director:** Charles J. Filipi, MD

**Contact:** Phone: 1-800-548-CMED or 1-402-280-1830  
Fax: 1-402-280-5180 Online:  
<http://medicine.creighton.edu/medschool/CME/seminars.html>

**Address:** Qwest Center Omaha  
North 10th Street  
Omaha, Nebraska

**Institution:** Gem Hospital India Private Ltd

**Director:** C. Palanivelu, MD

**Contact:** Phone: 0422-2324100, 2324101, 2324105  
Fax: 2320879  
Online: [www.gemhospitalindia.com](http://www.gemhospitalindia.com)

**Address:** Gem Hospital India Private Ltd.  
45 A Pankaja Mill Road, Ramanthapuram  
Coimbatore, Tamilandu 641 045  
India

**Courses: Basic Foundation in Laparoscopic Surgery  
Advanced Skill in Laparoscopic Surgery**

**Dates: Basic Foundation in Laparoscopic Surgery**

August 23-28, 2004  
Sept. 27-Nov. 2, 2004  
October 11-16, 2004  
November 15-20, 2004  
December 6-11, 2004

**Advanced Skill in Laparoscopic Surgery**  
October 25-29, 2004

**Institution:** Mayo Clinic Scottsdale

**Director:** Kristi L. Harold, MD

**Contact:** Phone 1-480-301-4580

**Courses: Laparoscopic Gastric Bypass**

Sept. 16-17, 2004

**Laparoscopic Ventral Hernia** Nov. 19, 2004

**Laparoscopic Colectomy** Dec. 3, 2004

**Address:** Mayo Clinic Scottsdale  
13400 East Shea Blvd.  
Scottsdale, AZ 85259

**Institution:** Innovations in Medical Education & Training (IMET)

**Director:** Jefferson Vaughan, MD

**Contact:** Phone: 215-923-4668 Fax: 215-923-4670 Online:  
[www.imetcme.com](http://www.imetcme.com)

**Course: Laparoscopic Roux-en-Y Gastric Bypass and Morbid Obesity**

**Date:** November 21, 2004

**Address:** Sunny Isles, Greater Miami Beach, Florida  
Trump International Sonesta Beach Resort

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

**Director:** Zoltan Szabo

**Dates:** Check with MOET Institute for dates

**Address:** Phone: 415-626-3400  
[www.moetinstitute.com/](http://www.moetinstitute.com/)

**Institution:** Virginia Commonwealth University Health System

**Director:** Eric J. DeMaria, MD

**Contact:** Phone: 804-828-0409, Fax: 804-828-1933, Email:  
[mbtowler@vcu.edu](mailto:mbtowler@vcu.edu)  
<http://www.lesspainsurgery.com>

**Courses:** Sept. 20-21, 2004, **Laparoscopic Bariatric Surgery**  
Nov. 8-9, 2004, **Laparoscopic Bariatric Surgery**  
Jan. 23, 2005, **Laparoscopic Hernia**

**Institution:** Center For Advanced Laparoscopic Surgery, Tan Tock Seng Hospital, Singapore

**Directors:** Richard Sim, MD; Melvin Look, MD; James Tan, MD

**Contact:** phone: 65-6357-7807; email: [gloria\\_seah@ttsh.com.sg](mailto:gloria_seah@ttsh.com.sg)  
<http://www.ttsh.com.sg>

**Courses:** August 6, 2004, **Advanced Laparoscopic Workshop (Lower GI)**

August 21, 2004, **Technology Lab, in conjunction with Introduction to Laparoscopy Program**  
October 23, 2004, **Basic Tools & Skills Lab, in conjunction with Introduction to Laparoscopy Program**

December 4, 2004, **Operative Applications Lab, in conjunction with Introduction to Laparoscopy Program**

**To be Announced - Laparoscopic Radical Nephrectomy**

**Institution:** Minimal Access Surgery Center, New York Presbyterian Hospital, New York, NY

**Directors:** Dennis Fowler, MD; Marc Bessler, MD; Michel Gagner, MD; W. Barry Inabnet, MD; Alfons Pomp, MD; Jeffrey Milsom, MD & Richard L. Whelan, MD

