EDITION 5 | Jan - Mar 2020

SLSNOW

Looking Forward

Keeping You and Your Patients Safe

How SLS Members are Combating the Virus

What's Next for SLS

CORONAVIRUS (COVID-19) STATEMENT
Read the Latest Updates from SLS

A Publication of the Society of Laparoscopic & Robotic Surgeons

Table of Contents

1 Coronavirus (COVID-19) Statement
2 Coronavirus News
3 CRSLS Article Spotlight
4 Distinguished Reviewers
5 MIS at Your Fingertips
6 Earn CME Credits Online
7 Renew Your Membership Today!
9 SLS Receives a Grant - Press Release
10 Member in the News
12 Fellowship Spotlight
13 JSLS Digital Advertising Opportunities

This Newsletter is Interactive. Look for the 

Cover Art Designed by Freepik

We write this notice to advise you that the MISWeek 2020 Conference scheduled for August 26-29, 2020 at the Hilton Hawaiian Village Waikiki Beach Resort, Honolulu, Hawaii **has been cancelled.**

SLS staff and leadership have reached this difficult decision after careful consideration of the evolving nature of this highly fluid situation with prolonged travel restrictions or bans and ongoing health-related concerns related to the COVID-19 Pandemic. Our top priority remains the health and safety of all participants at MISWeek 2020, including attendees, faculty, industry partners, staff, vendors, and others involved with our Annual Conference.

Thank you for your understanding as we work through this highly dynamic and challenging situation. We are investigating alternatives to bring the essence of MISWEEK to you and we invite you to visit www.sls.org to view the array of educational content and other material that is already available.

Click here to sign up for future MISWeek Updates/Program Announcements

Click here to earn CME credit online with SLS

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Click here for information on submitting an article for publication in CRSLS, Case Reports Journal

Click here for information on Fellowship Programs

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If you have any questions, please contact the SLS Office at Info@SLS.org.

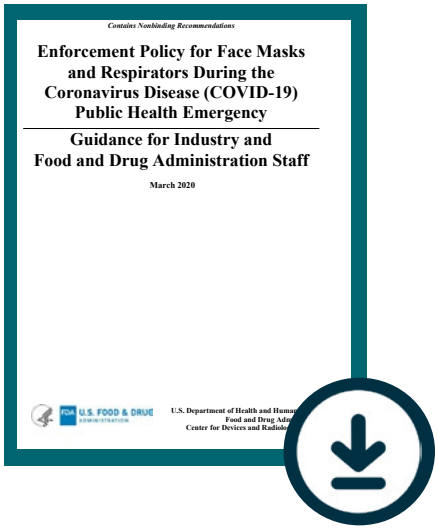
Thank you for all that you are doing to mitigate this threat and care for patients. We look forward to more pleasant times and the ability to return to face to face gatherings soon.

Stay safe and stay well!

Maintaining PPE Safety During COVID-19

As part of our continuing mission to provide our members with up-to-date information, please click the links below to download the FDA's Enforcement Policy for Face Masks and Respirators During the Coronavirus Disease (COVID-19) Public Health Emergency and Surgical Mask and Gown Conservation Strategies - Letter to Health Care Providers.

We thank all the physicians and healthcare workers who are providing patient care on the frontlines of the battle with COVID-19 for their selfless, unwavering dedication to saving lives.


Contains Nonbinding Recommendations

Enforcement Policy for Face Masks and Respirators During the Coronavirus Disease (COVID-19) Public Health Emergency

Guidance for Industry and Food and Drug Administration Staff

March 2020

U.S. FOOD & DRUG ADMINISTRATION

U.S. Department of Health and Human
Food and Drug Ad
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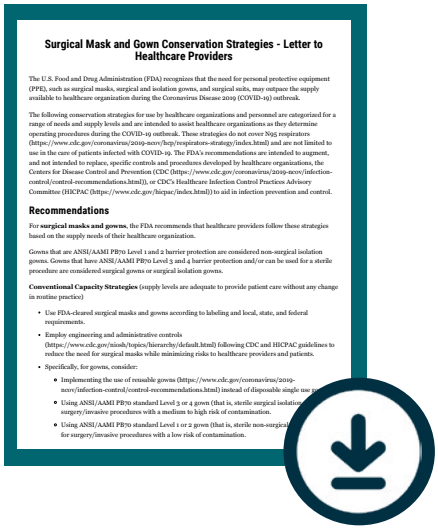
Surgical Mask and Gown Conservation Strategies - Letter to Healthcare Providers

The U.S. Food and Drug Administration (FDA) recognizes that the need for personal protective equipment (PPE), such as surgical masks, surgical and isolation gowns, and surgical scrubs, may outpace the supply available to healthcare organization during the Coronavirus Disease 2019 (COVID-19) outbreak.

