



SLSNOW

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MIS WEEK 2019

The Future of MIS

Sept. 4 - 7, 2019
New Orleans, LA



A Publication of the Society of Laparoendoscopic Surgeons



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This Newsletter is Interactive. Look for the



A MESSAGE FROM THE EXECUTIVE DIRECTOR

RAYMOND J. LANZAFAME, MD, MBA



Dear Colleagues and Friends,

It is my distinct pleasure to welcome you to the inaugural issue of SLSNow. This new quarterly publication is envisioned as a vehicle to better connect and inform our members and provide some highlights of activities, items of interest, upcoming events and other news.

We hope that you will enjoy reading this and future issues and we look forward to your comments, ideas for topics, news about your travels, research, or other news to share with our colleagues.

Thank you for being a part of the SLS community and for your support of SLS and its educational mission.

Good reading!

Sincerely,

Executive Director and Scientific Chair



Welcome to the Roosevelt

Learn about this exciting location for MIS Week 2019.



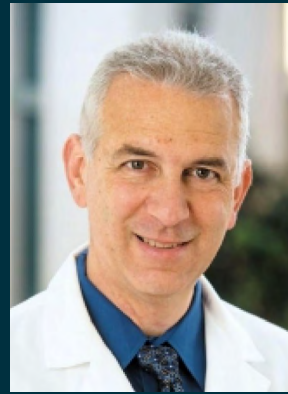
New Fellowships Available

Meet our new fellowship partners. Apply today!



A MESSAGE FROM THE PRESIDENT

JAY A. REDAN, MD



The field of Minimally Invasive Surgery is currently going through an amazing Metamorphosis. We have over the last 25 years gone from cutting people open, to operating through 5 mm incisions to now using robots, directed energy, check point inhibitors and augmented reality to take care of people. Information overload makes it very difficult for a physician to “know everything” about caring for a disease process at the same time a patient adding their own diagnosis and treatment found on Google and other search engines.

What is the best way to take care of “this disease,” “this surgical problem?” The answers change almost weekly to the point where it is difficult to give patient’s current, accurate and factual advice. Information systems that are currently in evolution may be an excellent step forward for this to happen.

Alexa, Siri, Google Home (for example) all have the power to integrate current medical and surgical care into their databases, coupled with the patient data input of History and Physical, lab data and radiologic data to give your patient the most accurate diagnosis with the appropriate treatment at the current time. As scary as this may sound these artificial intelligence robots can probably perform these tasks faster more accurate and with less errors than the current average human brained physician. There will be no bullying by the patient who wants antibiotics for their viral illness, no elective surgery until pre-operative risk factors are reduced, and no unnecessary testing such as an MRI for “back pain.” This is the low hanging fruit to reduce expensive medical care.

This is a start. When it comes to Surgery Artificial Intelligence is not far behind. A surgeon of the future will become a computer programmer assisting the robot where to place the ports for optimal disease excision or ablation; oversee the surgical procedure as the robot uses image guidance to remove pathology and leave normal organs alone. Additionally, we need to keep our patients and ourselves human; but not get distracted from metrics and death by a thousand computer clicks.

SLS pledges to keep our members and the public informed of new innovations as fast as they become public knowledge, while keeping our SLS family together and happy. We want our members to be INVOLVED in innovation and education for themselves and their patients. We value and appreciate all of our members input, because as a team organization our goal is to focus and strive to move all of us safely and successfully into the next chapter of medical advancement.

A handwritten signature in black ink that reads "Jay A. Redan MD".

President

Propensity-Matched Analysis of Sigmoidectomies for Diverticular Disease

JSLs.2018.00073

Scientific Paper

Elizabeth R. Raskin, MD, Deborah S. Keller, MD, Madhu L. Gorrepati, MD, Sylvie Akiel-fu, MPH, Shilpa Mehendale, MS, MBA, and Robert K. Cleary, MD

Abstract

Background and Objectives:

The role for the robotic-assisted approach as a minimally invasive alternative to open colorectal surgery is in the evaluation phase. While the benefits of minimally invasive colorectal surgery when compared to the open approach have been clearly demonstrated, the adoption of laparoscopy has been limited. The purpose of this study was to evaluate clinical outcomes, hospital and payer characteristics of patients undergoing robotic-assisted, laparoscopic, and open elective sigmoidectomy for diverticular disease in the United States.

