



SCOPE

Winter, 1998

President's Message

The Role of Young Surgeons in SAGES

**Desmond Birkett,
MD, FACS**



SEVERAL years ago, during Rick Greene's Presidential address, he outlined the life stages of organizations. While I can't remember the complete sequence, one of the latter stages described an adult...limited in vision, set in his ways, and preserving

the status quo. Dr. Greene cautioned us against becoming that kind of adult organization. I believe we have heeded his advice and that youth, innovation and open-mindedness are still pillars of SAGES.

SAGES has made stunning progress in involving surgeons-in-training as well as newly Board-certified surgeons in the decision making process and in the leadership itself. The man who will become President of SAGES next year was a resident the first time he was a faculty member at a SAGES Postgraduate Course. At all of our recent hands-on courses, some residents or fellows served as instructors. We teach young surgeons, but we also learn from them. The average age of a SAGES Board member is under 50!

SAGES members frequently call the office to find out if we *have* a candidate membership category for residents and fellows. Not only do we have a candidate membership, but we encourage our candidate members to participate in committees and programs. A candidate member serves *ex officio* on the Board. At every

endoscopy course we distribute evaluation forms. The resulting recommendations are taken seriously. Many of the suggestions have precipitated revisions and improvement of the course.

We encourage residents and fellows to join our organization at a time when their primary concern is getting through 20 hour days and gathering enough surgical experience to qualify for the Boards. We think they will benefit from that liaison and SAGES will also benefit.

SAGES candidate membership offers great advantages:

- Waived registration fees and eligibility for award stipends for Candidate members whose papers are accepted for oral presentation at our annual meetings.
- We don't leave to chance the possibility of networking with the leading endoscopic surgeons. We make it happen. A reception with the leadership takes place at every annual meeting.
- Candidate membership fees are only \$45.00 per year, including a journal.
- SAGES presents free, comprehensive **training courses** for residents in GI endoscopy and laparoscopy twice a year, with nationally recognized instructors.
- About 35% of all papers accepted at our annual meeting are submitted by residents or fellows.

Much of the important work SAGES

(continued on page 12)

I N S I D E

ErgonomicsPage 2

'98 Meeting
HighlightsPage 4

Colonoscopy
StudyPage 10

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

The SAGES Ergonomics Task Force:

Bringing ergonomic science and members' concerns to manufacturers.

The Task Force's goal is to encourage the objective and scientific application of ergonomics to the design of surgical instruments, equipment, and the operating room workspace. We also focus attention on functional problems identified by SAGES members, and other surgeons, related to the design and use of surgical instruments or equipment.

An ergonomics demonstration station ("ergostation") at the 1997 SAGES Learning Center clearly demonstrated the 3-5 fold increased muscular effort required for the task of grasping

View

a critical look at endoscopic surgery

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

using a laparoscopic grasper compared to using a hemostat. A questionnaire on ergonomic problems distributed at the Annual Scientific Session revealed that 9-18% of responding surgeons experienced frequent serious discomfort or pain in one or more areas of the body when performing laparoscopic procedures.

At the ACS meeting in Chicago, the Ergonomics Task Force organized an ergostation that demonstrated the effects of different laparoscopic graspers and needle holders on

the arm and shoulder muscles. The Task Force also presented a 30 minute overview of scientific ergonomic studies on laparoscopic instruments to the SAGES Corporate Council.

In 1998, the Task Force will continue to press for improved instrument designs and better operating room layouts. We are specifically concerned about the numerous reports by surgeons with smaller hands, particularly women surgeons, who are experiencing significant difficulty closing laparoscopic needle holders and staplers due to high mechanical resistance in these instruments. We will be collaborating with the Association of Women Surgeons and the American Association of Gynecological Laparoscopists to better evaluate the extent of this problem and to make manufacturers aware of our member's complaints. The Task Force will be conducting a multicenter on-site study to assess the prevalence of musculoskeletal complaints following open and laparoscopic operations.

Other areas we are actively working on include evaluating the optimum display position relative to the surgeon and the overall layout of equipment in laparoscopic operations.