The following conservation strategies for use by healthcare organizations and personnel are categorized for a range of needs and supply levels and are intended to assist healthcare organizations as they determine operating procedures during the COVID-19 outbreak. These strategies do not cover N95 respirators (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html) and are not limited to use in the care of patients infected with COVID-19. The FDA's recommendations are intended to augment, and not intended to replace, specific controls and procedures developed by healthcare organizations, the Centers for Disease Control and Prevention (CDC (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)), or CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC (https://www.cdc.gov/hicpac/index.html)) to aid in infection prevention and control.

Recommendations

For **surgical masks and gowns**, the FDA recommends that healthcare providers follow these strategies based on the supply needs of their healthcare organization.

Gowns that are ANSI/AAMI PB70 Level 1 and 2 barrier protection are considered non-surgical isolation gowns. Gowns that have ANSI/AAMI PB70 Level 3 and 4 barrier protection and/or can be used for a sterile procedure are considered surgical gowns or surgical isolation gowns.

Conventional Capacity Strategies (supply levels are adequate to provide patient care without any change in routine practice)

- Use FDA-cleared surgical masks and gowns according to labeling and local, state, and federal requirements.
- Employ engineering and administrative controls (https://www.cdc.gov/niosh/topics/hierarchy/default.html) following CDC and HICPAC guidelines to reduce the need for surgical masks while minimizing risks to healthcare providers and patients.
- Specifically, for gowns, consider:
  - Implementing the use of reusable gowns (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) instead of disposable single use
  - Using ANSI/AAMI PB70 standard Level 3 or 4 gown (that is, sterile surgical isolation surgery/invasive procedures with a medium to high risk of contamination.
  - Using ANSI/AAMI PB70 standard Level 1 or 2 gown (that is, sterile non-surgical for surgery/invasive procedures with a low risk of contamination.

UW Medicine Innovators Led by SLS Past-President Produce Needed PPE for Healthcare Teams

The supply chain colleagues for UW Medicine in Seattle, Washington have secured substantial supplies of reusable face shields for their care teams thanks to SLS member and Past-President, Dr. Robert Sweet and his team of UW innovators led by Dr. Sweet, Beth Ripley, and Dmitry Levin. They have begun 3D-printing production of FDA-approved face shields with both reusable and disposable components and will begin testing mask designs followed by potential gowns and ventilator parts.

Thanks to Dr. Sweet and his team for providing much needed PPEs for those working tirelessly to save lives and care for patients during the COVID-19 pandemic.

Article Spotlight

CRSLS

Capsule Endoscopy and Laparoscopy for Small Intestine Arteriovenous Malformation in a Child

CRLS.2019.00040
Case Report

Mohamed Adam Shaban, MD, Gustavo Stringel, MD, MBA, Daniel Helfgott, Lynnette Cukaj, MD
Shilpa Sood, MD, Howard Bostwick, MD

Abstract

Introduction:

Vascular malformations remain a rare cause of gastrointestinal (GI) bleeding, and they can present a diagnostic challenge. The diagnostic utility of video capsule endoscopy in identifying these malformations in the pediatric population is not well documented.

Case Description:

A 7-y-old male with chronic iron deficiency anemia had a clinical history of melon and occasional hematochezia of 1-year duration requiring multiple admissions to the hospital and blood transfusions. Ultrasound, Meckel scan, magnetic resonance imaging, and computed tomography (angiogram) did not demonstrate the source of bleeding. Upper and lower endoscopy studies showed no abnormalities. A video capsule endoscopy showed a lesion in the small intestine suggestive of an arteriovenous malformation. Diagnostic laparoscopy identified the vascular malformation in the mid jejunum. Laparoscopic-assisted intestinal resection including the malformation was successfully performed. After surgical resection, the anemia resolved, and the patient had no further episodes of bleeding.