**Contact:** phone: (212) 305-0577  
<http://www.masc.cc>

**Courses:** December 9-10, 2004, **Update on Laparoscopic Surgery**  
**Institution:** Southwestern Center For Minimally Invasive Surgery (SCMIS), Dallas, TX  
**Director:** David Provost, MD  
**Contact:** phone: 1-800-688-8678  
www.swmed.edu/home\_pages/cmis/conted.htm

**Courses:** **Contact institution for upcoming courses.**  
**Institution:** Emory University School of Medicine, Atlanta, GA  
**Director:** C. Daniel Smith, MD  
**Contact:** **Phone 404-727-1540**  
www.emoryendosurgery.or

**Courses:** August 5-6, 2004, **Basic Laparoscopic Bariatric Surgery**  
August 26-27, 2004, **Basic Ventral Hernia Surgery**  
Sept. 2-3, 2004, **Advanced Foregut Surgery**  
Sept. 10, 2004, **Basic Hernia Surgery**  
**October 1, 2004, Laparoscopic Colon Surgery**  
**October 7-8, 2004, Basic Laparoscopic Bariatric Surgery**  
**October 22, 2004, Basic Hernia Surgery**  
**November 19-20, 2004, Advanced Laparoscopic Ventral Herniorrhaphy Symposium**  
**December 3, 2004, Basic Hernia Surgery**  
**December 10, 2004, Endoscopic Radiofrequency Treatment of Gastroesophageal Reflux Disease (Stretta)**  
**December 16-17, 2004, Basic Laparoscopic Bariatric Surgery**  
**January 21, 2005, Laparoscopic Colon Surgery**  
**Institution:** Carolinas Laparoscopy & Advanced Surgery Program "CLASP", Charlotte, NC  
**Director:** B. Todd Heniford, MD FACS; Frederick Greene, MD; Pierce Irby, MD; Chris Teigland, MD; Richard L. White, Jr. MD FACS; Kent W. Kercher, MD; Ronald F. Sing, DO; Brent D. Matthews, MD  
**Contact:** phone: 704-355-4823  
CLASP@carolinas.org

**Courses:** September 10, 2004, **Laparoscopic Renal Sugery**  
September 17, 2004, **Laparoscopic Ventral & Incisional Herniorrhaphy**  
September 24, 2004, **Laparoscopic Colorectal (Resident Training)**  
October 15, 2004, **Lymphatic Mapping & Sentinel Node Biopsy**  
October 24-25, 2004, **Mini Fellowship for Gastroesophageal Reflux Disease**  
October 29, 2004, **Laparoscopic & Hand-Assisted Colorectal**  
November 7-9, 2004, **Mini Fellowship Advanced Lap Surgery**  
November 17, 2004, **Mini Fellowship in Flexible Endoscopy**  
November 19, 2004, **IVC Filter**  
December 10, 2004, **Laparoscopic Ventral & Incisional Herniorrhaphy**  
**Institution:** University of Minnesota Medical School  
**Director:** **Todd M. Tuttle, MD**  
**Contact:** **Phone: 1-800-776-8636**  
<http://www.cme.umn.edu>

**Courses:** **Contact institution for upcoming courses.**  
**Institution:** Medical Training Worldwide (U.S. non-profit organization)  
**Director:** **Ramon Berguer, MD (President and Executive Director)**  
**Contact:** **Phone 415-892-1550**  
**Or contact Dr. Berguer via email**

**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 the SCOPE Archives**

## 2004 SAGES Resident Courses

SAGES will be offering several basic and advanced courses this year for surgical residents.

