



# SCOPE

Winter, 1999

## Message From the President:

### What's Past is Prologue



John Hunter, MD

As we reach the last year of the twentieth century and SAGES approaches its 20th birthday, it is time to reflect on who we are and where we are going. For the first ten years SAGES was a society of flexible endoscopists, pioneers, renegades...all superb gastrointestinal surgeons. This core group of SAGES, under the tutelage of Gerry Marks, established the

endoscope as an invaluable tool of the gastrointestinal surgeon. It is thirty years since flexible endoscopy burst on scene. SAGES plans to honor this anniversary at our San Antonio meeting in March.

Ten years ago, at our meeting in Louisville, Jacques Perissat brought a video showing laparoscopic cholecystectomy. Thanks to the wisdom of our leaders at that time, the likes of Ponsky, Berci, Greene, Smith, Dent, *(continued on page 11)*

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*Newsletter of the  
Society of American  
Gastrointestinal  
Endoscopic Surgeons*

(SAGES)

## SAGES 2000 Slate to Greet the Millennium: Peters, President, Soper President Elect

After reviewing the proposal of the Nominating Committee, under the chairmanship of Desmond Birkett, MD, immediate past president, the Board of Governors unanimously voted the following slate to be presented to the membership.

- Jeffrey Peters, MD - President
- Nathaniel Soper, MD - President Elect
- L. William Traverso, MD - 1st Vice-President (1 year term)
- Jonathan Sackier, MD - 2nd Vice-President (2 year term)

#### New Board Members: Three Year Terms

- Carlos Pellegrini
- David Rattner
- C. Daniel Smith

#### Re-appointments: Three year Terms

- John Cosgrove
- Gary Vitale
- David Edelman
- Ramon Berguer
- Richard Satava (1 year to fulfill unexpired term of Dr. Traverso)

Rotating off the Board this year are: Aaron Fink, Kenneth Forde, Joseph Petelin ●

## Basic Science Research and the Minimally Invasive Surgeon

RICHARD L. WHELAN, MD

**S**AGES is an organization of practicing endoscopic and minimally invasive surgeons. When it comes to conferences and grand rounds the topics that we find most stimulating are those that concern new surgical techniques, results of clinical studies, surgical complications, or clinically related data. Basic science talks usually have the effect of a hockey puck sized Valium on an audience of surgical residents and attendings. I must confess that before I was pulled into the land of basic science research I used to dread basic science grand rounds. At such gatherings, after just 2 or 3 slides, I would become confused and disoriented. In the rare instance when I recognized something that the lecturer said, I would smile and nod my head in agreement, optimistically thinking, for a moment, that I might understand the rest of the talk. I didn't. I would eye the exit door while praying that my beeper would go off. I will go out on a limb and predict that many SAGES members have similar feelings about basic science lectures.

With this in my mind I pose the following question; **should basic science research be a focus of an organization like SAGES?** Should we sponsor this type of research and devote sizeable chunks of our precious meeting time and money to basic science topics?

# View

## a critical look at endoscopic surgery

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

The answer is an unequivocal yes. By way of example I will attempt to make clear how important basic science research and education is to clinical surgeons. As minimally invasive surgeons we are often asked to justify new laparoscopic techniques in regards to the equipment and operating room costs as well as the longer procedure times. In the case of laparoscopic procedures for malignancy we must answer questions regarding port site tumors and the safety of such procedures. It is not enough that we have developed and mastered these new methods. The standard answer that the patient has less pain, will eat and walk sooner, and will be discharged sooner begin to wear thin after a while and would hardly constitute a scientific assessment of these new methods. Patients, the government, and insurance companies demand that we justify minimally invasive surgical procedures in a more objective and thorough manner. Basic science animal and human studies have provided proponents with objective data that justifies the development of and the performance of minimally invasive procedures. Of equal or greater importance, basic science studies allow us to better understand the many ways surgery influences the body's physiology.