Conclusions:

This case illustrates the utility of video capsule endoscopy combined with laparoscopy in the management of a suspected GI arteriovenous malformation in pediatric patient.

Key Words: Anemia; Arteriovenous Malformation; Gastrointestinal Bleeding; Laparoscopy; Pediatric; Video Capsule Endoscopy.

Introduction

Lower gastrointestinal (GI) bleeding is frequently encountered in the pediatric clinical setting. Small studies have reported a 0.3% incidence in children seen in the emergency department.[1] Lower GI bleeding was present in 30% of those patients with a 20% rate of hospitalization.[2] Most lower GI bleeding in pediatric patients is seen in children under one year of age. Small intestinal bleeding in children is commonly the result of Meckel's diverticulum. Vascular malformations such as hemangiomas and venous malformations remain a rare cause of GI bleeding, and they can present a diagnostic challenge.[3,4] We present a case that illustrates the utility of video capsule endoscopy in combination with laparoscopy in the diagnosis and treatment of a small intestine arteriovenous malformation in a pediatric patient.

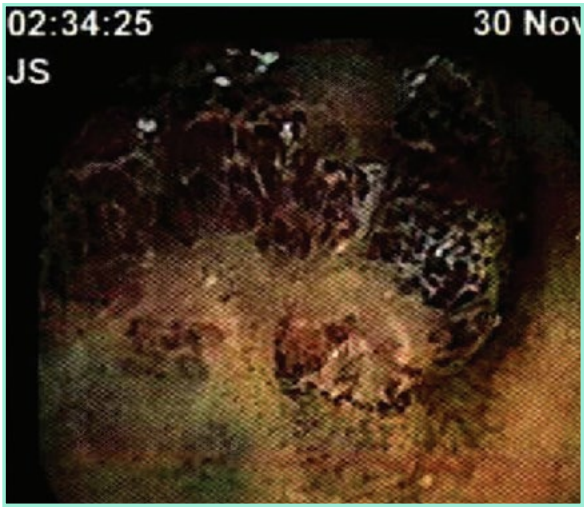

Figure 1. Video capsule endoscopy demonstrating a legion in the upper small bowel.

Distinguished *Reviewers*

Each year we list the names of Independent JSLS reviewers in the journal as a way of acknowledging their service to this critically important task for the scientific community. JSLS and most other major scientific journals offer no other form of compensation or acknowledgment.

From 2017 onward, JSLS has created a new category for reviewers who have distinguished themselves by going above and beyond the AMA PRA Category 1 credit limit to dedicate significant amount of time and effort to JSLS. These Distinguished Reviewers have completed at least 10 quality reviews for the journal within a calendar year.

Reviewers who have provided this high level of support and expertise for the past calendar year include the following:

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Masoud Azodi, M.D.
Robert S. Berma, M.D.
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Raymond J. Lanzafame, M.D., M.B.A.
Michael I. Leitman, M.D.
John E. Morrison, Jr., M.D.

These Distinguished Reviewers will receive a certificate denoting their exceptional contribution to the journal along with recognition at the annual meeting and on the JSLS and CRSLS websites for their outstanding service.

Thanks to all for your support of our journal's mission and for your dedication to academic excellence.