### Basic Endoscopy and Laparoscopy Workshop

*2nd and 3rd Year Residents*

**August 12 - 13, 2004, Cincinnati, Ohio**

Sponsored by Ethicon Endosurgery

### Advanced Foregut/Bariatric Course

*4th and 5th Year Residents (Must also be a SAGES candidate member)*

**September 9 - 10, 2004, Norwalk, Connecticut**

Sponsored by Autosuture

### Advanced Laparoscopic Techniques Course

*Chief Residents and Fellows (Must also be a SAGES candidate member)*

**December 2 - 3, 2004, Cincinnati, Ohio**

Sponsored by Ethicon Endosurgery

## REMINDER!

If your contact information has changed recently (address, phone, fax, e-mail), you may easily update it on-line. If you do not currently receive the monthly members-only mini-SCOPE update, you may sign up for it here. Just go to [www.sages.org](http://www.sages.org) and access the members' area to make any changes to your information.



## HIGHLIGHTS FROM THE SAGES 2004 MEETING



▲ The new SAGES Board poses after their meeting.



▲ Dr. Lee Swanstrom delivers his Presidential Address at the 2004 Annual Meeting.



▲ Dr. Jeffrey Ponsky presents the Gerald Marks Lecture.



▲ Current and past officers show they can always be reached via their cell phone. Left to right Drs. Berci, Ponsky, Collier, Forde, Stiegmann, Swanstrom, Hunter, Greene, Marks, Soper, Peters.

### View Column continued from page 9.

ual have a commitment to share their knowledge.

During the past year, several SAGES members have commented that the Society was becoming “too academic” or that “academic” surgeons made up a disproportionate share of the leadership or presenters at our meetings. I believe that these criticisms are somewhat misplaced. There is no doubt that one sees many of the same names at our annual meeting each year. These individuals, however, are not favored because of a university appointment that unfairly subsidizes them. This old definition of an academic surgeon – as a university subsidized surgeon able to practice independent from clinical productivity and encouraged to volunteer time and effort to surgical societies – applies to almost no one in this day and age. Instead, these are individuals who love to teach and who are good at it. They are highly ranked by the membership in meeting surveys and their presence is listed as one of the primary reasons people come to the meeting. They are also willing to contribute their time – which equates to lost income as it does for all of us – to sharing their expertise and knowledge. As Chair of the

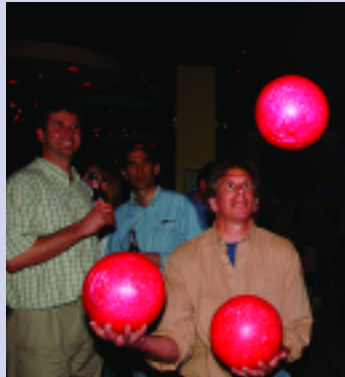
Nominating Committee, I can testify to the fact that university credentials play little if any role in the selection of new committee or board members. Rather, the Committee looks for a spirit of volunteerism, a genuine love of teaching and clinical accomplishment; that is to say, true *academicians*.

Finally, to respond to the comment that the annual meeting is becoming too academic, I would have to agree that there is more science in the meeting than there used to be. Not necessarily basic science, (that remains less than 10 percent of the abstracts presented) but definitely more studies based on surgical sciences (ergonomics, education metrics, evidence based practices, etc.). This is most likely due to the increased public and government demands for competency measures and evidence based medicine as well as the natural maturation of the practice of surgical endoscopy. While not as fun as the heady early days of the laparoscopic revolution, I believe this is an overall good and natural evolution that will benefit our patients.

So, is SAGES an *academic surgery society*? I believe it is – insofar as it is dedicated to education, new and best practices and the best and the brightest in GI and Endoscopic surgery.

# HIGHLIGHTS FROM THE SAGES 2004 MEETING

## The meeting wouldn't be complete without the Annual International Sing Off!



**Guests enjoyed an evening of dancing, dining, singing and playing games at Jillians.**



# Position Statement on Laparoscopic Colectomy for Colon Carcinoma

It is with great enthusiasm that we distribute the following position statement on laparoscopic colectomy for colon carcinoma. This statement was drafted by the ASCRS and approved by their Executive Council in response to the May 12, 2004 cost trial in the *New England Journal of Medicine*. ASCRS Research Foundation past president, Dr. Heidi Nelson, was the first author of this 10 year long multi-center trial in which many SAGES members were among the 68 surgeons from 48 institutions. Dr. Nelson presented the study at the annual meeting of the ASCRS on the same day that the NEJM article was published. Realizing the time sensitive nature of this unique opportunity, the Executive Council of the ASCRS convened at the end of Dr. Nelson's presentation and drafted the attached position statement to replace the 1993 statement published in *Diseases of the Colon and Rectum* prior to the start of the trial. The ASCRS Executive Council has asked SAGES, SSAT and SSO to co-endorse the statement.