The take home message of much of the basic science research is that how the surgeon gains access to the abdomen determines, to a large degree, the types of stress the animal or patient will be subjected to and how stressful the procedure and recovery will be. A long incision, in and of itself, probably results in less intraoperative stress than a CO<sub>2</sub> pneumoperitoneum which causes hypercarbia, acidosis, and impaired respiratory function. However, once through the procedure, the laparoscopic patient has the clear advantage with less pain, improved respiratory function, earlier diuresis, and the ability to ambulate sooner. It has been shown that there is substantially less immunosuppression following minimally invasive procedures than the equivalent open procedures. The immunosuppression is largely relat-

*(continued on page 12)*

## The First SAGES Manual Debuts to Applause

**D**r. Carol Scott-Conner served as editor for the first SAGES Manual which is now in print. It debuted at ACS in Orlando and was extremely well received. The Board of Governors applauded Dr. Scott-Connor's achievement not only in producing a superb manual—the first of its kind—and for bringing it in under deadline. SAGES has received an educational grant for several hundred copies of this book as part of CLIP. In addition The SAGES Corporate Council will donate 60 copies. Half will be given out to those Candidate members who submitted abstracts for the 1999 meeting and the other half by a drawing at the resident's reception in San Antonio.

The manual may be purchased on the SAGES website or through Springer-Verlag. ●

## SAGES Receives 4 Year Re-accreditation from ACCME

The Society of American Gastrointestinal Endoscopic Surgeons (SAGES) has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded accreditation for four years as a sponsor of continuing medical education for physicians.

ACCME accreditation seeks to assure both physicians and the public that continuing medical education activities sponsored by SAGES meet the high standards of the Essentials & Standards for Accreditation as specified by the ACCME.

The ACCME rigorously evaluates the overall continuing medical education programs of institutions according to standards adopted by all seven sponsoring organizations of the ACCME. They are: the American Board of Medical Specialties; the American Hospital Association; the American Medical Association; the association for Hospital Medical Education; the Association of American Medical Colleges;

## CLIP (Comprehensive Laparoscopic Integration Program) Underway

Comprised of two major components, the CLIP project is fully staffed and underway. Known as comprehensive Laparoscopic Integration Program, CLIP includes the FLS (Fundamentals of Laparoscopic Surgery) CD rom and hands on training/testing, as well as our first multi-site teleconferenced resident courses. The Co-Directors of the Project are Lee Swanstrom and Nat Soper. The tri-site courses will be under the direction of Bruce Schirmer.

The degree to which laparoscopic skills have been integrated into Surgical Residency Programs is varied. In some programs residents barely learn the basics and perform a few diagnostic procedures and lap Chole's. In other programs all 5th year general surgery residents are accomplished in all the basics and have in-depth exposure to advanced techniques for procedures such as lap anti-reflux and lap colon. In the middle are all ranges of skill integration from the barely adequate to the totally com-

petent. THE SAGES APPROACH: A MODULAR, CUSTOM TAILORED APPROACH TO ASSURE INTEGRATION OF LAPAROSCOPIC SKILLS INTO ALL SURGICAL RESIDENCY TRAINING.

Dr. Lee Swanstrom reported to the Board that the FLS project has a revised time line. The concept was presented to the APDS (Program Directors) and was received enthusiastically. Dr. David Rattner is serving as editor for the didactic components and Dr. David Edelman is editing the visual. SAGES has contracted with Cine-Med to produce the CD Rom. The project has been fully funded by a generous educational grant for Karl Storz Endoscopy, GmbH. It will also include a low cost hands-on testing mechanism. The project director indicated that we will try to get the test completed by early Spring 1999. The CD Rom will be done by late Spring 1999 and projections are for the manual skills module to be integrated by mid-summer and then to Beta site testing by end of 1999. ●

the Council of Medical Specialty Societies; and the Federation of State Medical Boards.

Special thanks to Jonathan

Sackier, MD, who participated in the ACCME review conference and whose comments and historical perspective were invaluable. ●

## Standards of Practice Committee

The following guideline revisions were all approved by the Board over the summer and are now available. Please contact the SAGES office for copies.

- Global Statement on Deep Venous Thrombosis
- Global Statement on New Procedures
- Diagnostic Laparoscopy

The Standards of Practice Committee has revised two guidelines that will be discussed in committee and brought before the Board at the

Annual Meeting in March.

- Guidelines for the application of Laparoscopic Biliary Tract Surgery
- Global Statement on Interpretation of Intraoperative Imaging Studies

The committee has also decided to begin drafting a much awaited SAGES ERCP guideline which may be co-endorsed by the American Society of Gastrointestinal Endoscopy. This guideline will most likely not be available until the Fall of 1999. ●

## SAGES Resident Course Dates

May 21-22, 1999:

### Advanced Laparoscopic Foregut Surgery

University of Southern California Training Laboratory,  
Los Angeles, CA

*Supported by a generous grant from Ethicon Endo-Surgery.*

June 11-12, 1999:

### Advanced Laparoscopic Colon & Solid Organ Surgery

Cedars-Sinai Medical Center, Los Angeles, CA &  
Cleveland Medical Center, Cleveland, OH &  
George Washington Medical Center, Washington, DC

*Supported by a generous grant from Karl Storz Endoscopy.*

August 20-21, 1999:

### Basic Endoscopy & Laparoscopy Workshop

Ethicon Endo-Surgery Institute, Cincinnati, OH

*Supported by a generous grant from Ethicon Endo-Surgery.*

Winter, 1999:

### Advanced Laparoscopic Surgery - Topic TBA

Tentatively scheduled for the same three institutions  
hosting the Laparoscopic Colon & Solid Organ Course.