Methods:

This is a retrospective propensity score–matched analysis. The Premier Healthcare Database was queried for patients with diverticular disease. Patients with diverticular disease who underwent robotic-assisted, laparoscopic, and open sigmoidectomy for diverticular disease from January 2013 through September 2015 were included. Propensity-score matching (1:1) facilitated comparison of robotic-assisted versus open approach and robotic-assisted versus laparoscopic approach. Peri-operative outcomes were assessed for both comparisons.

Results:

There were several outcomes advantages for the robotic-assisted approach when compared to laparoscopic and open sigmoidectomy for diverticular disease that included significantly fewer conversions to open ($P = .0002$), shorter hospital length of stay, fewer postoperative complications—ileus, wound complications, and acute renal failure—and more patients discharged directly to home.

Conclusions:

The robotic-assisted minimally invasive approach to elective sigmoidectomy for diverticular disease results in favorable intra-operative and postoperative outcomes when compared to laparoscopic and open approaches.

Keywords: Diverticulosis, Diverticulitis, Sigmoidectomy, Robotic-assisted, Laparoscopy

Colonic diverticular disease describes a spectrum of conditions ranging from asymptomatic diverticulosis to symptomatic acute diverticulitis to chronic inflammation of the colon resulting in recurrent clinical episodes, obstruction, or fistulas. Characterized by the development of false diverticula or herniation of the mucosa and submucosa through weakened areas of the colonic wall, diverticular disease is estimated to be present in up to 60% of patients by the age of 60 years, and the incidence continues to increase with age.¹

Approximately 10%–25% of patients with diverticulosis will develop an acute episode of diverticulitis, with 15% of these patients requiring urgent operative management.² In the setting of colonic perforation and sepsis, emergency surgery is most ...

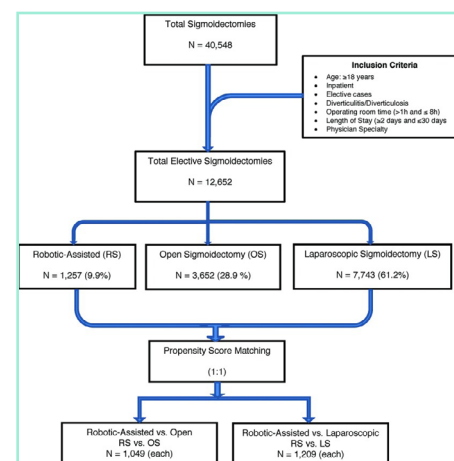


Figure 1. Flowchart for propensity score matching analysis.

MINIMALLY INVASIVE SURGERY WEEK



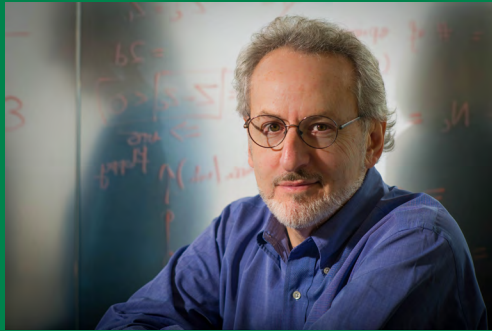
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TO REGISTER**

THE FUTURE OF MIS

NEW ORLEANS

SEPTEMBER 4-7, 2019

KEYNOTE SPEAKER



Donald E. Ingber, M.D., Ph.D.