The SAGES Executive Committee reviewed/discussed the statement and approved the language during their May 16 meeting in New Orleans. It was noted that the requirement for 20 cases may not be ideal, but is predicated on the cost study which is therefore at least justifiable in concept. The statement will be simultaneously published in our journal, *Surgical Endoscopy*, as well as the ASCRS journal, *Diseases of the Colon & Rectum*. Ideally, the position statement will eventually have all four society logos.

**Position Statement of the American Society of Colon and Rectal Surgeons (ASCRS)  
Endorsed by the Society of American Gastrointestinal Endoscopic Surgeons (SAGES)**

## *Laparoscopic Colectomy for Curable Cancer*

Laparoscopic colectomy for curable cancer results in equivalent cancer related survival to open colectomy when performed by experienced surgeons. Adherence to standard cancer resection techniques including but not limited to complete exploration of the abdomen, adequate proximal and distal margins, ligation of the major vessels at their respective origins, containment and careful tissue handling, and en bloc resection with negative tumor margins using the laparoscopic approach will result in acceptable outcomes. Based upon the COST\* trial, pre-requisite experience should include at least 20 laparoscopic colorectal resections with anastomosis for benign disease or metastatic colon cancer before using the technique to treat curable cancer. Hospitals may base credentialing for laparoscopic colectomy for cancer on experience gained by formal graduate medical educational training or advanced laparoscopic experience, participation in hands on training courses and outcomes.

\*The Clinical Outcomes of Surgical Therapy Study Group. A comparison of laparoscopically assisted and open colectomy for colon cancer. *N Engl J Med* 2004;350:2050-2059.

## Abstract Submission for SAGES '05

**The deadline for submission of oral, poster & video abstracts is September 17, 2004.**

Oral and Poster abstract submissions will be accepted online only this year! To submit oral and poster abstracts electronically, please visit [www.sages.org/abstracts](http://www.sages.org/abstracts) for more information and instructions.

Video abstracts must be mailed to the office along with a brief summary of the video via our on line system.

### **All Videos must be submitted Digitally on CD-ROM or DVD.**

For complete digital guidelines and video submission instructions, etc., please visit [www.sages.org/abstracts](http://www.sages.org/abstracts) or contact the SAGES office at 310-437-0544 or email [abstracts@sages.org](mailto:abstracts@sages.org).

Abstracts which do not conform to the published rules will not be accepted for review.

Upon successful completion of the online submission, you should receive an automatic confirmation of receipt. Video submitters will be sent an email confirmation upon receipt of their video.

**Please Remember: Digital Video Submission Required!**



2004 George Berci Lifetime Achievement Award winner Dr. Gerald Marks and Program Chair Dr. Jo Buyske.



Dr. Kenneth Forde shakes the hand of the Pioneer in Endoscopy Award winner, Dr. George Berci.



Dr. Swanstrom congratulates Dr. Rick Greene for receiving the Distinguished Service Award.



Research co-chair Dr. Michael Holzman congratulates Young Researcher Award winner Dr. Danny Scott.