The Latest in MIS at Your Fingertips

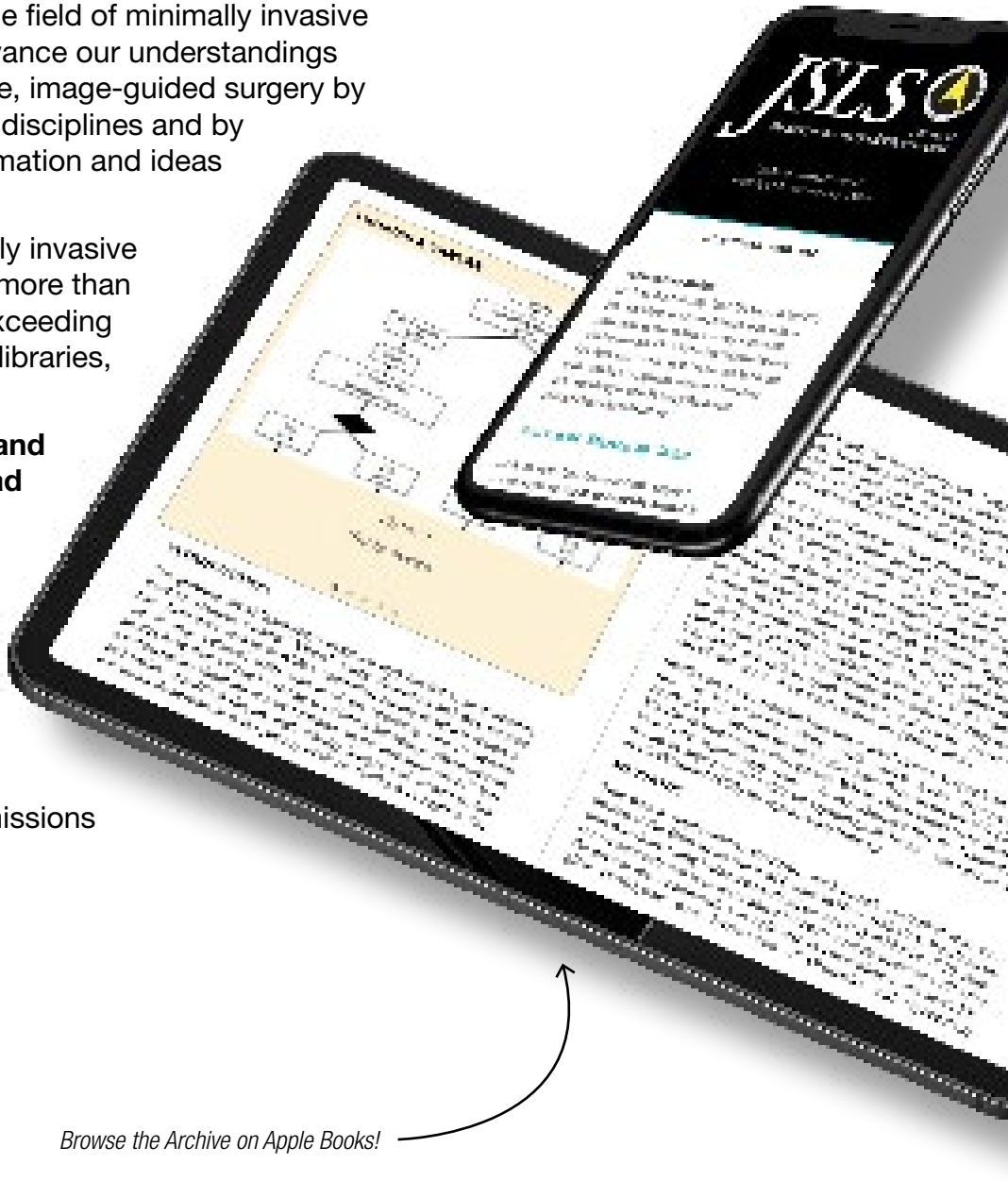
JSLS, Journal of the Society of Laparoscopic & Robotic Surgeons publishes original scientific articles on basic science and technical topics in all the fields involved with laparoscopic, robotic, and minimally invasive surgery.

CRSLS, MIS Case Reports from SLS is dedicated to the publication of Case Reports in the field of minimally invasive surgery. The journals seek to advance our understandings and practice of minimally invasive, image-guided surgery by providing a forum for all relevant disciplines and by promoting the exchange of information and ideas across specialties.

A leading publication for minimally invasive therapies, JSLS is distributed in more than 63 countries with a readership exceeding 20,000 including SLS members, libraries, and residency programs.

Read the most recent articles and case reports from the most read MIS journal.

Click Here to Access the JSLS/CRSLS Archive



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Selected material from Minimally Invasive Surgery Week 2018* and Minimally Invasive Surgery Week 2019** are presented in video format for online CME credit.

To earn CME credit, sign-in at https://education.sls.org, select a session, select a recording for which CME is available, and view the recording. Once you have completed viewing the content, click the "NEXT" button to take the post-test. Complete the post-test with a 75% passing score and a PDF file with your certificate will automatically be sent to you via email. You will be allowed two attempts to pass the test.