The Task Force's goals are to continue working with other surgical societies, the Human Factors Society, and other experts in the field, to help evaluate and develop surgical tools that best match the needs and characteristics of the surgeon and surgical team. I encourage SAGES members and corporate council members to bring specific ideas and concerns to our attention by email (sagesergo@ucdavis.edu) or via the SAGES office.

Ramon Berguer, MD
Chairman, Task Force
on Ergonomics ●

SAGES Statement on Concentration in General Surgery Residency:

AT its October Board Meeting, SAGES ratified a statement prepared and adopted by the Executive Committee last summer. That statement is below. Copies of the referenced integration documents are available by contacting the SAGES office.

STATEMENT

The SAGES document entitled "Integrating Advanced Laparoscopy into Surgical Residency Training" and the companion position statement outline the Society's position on training in advanced laparoscopic surgery.

To achieve the goals set forth in the document, SAGES recommends that surgical training programs adopt a policy which assures acquisition of advanced laparoscopic skills during residency training. Those surgeons-in-training who plan to practice the specialty of general surgery should be given preferential opportunity to apply those skills through specific operative experience at an appropriate time in their residency.

Adopted by SAGES Executive Committee, August, 1997
Approved by SAGES Board of Governors, October, 1997

Nominations for New Officers

At its October meeting, the SAGES Board of Governors unanimously approved the following slate of new officers and Board members.

SAGES 1998-1999 Slate of Officers

OFFICERS AND MEMBERS OF THE EXECUTIVE COMMITTEE:

- President** - John Hunter, M.D.
- President-Elect** - Jeffrey Peters, M.D.
- Vice President** - Nathaniel Soper, M.D.
- Secretary** - Lee Swanstrom, M.D.
(2 year unexpired term of Dr. Peters)
- Treasurer** - Daniel Deziel, M.D.
(3 year term)

BOARD MEMBERS-THREE-YEAR TERMS:

- Re-Appointments:**
- L. Richard Whelan, M.D.
- Bruce Schirmer, M.D.
- New Board Members:**
- Steven Wexner, M.D.
- Sherry Wren, M.D.

BOARD MEMBER-ONE-YEAR TERM:

- (to fulfill unexpired term of Dr. Soper)
- Ramon Buerger, M.D.

MEMBERS ROTATING OFF THE BOARD:

- Maurice Arregui, M.D.
- John Coller, M.D.
- Robert Fitzgibbons, M.D.
- Bruce MacFadyen, M.D.
- Barry Salky, M.D.
- Stephen Unger, M.D. ●

SAGES 1998 Survey *If you answered this survey at the 1997 meeting, please do not re-submit.

1. **Rate your PREFERENCE OF LOCATION for a SAGES surgical meeting.**
5 = Highest preference 1= lowest preference
 Los Angeles/Anaheim St. Louis
 Atlanta Chicago
 Philadelphia Washington DC
 New Orleans Denver
 New York
2. **Fundamentals of Laparoscopic Surgery Course-For You?**
 SAGES is developing an interactive self assessment course in Basic Laparoscopy similar to the ATLS trauma certification program. We want to know if it has value to your practice. The cost for such a course could run from \$200 to \$700 to participate (Depending on testing mechanism). Please indicate your level of interest.
5 = Highest preference 1= lowest preference
 5 4 3 2 1
3. **Your Practice Profile** My practice is best characterized as:
 Private Practice Full-time University
 Full-time HMO Full-time Gov't (VA)
 Military Other (please describe below)
4. **What Could SAGES Do Better/More for Surgeons?**
 Check **all** those areas in which you think SAGES could provide better or more effective service to its members and the surgical community.
 reimbursement issues patient access issues
 managed care ethical issues technical updates
 patient education more local or regional training
 on line training on line research
 electronic training or educational programs
 Other _____
5. **Which CATEGORY OF EXHIBITS would you want to visit at a SAGES meeting?** (check all that apply)
 Education/Training Materials (CD Rom, Videotape, etc)
 On Line Medical Services
 Personal Financial Services
 Medical Office or Practice Services/Supplies (practice software)
 More Pharmaceutical Companies
6. **HANDS-ON LABORATORY COURSES**
 Please check/rate those courses which you would be most interested in attending during future Annual Meetings or the ACS Clinical Congress:
 Rate 5 - 0: 5 = Most Interest 0= no interest
Laparo-Collaborative Spine Surgery:
 5 4 3 2 1
Operative and Flexible Endoscopic Ultrasound:
 5 4 3 2 1
GERD/Nissen: 5 4 3 2 1
Lap Colon/Transanal Micro:
 5 4 3 2 1
CBD Stones/Cholangiography:
 5 4 3 2 1
Advanced Flexible Endoscopy:
 5 4 3 2 1
Electrosurgical Methods:
 5 4 3 2 1
Thoracoscopy: 5 4 3 2 1
Suturing & Advanced Lap. Techniques:
 5 4 3 2 1
Solid Organ Removal: 5 4 3 2 1
Please fax or mail completed form to the SAGES office.