## 2004 Research Grant Award Winners

**Primary Investigator:** Justin Burns, MD

**Project Title:** Influence of In-Vitro Fibroblast Pre-Seeding of Polyglactin 910 Mesh on Host Tissue Integration in a Rat Ventral Hernia Model

**Institution:** Carolinas Medical Center

**Grant Support:** SAGES Foundation

**Primary Investigator:** Patricia Sylla, MD

**Project Title:** Microarray Analysis of the Differential Effects of Open and Laparoscopic Surgery on Immune Function: Applications to Tumorigenesis and Cancer Progression

**Institution:** Columbia University

**Grant Support:** Ethicon Endo-Surgery, Inc.

**Primary Investigator:** David Urbach, MD

**Project Title:** The Epidemiology of Surgery for Gastroesophageal Reflux Disease (GERD): Determinants and Outcomes of Surgical Therapy

**Institution:** University Health Network

**Grant Support:** Ethicon Endo-Surgery, Inc.

**Primary Investigator:** Benjamin Schneider, MD

**Project Title:** Objective Competency Assessment in Minimally Invasive Surgery With Novel Performance Theory Based Methods

**Institution:** Harvard Medical School/Beth Israel Deaconess Medical Center

**Grant Support:** Autosuture

**Primary Investigator:** Gina Adrales, MD

**Project Title:** Prospective, Randomized Trial Comparing Components Separation and Laparoscopic Ventral Hernia Repair

**Institution:** Medical College of Georgia Research Institute

**Grant Support:** Karl Storz Endoscopy America

**Primary Investigator:** Ann Seltman, MD

**Project Title:** Use of Endoscopic Ultrasound to Characterize Failure After Antireflux Surgery

**Institution:** Portland VA Medical Center

**Grant Support:** Ethicon Endo-Surgery, Inc.

**Primary Investigator:** Robert O'Rourke, MD

**Project Title:** Obesity-related Immunocompromise: T-cell Development and Function in Bariatric Surgery Patients

**Institution:** Oregon Health & Science University

**Grant Support:** Autosuture

**Primary Investigator:** Brant Oelschlager, MD

**Project Title:** The Use of Intraluminal Esophageal Impedance in Patients with GERD and Poor Response to Medical Therapy: Who are the Good Surgical Candidates?

**Institution:** University of Washington

**Grant Support:** Valleylab

## SAGES 2005 Awards Nominations

SAGES has two major awards which are open for nomination from the general membership. Nomination forms will be reviewed by the Awards Committee prior to the ACS Clinical Congress in October. The Committee will recommend recipients to the Board of Governors during ACS. Awards will then be bestowed upon the recipients during the 2005 SAGES annual meeting next year in Fort Lauderdale.

You may obtain a copy of the nomination forms by calling, faxing, or e-mailing Stephanie Law in the SAGES office (Phone: 310-437-0544, ext. 104, Fax: 310-437-0585, E-Mail: stephanie@sages.org). 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 3, 2004.**

**The awards that are open for your nomination are:**

### *Pioneer in Endoscopy Award*

- ▶ The award is designated for a person in industry, or 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.
- ▶ Past winners include: Karl Storz 1995, Bob Quint 1997, Robert Anderson 1999, William Chang and Richard Newman 2001, Kurt Semm 2002, Basil Hirshowitz 2003, George Berci, 2004.

### *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.
- ▶ The award has been granted only twice, to Sir Alfred Cuschieri in 2001 and to Gerald Marks in 2004.

## Resident or Fellow Presentation Awards

SAGES Resident Education committee and Corporate Council would like to congratulate the follow surgeons-in-training for winning Best Resident or Fellow Presentation Awards at the 2004 Annual Meeting:

- 1<sup>st</sup> Place **Daniel Cottam** - "Laparoscopic Sleeve Gastrectomy As An Initial Weight Loss Procedure For High Risk Patients with Morbid Obesity"
- 2<sup>nd</sup> Place **Rami Lutfi** - "Three Years Experience With the Stretta Procedure, Does it Really Make A Difference?"
- 3<sup>rd</sup> Place **M. Gholghesaei** - "Dutch Color Trial Results: Quality of Life Following Laparoscopic VS Open Colectomy For Malignancy"



**Congratulations to Dr. Carol Scott-Conner who was designated a**

**"Local Legend" by the American Medical Women's Association earlier this year. The AMWA honor is bestowed upon women physicians from each state who have demonstrated commitment, originality, innovation or creativity in their field of medicine.**



