Untangling the Mesh
A Rosamilia

Since publication of the FDA update on the use of transvaginal mesh in July 2011 there has been a great deal of debate and discussion in national and international meetings and literature surrounding the topic. At the AGES pelvic floor meeting in March 2012 a half day was allocated to this topic with speakers outlining the history and chronological sequence of events that led to the update and the response of the Colleges and societies. When a recent debate was held; Did the FDA get it all wrong? The audience voted in favour of the position that the FDA did not get it all wrong indeed only that it was delayed in its response. The general premise is that devices should be subject to scrutiny and study in the same way that pharmaceuticals are before market release. In the next few months, the FDA is about to announce its requirements for 522k studies for transvaginal mesh kits and minislings.

In the meantime there has been aggressive advertising by legal firms in United States on television soliciting for aggrieved patients. Both Gynecare and Boston Scientific have made the commercial decision to cease distribution of all or one of their transvaginal mesh kits respectively in 2012.

In May 2011 and not included in the FDA literature review, Altman and colleagues published in the New England Journal of Medicine the best piece of evidence to date confirming superior objective and subjective outcome of mesh reinforcement to the anterior vaginal wall compared with native tissue repair for both primary and recurrent (15%) cystocele. This occurred at the cost of a 3% re-operation rate for mesh exposure, 2.5% re-operation for stress incontinence in the mesh group compared with a 0.5% re-operation for recurrent prolapse in the native tissue repair by 1 year.

A number of documents have appeared to give guidance to clinicians. It was timely that the IUGA graft roundtable papers were circulated in April 2012 which were consensus opinions by a number of experts on issues such decision-making regarding patient selection, patient consent and requirements prior to commercialization of a product. A patient information handout was included in one of these papers;

“Information about vaginal surgery using mesh: Discussion of the Benefits, Risks, and Alternatives

What is a prolapse procedure and what will happen

Prolapse is a weakness of the vagina that allows the pelvic organs to press against the vaginal wall, produce a bulge, and can cause pressure and discomfort. It can sometimes affect sexual activity and limit physical activity. This is not a dangerous or life-threatening condition, but it may be quite distressing and bothersome. With this type of surgery, done through a vaginal incision, the surgeon lifts up the sagging

vaginal wall and organs using permanent synthetic mesh that is similar to what is used for fixing hernias. While under anesthesia, when the pelvis is more relaxed, a weakness in the support which was not previously seen may need to be repaired. Women often go home with a catheter (tube to drain the bladder). In a small number of women, this can last for a period of weeks or longer. The general risks of surgery will be discussed separately. With the newer and less invasive vaginal treatments for pelvic organ prolapse, many women can go home the next day, and recovery time may be relatively short. Patients usually do require pain pills and some patients have more pain than expected and/or a slower recovery. Recovery can take 2 to 3 weeks but this is different in each person. Time will be required off of work and lifting and exertion will be limited after the surgery.

Goals of the surgery (possible benefits)

Mesh is chosen because your doctor believes that there is evidence that shows mesh is relatively safe and the aim of the procedure is to make the results last longer. That means making it less likely that the bulge will come back in the future. The goal is to get rid of any symptoms that are caused by the bulge. Some symptoms are less certain to go away especially if they are caused by reasons other than the bulge. There is evidence that this surgery is safe and successful, although long-term research is still needed. Your doctor has received thorough training in the performance of this procedure.

Complications specific to the use of mesh

In the USA, the Food and Drug Administration (FDA) has issued a safety communication regarding the use of mesh. The FDA described that after a very large number of mesh procedures were performed in women, there were reported a significant number of complications. Many of these complications are possible with any prolapse operation, but a few are directly caused by the use of mesh. These include exposure (poking) through the vaginal skin, mesh infection, and vaginal scarring and sometimes pelvic pain that lasts longer than is considered normal, including during intercourse or even without any activity at all. They also noted that mesh can contract (shrink), causing tightening or pain. There can be injury to the bowel, bladder, and/or blood vessels related to placement of the mesh. Treatment of the complications can include more procedures (some to remove the mesh or part of it), blood transfusion, and drainage of blood or other fluids which can collect and sometimes get infected.

The FDA recommended the following for patients:

Before surgery:

1. Be aware of the risks associated with transvaginal POP repair.
2. Know that having a mesh surgery may increase the risk for needing additional surgery due to mesh related complications. In a small number of patients, repeat surgery may not resolve complications.

continued on the next page
Untangling the Mesh

A Rosamilia
Continued...