*Supported by a generous grant from Karl Storz Endoscopy.*

February 11-12, 2000:

### Basic Endoscopy & Laparoscopy Workshop

Ethicon Endo-Surgery Institute, Cincinnati, OH

*Supported by a generous grant from Ethicon Endo-Surgery.*

August 11-12, 2000:

### Basic Endoscopy & Laparoscopy Workshop

Ethicon Endo-Surgery Institute, Cincinnati, OH

*Supported by a generous grant from Ethicon Endo-Surgery.* ●

## SAGES Book Corner

**TITLE:** *Principles and Practice of Surgery for the Colon, Rectum, and Anus, 2/e*

**AUTHORS:** Philip H. Gordon, M.D., and Santhath Nivatvongs, M.D.

**INSTITUTION:** Quality Medical Publishing, Inc.

**CONTACT:** Retta Petzel

Quality Medical  
Publishing, Inc.

11970 Borman Drive,  
Ste. 222

St. Louis, MO 63146

Phone (800) 348-7808;

Fax: (314)878-9937

E-Mail: qmp@qmp.com ●

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

## Web Page Features Michael Mack's Storz Lecture

**600 visit educational site in first two weeks!**

**K**eynote lectures at the SAGES meeting frequently receive standing ovations. The 1998 Karl Storz Lecture in New Technology presented by Michael Mack received other kudos...people were talking about it months after the meeting.

Entitled "From Lap Choly to MidCab" it was a philosophical and surgical treatise of unusual depth. So, our Educational Resources and Public Information Committees decided to make it available on our web site via RealAudio streaming technology. We sent notices to all of our e-mail colleagues and had an astounding result. More than 600 people visited the site in the first 2 weeks!

If you have not yet visited the site or if you have not yet enjoyed the lecture (approximately 40 minutes) stop in electronically at [www.sages.org/](http://www.sages.org/). If you have questions about this presentation or if you are having trouble connecting to it, please e-mail the website administrator at [sagesweb@sages.org](mailto:sagesweb@sages.org). ●

## Surgical Endoscopy Editor Announces New Policy Regarding Manuscripts

**B**ruce MacFadyen, MD, *Surgical Endoscopy's* Editor-In-Chief, recently announced a new policy regarding the submission and review of manuscripts written by persons presenting oral papers at the 1999 SAGES meeting. According to Dr. MacFadyen, if oral presenters submit their completed manuscripts no later than March 1, 1999, they will be given the opportunity to have their manuscript reviewed by March 27, 1999. If selected for publication, the manuscript will be published within 6-7 months. This change in policy will greatly increase the publication schedule of articles in *Surgical Endoscopy*. Dr. MacFadyen believes this will only strengthen *Surgical Endoscopy's* reputation as the most cutting-edge minimally invasive scientific journal. ●



## Ponsky Appointed to Seat on American Board of Surgery

Last year SAGES was appointed as a nominating organization to the American Board of Surgery. In the summer of 1998 Jeffrey Ponsky, MD, FACS, was appointed to the new seat on the Board. Dr. Ponsky is a former President of both SAGES and ASGE. He has been a frontiersman in the quest to assure flexible and rigid endoscopy are incorporated into surgical training. He is internationally renowned as the originator of

the PEG procedure.

Dr. Ponsky is currently Clinical Professor of Surgery, Case Western Reserve University School of Medicine, Cleveland, Ohio. He served as Chairman, SAGES Resident Education Committee, 1985-1988; Chairman, SAGES Liaison Committee, 1987-88. He has served on the Resident Integration Committee. He was president of SAGES from 1990-1992 and is now



Treasurer of the SAGES Foundation.