## SAGES Manual Available in Chinese

**SAGES now has a Chinese translation of the SAGES Manual. The translator was Jihui Li MD of the Minimally Invasive Surgery Center at Shanghai Changhai Hospital and it is published by the Peoples' Military Medical Press.**



# SAGES 2005

## Annual Postgraduate Courses and Scientific Session

April 13 - 16, 2005  
Fort Lauderdale, Florida

***Complete program will be  
mailed in late Fall, 2004***

**The deadline for submission of oral, poster  
& video abstracts is September 17, 2004.**



- Program Chair: Scott Melvin, MD**  
**Hands-On Course Chair: John Marks, MD**  
**Hands-On Course Co-Chair: Theodore Saclarides, MD**  
**Digital Hands-On Course Chair: Steve Schwaitzberg, MD**  
**Solid Organ Postgraduate Course Chair: Todd Heniford, MD**  
**Bariatric Postgraduate Course Chair: Ninh Nguyen, MD**  
**Bariatric Postgraduate Course Co-Chair: Giselle Hamad, MD**  
**Endoluminal Postgraduate Course Chair: Brian Dunkin, MD**  
**Endoluminal Postgraduate Course Co-Chair: Jeff Hazey, MD**  
**Pediatric Fellows Course Chair: Marc Levitt, MD**  
**Fellowship Council Course Chair: Gerald Fried, MD**  
**Allied Health Professionals Course Chair: David Edelman, MD**  
**Allied Health Professionals Course Co-Chair: Anna Miller, RN**  
**Poster Chair: Jon Gould, MD**  
**Video Chair: Ed Phillips, MD**  
**Learning Center Chair: Daniel Jones, MD**  
**Learning Center Co-Chair: Daniel Scott, MD**  
**Educator's Lunch Coordinators: Jeff Marks, MD, Michael Holzman, MD**  
**New Technology Forum Coordinator: Dan Herron, MD**  
**Resident's Day Coordinators: Edward Lin, MD & Emily Winslow, MD**  
**Presidential Lecturer: David Rattner, MD**

## FLS

The FLS Committee is proud to announce that the Fundamentals of Laparoscopic Surgery (FLS) Program officially launched at the SAGES 2004 Annual Meeting in Denver, Colorado March 31st - April 3rd. In more recent news, SAGES is in negotiations with the American College of Surgeons (ACS) to consider undertaking the FLS Program as a joint venture. The committee has also met with various international societies to discuss pilot programs abroad.

The FLS Program is a comprehensive, multi-media CD-ROM-based education module that includes a hands-on skills training component and assessment tool designed to teach the physiology, fundamental knowledge and technical skills required in the performance of basic laparoscopic surgery. The CD-ROM study guides cover didactics, interactive patient scenarios and manual skills training. The most innovative and integral part of the FLS Program is an assessment tool that tests your cognitive knowledge and manual skills. Testing will be available at six regional Test Centers or at your institution. In addition, the FLS exam can be taken at the upcoming ACS Clinical Congress and an FLS course/exam will be offered at the 2005 SAGES Meeting in Florida.

The FLS CD-ROMs and Laparoscopic Trainer Box can now be ordered by downloading an order form available from the new FLS web site [www.flsprogram.org](http://www.flsprogram.org).



**For more information or to receive an FLS brochure contact the SAGES office at (310) 437-0544, ext. 115 or [fls@sages.org](mailto:fls@sages.org).**

## Ethical Standards

The SAGES Ethics Liaison Group wants to make sure all SAGES members are aware of two important sets of documents.

**1) AdvaMed Guidelines, available at**

**[http://www.advamed.org/publicdocs/code\\_of\\_ethics.pdf](http://www.advamed.org/publicdocs/code_of_ethics.pdf)**

These ethical standards guidelines, published by the Advanced Medical Technology Association, and adopted January 1 of this year, apply to the medical device industry's ability to continue its collaboration with healthcare professionals. SAGES members should be aware of them, not only to guide SAGES official interaction with industry partners, but so that you as individual surgeons know what is and is not now permitted by your personal industry affiliates.