is the Founding Director of the Wyss Institute for Biologically Inspired Engineering at Harvard University, Judah Folkman Professor of Vascular Biology at Harvard Medical School and the Vascular Biology Program at Boston Children's Hospital, and Professor of Bioengineering at the Harvard John A. Paulson School of Engineering and Applied Sciences. He received his B.A., M.A., M.Phil., M.D. and Ph.D. from Yale University. Dr. Ingber is a pioneer in the field of biologically inspired engineering, and at the Wyss Institute, he currently leads a multifaceted effort to develop breakthrough bioinspired technologies to advance healthcare and to improve sustainability. His work has led to major advances in mechanobiology, tumor angiogenesis, tissue engineering, systems biology, nanobiotechnology and translational medicine. Through his work, Ingber also has helped to break down boundaries between science, art and design.

HANDS-ON SKILLS COURSES

Wednesday 9/4

Vertical Zone Suturing - Advanced Laparoscopic Suturing
- for the Gynecologist, Urologist, and General and Robotic Surgeon

CO₂ Laser Course by Lumenis/Gynecology Focus

Thursday 9/5

CO₂ Laser Course by Lumenis/General Surgery Focus

Senhance™ Robotic Surgical Platform Course by
Transenterix General Surgery Focus

Hysteroscopy

Energy Sources and Tissue Extraction Techniques

Friday 9/6

Senhance™ Robotic Surgical Platform Course by
Transenterix Gynecology Focus

Robotic Hernia and Abdominal Wall Dissection

TAMIS (Trans-anal Minimally Invasive Surgery)

Fundamentals of Vascular Surgery

CLICK TO EXPLORE THE AGENDA ONLINE



*Explore MISWeek 2019 with
the SLS MIS Hub App*

Download Now



What are your Options when Mother Nature or Man Operate against You?

Director: John E. Morrison, Jr., MD **Co-Director:** Juan Salgado, MD

Faculty: Larry Hollier, MD, Antonia Coello Novello, MD, MPH, Dr.PH, Anna Pou, MD

Experts in their field will discuss their first-hand experiences with major natural disasters. Participants will hear their experiences and recommendations for better preparing for any catastrophic disaster that they may find themselves involved with. Participants will become aware of what it takes in order for a society and physicians at a local level to respond to a natural or manmade disaster. They will also become aware of the responsibilities placed on physicians who find themselves in situations such as these to help them better prepare to facilitate patient care and coordination of services in light of a major disruption in the health care delivery system.



Larry H. Hollier, MD, FACS, FACC, FRCS (Eng.) is Chancellor of LSU Health Sciences Center New Orleans. He has served as Chancellor of LSU Health Sciences Center

New Orleans since November 14, 2005. He was named Chief Health Affairs Officer for the LSU System in 2017. Dr. Hollier is also a practicing vascular surgeon.



Antonia Coello Novello, MD, MPH, Dr.PH served as the 14th Surgeon General of the United States, being sworn in on March 9, 1990. She was nominated to be the 13th New York State Health

Commissioner on June 3, 1999. Currently she is helping in the reconstruction of Puerto Rico after Hurricane Maria.



Anna M. Pou, MD currently practices at Ochsner Health System. Previously, Dr. Pou served as a Professor at LSU Health Sciences Center in New

Orleans, where she also served as Administrative Vice Chair, Director of Quality Improvement and Patient Safety and Program Director.

Advancement, Simulation and Mentorship: How to Improve your Skills as a Surgeon

Director: Robert M. Sweet, MD

Co-Director: Mona Orady, MD

Faculty: COL Timothy C. Brand, MD, Martin Martino, MD, Bill Masterton, Steven Schwartzberg, MD

Laparoscopy vs. Robot - What is the Best for the Hospital? What is Best for the Surgeon? What is Best for the Patient?