Highlights of the 1998 Meeting

There is **nothing** like
a SAGES meeting!

**EARLY REGISTRATION
DEADLINE: FEB. 20TH**

REGISTER EARLY! For those of you who think "there's nothing new at annual meetings" you probably have not attended a SAGES meeting recently. More than 90% of our 1996 and 1997 attendees rated the overall value of the meeting to their practice as "excellent."

There is nothing like a SAGES Meeting! Why?

You can get CME credits almost anywhere. The Annual SAGES Meeting and Postgraduate Course is not just another surgical meeting. It's an educational and collegial experience.

- The faculty is not only expert but accessible. They don't disappear after their talks. Stop to chat with them and pick up pointers.
- The learning center is not just row after row of slides and video tapes, which you can watch at home. It is high tech, hands-on teaching that helps you practice what the course preaches.
- Many meetings talk about "a forum for the exchange of ideas." SAGES IS that forum.
- When you attend other large meetings, do you feel like an outsider? At a SAGES meeting, you feel at home...like a member of a very large O.R. team.
- Social events are not the typical "chicken circuit" banquets. Evening festivities are imaginative, fun and a place where networking is part of the menu. When 8 of the world's leading surgeons provide entertainment as the "SAGES LapRappers" you know this is a place where things happen...pro-actively.

Join...

**SAGES
IN SEATTLE**

Budgets are tight
for everyone.
If you attend
only one meeting
this year...
come to SAGES
in SEATTLE.

H I G H L I G H T S

Wednesday, April 1, 1998

Mini-Laparoscopy: How to, When to, Where to Office Surgery by 2000
Three hours of lecture will be followed by personalized instruction from world expert tutors at 10 different practical stations. The tutor to student ratio is 1/3.

Wednesday Evening

Telesurgery Demonstrations and Corporate Programs

Thursday, April 2, 1998: Postgraduate Course
TIPS AND TECHNIQUES: The Devil's in the Detail

**Laparoscopic Hiatal Surgery
Laparoscopic Intestinal Surgery
Panels - With Invited Lecturers**

Friday, April 3, 1998

**The Legal Consequences of Laparoscopic Surgery:
Minimal Access; Maximum Risk
Training Tomorrow's Laparoendoscopic Surgeon Today
Hernia: A Rational Approach**

Saturday, April 4, 1998

**New Technology
Special Problems in Laparoscopic Biliary Surgery
Laparoendoscopic Surgery in the Modern Healthcare Era**

SOCIAL PROGRAMS, TOURS, AND SPECIAL EVENTS

Welcome Reception and Exhibit Gala
Wine Tasting and Microbrewery Palette Tour

Thursday, April 2, 1998

For Residents and Fellows Only...

Friday, April 3, 1998

USSC Festival of Flight for SAGES

Friday, April 3, 1998 Location: The Museum of Flight

Hosted by U.S. Surgical Corporation.

SAGES Closing Event

**Dinner at the Seattle Art Museum and the
First International Musical Surgeons "Sing-Off"**

Saturday, April 4, 1998

For Registration & Housing Information, contact Jason Levine at SAGES:
Phone: 310/314-2500 • Fax: 310/314-2535 • E-mail: SAGESJas@aol.com • www.sages.org

Do you have an E-Mail address?

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

Have You Visited the SAGES Home Page?

The answer to both questions should be yes!