As part of his ongoing commitment to excellence

in flexible endoscopy Dr. Ponsky developed, through SAGES, a series of semi-annual courses in flexible endoscopy with an introduction to basic laparoscopy. Funded by a generous educational grant from Ethicon Endo-Surgery, the courses are in their seventh year and Dr. Ponsky still serves as the course Director. ●

## Help Us Celebrate the 30<sup>th</sup> Anniversary of the Flexible Fiber-Optic Scope

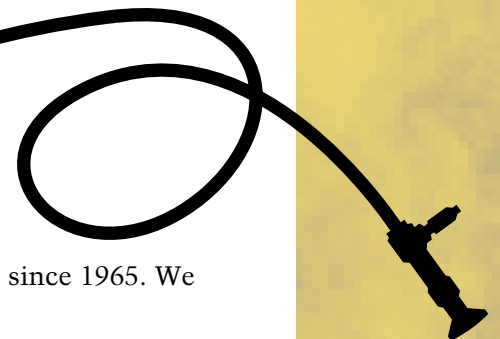
1999 signals the 30th anniversary of the major introduction of the **Flexible fiber optic** scope in 1969. According to our "founding father," Gerald Marks, the first production model of the flexible colonoscope was introduced in December of 1969. (We know that several articles were published previous to this date, but 1969 was the year of broad introduction). Because of SAGES role in flexible endoscopy and those of our colleagues in the medical industry, we're planning a year-long celebration. The first event will be a "**Stroll Down Flexible Endoscopy Lane**" at the entry of this year's Exhibit Hall in San Antonio. Some of

our industry colleagues who have had products associated with flexible endoscopy were invited to contribute to this commemoration. Make sure you visit the display.

We are planning at least one SAGES Anniversary tribute at ACS this year also. The staff is compiling a gigantic album: "**A SURGEON'S HISTORY OF FLEXIBLE ENDOSCOPY**" for our ACS exhibit and to be part of all our educational events this year. It will be a collection of reprints of significant publications on flexible endoscopy by SAGES members. **We invite your participation.**

### HOW CAN YOU PARTICIPATE?

1. Let us know by July 15th that you want to be included by sending a letter or fax indicating your interest to the SAGES office.
2. Send us reprints of your most significant publications on flexible endoscopy since 1965. We would like to be able to keep these. But let us know if you need them back.
3. If you can't send us a reprint, please send the title of the article, the date of publication and the publisher. We will try to obtain a reprint or permission to copy your original.
4. If you'd like to undertake a more active role in this project or have other ideas on how to commemorate this Anniversary, please contact Barbara Berci at the SAGES office. ●



# New Patient Information Brochure Titles Available!

Six new patient information brochure titles are now available, according to David Edelman, MD, Chair of the SAGES Task Force on Patient Information. These titles include the following: "Diagnostic Laparoscopy"; "ERCP"; "Upper GI Endoscopy"; "Colonoscopy"; "Flexible Sigmoidoscopy"; "Laparoscopic Gallbladder

Removal (Spanish version)."

The brochures are written in a simple, straightforward style and use everyday language to explain the endoscopic and laparoscopic procedures. The brochures are formatted in a question-and-answer style and address a wide variety of questions relevant to the topic of the brochure, such as "How long will you be in the hospi-

tal?" and "When can you get back to work?"

The Spanish version of the Laparoscopic Gallbladder Removal brochure is the first publication by SAGES in a language other than English. If demand for this brochure is high, the Task Force intends to translate the other laparoscopic and endoscopic brochures.

The text of these brochures is available for viewing on the SAGES website at [www.sages.org](http://www.sages.org).

## Patient Information Brochures

SAGES has developed a series of patient information brochures designed to help surgeons explain laparoscopic procedures to their patients. You may request a sample of the brochures at the Membership Services Desk. These brochures are available for viewing on our web page at <http://www.sages.org/>.

Please submit your order and check to **SAGES – Brochure Order**, 2716 Ocean Park Blvd. Suite 3000, Santa Monica, CA 90405. Checks should be made payable to SAGES.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I am a SAGES Member.  I am a Non-Member.  Please send me a membership application.