Director: Jay A. Redan, MD

Co-Director: Richard M. Satava, MD

Faculty: Guy Orangio, MD, Steven Schwartzberg, MD, Patty Jo Tour, RN

Ethics - Issues in the Care of Vulnerable Populations

Co-Directors: Ian Hodgdon, MD, and Jessiva Ybanez-Morano, MD, MPH

Faculty: Cooper Benson, MD, Sol Mundinger, MD

GLOBAL PERSPECTIVES IN MIS

Director: Maurice K. Chung, RPh, MD

Co-Directors: Ja Hyun Shin, MD & Jessica Ybanez-Morano, MD, MPH

THE WORLD SUMMIT 2019

Director: Maurice K. Chung, RPh, MD, Michael S. Kavic, MD

Co-Directors: Ja Hyun Shin, MD & Paul Toomey, MD

ACADEMIC DAY

Director: John E. Morrison, Jr., MD | **Co-Director & Moderator:** Michael Cook, MD

TatME Are We moving Too Fast Guy R. Orangio, MD

Robotic Inguinal Node Dissection Scott Delacroix, MD

When the Ureter Gets In The Way: Management Strategies Raju Thomas, MD, MHA

Minimally Invasive Surgical Approaches to Christopher F. Ducoin, MD

Gastroesophageal Reflux Disease

New Technologies and Techniques for GI Janak K. Shah, MD

Interventional Endoscopic Ultrasound

How Interventional Radiology Can Compliment Richard Marshall, MD & Greg Carbonella, MD

a Minimally Invasive Approach

Hernia 2019 Karl Leblac, MD

Alternative to Synthetic Mesh for Hernia Repair Ian Hodgdon, MD

Supporting the Vaginal Apex: Is Hysterectomy Obsolete? Lisa Peacock, MD

Minimally Invasive Gynecologic Surgery on The Obese Patient Ami Jernigan, MD

Robotic Esophagectomy John Bolton MD

Robotic Thoracic Surgery Brian Pettiford, MD, MBA

MIS Liver Resection Laparoscopic to Robotic Joseph Buell, MD

Applications for Single-Incision Laparoscopy In Children David Yu, MD

See next page for hotel ...

The Roosevelt-Waldorf Astoria is a symbol of the American Dream, of prosperity, and of course of old New Orleans charm.

Welcome to *The Roosevelt*

The Roosevelt-Waldorf Astoria was originally conceived as a rear extension to Grunewald Hall, but when the hall was destroyed by fire in 1892, it was instead re-built as the then-six story Hotel Grunewald a year later, just before Christmas of 1893. The anticipation of the holidays in New Orleans was doubled. After Christmas, Mardi Gras would be dawning in only a few short months. Louis had promised his new hotel – all of 200 delicately decorated rooms worth – would be “in full readiness for the Carnival of 1894.” He accomplished his goal and his hotel was an immediate success. The guest rooms were reached by corridors lined with wall sconces and trimmed with strings of crystal beads, which also served as an elegant accent to the many overhead lights, hanging like ornate necklaces from the center to the edges of the circular fixtures. The carpeted floors were equally majestic, and provided a lavish and colorful surface for the extravagant furniture. Before long, the hotel was ready for expansion.

A new 14-storey, 400-room annex (which is now the main building) was added on University Place and was unveiled to the public by a bountiful New Years’ celebration at the flash of midnight of 1908. Its cost was an unthinkable \$2.5 million dollars, which all but guaranteed that its grandeur would be

worth seeing. Louis’s youngest son Theodore would inherit the hotel after Louis’s death in 1915, and the business continued to flourish under Theodore’s management until health problems forced him to sell in 1923. When the new owners took over, they partially demolished the original building, re-opening the hotel in 1925 with the larger, more

elaborate structure as the main entrance. History also has it that the anti-German movement that swept across the city during the first world war still ran deep, compelling them to change the hotel’s name. It would now begin a new life as the Roosevelt, and later the Fairmont. It was a beauty, spanning the entire block from its origin on University to Barrone Street, was the lobby that would, in the years to come, become a legend in and of itself.