Many of the answers you are seeking about SAGES are available on the SAGES Home Page... and much more. As a busy surgeon, you may not have time to call the office during the day. But the Home Page is available 24 hours a day, 365 days per year. You can **experience** all of the following and more:

- ✓ Membership Applications
- ✓ Corporate Council Application
- ✓ SAGES Video Library Catalog and Order Form
- ✓ Patient Information Brochures
- ✓ Upcoming Meeting Information & Calendars
- ✓ Send Us Your Feedback!
- ✓ Meeting Registration & Hotel Forms
- ✓ Course Endorsement Application
- ✓ All SAGES Guidelines, Statements and Standards
- ✓ Selected Back Issues of SCOPE
- ✓ Member Websites — Explore the Pages of the SAGES

Coming Soon!

- ☞ Online Applications
- ☞ SAGES Virtual Store
- ☞ Many, many more exciting and informative upgrades! Check back weekly!
- ☞ Online Meeting Registration
- ☞ Members Only Section

our home page address: <http://www.sages.org/>

Meet the Leadership Reception for Residents and New Members

SAGES and Karl Storz Endoscopy GHBH will host a reception for residents and new members who attend the 1998 Annual Meeting in Seattle. The Friday evening cocktail reception will allow residents, fellows and new SAGES members (those who joined since last year's Annual Meeting) to meet, in a collegial setting, members of the SAGES leadership including the Board, Officers and Committee Chairpersons and Co-Chairpersons. SAGES encourages new members and residents to actively participate in the activities of the Society. This event, hopefully, facilitates the "connection" to the Society. ●

SAGES Book Corner

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

***Textbook of Bilio-Pancreatic Diseases*, by Walter Hess, MD, Professor of Surgery, University of Basel, Basel and George Berci, MD, FACS, FRCS, Ed(Hon), Director of Surgical Endoscopy Research, Cedars-Sinai Medical Center, Los Angeles, CA.**

A 4-volume set, published 1997 by *Piccin Nuova Libreria, S.p.A.* Paduva, Italy. Available in U.S. ISBN # 88-299-1198-4. The 4 book set includes pathology, diagnosis, medical treatment, surgical treatments and tactics for bilio-pancreatic disease. ●

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

Legislative Update

SAGES is working with the AMA to seek assistance in waging the battle for patient informed consent. Although much headway has been made, there are still examples of serious "gag" problems, including two recent contract provisions in Colorado and Kentucky.

If you have contracts, letters or other relevant communications which either explicitly or

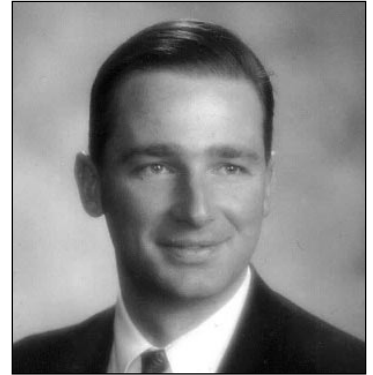
implicitly require you to limit communications with your patients, please share them. You may contact Evamarie Norey, JD at the AMA 312-464-4835 phone, 312-464-5846 Fax, or e-mail at Evamarie_Norey@ama-assn.org. An additional contact is Carol O'Brien, JD at 312-464-4368 phone, 312-464-5846 fax, or e-mail at Carol_Obrien@ama-assn.org. ●

Candidate Member Appointed Ex-Officio to Board of Governors

BLAIR Jobe, a PGY 5 Resident at Emanuelle Hospital and Oregon Health Science University, has been appointed by the SAGES Board of Governors to serve as an Ex-Officio representative to the Board. Several years ago it was determined that a Candidate member should attend Board Meetings and represent the perspective of surgeons in training. Since then, several candidate members have been invited. Dr. Jobe has been a SAGES member since April, 1997. He has published 10

papers and presented an oral paper at the SAGES 1997 Meeting. He served as an instructor for the recent GERD/

Foregut Course and will soon be named to the SAGES Research Committee. He will serve ex-officio for one year. ●



First International Group Membership to Be ALACE

(Association of Latin American Endoscopic Surgeons)