3. Ask their surgeons about all POP treatment options, including surgical repair with or without mesh and non-surgical options, and understand why their surgeons may be recommending treatment of POP with mesh.

After surgery:

1. Continue with annual and other routine check-ups and follow-up care. Patients do not need to take action if they are satisfied with their surgery and are not having complications or symptoms.

2. Notify their health care providers if they develop complications or symptoms, including persistent vaginal bleeding or discharge, pelvic or groin pain or pain with sex, that last after the last follow-up appointment. Let their health care providers know if they have surgical mesh, especially if planning to have another related surgery or other medical procedures.

3. Talk to their health care providers about any questions or concerns.

4. Additional information for patients, including questions to ask the doctor, is available at the FDA Consumer website at http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm262435.htm

Other types of things can go wrong with this surgery

Injury to the bowel, bladder, or the tube that goes to the kidney, with possible return to surgery for repair.

More than what is considered normal bleeding or infection requiring a return to the operating room, a longer hospital stay or a blood transfusion.

A change to an abdominal, instead of a vaginal, approach may be necessary especially if complications occur (this is uncommon). Keep in mind that these complications can occur regardless of how the surgery is done but in some cases are specific to the use of the mesh.

The long-term effects the procedure could have

Exposure of the graft in the vagina and extremely rarely erosion (poking) into the bowel or bladder may occur and is usually easy to treat, but occasionally is more complicated. Smoking or being overweight may increase this possibility.

Failure to achieve the desired results or the prolapse can come back. The operation can fail.

A prolonged inability to urinate, the need for a bladder catheter, the need for self-catheterization, or even another procedure.

Pain with sexual intercourse. This happens in only some patients, but can be very difficult to cure and in some instances has been permanent.

Pelvic, buttock, or vaginal pain. This uncommon complication is serious when it occurs because it is difficult to cure.

Mesh shrinkage can occur very rarely, which is very difficult to treat.

Overactive bladder symptoms or stress urinary incontinence. It is known that after any prolapse operation (by any technique used), women may develop a variety of urinary symptoms or urinary leakage. These can have long-term effects on bladder control.

My other choices for treatment

You have the option of not being treated for prolapse. If the symptoms are tolerable, it does not require treatment. You can return for observation over time. You can try using a pessary (which does not require surgery) and sometimes pelvic exercises can improve these types of symptoms. The surgery can be performed with no mesh and it can also be approached from the abdomen with or without mesh. While your doctor is offering you the vaginal approach using mesh at this time, you can further discuss each of these options. You can also choose these other options."

RANZCOG has on its website the following regarding transvaginal mesh placement (reviewed July 2012);

"Good Practice Points

Mesh should only be used by Specialist gynaecological surgeons who have participated in a quality based training program and have been trained in the relevant surgical technique. Fellows should be familiar with the relevant published literature on best practice, before using mesh in gynaecological surgery, as there are potential major complications in the use of mesh in the management of pelvic organ prolapse. There should be a documented consent process.

Patients should be counselled on alternatives such as native tissue repair. Where mesh is used in procedures where the evidence is less established, it should only be employed in the context of an appropriately conducted clinical trial. This must include an informed consent document and Institutional Research Ethics Committee approval.

Where trainees and junior medical staff are involved in surgical procedures using mesh, it is incumbent on the supervising consultant to accept full responsibility for its use, the surgical technique and any subsequent complications.

As these are new procedures, all practitioners must conduct internal audit focussing on indications, outcomes and complications of procedures using mesh. The references cited below include information about mesh usage and show that mesh can be used in pelvic surgery but with caution."

AUGS, the American Urogynecological Society has published guidelines which are currently the most detailed outlining credentialing and training, patient consent process, minimum workload and audit. Below is a summary of the recommendations;
Utilizing such a recognized patient consent form and abiding by these recommendations would in our opinion give the best medico-legal protection currently available.