The extraordinary décor featured gilded colonnades, posh flooring in the shape of a series of intricate tile mosaics, walls covered in French, African, and Italian marble, and detailed cornices gracing the thirty-foot ceilings. **It was a phenomenal sight, described by author Garry Boulard as, “a palace gleaming out of the otherwise dormant Sahara of the Deep South.”**

Of course, this was only the beginning, and everything was done to be sure that this awe-inspiring first impression would also be a final one.



The Forest Grill, Grunewald Hotel

Member in the News

"Women have been suffering and are still suffering, and it is mainly because of the lack of information,"

Dr. Farr Nezhat

Women have been called "hysterical" for "overreacting" to pain for thousands of years. But when you look back in history, these "hysteria" symptoms sound an awful lot like endometriosis, one of the most common gynecological diseases in women. It causes heavy periods, infertility and generalized pain.

Gynecologist Dr. Farr Nezhat has studied the history of endometriosis, and he believes there's much we can learn from historical mistreatment of women.

"Whenever you go to history, you learn from history," Nezhat explained. "As long as women have existed, most positively endometriosis was there."

Over 4,000 years ago, ancient Egyptians painted women suffering with "suffocated uterus," an affliction with endometriosis-like symptoms.

Around 400 B.C., Hippocrates was making a name for himself in ancient Greece as the father of medicine. According to Dr. Nezhat, Hippocratic authors connected the symptoms of pain, infertility and menstrual dysfunction and gave them a name: endometriosis. Just kidding! They gave them a name that makes women feel self-conscious to this day: hysteria.

Unfortunately, doctors tried some unconventional methods to treat these women. They prescribed concoctions made of male urine, tar water or castor oil. They placed leeches inside a patient's uterus to suck up blood.

"They thought the uterus is suffocated, and if they suck the blood from the uterus, it will get better," said Nezhat.

Women were hung upside down so their "wandering uterus" could find its way back to the correct position in the body.

Because infertility and subfertility are common side effects of endometriosis, many women sought medical help to conceive.

"They accused these women of being nymphomaniacs because they thought maybe these people wanted to get pregnant and have lots of sex," said Nezhat. Marie Antoinette, the last queen of France before the ...



DEA PICTURE LIBRARY VIA GETTY IMAGES

A depiction of the ancient Greek practice of "succussion," in which patients are bound to a ladder, turned upside down and shaken vigorously.



To read more of this article, please [click here](#).

Click the image to watch the interview.



FELLOWSHIP IN MINIMALLY INVASIVE AND ROBOTIC GYNECOLOGIC SURGERY (FMIGS)

Location: Marchand Institute for Minimally Invasive Surgery, Mesa, AZ
Program Director: Ali Azadi, MD, FACOG, FPMRS



This one-year fellowship training program will entail extensive experiences in minimally invasive benign gynecology. Fellows will rotate through alternating clinical experiences both at the Stewart Hospital system, as well as in-office surgery at the Marchand Institute. Rotations will entail clinic and operating room with on-call hours on certain rotations. Fellows will operate 3-4 days a week with a heavy patient load, emphasizing minimally invasive laparoscopy, hysteroscopy, vaginal techniques and robotic surgery. Protected academic and research time will be provided to each fellow in the program and participation in research will be mandatory. Rotations in the Institute will involve direct observation of patient counseling, preoperative ultrasound techniques, and selection of proper candidates for various minimally invasive procedures. Elective surgical procedures and minimally invasive gynecology will be constantly performed throughout all rotations with the exception of protected research and academic time. Specific rotations, dealing with emergency scenarios and candidates for minimally invasive gynecologic procedures on an emergency basis will also be completed by the fellows. Rotations dealing with minimally invasive and robotic aspects of gynecologic oncology and pelvic floor reconstruction may also be completed. The unique combination of an extremely high volume minimally invasive Institute with a hospital system providing both versatile operating rooms and a web of emergency rooms providing a plethora of emergent gynecologic conditions will combine to vigorously prepare any surgeon to practice as a specialist in minimally invasive gynecologic surgery. In addition to the high surgical volume and emergency rotations, fellows will be required to complete yearly research projects. This will be separate from the already ongoing projects at the Institute, which averages 3-5 major publications per year. Time will be set aside for appropriate meetings including the American College of Obstetrics and Gynecology and the Annual SLS meeting. In addition to the elective surgeries, weekly didactic sessions and monthly morbidity and mortality sessions will be mandatory and included in the curriculum regardless of the current rotation the fellow is completing. This program also features Laparoscopic (Lap-VR) and Robotic (Mimic DV) simulators that provide haptic feedback and virtual reality simulations.