**2) ACS Statement on the Physician Expert Witness and Expert Witness Affirmation Statement, both available at <http://www.facs.org>**

In response to the need to define the recommended qualifications for the physician expert witness and behavioral guidelines, the ACS Patient Safety and Professional Liability Committee issues this statement and affirmation statement.

To comment or contact the SAGES Ethics Liaison Group, please write [ethics@sages.org](mailto:ethics@sages.org).

## SAGES New Role on the Fellowship Council

SAGES now has a new role in the Fellowship Council, formerly the Minimally Invasive Surgery Fellowship Council. In addition to AHPBA and SSAT, SAGES will have a seat on the Board of Directors and chair the Accreditation Committee for 2005. For more information about the Fellowship Council, please call (310) 437-0555, ext. 109 or visit [www.misfellowshipcouncil.org](http://www.misfellowshipcouncil.org).

## SAGES at the 2004 ACS Clinical Congress

The Fall ACS Clinical Congress will take place October 10 - 14 in New Orleans. SAGES will convene its committee and Board meetings as usual.

A schedule will be sent to all SAGES committee and Board members in the summer.

SAGES will also convene two evening educational symposia. CME credits will be offered for each, and admission is complimentary. Our traditional joint symposium with SSAT will take place Wednesday evening, October 13. Dr. Daniel Jones will chair this 2-part event, discussing GERD and

emerging technologies, and assessing surgeon competence.

For the first time, SAGES will host a second evening symposium with ASBS. "Bariatric Surgery: How do we Prove it Works?" will be chaired by Dr. Bruce Schirmer. This event will occur on Sunday evening, October 10.

Each symposium will run from 5:30 pm - 7:30 pm at the New Orleans Marriott. Exact rooms TBA. Look for a program and registration materials in August. For more details, visit the SAGES website or contact the office.





# Two Video Courses Available From SAGES

## SAGES Laparoscopic Colon Surgery Video Course

Course Chair: Tonia Young-Fadok, MD

Released February 2004; Valid for CME until February 2006

**Objectives:** When the course is completed the attendees should have up to date knowledge on the status of laparoscopic colectomy for numerous indications. Further, they should take away one or several surgical approaches to the various components of the laparoscopic-assisted colectomy.

**Lectures:**

Port Arrangements/Room Set Up	Kirk Ludwig, MD
Devascularization Ureter & Gonadal Vessels	Jeff Milsom, MD
Colonic Mobilization & Flexure Takedown	Toyooki Sonoda, MD
Intracorporeal Bowel Division ...	Joseph Petelin, MD
Diverticulitis	Steve Wexner, MD
Inflammatory Bowel Disease	Barry Salky, MD
Colon Cancer	Antonio Lacy, MD
Rectal Cancer	Morris Franklin, MD
Intraoperative CO2 Pneumo ...	Seng Lee, MD
Immunologic Ramifications	Jaap Bonjer, MD
Oncologic Impact	Richard L. Whelan, MD
Port Site & Incisional Tumor Recurrences	Christoph Jacobi, MD

**Accreditation:** The Society of American Gastrointestinal Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (A.C.C.M.E.) to sponsor Continuing Medical Education for physicians. SAGES designates this Continuing Medical Education activity for: **3.0 credit hours for the Laparoscopic Hernia Surgery Video Course** and **3.0 credit hours for the Laparoscopic Colon Surgery Video Course** in Category I of the Physicians Recognition Award for the American Medical Association. Each physician should claim only those hours of credit that he/she actually spend in the educational activity by entering the appropriate value in the field provided on the Evaluation Form.

## SAGES Laparoscopic Hernia Surgery Video Course

Course Chair: George Ferzli, MD

Released February 2004; Valid for CME until February 2006

**Objectives:** At the conclusion of this activity, the participant will be able to: Review different techniques of open and laparoscopic inguinal herniorrhaphy and related clinical outcomes; Gain an understanding of indications for inguinal herniorrhaphy and when hernia repair may not be indicated; Be able to recognize issues in patient selection and choice of techniques for ventral herniorrhaphy as well as recognition & avoidance of potential complications.