**Guidelines for Providing Privileges and Credentials to Physicians for Transvaginal Placement of Surgical Mesh for Pelvic Organ Prolapse American Urogynecologic Society’s Guidelines Development Committee.**

**SUMMARY OF RECOMMENDATIONS**

1. For surgeons who do not currently perform transvaginal placement of surgical mesh for pelvic organ prolapse, but wish to begin performing this procedure:
   a. General knowledge should be documented either by completing a fellowship training program in Urogynecology, Female Pelvic Medicine and Reconstructive Surgery, or Female Urology or by completing adequate CME in pelvic anatomy and reconstructive pelvic surgery.
   b. Specific knowledge for a particular procedure should be obtained.
   c. Skill may be documented by surgeons who have completed a Urogynecology, Female Pelvic Medicine and Reconstructive Surgery or Female Urology fellowship program via cases lists showing experience with transvaginal placement of surgical mesh for pelvic organ prolapse. Surgeons who do not have documentation of prior training with a specific transvaginal mesh prolapse procedure should be proctored on no fewer than 5 procedures or as many as is necessary to demonstrate that they can independently perform the specific procedure.
   d. Experience in treating women with pelvic floor disorders should be documented either by completing a fellowship training program in Urogynecology, Female Pelvic Medicine and Reconstructive Surgery or Female Urology or by demonstrating that they offer a full spectrum of surgical options for pelvic floor disorders and that surgery for pelvic floor disorders represents >50% of their surgical practice including a minimum of 30 surgical cases for pelvic organ prolapse annually.
   e. Demonstrate experience and privileges in non-mesh vaginal repair of prolapse including anterior colporrhaphy, posterior colporrhaphy, and vaginal colpopexy (eg, uterosacral or sacrospinous ligament fixation), and experience and privileges to perform intraoperative cystoscopy to evaluate for bladder and ureteral integrity.
   f. Annual internal audits should be performed.

For surgeons who currently perform transvaginal placement of surgical mesh for pelvic organ prolapse and wish to maintain this privilege:

   a. Continuing medical education in female pelvic reconstructive surgery should be documented annually.
   b. A minimum of 30 surgical cases for pelvic organ prolapse (any route, with or without transvaginal mesh) be performed each year.
   c. Demonstrate experience and privileges in non-mesh vaginal repair of prolapse including anterior colporrhaphy, posterior colporrhaphy, and vaginal colpopexy (eg, uterosacral or sacrospinous ligament fixation), and experience and privileges to perform intraoperative cystoscopy to evaluate for bladder and ureteral integrity.
   d. Annual internal audits should be performed.
   e. Prior to adoption of a new transvaginal mesh technology or device, specific knowledge of the new procedure should be demonstrated as previously described and the surgeon should be proctored on no fewer than 5 procedures or as many as is necessary to demonstrate that they can independently perform the newly adopted procedure.

**References**

2. Anterior Colporrhaphy versus Transvaginal Mesh for Pelvic Organ Prolapse Daniel Altman, M.D., Ph.D., Tapia Vayrynen, M.D., Marie Ellstrom Engh, M.D.,Ph.D., Susanne Axelsson, M.D., Ph.D., and Christian Falconer, M.D., Ph.D., for the Nordic Transvaginal Mesh Group* N ENGLJ MED 364;19 NEJM.ORG MAY 1.2, 2011 3. RANZCOG website The use of Mesh in Gynaecological Surgery (C-Gyn 20)
4. Guidelines for Providing Privileges and Credentials to Physicians for Transvaginal Placement of Surgical Mesh for Pelvic Organ Prolapse American Urogynecologic Society’s Guidelines Development Committee
Now in its eight year, the AGES/RANZCOG Trainee Workshop has cemented its place as an outstanding educational event for senior trainees wanting to improve their laparoscopic surgical skills. Held in Sydney over the weekend of August 24-25, 20 trainees from Queensland, New South Wales, Victoria and New Zealand participated in the two-day event. Sydney’s Clinical Skills and Simulation Centre, a purpose built training facility, was buzzing with the sound of learning and an occasional cheer of success during the hands-on sessions.

The program established over the last few years has proved a successful recipe for the workshop, with morning sessions covering laparoscopic essentials and ‘step-by-step guides’ to common laparoscopic procedures. The afternoons comprised hands-on training sessions with a high trainee to facilitator ratio to master a range of exercises designed to improve knowledge and skill to be applied in the operating theatres.

Highlights from the meeting included a new centre record for the most number of stacked nuts, now standing at 17, congratulations to Matthew Smith from Queensland for his steady hand and patience. All future records require photographic proof please. Barbeque chicken will never be the same again as the electrosurgery session included practical techniques to safely utilize this common surgical tool – everyone survived – except for the chicken. The first day’s workshops included more than 20 exercises, all designed for specific skill improvement and to be transportable – so that trainees can practice when they return to their hospitals.