Candidates must be board eligible OBGYN's.

Moonlighting opportunities are permitted.

Please note, this fellowship **does not** provide J-1 visa support.

All fellows are expected to be productively involved in the production of research involving minimally invasive surgery throughout the program, and publication is encouraged.

Applications are preferred prior to February 1st, some exceptions may apply.

To apply to any of our SLS fellowships, please click this box or visit:

<http://sls.org/sls-fellowship-programs/sls-fellowship-application/>

OTHER AVAILABLE SLS FELLOWSHIPS:

- Enhanced General Surgery Fellowship: Advanced Laparoscopic & Robotic Foregut, Hernia & Colorectal
Director: Paul Toomey, MD - Bradenton, FL
- Carlos Pellegrini and Brant Oelschlager Surgical Simulation Fellowship
Director: Robert Sweet, MD - Seattle, WA
- Fellowship in Minimally Invasive & Robotic Surgery in Gynecology & Reproductive Surgery
Director: Camran Nezhat, MD - Palo Alto, CA
- Fellowship in Minimally Invasive & Robotic Surgery in Gynecologic Benign & Malignant Pathologies
Director: Farr Nezhat, MD - New York, NY
- Fellowship in Minimally Invasive & Robotic Surgery in Gynecology and Reproductive Surgery
Director: Ceana Nezhat, MD - Atlanta, GA

The First Chinese SLS International MIS Meeting

During the month of April, the SLS Board of Directors traveled to China for The First International SLS MIS Meeting.

The First International SLS MIS meeting was hosted in the cities of Fuzhou, Fujian and Chongqing, China. The Fuzhou Fujian Province People's Hospital, The Third Affiliated Hospital of Chongqing Medical University, Chongqing hosted The World Team of the Society of Laparoscopic Surgeons.

The conference was held on two separate weekends. The first part of conference was held on the weekend of April 11-14, 2019 in the city of Fuzhou. The second part of the MIS Conference was conducted on the weekend of April 19-21, 2019 in the city of Chongqing. Outside of the conference, attendees participated in various arranged sightseeing tours of the Yangtze River and the Three Gorges.

Fuzhou is the capital city of Fujian province. It is named after Fushan Mountain in its north. Fuzhou is the political, economic, cultural, scientific and research center of the economic zone on the west side of the strait, as well as the center of modern financial services.

Chongqing is one of the four municipalities of the People's Republic of China, one of China's five major cities and six regional central cities that population of over one million, and 25 other counties.

Letter of Affiliation between SLS and the People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China. Signed in 2017.



Photo taken outside Kitchen Gallery Restaurant of the Crowne Plaza, Fuzhou Riverside Hotel.

L to R: Alanna McDonald, Deb Shadduck, Marie Salgado, Thiers Soares, Katie Chung, Annie Chung, Jessica Ybanez-Morano, Jay Redan, Professor Jie Chen (People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China), Maurice Chung, Phillip Shadduck, Ian Hodgdon, Juan Salgado, Michael McDonald.