Members: Use your name and the email address on file with SLS when signing in to the site to access your free online account.

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Not a member? Go to www.SLS.org/membership to join SLS and take advantage of this free program. Physician membership is $295 per calendar year. Discounted membership is available for Active Duty Military, Medical Students, Residents, Fellows, and Affiliated Medical Personnel. Contact Info@SLS.org for assistance.

The Society of Laparoscopic & Robotic Surgeons (SLS) is a is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Society of Laparoscopic & Robotic Surgeons (SLS) designates this enduring activity for a maximum of *18 AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

** Minimally Invasive Surgery Week 2018 was held August 29-September 1, 2018 at the Sheraton New York Times Square Hotel, New York, New York, USA*
*** Minimally Invasive Surgery Week 2019 was held September 4-7, 2019 at The Roosevelt New Orleans Hotel, A Waldorf Astoria Hotel, New Orleans, Louisiana, USA*

RENEW YOUR MEMBERSHIP TODAY!

"For the last 5 years I have had the opportunity to become involved with the SLS. As a urologist I have found the meetings extremely informative learning from my colleagues not just in Urology but also from the fields of General Surgery and Gynecology. It is the best collaborative meeting I have attended. Not only is the learning portion of the meeting exceptional but the people I have met nationally and internationally are truly professional whom I consider great friends as well."
- Michael McDonald, MD

- **Support the mission of SLS to improve patient care and promote the highest standards of practice through education, training, and information**
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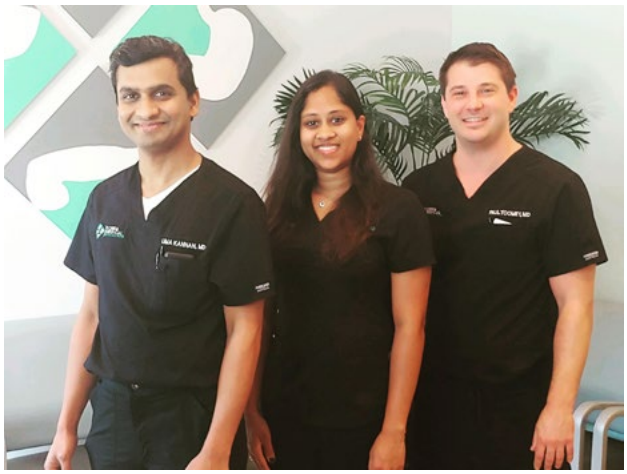
FOR IMMEDIATE RELEASE

MARCH 16, 2020

MIAMI, FLORIDA – The Society of Laparoscopic and Robotic Surgeons has been awarded a $77,000 grant from the Intuitive Foundation Robotic Surgical Fellowship Grant Program. This grant was awarded to support the Florida Surgical Specialists Enhanced General Surgery Fellowship: Advanced Laparoscopic and Robotic Foregut, Hernia and Colorectal Fellowship.

Directed by Dr. Paul Toomey and Program Co-Director Dr. Riva Das, this fellowship includes training in all facets of General Surgery with a focus in minimally invasive surgery. The fellowship features Laparoendoscopic Single Site (LESS) operations, including LESS cholecystectomies and LESS/robotic anti-reflux operations. It also has a strong focus on robotic operations, including inguinal hernia repairs, complex ventral hernia repairs, adrenalectomies, gastrectomies, esophagectomies, distal pancreatectomies/splenectomies and colorectal operations.

The Society of Laparoscopic and Robotic Surgeons is committed to providing educational opportunities for Residents and Fellows in Training who are interested in pursuing a career in minimally invasive surgery and/or surgical simulation.



For more information on the Florida Surgical Specialists Enhanced General Surgery Fellowship and other fellowships in general surgery, gynecology, and surgical simulation, please visit our website www.SLS.org/sls-fellowship-programs or call the SLS office at (305) 665-9959.