REFLECTING our increasing ties with Surgeons from South America, SAGES has recently forged a unique new relationship with ALACE, Asociacion Latino Americana De Cirugia Endoscopica. After lengthy discussions with Sergio Roll, MD, President, ALACE (Rua Pelotas, 562, CEP 04012-002, Sao Paulo - Brazil), Hector E. Geninazzi, MD and others in the ALACE leadership, the SAGES Board of Governors opened

the path for the first international group affiliate membership. Contained in the by-laws changes to be approved in April, this new relationship is expected to improve communications and ties with endoscopic surgeons in South and Central America. ALACE represents the scientific and educational interests of endoscopic surgeons in South and Central America and has almost 900 members after less than 3 years in operation. ●

DO YOU USE A TRAINING BOX THAT IS EFFECTIVE?

WE are evaluating which training box would be best for our Fundamentals of Lap Surgery Training Program as well as other resident ed courses. If you are willing to ship yours to the SAGES meeting for the committee to consider (we'll pay for the shipping) please contact: Erin Simmons or Cindi Lopez at SAGES via mail, fax (310) 314-2585 or email SAGESErin@aol.com or SAGESLopez.aol.com.

JOB CORNER

If you...

- **HAVE A JOB TO OFFER**
- **ARE LOOKING FOR A JOB**

...list with the **SAGES JOB CORNER.**

Forms are available by **calling or writing the SAGES office or on line at our home page.**

CORPORATE COUNCIL TECHNICAL UPDATE

New Valleylab Device Allows Surgeons to Convert Foot Switching Laparoscopic Instruments to Handswitching

VALLEYLAB INC recently announced the release of the TRIGGER™ Switch and Cord, a device that converts laparoscopic surgical instruments from foot switch activation to hand switch activation.

The Trigger Switch and Cord is designed to allow surgeons to control their laparoscopic instruments with their hands, instead of their feet. The device attaches to most

existing instruments in a variety of positions, allowing customization.

A great number of laparoscopic instruments are activated by the surgeon pressing on a foot switch located on the floor of the operating room. The necessity for numerous activations of an instrument during a procedure has led some surgeons to complain of back and leg fatigue and pain, as well as loss of concentration as they

gripe for the foot switch. The Trigger Switch and Cord is designed to provide the laparoscopic surgeon with a more convenient method for activating instruments.

The system was introduced at the American College of Surgeons Annual Meeting in Chicago in mid October. Valleylab Inc, is a division of the Medical Technology Group of Pfizer Inc, a research-based global health care company. ●

US Surgical Introduces 5mm Endo Clip Applier

UNITED STATES SURGICAL CORPORATION recently introduced the 5mm ENDO CLIP™ Applier for use during minimally invasive surgical procedures. The 5mm ENDO CLIP™ Applier is designed to offer surgeons traditional clip technology while providing the visualization and conventional clip closure utilized in

current 10 mm devices. The expected result is less patient trauma and improved post operative cosmesis.

The 5mm ENDO CLIP™ applier can be used as a substitute for a 10mm device to deliver a ligating clip consisting of titanium. Some of the surgical applications include ligation of the cystic artery and cystic duct during laparo-

scopic cholecystectomy, the ligation of the short gastric vessels during laparoscopic Nissen fundoplication and ligation of the vas deferens during a laparoscopic pelvic lymphadenectomy.

Contact:

Larry Rank
Director, Product Marketing
203-845-1677 ●

Resident Courses Slated

SAGES continues its vigorous efforts to provide both flexible and rigid endoscopic training for residents. Some of the courses currently scheduled for 1998 are listed below. Because of our attempts to assure participation from a wide variety of institutions and to encourage endoscopic training especially for those residents pursuing general surgery, registrants must be submitted by the program director.