Day 2 included a laparoscopic suture workshop with Dr Elvis Seman using his excellent model to initiate and improve suturing skills. Trainees were given direction that they would not be allowed to leave until their fingers were bleeding from practice. Unfortunately no-one managed to draw blood and apologies to their training hospitals for their continued absence – they should be home soon.

To run a workshop of this caliber requires a skilled faculty and to our lecturers Associate Professors Alan Lam and Michael Cooper, Drs Stephen Lyons, Danny Chou, Jim Parker and Elvis Seman many thanks for your time and enthusiasm. The laboratory sessions are intense and again a stellar cast of contributors was on hand to ensure the smooth running of the stations. They were Dr Rob Ford, Alistair Morris, Chris Smith, Jason Chow and Jenny Cook.

Special thanks go to Joe Sgroi, Erin Nesbitt-Hawes and Steve Lyons who drew the entire workshop together, planned stations and dry-ran the stations to make sure they were...
smooth. The Centre staff went above and beyond the call of duty to find lamb genital tracts that could be used for ectopic surgery practice and ran the complex set-up for the workstations. Thank you Jenny and Caroline. The behind the scenes team from Conference Connection made the weekend run with the aplomb synonymous with AGES educational activities and special thanks to Rhonda Talbot who was instrumental in organizing the meeting and smiling each and every time we made changes.

Next year the workshop will hit the road again, this time heading to Melbourne and the work undertaken over the last few years means that trainees from Australia and New Zealand know that they will receive the best in educational direction and hands-on skills to ensure their surgical future.

Jason Abbott
Workshop Director
AGES Focus Meeting 2012
Joint Meeting with NASOG

The Perfect Mix of Medicine & Politics
Getting the Right Blend for Your Practice

16 & 17 NOVEMBER 2012
MARRIOTT SURFERS PARADISE QUEENSLAND
Dear Colleagues,

What’s the best sort of medical meeting? One where there are some general interest topics and medical politics to lighten it up! What’s the best sort of medico-political meeting? One where there is some contemporary and practical academic teaching to update and strengthen your medical practice. NASOG, your medico-political organisation, has combined with AGES, one of O&G’s premier academic societies, to create the perfect meeting. It is a mixture of top class medical lectures updating your knowledge on ultrasound, pharmacy, obstetrics, gynaecology and the critically ill patient, as well as fresh insightful advice about how to get the most out of your practice.

Medicine, today, is complex. You not only need access to the most up to date information about your specialty, you also need to understand how the government can affect your income and interfere with your practice. You need to understand how to market effectively, the impact of social media and heaven forbid, HR. Do you understand what will happen to your registration when you retire? Can you still write a script? What are the latest tax rulings which affect your practice? Are you sure your accountant is across them all? Is there an expanded role for midwives in your private practice?

Come to the AGES/NASOG meeting at the Surfers Paradise Marriott on 16 & 17 November and get all the answers. Absolutely first class medical updates combined with a fresh and exciting blend of commerce and politics.

We invite you to this innovative meeting – a first for O&G!

Yours sincerely

Dr Jim Tsaltas  President AGES
Dr Andrew Foote  President NASOG

CONFERENCE FACULTY

Dr Laurie Brunello Queensland is a highly respected and semi-retired Past President of the RANZCOG.
Dr Jackie Chua Queensland is an obstetrician and gynaecologist, a RANZCOG fellow and a member of the team at Queensland Ultrasound for women.
Dr Greg Duncombe Queensland is an Australian fellow in the subspecialty of Maternal Fetal Medicine, Senior Lecturer in the University of Queensland Department of Obstetrics and Gynaecology, and a member of the team at Queensland Ultrasound for women.

Dr Andrew Foote Australian Capital Territory is current President of NASOG and has been President of the ACT AMA. He is a busy Canberra obstetrician and urogynaecologist.

Dr Glenn Gardener Queensland is Director of the Centre for Maternal Fetal Medicine at Mater Mothers’ Hospitals. His special interests include fetal diagnosis and therapy.

Mr Brendan Geraghty Queensland is a consultant at Strategy and Action Business Advisors at Springwood (Brisbane). He is an expert in business marketing, advertising and website design.

Dr Scott Giltrap New South Wales is an ex NASOG President and representative on the Federal Governments USS and Imaging Committee. He has a busy practice which provides extensive USS services and has been part of the imaging political scene for more than 15 years.