Raymond J. Lanzafame, MD, MBA
Executive Director & Scientific Chair

Click Here For More Information About the Fellowship

Member in the News

SPECTRUM NEWS

EXCERPT FROM SPECTRUM LOCAL NEWS | ROCHESTER

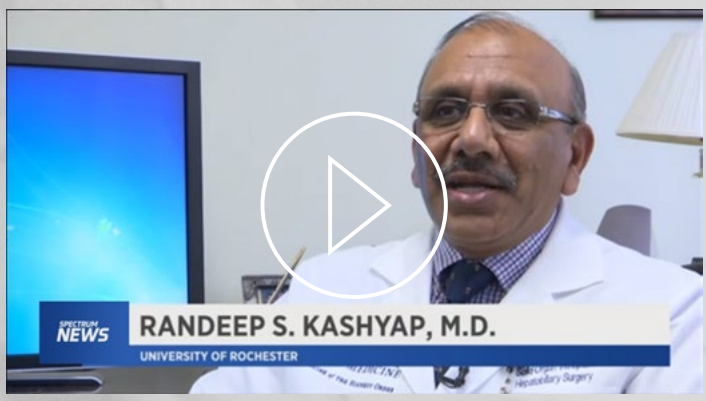
Odeski Junor knew her fair share about hospital robots before one helped her get a new kidney.

As a nurse anesthetist at the University of Rochester Medical Center, Junor had seen the advantages robotics offered surgeons during general surgery. But it turned out, she needed one.

Junor suffered from a hereditary kidney disease. She watched her brother, afflicted with the same condition, go through a painful kidney transplant and grueling recovery.

But just as her life depended on a new kidney, UR moved forward with the region's first robotic kidney transplant program. She chose to take part.

"I knew what my brother's recovery time was, what to expect in the way of pain," Junor said. "I wasn't intimidated by the size of (the robot). I just didn't know about the recovery of it."



The UR Medicine Transplant team, with the help of an anonymous donor, turned to the Da Vinci Robotic Surgery System for Junor's transplant in May.

Surgical team leader Dr. Randeep Kashyap laughs when he thinks of how his team of doctors has had to convince prospective patients that the surgeon still completes the procedure, with the assistance of the robot.

"In their mind, it's a big arm, a big head," Kashyap said with a smile. "It is the technology that is delivered through the machine."

In the operating room, the Da Vinci appears more like a private cubicle you'd find in a library, with a large hooded viewing station where the surgeon stands and operates the robot over the patient.

Cutting edge optics used in the robotic procedure ...

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UNIVERSITY of ROCHESTER

EXCERPT FROM URMC NEWSROOM

The UR Medicine Transplant team is the first in the Northeast to perform robotic-assisted transplant surgeries for kidney recipients.

The first recipient to receive a living donor organ robotically using the da Vinci Robotic Surgery System® at UR Medicine's Strong Memorial Hospital underwent surgery in May. Odesi Junor of Brockport, a certified registered nurse anesthetist who works in SMH's operating rooms, suffered from hereditary polycystic kidney disease and got a second chance at life through an altruistic kidney donation. The second robotic recipient case took place in August.

A year ago, UR Medicine began using the robotic-assisted technique for living donors, to remove their kidneys for transplant. The significant benefits include minimally invasive surgery, more precision due to better optics and 3D technology, and a shorter recovery period. This prompted transplant surgeon Randeep S. Kashyap, M.D., M.P.H., to consider expanding the use of robotic technology to kidney recipients.

Transplant technique evolves

Robotic surgery is the next evolution of minimally invasive transplantation. With robotic technology, the surgeon performs the operation using small incisions and equipment, but sits across the room at a computer console to direct the robot and surgical instruments virtually. As the optics are of an even higher quality, the precision is further improved. The incisions are even smaller, thus less pain, faster recovery and fewer incidence of wound complications.

Under the leadership of Kashyap, UR Medicine has successfully performed more than 25 cases using robotic technology to remove donor kidneys for transplant, in addition to the two kidney recipient cases.

Kashyap trained extensively for the robotic technique with support from his UR Medicine Urology colleagues, who provided 3D printed simulation models, as well as surgeons at Henry Ford Hospital in Detroit, one of only a handful of centers in the nation using robotics for recipient surgeries.

"We are excited to be the first in the Northeast to offer this innovative robotic-assisted technique, with benefits that further improve care for our patients in Upstate New York, both living donors and now recipients," Kashyap said.

"And it broadens the patient population we can help," he added. "For those individuals who are overweight or obese, who in the past were often unable to undergo transplantation due to potential complications, this technique is ...