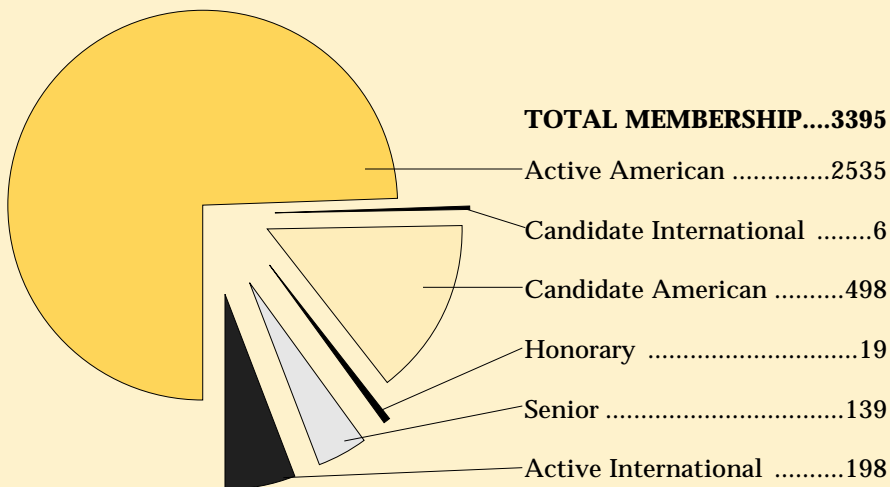
More detailed information is available approximately 4 months prior to each course.

- January 15-16, 1998 - **Flexible Endoscopy and Introduction to Laparoscopic Surgery**
Cincinnati, Ohio - 2 days, including laboratory
- August 14-15, 1998 - **Flexible Endoscopy and Introduction to Laparoscopic Surgery**
Cincinnati, Ohio - 2 days including laboratory
- **Introduction to Laparoscopic Anti-Reflux Surgery** - July, 1998, Los Angeles, California
- **Introduction to Laparoscopic Colon Surgery and Advanced Laparoscopic Techniques** - Date and location TBA ●

Membership Update

In October, 170 new members were elected to SAGES. 78 active members along with 92 new candidate members. This brings the total membership to 3,395.

The current membership distribution by category is:



Future Events

SAGES Scientific Session & Postgraduate Course

April 1-4, 1998
Washington State Convention Center
Seattle, Washington

Sixth World Congress of Endoscopic Surgery

Sixth International Congress of the E.A.E.S.
June 3-6, 1998
Rome, Italy

SAGES Scientific Session & Postgraduate Course

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

SAGES Scientific Session & Postgraduate Course

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

SAGES Scientific Session & Postgraduate Course

April 18-21, 2001
America's Center
St. Louis, Missouri

Other Meetings and Courses Offered by SAGES Members

HERNIA '98

Sociedad de Gastroenterologia y Cirugia of Jalisco

February 24-28, 1998
Guadalajara, Mexico
Contact information:
Pablo J. Robles, MD
President of the Meeting
Tarascos 3432,
Guadalajara Jal 44670, Mexico
Tel and Fax: (3) 813-20-90

SAGES Endorsed Course List

- COURSE TITLE: Laparoscopic Nissen Fundoplication & Laparoscopic Splenectomy**
Director: Charles J. Filipi
Creighton Univ. School of Medicine
Phone: 402-280-1830 **Fax:** 402-280-5180
Date(s): March 19-21, 1998
- COURSE TITLE: Why, When and How to perform...Laparoscopic Anti-Reflux Surgery**
Director: George Berci
Dept. of Surgery, Cedar Sinai Medical Center
Phone: 310-855-5882 **Fax:** 310-967-0139
Date(s): February 13 & 14, 1998
- COURSE TITLE: Laparoscopic Colon and Rectal Surgery**
Director: Jonathan Sackier, MD
George Washington University Medical Center
Wise Institute of Surgical Endoscopy
Phone: 202-994-5441 **Fax:** 202-994-0567
Date(s): 3/10-11/1997, 6/20-21/1997, 9/15-16/1997; 12/4-5/1997
- COURSE TITLE: Laparoscopic Management of the CBD & Difficult Chole**
Director: Jonathan Sackier, MD
Phone: 202-994-5441 **Fax:** 202-994-0567
Date(s): 2/10-11/1997, 5/15-16/1997, 8/11-12/1997; 11/10-11/1997
- COURSE TITLE: Laparoscopic Anti-Reflux and Hiatal Hernia Surgery**
Director: Jonathan Sackier, MD
Phone: 202-994-5441 **Fax:** 202-994-0567
Date(s): 1/13-14/1997, 4/21-22/1997, 7/14-15/1997
- COURSE TITLE: Advanced Videoscopic Surgery Training Course**
Director: Lawrence W. Way, MD
University of California, San Francisco
Phone: 415-476-6359 **Fax:** 415-476-9557
Date(s): 1/15-17/1998, 2/21-24/98, 3/19-21/98, 4/16-18/98, 5/28-30/98, 6/25-28/98, 9/24-26/98, 10/15-17/98, 11/19-21/98, 12/10-12/98

SAGES Members:

You Are Invited to Participate in the Most Significant Surgeons/Safety/Colonoscopy Study Ever Undertaken!