Titles	Member Price		Non-Member Price		# ordered	Total
	50 brochures	100 brochures	50 brochures	100 brochures		
Laparoscopic Hernia Repair	\$35	\$60	\$50	\$80		\$
Laparoscopic Anti-Reflux Surgery	\$35	\$60	\$50	\$80		\$
Laparoscopic Colon Resection	\$35	\$60	\$50	\$80		\$
Laparoscopic Gallbladder Removal	\$35	\$60	\$50	\$80		\$
Laparoscopic Gallbladder Removal (in Spanish) 	\$35	\$60	\$50	\$80		\$
Diagnostic Laparoscopy 	\$35	\$60	\$50	\$80		\$
Upper GI Endoscopy (EGD) 	\$35	\$60	\$50	\$80		\$
Endoscopic Retrograde Cholangio-Pancreatography (ERCP) 	\$35	\$60	\$50	\$80		\$
Colonoscopy 	\$35	\$60	\$50	\$80		\$
Flexible Sigmoidoscopy 	\$35	\$60	\$50	\$80		\$
					Shipping & handling*	\$
					TOTAL DUE	\$

\* Shipping and handling prices:  
**Domestic:** \$5.00 for the first 50 brochures, \$6.00 for every 100 brochures  
**International:** \$10.00 for the first 50 brochures, \$15.00 for every 100 brochures

SAGES acknowledges the support of Fujinon Inc. and United States Surgical - A Division of TYCO Healthcare Group in the printing of these brochures.

# CORPORATE COUNCIL UPDATE

## JANSSEN PHARMACEUTICA

Janssen has changed the prescribing information for PROPULSID® Tablets and Suspension. A Dear Doctor letter was distributed last summer. The letter drew attention to the following sections which contain the essential changes.

**Warning:** Serious cardiac arrhythmias including ventricular tachycardia, ventricular fibrillation, torsades de pointes, and QT prolongation have been reported in patients taking PROPULSID®. Many of these patients also took drugs expected to increase cisapride blood levels by inhibiting the cytochrome P450 3A4 enzymes that metabolize cisapride. These drugs include clarithromycin, erythromycin, troleandomycin, nefazodone, fluconazole, itraconazole, ketoconazole, indinavir and

ritonavir. Some of these events have been fatal. PROPULSID® is contraindicated in patients taking any of these drugs. (See CONTRAINDICATIONS, WARNINGS, PRECAUTIONS and DRUG INTERACTIONS).

QT prolongation, torsades de pointes (sometimes with syncope), cardiac arrest and sudden death have been reported in patients taking PROPULSID® without the above-mentioned contraindicated drugs. Most patients had disorders that may have predisposed them to arrhythmias with cisapride. PROPULSID® is contraindicated for those patients with: history of prolonged electrocardiographic QT intervals; renal failure; history of ventricular arrhythmias, ischemic heart disease, and congestive heart failure; uncorrected electrolyte disorders (hypokalemia, hypomagnesemia); respiratory failure; and concomitant medica-

tions known to prolong the QT interval and increase the risk of arrhythmia, such as certain antiarrhythmics, including those of Class IA (such as quinidine and procainamide) and Class III (such as sotalol); tricyclic antidepressants (such as amitriptyline); certain tetracyclic antidepressants (such as maprotiline); certain antipsychotic medications (such as certain phenothiazines and sertindole); astemizole, bepridil, sparfloxacin and terodiline. (The preceding lists of drugs are not comprehensive.)

Recommended doses of PROPULSID® should not be exceeded.

## CORPORATE COUNCIL PRODUCT GUIDE

Perhaps you have overlooked a valuable aspect of SAGES homepage. It contains a searchable database of the SAGES Corporate Council. (continued on page 14)