Dr Steve Hambleton Queensland is the current Federal President of the AMA.

Dr Kym Jansen Victoria is an obstetrician and gynaecologist practising in Melbourne, and a Director of AGES.

Dr Frank Johnson Queensland had ongoing involvement in medicine as a tutor at Bond University following retirement. He was part of a working party that negotiated with the Medical Board of Queensland to waive re-registration fees for retired doctors.

Dr Ben Kroon Queensland is a Brisbane based subspecialist in reproductive endocrinology and infertility.

Ms Rebecca Kroon Queensland is the Director of Legal Services for SIAG, a human resources and employment law consultancy service. She specialises in all aspects of workplace relations and has a large client base in the health sector.

Dr Peter Lavercombe Queensland is arguably Queensland’s leading ICU specialist. He is an examiner for the RACP and a leader in ICU QA programs.

Ms Kathie Melocco Queensland is an award winning healthcare social media expert and
Getting the Right Blend for Your Practice

Dr Andrew Pesce \textit{New South Wales} is one of O&G’s most experienced medical representatives. He has been President of NASOG and Federal President of the AMA.

Mr Paul Ryan \textit{Queensland} is a busy Brisbane accountant and has provided invaluable advice to NASOG about tax planning specifically for O&G practices. His firm is a leading mid-tier company providing business and wealth management services.

Mr Michael Small \textit{LLB Grad. Dip. Fam Law Queensland} is an accredited family law specialist and partner in Gold Coast firm Small Myers Hughes. He has numerous clients in the medical field and extensive experience in family and business law.

Dr Warrick Smith \textit{Queensland} is an obstetrician and gynaecologist with special clinical interests in early pregnancy assessment and infertility. He consults from Eve Health as a gynaecologist and from Watkins Medical Centre at Spring Hill as an obstetrician.

Dr Bridget Sutton \textit{Queensland} is a sub-specialised radiologist in obstetric and gynaecological imaging and is co-director of so+gi (specialised obstetric and gynaecological imaging).

Dr Edward Weaver \textit{Queensland} is a past president of the RANZCOG and head of Obstetrics & Gynaecology at Nambour Hospital, Queensland.

Dr Guy Wright-Smith \textit{MBBS FRACP Queensland} is an interventional cardiologist and director of The Cardiac Centre at Pindara Gold Coast Private Hospital.

Dr Wai-Lum Yip \textit{Queensland} is an obstetrician and gynaecologist. She has been a senior lecturer at the University of Queensland (UQ) since 2006.
## PROGRAM Friday 16 November

**Ballroom Marriott Surfers Paradise**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>0745-0815</td>
<td>Conference Registration</td>
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<tr>
<td>0815-0830</td>
<td>Conference Opening and Welcome</td>
<td>J Tsaltas, A Foote</td>
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<tr>
<td><strong>0830-1030</strong></td>
<td><strong>SESSION 1 Ultrasound</strong></td>
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<td>0830-0900</td>
<td>What do all the knobs do?</td>
<td>J Chua</td>
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<tr>
<td>0900-0930</td>
<td>Gynae scanning – endometrium and cysts</td>
<td>B Sutton</td>
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<tr>
<td>0930-1000</td>
<td>USS accreditation: its future and how to navigate it</td>
<td>S Giltrap</td>
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<tr>
<td>1000-1030</td>
<td>Tips for obstetric ultrasound</td>
<td>G Duncombe</td>
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<tr>
<td><strong>1030-1100</strong></td>
<td><strong>Morning Tea and Trade Exhibition</strong></td>
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<tr>
<td><strong>1100-1230</strong></td>
<td><strong>SESSION 2 What Are Your Patients On?</strong></td>
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<tr>
<td>1100-1130</td>
<td>Statins, anticoagulants and antihypertensives</td>
<td>G Wright-Smith</td>
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<tr>
<td>1130-1200</td>
<td>Infection and modern antibiotics</td>
<td>D Paterson</td>
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<tr>
<td>1200-1230</td>
<td>Nurses prescribing and nurses clinics</td>
<td>S Hambleton</td>
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<tr>
<td><strong>1230-1330</strong></td>
<td><strong>Lunch and Trade Exhibition</strong></td>
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<td><strong>1330-1430</strong></td>
<td><strong>SESSION 3</strong></td>
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<tr>
<td>1330-1400</td>
<td>Fees, item numbers, the safety net and your future</td>
<td>D Molloy, A Foote</td>
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<tr>
<td>1400-1430</td>
<td>Panel discussion Panel: S Hambleton, A Pesce, D Molloy, A Foote</td>
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<td><strong>1430-1530</strong></td>
<td><strong>SESSION 4</strong></td>
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<td>1430-1530</td>
<td>Care of the deteriorating post-operative patient</td>
<td>P Lavercombe</td>
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<tr>
<td><strong>1530-1600</strong></td>
<td><strong>Afternoon Tea and Trade Exhibition</strong></td>
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**1600-1745 SESSION 5 Practice Promotion / Practice Management**