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Member in the News

EXCERPT FROM WIPR NEWS | PUERTO RICO

[Puerto Rican] Governor Wanda Vázquez Garced today announced the integration of a working group of health professionals that joins to reinforce the "task force" created to address the situation of the COVID-19 coronavirus on the island.

"As a result of the increase in cases worldwide of this virus, we have taken various measures to work out the different situations that are happening. We first look for ways to prevent the arrival of infected people by stopping the entry of cruise ships to our ports, and by placing screening stations by the National Guard at airports to verify all arriving passengers. Likewise, we imposed a curfew and 'lock down' to prevent community contagion and to control the spread of the virus. Now, having six positive cases for COVID-19, we have integrated the 'task force' a team of experts in the field of health, who will work hand in hand with the government," explained the first executive.

The 'task force' will be led by the rector of the RCM, Dr. Segundo Rodríguez Quilichini, who will serve as General Coordinator of the efforts of the working group.

The group includes: Dr. Pablo Rodríguez, director of the Trauma Room of the Medical Center, who is in charge of coupling all the medical-professional resources that are necessary to attend this emergency; Dr. Dharma Vázquez, dean of the RCM Graduate School of Public Health; Dr. Guillermo Vázquez, director of the Infectious Microbiology Department of the RCM; Dr. Jorge Santana Bagur, infectious disease director of ACTU at RCM; Dr. Karen Martínez, director of Psychiatry at the RCM; Dr. Cynthia Pérez, from the Graduate School of Public Health; Dr. José Camuñas, director of the Department of Family Medicine, Coordinator and Director of the RCM Telemedicine Program; Lcdo. Jorge Matta, executive director of ASEM; Ing. Wilfredo Martínez, from ASEM; and Betsy Rosado, director of Institutional Security at ASEM.

"I thank this group of professionals for being willing to collaborate with the government and with all citizens to be safe and healthy, which is the priority at the moment. We must all work together to combat this virus and prevent its spread in Puerto Rico, "said Vázquez Garced.

"As the main university training center for the future generation of health professionals on the island, we are committed to serving citizens and directing efforts to address this emergency situation and to collaborate, hand in hand with the interim secretary of Health and with the interim secretary of Health and with the Governor ...

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DR. JUAN SALGADO, MD

PUERTO RICO'S CORONAVIRUS TASK FORCE
TOP LEFT: HUMBERTO M. GUIOT, JORGE SANTANA, CYNTHIA PÉREZ. KAREN G. MARTÍNEZ, DHARMA VÁZQUEZ, JOSÉ CAMUÑAS
BOTTOM LEFT: WILLIAM MÉNDEZ, GUILLERMO J. VÁZQUEZ, SEGUNDO RODRÍGUEZ, GOVERNOR WANDA VÁZQUEZ GARCED, JUAN SALGADO, JUAN CARLOS REYES

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ENHANCED GENERAL SURGERY FELLOWSHIP: ADVANCED LAPAROSCOPIC AND ROBOTIC FOREGUT HERNIA AND COLORECTAL FELLOWSHIP

Location: Florida Surgical Specialists, Bradenton, FL
Program Director: Paul Toomey, MD, FACS **Program Co- Director:** Riva Das, MD

The Society of Laparoscopic & Robotic Surgeons (SLS) presents an EXCLUSIVE one year post-Graduate fellowship. This fellowship will include training in all facets of General Surgery with a focus in minimally invasive surgery. The fellowship will feature Laparoendoscopic SIngle-Site (LESS) operations, including LESS cholecystectomies and LESS/ robotic anti-reflux operations. We will also have a strong focus on robotic operations, including inguinal hernia repairs, complex ventral hernia repairs, adrenalectomies, gastrectomies, esophagectomies, distal pancreatectomies/splenectomies and colorectal operations.

This will also be a true General Surgery experience. We will address all common benign diseases, General Surgical emergencies, and complex Surgical Concology, including, but not limited to, appendectomies, management of diverticulitis, adrenalectomies, anti-reflux operations for gastroesophageal reflux disease, esophagectomies, hernia operations, liver resections, pancreatectomies, melanoma excisions, lymph node biopsies, lumpectomies/mastectomies, small bowel resections, anorectal disease and more complex gastrointestinal/ colorectal operations. The Fellow will also gain additional experience with upper endoscopy as well as colonoscopy.