## SAGES Endorsed Course List (Last updated March 1, 1999)

**Director: Noel Williams, MD**

**Address:** Hospital Of The Univ. Of PA  
Silverstein Four, Philadelphia, PA 19104

**Phone:** (215) 662-6150

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

**Dates:** Monthly

**Director: Zoltan Szabo**

**Address:** 153 States Street, San Francisco,  
CA 94114

**E-Mail:** moetinst@aol.com

**Course Name:** Advanced laparoscopic  
Suturing & Surgical Skills

**Dates:** To be offered all year round

**Director: Richard Vazquez, MD**

**Address:** 707 North Fairbanks Court,  
Suite 900, Chicago, IL 60611

**E-Mail:** betty@cine-med.com

**Course Name:** The Detection and  
Management of Common Bile Duct  
Stones in the Area of Minimally Invasive  
Surgery

**Dates:** March 27-28, 1998

**Director: Lee Swanstrom, MD**

**Address:** Legacy Health System  
1015 NW 22nd, R450, Portland, OR 97210

**E-Mail:** blivermo@lhs.org

**Course Name:** "Training Course for the  
Laparoscopic Repair of Ventral Inguinal  
Hernias"

**Dates:** January 8, 1999, May 7, 1999

**Director: Daniel Jones, MD**

**Address:** University of Texas Southwestern  
Medical Center

5323 Harry Hines Blvd., Dallas, TX 75235

**E-Mail:** lcanno@mednet.swmed.edu

**Course Name:** "Splenectomy —  
Laparoscopic Advances"

**Dates:** May 8-9, 1999

**Director: Robert Rege, MD**

**Address:** University of Texas Southwestern  
Medical Center

5323 Harry Hines Blvd., Dallas, TX 75235

**E-Mail:** lcanno@mednet.swmed.edu

**Course Name:** Hernia: Laparoscopic

Advances in Surgery

**Dates:** April 22-23, 1999

**Director: Lee Swanstrom, MD**

**Address:** Legacy Health System  
1015 Nw 22nd Ave R450, Portland, OR 97210

**E-Mail:** blivermo@lhs.org

**Course Name:** Common Bile Duct Training  
Course

**Dates:** May 21, 1999

**Director: Reginal Bell, MD**

**Address:** 8955 S. Ridgeline Blvd. #500  
Highlands Ranch, CO 80126

**Phone:** 303-470-7020 (Linda Diederich)

**Course Name:** Advanced Esophageal  
Manometry Symposium

**Dates:** Sept 23-25, 1999

**Director: Lawrence Way, MD**

**Address:** University of CA, Dept. Of Surgery  
513 Parnassus Avenue, S-550  
San Francisco, CA 94143-0475

**Fax:** 415-476-9557

**Course Name:** Advanced Videoscopic  
Surgery Training Course

**Dates:** All Course Dates in 1999: 3/18-20,  
4/22-24, 5/13-15, 6/24-26, 9/16-18, 10/7-9,  
11/11-13, 12/8-11 ●

**President's Msg.—from page 1** Forde and a few others... SAGES decided that laparoscopy "is us". That decision forever changed the flavor of SAGES. We are now, largely, a society of general surgeon laparoscopists. We must not lose sight of our roots in flexible endoscopy nor should we forget the tremendous wisdom of the individuals who brought laparoscopy into the guts of the organization.

As we celebrate our history, we look forward to some unique new opportunities. One could bring SAGES and its members to the attention of almost one hundred thousand family practitioners, and 250 million Americans. We may soon embark on a joint public information project with one of our corporate colleagues. A project so enormous that, like mountaineers at the foot of Everest, we survey our goal with awe, exhilaration and trepidation.

The Executive Committee

of SAGES has placed before the Board for its consideration a nationwide multi-media campaign focused on providing family practitioners with information about the surgical treatment of gastroesophageal reflux disease. The opportunity to put the SAGES name before millions of Americans carries much responsibility. Our message, and our name, will become associated with the procedure and its outcomes...both positive and negative. This campaign has the potential to increase the number of patients seeking information about laparoscopic antireflux surgery. It will be up to you, our members, to deliver a fair description of the procedure, as well as your own outcomes data to these prospective patients. We trust that you will serve the best interests of those who seek both your counsel and your skills. Your comments to the Executive office with your per-

*(continued on page 16)*

## JOB CORNER

The following job has been listed in the SAGES Job Corner

**Job Title:** Staff General Surgeon

**Institution:** Olathe Medical Center

**Locale:** Olathe, Kansas (suburb of Kansas City)

**Experience:** The practice partner is interested in interviewing graduating residents or surgeons out in practice

**Specific skills:** Experience in advance laparoscopic surgery and GI endoscopy required.

**Description of practice:** Midwest Surgical Associates is presently a group of four general surgeons in private practice. Practice is based at one hospital in growing suburban community. The practice is very busy and performs a large volume of laparoscopic surgery and gastrointestinal endoscopy. Call would be fifth weekend.

**Job Available:** June 1, 1999

**Contact:** Craig A. Anderson, M.D.  
20375 W. 151st St., Ste 463  
Olathe, KS 66061  
(913) 782-8577 ●

## SAGES/SSAT Panel at DDW

**F**or the third year, SAGES and SSAT will present a joint panel during Digestive Disease week.

**Title:** MINIMALLY INVASIVE THERAPIES MADE POSSIBLE BY NEW IMAGING TECHNOLOGY

**Date:** Wednesday, May 19, 1999

**Time:** 12:00 - 3:00 PM (including lunch)

**Location:** Orlando, FL (during 1999 DDW)

**Chairmen:** L. William Traverso, MD, Virginia Mason Medical Center, Seattle, WA, Daniel J. Deziel, MD, Rush Presbyterian St. Lukes Medical Center, Chicago, IL

**Goal:** Once the technological advancements for imaging have been described in the S S A T / A S G E J o i n t Symposium for CT, MRI, Ultrasound and PET scanning on Monday, sufficient time will be given to DDW participants on Wednesday to return and listen to a more expanded description of how a variety of new imaging technologies (don't forget better scopes) are allowing new minimally invasive diagnosis or therapy in three diseases - CBD stones, colo-rectal cancer and esophageal diseases.