Title: SAGES Prospective Colonoscopy Outcomes

Principle Investigator: Steven D. Wexner, M.D.

Jay J. Singh, M.D. (Study Coordinator)

Co-Investigators: 200 - 300 SAGES surgeons

LITTLE recent data exists relative to the efficacy or intra/post procedural complications of surgeons performing diagnostic or therapeutic colonoscopy. A recent SAGES retrospective study of 2069 patients who underwent colonoscopy between January 1992 and April 1994 by one of four surgeons at one of two centers was reviewed. This **retrospective** study confirmed that colonoscopy performed by surgeons is safe and rapid whether performed as a therapeutic or diagnostic procedure.

Study Hypothesis:

SAGES has been embroiled in a persistent dialogue about criteria for granting of privileges in flexible GI endoscopy, and besieged, for more than 15

years with requests for documentation. A variety of guidelines have been published relative to the safety and efficacy of an individual performing colonoscopy and the minimum number of cases suggested to attain that level. Although the data recommendations tremendously vary, they all show the common denominator of being promulgated by either group consensus or literature review. We, therefore, propose to undertake a prospective data analysis to allow creation of outcome-based guidelines.

Goals:

To assess the safety and efficacy of colonoscopy (performed by surgeons) as measured by morbidity and rates of timely completion, respec-

tively, and establish any correlation between the end points and case volume.

Your Participation Will Make this Possible

SAGES members are invited to voluntarily submit a minimum of ten(10) and maximum of two hundred (200) **consecutive colonoscopic procedures** to reach a threshold of 5,000 to 10,000 diagnostic and therapeutic procedures. Any member willing to submit the minimum of 10 consecutive cases may participate. The Research Committee invites you to participate in this historic venture. A sample of the data collection sheet will be faxed to you, when requested, to demonstrate the minimal amount of time required to complete each form.

YES, I will be happy to participate

I would like to join, but send a sample data collection sheet first

Name: _____

Address: _____

Telephone/e mail: _____

Prior colonoscopies: _____

Current # annual colonoscopies: _____ # Years in practice: _____

Specialty: General Surgery Surgical Endoscopy Gastrointestinal Surgery

Colorectal Surgery

Fax Your Reply to SAGES: (310) 314-2585 / By E-Mail to SAGESERIN@AOL.COM



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SCOPE

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Barbara Saltzman Berci

President's Message—from page 1

is now undertaking has to do with resident education. Why? Because many of those hackneyed phrases are true. Residents **are** the lifeblood of an organization; they **are** our future; they **are** the foundation on which emerging surgical techniques will be built.

What you can do to assure that young surgeons continue to have a place at the surgical table:

- Encourage every resident who has chosen general surgery as a career to join SAGES before he/she begins practice.
- Suggest those general surgery residents with leadership qualities to serve in active roles in the society.
- If you teach residents, become more familiar with new tools of communications and practice (new procedures, new equipment, your computer, the Internet) so that you are teaching today's surgeons with today's tools.
- Listen to your residents. To their ideas and their perspective. Today's

residents are those who chose surgery though forewarned that remuneration was dropping precipitously. They are in it for the patient!

- Send your residents to SAGES programs when time and budget allows.

We who sprang from the one-on-one surgical mentor system are accommodating both our teaching and our learning to modalities that did not exist when we were residents: teleconferencing, telesurgery, robotics, satellites, T-1 lines and Internet broadcasts. It is our responsibility to assure that the best of the old system remains...good clinical judgment...personal patient rapport...broad analytical thinking; while the best of the new is integrated. It is a balancing act of mammoth proportions and equal impact. Therefore, teacher and student should be partners in the transition.

Desmond H. Birkett, MD
President ●

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