Fellowship Information
The primary training goal of this post Graduate fellowship is to improve patient care and teach advanced robotic/ laparoscopic/endoscopic operative skills to individuals who are interested in propagating the field of minimally invasive surgery, while honing skills regarding complex General Surgery.

The Florida Surgical Specialists Enhanced Gastrointestinal Surgery Fellowship is based upon a very busy clinical practice of General Surgery, especially foregut, hernia and colorectal surgery with intensive clinical research. There will be strong focus on minimally invasive and robotic surgery.

We have a very high volume practice and at the forefront of technology/innovation for both minimally invasive and open operations. Dr. Paul Toomey, program director, is a pioneer in Laparoendoscopic Single-Site (LESS) and robotic surgery with experience in over 200 LESS operations and 200 robotic operations in the last three years alone. Dr. Riva Das, co-program director is a colorectal specialist focused on minimally invasive robotic, laparoscopic, LESS and endoluminal approaches to common colorectal diseases.

We will offer two positions each year, beginning August 1 of the academic year, for graduates of accredited General Surgery training programs in the United States. This one-year program is designed for surgeons who want to increase their knowledge and technical skills in advanced laparoscopic procedures and advanced GI Surgery, including HPB and Colorectal Surgery. The program includes clinical, academic, and research components.

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

OTHER AVAILABLE SLS FELLOWSHIPS

Dignity Health Fellowship in Endometriosis, Menstrual Disorders and Adavanced Minimally Invasive Robotic Surgery
Director: Mona E. Orady, MD - San Francisco, CA

The Marchand Institute for Minimally Invasive Surgery and Steward Health Mountain Vista Medical Center Affiliated Fellowship Program in Minimally Invasive and Robotic Gynecologic Surgery
Director: Anthony Galitsky, MD & Ali Azadi, MD - Mesa, AZ

SLS Fellowship in Advanced Minimally Invasive and Endoscopic Techniques in General and Colorectal Surgery
Director: Jiri (George) Melich, MD - Vancouver, BC, Canada

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

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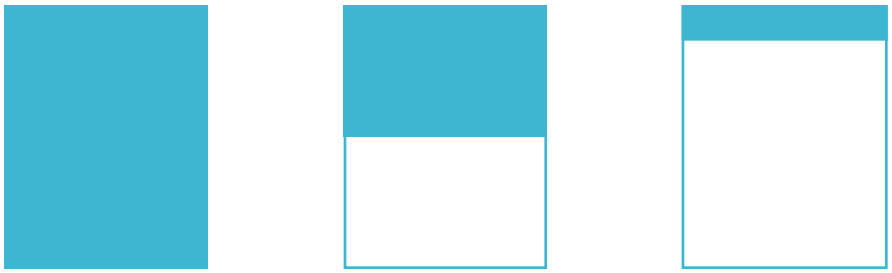

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DIMENSIONS WIDTH X HEIGHT	8.5" x 11"	8.5" x 5.5"	8.5" x 1.375"
ACCEPTED FILE TYPES	PNG, JPG		
RATES	$3,500 / quarter	$1,500 / quarter	$1,000 / quarter

JSLS WEBSITE AD SPECS	**HEADER BANNER**	**SIDEBAR**
SUGGESTED DIMENSIONS WIDTH X HEIGHT	2500 x 500	1024 x 1024
ASPECT RATIO	5:1	1:1
ACCEPTED FILE TYPES	PNG, JPG	
RATES	$3,000 / per period	$2,000 / per period

FOR ADDITIONAL INFORMATION:
JOANNE LING
305.665.9959
JOANNE@SLS.ORG

JSLS

DIGITAL ADVERTISING OPPORTUNITIES

JSLS ANYWHERE AD DEADLINE

Quarter	Submission Deadline	Distributed
1	April 1st	April 15th
2	July 1st	July 15th
3	October 1st	October 15th
4	January 1st	January 15th

JSLS AND CRSLS DIGITAL WEB AD DEADLINES

Advertisement Period	Deadline
January - June	December 15th
July - December	June 15th

Web advertisements are sold on a six (6) month term basis.

Please contact for any inquiries or questions regarding dates and intervals.

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