**Faculty include:**

Alan Barkun, MD, Montreal, Quebec, Canada

Nathaniel Soper, MD, St. Louis, MO

Joseph Petelin, MD, Shawnee Mission, KS

W. Douglas Wong, MD, New York, NY

Heidi Nelson, MD, Rochester, MN

Lee L. Swanstrom, MD, Portland, OR

Ken Wang, MD, Rochester, MN

Jeffrey Peters, MD, Los Angeles, CA

Thomas DeMeester, Los Angeles, CA ●



**Research**—from page 2

ed to the size of the incision. This immune function benefit may reduce the laparoscopic patient's chances for developing postoperative infections.

Other somewhat controversial animal studies have revealed that there is a period of increased tumor growth following open procedures. It has been shown that tumor cell turnover is increased and that the rate of apoptosis decreased after a full laparotomy incision. Significantly smaller alterations in tumor growth are seen following laparoscopic procedures.

In a different area of study, animal experiments have shed light on the much feared complication of port site tumors. Many early studies, using the less than ideal cell suspension model, concluded that the CO<sub>2</sub> pneumoperitoneum itself predisposed the animals to wound tumors. This has led to the routine use of port grips and abdominal wall sutures to prevent port dislodgement and sudden desufflation.

More recent studies, using a more realistic animal model, have demonstrated that bad surgical technique, namely inadvertent grasping and manipulation of the tumor, is probably the single most important factor predisposing animals to the development of wound tumors. Finally, a number of animal studies performed by different investigators have demonstrated that dilute betadine irrigation significantly reduces the incidence of port tumor formation. Based on these studies, many laparoscopic surgeons are now routinely performing dilute betadine irrigation of the abdomen following laparoscopic colectomy for cancer and staging laparotomy for pancreatic cancer.

As is often the case with basic science research, the initial studies led to a second generation of studies whose purpose it is to improve laparoscopic and open surgical techniques. Alternate gases for insufflation and lifting devices have been tested and show promise in allowing the surgeon to avoid many of the deleterious effects of CO<sub>2</sub> pneumoperitoneum. Efforts are also underway to determine a pharmacologic means of avoiding the immunosuppression associated with major open cases.

Other investigators are trying to identify the specific mechanism(s) by which surgery alters tumor growth rates. It may prove possible to block these deleterious effects on tumor growth. Thus, basic science studies enlighten us and give rise to new questions which must be studied. Occasionally, as with the betadine irrigation, the basic science work leads to meaningful changes in human technique.

SAGES has sponsored and given out more research grants for the study of minimally invasive surgery than any other specialty society in the United States. More than half of them are basic science. Since 1993 at least 4 research grants per year have been awarded by the SAGES Research Committee to the best research proposals submitted by surgical residents or SAGES members. The money for these grants has been generously donated by our friends in industry, most notably, United States Surgical, Ethicon Endo-Surgery, and Karl Storz Endoscopy. The results of these studies are presented at the annual SAGES meeting which has always included sessions devoted to basic science work. The vast

majority of the studies presented at the meeting are later published in *Surgical Endoscopy*.

There is much to be learned from the basic science presentations and posters at our annual meeting. It is well worth the effort to spend an afternoon or morning walking through the poster area or attending a basic science paper session. This year, in addition to these venues there will be a basic science luncheon on Saturday. The talks by renowned researchers will be geared to practicing laparoscopic surgeons and not to full time bench researchers. I urge SAGES members to come to this luncheon and hear about what has been learned about the physiologic, immunologic, and oncologic implications of laparoscopic methods.

The leadership of SAGES remains committed to fostering basic science research. As the medical economic climate continues to change and finances become more strained the SAGES organization and its members must find a way to continue funding and supporting basic science studies. Our young researchers must be encouraged to apply for N.I.H. and other peer reviewed grants. Finally, we should consider making financial contributions ourselves.