**Lectures:**

Operative Anatomy for Inguinal & Ventral Hernias	Scott Melvin, MD
Should Tissue (Non Tension Free) Repairs Still Be Performed?	Bruce MacFadyen, MD
Should Every Inguinal Hernia Be Treated?	Robert Fitzgibbons, MD
Laparoscopic Techniques, Indications & Outcomes (TEP & TAPP)	Maurice Arregui, MD
Open Tension Free Techniques - Indications & Outcomes	Ed Felix, MD
Groin pain and other complications of inguinal herniorrhaphy	Robert Bailey, MD
Technique of Laparoscopic Ventral Hernia - To Suture or To Not Suture	Bruce Ramshaw, MD
Choosing Biomaterial: PPM Can be Used for Lap. Ventral Hernia Repair	Morris Franklin, MD
PPM Should Not be Used for Lap. Ventral Hernia Repair	Karl LeBlanc, MD
Outcomes Risks & Complications of Open & Lap. Ventral Herniorrhaphy	B. Todd Heniford, MD
Uncommon & Challenging Ventral Hernias	Dennis Fowler, MD

### SAGES Video Course Order Form:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Qty	Course Description	Format	Price	Total
	Laparoscopic Colon Surgery Video Course	DVD Only	Members: \$195, Non-Memb: \$230*	
	Laparoscopic Hernia Surgery Video Course	DVD Only	Members: \$195, Non-Memb: \$230*	

\* Call for volume discounts  
 \*\* Shipping is \$10 per video course set for US addresses, or \$20 per set for international shipments. Please call for express delivery rates.  
 All sales are final. Returns accepted for defective DVDs only.

<b>SUBTOTAL</b>	
** Shipping: \$10/\$20 per course	
<b>TOTAL DUE</b>	

**Payment:**  Check: Checks should be made out to SAGES. Please allow 4-6 weeks for delivery.  
 Credit Card:  Mastercard  VISA  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return order form to SAGES office via fax: (310) 437-0585, or by mail to:  
**SAGES - Attn: Video Course Order, 11300 W. Olympic Blvd., Suite 600, Los Angeles, CA 90064**

# Save these Dates!

## SAGES Upcoming Annual Meetings

**April 13 - 16, 2005** Ft. Lauderdale, FL with AHPBA  
Held consecutively with the ACS Spring Meeting

**April 26 - 29, 2006** Dallas, TX with IPEG  
Held consecutively with the ACS Spring Meeting

**April 19 - 22, 2007** Las Vegas, NV  
Held consecutively with the ACS Spring Meeting

## Other Meetings and Congresses

**October 10 - 15, 2004 ACS** New Orleans, LA

**June 1 - 4, 2005**  
**13<sup>th</sup> EAES International Congress and**  
**14<sup>th</sup> Annual Congress for Endosurgery**  
**in Children, IPEG**

Venice, Italy

### *President's Message continued from page 1.*

allow us representation to the AMA's, CPT, and RUC Committees that advise CMS. Dr. Michael Edye represents SAGES to the RUC and Dr. Paresh Shah represents SAGES to the CPT group. It is the CPT group that determines whether a procedure will get a code or not and then the RUC determines the value for that code. Recently, SAGES presented and testified at CPT for Stretta and Laparoscopic Bariatric codes. The process of establishing a code and assigning a subsequent value can take as long as 3 years. Although the bureaucratic process is slow, we are making progress. Our representatives to the RUC and CPT committees have committed many hours of their own time on behalf of all SAGES members.

For the past five years, Dr. Aaron Fink has led the SAGES Legislative Committee. Dr. Fink has previously presented to the RUC and CPT groups and serves a vital function organizing and presenting SAGES interests and viewpoints to governmental agencies. At our next meeting when you see one of our SAGES Legislative Committee members, introduce yourself and let them know what is on your mind. Don't forget to thank them for their efforts on behalf of us all.

—David Rattner, MD, President

### **Society of American Gastrointestinal Endoscopic Surgeons**

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