- **1600-1630** IR for small medical practices
  - R Kroon

- **1630-1700** The art of advertising your medical practice
  - B Geraghty

- **1700-1745** Social media – setting you a Twitter
  - K Melocco

**1745 NASOG Annual General Meeting**

### 1900 for 1930 GALA DINNER

**Marriott Surfers Paradise**

Delegates and their partners are warmly invited to a relaxed and informal dinner around the lagoon and pool areas.
Getting the Right Blend for Your Practice

PROGRAM Saturday 17 November
Ballroom Marriott Surfers Paradise

0830-1030 SESSION 6
Contemporary Obstetrics: A Review of The Hottest Controversies

0830-0900 Interventional maternal fetal medicine
G Gardener

0900-0930 You and collaborative midwifery
A Pesce

0930-1000 Rural and remote practice: the next 10 years
M Miller

1000-1030 Discussion

1030-1100 Morning Tea and Trade Exhibition

1100-1230 SESSION 7
Practical Updates

1100-1145 The price of relationships in your family
Is the family trust still a reliable prophylactic?
Recent limitations
• What are the implications of moving your son and his girlfriend into the granny flat downstairs if they break up?
• Is your holiday house at risk when your daughter moves in with her boyfriend?
• Is your partner keeping a diary of sleepovers at your place?
• Why worry about the family trust?
• Understanding the risks to your assets of cohabitation for you and your family
M Small

1145-1230 Tax implications from the current Budget
The latest rulings which may affect your practice
R Ryan

1230-1330 Lunch and Trade Exhibition

1330-1500 SESSION 8
The Beginning and the End: Practice in 2012
Moderator: A Yazdani

1330-1350 Workforce Trainee Survey
W Milford

1350-1400 Australian Workforce
R Kearon

1400-1420 Retirement
E Weaver

1420-1500 Panel discussion
Panel: L Brunello, K Jansen, F Johnson, B Kroon, W Milford, E Weaver, W-L Yip

1500 Close
A Yazdani, D Molloy

PR&CRM AND CPD POINTS
AGES has made application to RANZCOG for accreditation of this meeting for PR&CRM and CPD points.

This brochure is available on the AGES website: www.ages.com.au
and on the NASOG website: www.nasog.com.au

Online registration is available on the AGES website
# AGES Focus Meeting 2012

**Joint Meeting with NASOG**

16 & 17 November 2012

Marriott Surfers Paradise Queensland

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## REGISTRATION & BOOKING FORM

**THE PERFECT MIX OF MEDICINE & POLITICS – GETTING THE RIGHT BLEND FOR YOUR PRACTICE**

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### REGISTRATION FEES

<table>
<thead>
<tr>
<th>Role/Title</th>
<th>Fee (AUS)</th>
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<tr>
<td>Fellow - AGES/NASOG member</td>
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<tr>
<td>Fellow – non-member AGES/NASOG</td>
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<tr>
<td>Registrar – AGES/NASOG member</td>
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<tr>
<td>Registrar – non-member AGES/NASOG</td>
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</tr>
<tr>
<td>Nurse/Practice Manager</td>
<td>345</td>
</tr>
</tbody>
</table>

### Tax Invoice

**ABN 33 075 573 367**

**REGISTRATION FEES TOTAL**

- Fellow – AGES/NASOG member: **AUS 900**
- Fellow – non-member AGES/NASOG: **AUS 965**
- Registrar – AGES/NASOG member: **AUS 335**
- Registrar – non-member AGES/NASOG: **AUS 430**
- Nurse/Practice Manager: **AUS 345**

### ACCOMMODATION

- Marriott Surfers Paradise
  - Hinterland Room: **AUS 240**
  - Ocean View Room: **AUS 295**
  - Studio Suite: **AUS 435**
  - Executive Suite: **AUS 550**
  - Elandra Floor Access*:
    - Flat: **AUS 125**

*Elandra Floor Access*
- The surcharge is per room per night for up to 2 people in the room.
- The extra person charge is $60 per person per night (12 years and above).
- The child charge (3 to 12 years) is $30.00 per child per night.