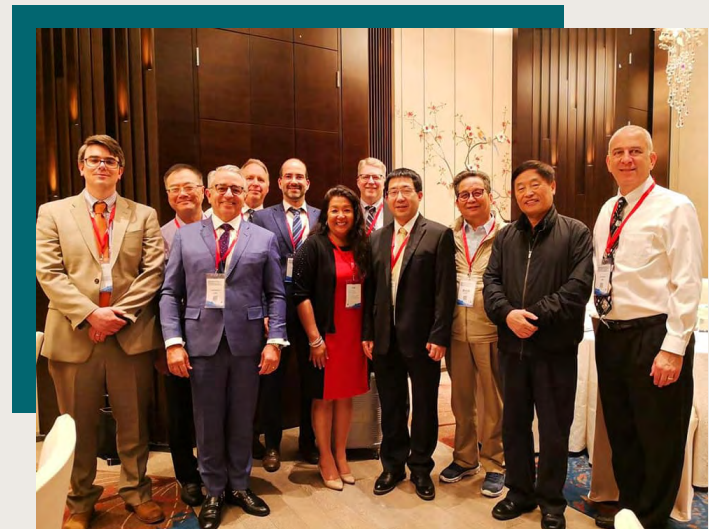


Photo taken at Chinese MIS Symposium, Fuzhou, Fujian Province, China.

L to R: Ian Hodgdon, Maurice Chung, Juan Salgado, Michael McDonald, Thiers Soares, Jessica Ybanez-Morano, Phillip Shadduck, Jie Chen MD (Hospital Vice President, Chair of OB Gyn, and Professor, People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China), Guangnan Luo MD (Professor of Ob Gyn, Shenzhen LuoHu Chinese Medicine Hospital, Shenzhen China), N/A, Jay Redan.



Photo taken in History Museum of People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China.

L to R: Ian Hodgdon, Juan Salgado, Jay Redan, Jessica Ybanez-Morano, Maurice Chung, Thiers Soares, Hongjia Zhao (President, Chief Physician, & Professor, People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China), Phillip Shadduck, Michael McDonald.

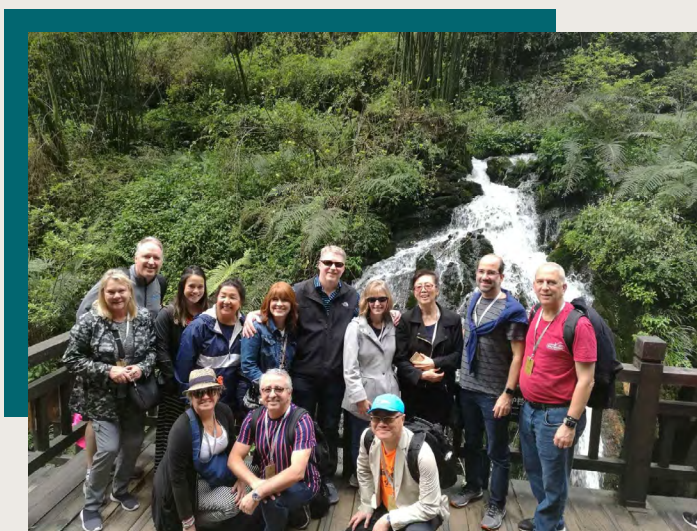


Photo taken at Tribe of Three Gorges, Yangtze River.

Front, L to R: Annie Chung RN, Juan Salgado MD, Maurice Chung MD
Back, L to R: Alanna McDonald, Michael McDonald MD, Katie Chung, Jessica Ybanez-Morano MD, Marie Aviles-Salgado DDS, Phillip Shadduck MD, Deb Shadduck RN, Yan Liu MD, Thiers Soares MD, Jay Redan MD.



Photo taken at entrance of Multidisciplinary Pelvic Health and Rehabilitation Center, People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China.

L to R: Jessica Ybanez-Morano, Jay Redan, Thiers Soares, Maurice Chung, Juan Salgado, Hongjia Zhao (President, Chief Physician, & Professor, People's Hospital Affiliated with Fujian University of Traditional Chinese Medicine, Fuzhou, Fujian Province, China), Head Nurse Ms. Wang, Ian Hodgdon, Lily Xiong, Phillip Shadduck, Michael McDonald.