There is little doubt that basic science studies concerning minimally invasive surgery have fostered the growth of laparoscopic methods and have also led to improvements and modifications of these techniques. We, as SAGES members, will, hopefully, remain committed to supporting this type of work by turning out to listen to the basic science forums and sessions and by making it clear to our leadership that such research is important to us. ●

## LEGISLATIVE UPDATE

### SAGES Joins Resolution... Results Are a Victory for Clarity

At the Interim AMA meeting in December SAGES signed onto a resolution introduced by the DC delegation which addressed the issue of inflammatory language in letters to the insured when denying reimbursement. Previously denied Medicare claims often contained the inflammatory phrase, "Not Medically Necessary." HCFA recently announced that it will provide specific reasons for claims denial, instead of leaving patients with the impression their doctor provided unwarranted service. An example of the new language would be, "Medicare does not pay for more than one assistant surgeon for this procedure." Private insurers have also used similar inflammatory language when denying claims and it is hoped this change in HCFA policy will have a similar trickle down effect.

### SAGES Co-Signs Practice Expense Letter

On November 2, 1999, HCFA published its final rule on the 1999 Medicare

physician fee schedule, which among other provision, establishes resource-based relative value units (RVUs) for the practice expense component. This subject has long been a source for concern for surgeons. In reaction, SAGES co-signed a letter, along with thirteen other specialty societies, to Donna Shalala, Secretary of the HHS which outlined the coalition's reactions. Points of support included:

- the three year transition period before full implementation and HCF's "top down" approach to developing practice expense RVU's. Points of concern included HCFA's failure to address comments submitted in reaction to the previous proposed rule, especially the threat of further reductions in Medicare payments for specialties
- current data is at odds with the rationale for continuing these reductive redistributions and current physician payment methodology is not truly "resource-based" and had serious limitations, and appears unduly biased in favor of primary care.

Those hardest hit by the interim reductive redistributions have filed suite against HCFA. The 11 national and surgical specialties include those representing cardiologists, gastroenterologists, neurosurgeons, ophthalmologists and orthopaedic surgeons. An announcement of a decision is expected in the near future.

### Coding Hotline Available

If you are a Fellow or Candidate of the American College of Surgeons you can call the ACS coding hotline with coding questions. This resource can be reached by phone at 800-227-7911 or by fax at 800-227-2758. Access is granted by presentation of your ACS membership number.

### AMA Resource

If you are considering consolidating your solo or small practice into a larger practice, you may want to avail yourself of the AMA publication entitled "Case Study Analysis of Physician Practice Mergers." Copies can be obtained through the Michigan State Medical Society at 517-337-1351. ●

## Credentials Committee

Currently under revision, the Credentials committee plans to present a final draft of the Ultrasound guideline to the Board in March. The amended guideline will focus on two issues, intraoperative ultrasound and diagnostic ultrasound.

The committee also decided that the Summary Statement on Surgical Endoscopic Training and Practice was no longer relevant (it has been replaced in various other documents) and it has been removed from our current list of guidelines. Please remove it from your binder if you have one. ●

### Corporate Council—from p. 9

Simply enter a type of surgical equipment or service and full contact information will be returned for each matching company. This can be found under the Table of Contents.

Additionally, many member companies of SAGES Corporate Council provide hotlinks from our homepage to theirs. Come and look around the Corporate Council section of your homepage. ●



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*President's Message*—from page 11  
spective on such a project would be most helpful before the full board meets in March.

We have less than one month left until the San Antonio meeting. It will be an amazing meeting! The best of nearly 500 written and video abstracts have been chosen and a much enlarged poster session has been added to accommodate the tremendous volume of information about minimally invasive surgery generated by our members. In addition, the post-graduate course, hands-on solid organ course, panels, and invited speakers will surpass even SAGES high standards.

Eric Mühe, the first to perform a laparoscopic cholecystectomy (using components stolen from a bicycle...true story!) will be our Storz New

Technology Lecturer, an innovator in endoscopy. The Marks Lecture will be delivered by Michael Trede, Professor of Surgery at the University of Mannheim, best known for his performance of pancreatic surgery, but, more importantly, a visionary in German endoscopy. Professor Trede is an erudite, articulate, gentleman. We are honored that both of these and other world leaders will grace our rostrum. If you join us in San Antonio, **DO** attend the SAGES business meeting on Saturday morning. We will discuss the potential nationwide public information program over breakfast. We need your input. Be there! We look forward to seeing you in San Antonio.

John G. Hunter, M.D., F.A.C.S.  
President

## Do you have an E-Mail address?

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

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