### SOCIAL PROGRAM

- Gala Dinner: **AUS 135**
- DELEGATE: **AUS 135**
- PARTNER: **AUS 135**

### Conference Costs

- Conference Costs include:
  - Attendance at Conference Sessions on Friday 16 and Saturday 17 November.
  - All conference publications.
  - Conference lunch, morning and afternoon teas on Friday 16 November, and conference morning tea and lunch on Saturday 17 November.

Registration and payment is now available online. Go to [www.ages.com.au](http://www.ages.com.au) and follow the conference links.

**FAX BACK to +61 2 9967 2627**
AGES MEETINGS IN 2013

AGES XXIII ANNUAL SCIENTIFIC MEETING

*The Pelvis in Pain – Endometriosis and Beyond*

- Sofitel Brisbane
  7 to 9 March 2013

**International Guest Speakers**

- Professor Mauricio S Abrão, Brazil
- Professor Dr Thomas D’Hooghe, Belgium
- Assistant Professor Krisztina Bajzak, Canada

AGES PELVIC FLOOR SYMPOSIUM & WORKSHOP XIV

*The Pelvic Floor from Every Angle*

- Hilton Sydney
  16 & 17 August 2013

AGES FOCUS MEETING

- Auckland New Zealand
  1 & 2 November 2013
SWEC ADVANCED GYNAECOLOGIC LAPAROSCOPIC COURSES FOR 2012

AT THE SYDNEY WOMENS ENDOSURGERY CENTRE (SWEC) AT ST GEORGE HOSPITAL SYDNEY. COURSE DIRECTOR: DR GREGORY M CARIO

We invite you to participate in our advanced gynaecological laparoscopy course. This 5 day course is aimed at consultants and registrars keen to develop laparoscopic skills, refresh their pelvic anatomy, and broaden their repertoire of laparoscopic surgery. You will have exposure during live surgery to 5 different advanced laparoscopic surgeons and see their different styles and approaches to pelvic floor reconstruction, TLH and endometriosis.

2013 Course Dates:
March 25-29, July 15-19, October 7-11

Register on-line at www.swec.com.au or contact us at:
Dr Gregory Cario, SWEC Director
Email: doc@drgregorymcario.com.au

MONASH MEDICAL CENTRE
MONASH ENDO SURGICAL PRECEPTORSHIP

Program Director Dr. Jim Tsaltas
The Monash Endoscopy Unit is offering a preceptorship in the following areas of advanced laparoscopic surgery:
> laparoscopic hysterectomy
> laparoscopic management of endometriosis and general gynaecological endoscopy
> laparoscopic oncological procedures
> laparoscopic colposuspension
> laparoscopic pelvic floor repair

Each preceptorship is limited to only two surgeons for each two day preceptorship. The course aims to provide maximum operation experience to participants. The Monash preceptorship is primarily designed for FRACOG specialists. However, theatre nurses as well as senior registrars and registrars are welcome.

This has been approved by RANZCOG for CPD points. 18 CPD points, 1 meeting point and 15 PR & CRM points are available.

2013 Course Dates:
16-17 April, 9-10 October, 26-27 November

All enquiries should be directed to:
Dr. Weng CHAN Gynae Endosurgery Consultant
Monash Medical Centre
14-16 Dixon St, Clayton Vic 3168
Phone: (03) 9548 8628 Fax: (03) 9543 2487
E-mail: kkcha5@hotmail.com

LAPAROSCOPIC Hysterectomy MASTERCLASS

Western Australian Gynaecologic Cancer Service and KEMH Endoscopy Unit.

Five day practical masterclass designed for Fellows already performing laparoscopic hysterectomy and committed to improving their technique. The masterclass is limited to six participants to maximise the learning opportunity.

Highlights of the Masterclass:
- Sessions on ergonomics, energy sources, pelvic sidewall anatomy
- Steps of a total laparoscopic hysterectomy.
- Workshop session on laparoscopic knot tying and suturing
- First Assist at total laparoscopic hysterectomy.
- First operator experience with expert tuition at KEMH
- Cadaver operating – TLH & pelvic side wall dissection

Course Date: November 26 – 30, 2012.
Course fee: $7000.00
Course Director: Professor Yee Leung
Register your interest by emailing gynoncwa@gmail.com

ADVANCED LAPAROSCOPIC PELVIC SURGERY TRAINING PROGRAM

Program Director Assoc Prof Alan Lam

You are invited to participate in an integrated training program in Advanced Laparoscopic Pelvic Surgery. An internationally recognized faculty aims to give you the skills to practice safe endosurgery and increase the range of laparoscopic procedures you can perform. Uniquely designed, the program consists of four specific courses to choose from:

2012/2013 Courses:
- Master class in Hysterectomy, Myomectomy & Adnexal Surgery, December 3-7 2012, 25 Feb-01 Mar 2013, 02-06 December 2013
- The CARE Master Class in Pelvic Reconstructive Surgery 17-21 June 2013
- The CARE Master Class in Complex Endometriosis Surgery 13-17 August 2013, 09-13 September 2013

CARE Course Features
- Personalised tuition
- A maximum 8 participants per course
- Comprehensive tutorials including anatomy, energy sources, complication management/prevention
- Two skills labs to help refine intra and extra corporeal suturing
- Two live animal lab sessions
- Eight theatre sessions during which you will ‘scrub in’
- Credited by RANZCOG with 40 CPD and 20 PRECRM points

For further information contact:
CARE Course Coordinator, AMA House Level 4
Suite 408, 69 Christie Street, St Leonards NSW 2065
P: (fax) + 61 2 9966 9121
F: + 61 2 9966 9126
Email: bella@sydneycare.com.au
Web: www.sydneycare.com for registration forms

Comprehensive Course Curriculum:
- Cadaveric dissection on fresh frozen specimens
- Anatomy lectures at University of NSW
- Endometriosis workshop
- Live animal workshop
- Cadaveric anatomy workshop
- Dry Laboratory training on state-of-the-art virtual reality trainers
- Live operating sessions with opportunity to assist
- 43 CPD points (practice improvement points may also be claimed)
- Limited to eight participants per course

2013 Course Dates:
March 25-29, July 15-19, October 7-11

Register on-line at www.swec.com.au or contact us at:
Dr Gregory Cario, SWEC Director
Email: doc@drgregorymcario.com.au
AGES ENDORSED MEETINGS

Australasian Gynaecological Endoscopy & Surgery Society Limited

The Australian Gynaecological Endoscopy and Surgery Society Limited is keen to encourage and facilitate training and teaching opportunities for our members. A significant number of Gynaecological courses and meetings are conducted in Australia annually, by various AGES members and College Fellows. AGES will now offer the opportunity for such meetings to be labelled ‘AGES Endorsed Meetings’, which may assist with promotion and credibility. AGES will consider accrediting didactic gynaecological meetings, basic surgical courses or live surgical workshops. Such meetings must contain a minimum of 50% gynaecological cases.

A Scientific Programme or dedicated meeting plan must accompany the application, which includes the names of teaching faculty, speakers, surgeons and a clear description of the daily programme. Applications are open to all AGES members and RANZCOG Fellows.

- AGES will not take any financial responsibility for such a meeting.
- The Society will also request that such an applicant becomes an AGES member if they are not already so. A small amount may be charged for such an endorsement. The AGES committee will consider all applications.
- The Charter of AGES is to teach and train its members. We hope that such endorsements may extend the Society’s ability to achieve this aim. An application form is included in this issue of SCOPE.

AGES CONTINUING EDUCATION

Application for Meeting Accreditation – AGES

Members of the Australian Gynaecological Endoscopy and Surgery Society Limited and Fellows of the RANZCOG who conduct gynaecological meetings in Australia, may apply to have such a Meeting ‘AGES Endorsed’. AGES reserves the right to charge a small moiety for this endorsement. Please complete this form if you wish to apply for accreditation for a course or meeting. AGES may consider accrediting didactic gynaecological meetings, basic surgical courses or live surgical workshops. Such meetings must contain a minimum of 50% gynaecological content. A Scientific Programme or detailed Meeting Plan must accompany your application. This should include the names of teaching faculty, speakers, surgeons involved and a clear delineation of the programme for each day.

Meeting Title: __________________________________________

Date(s) of meeting: ______________________________

Sponsoring Society or organisation: __________________________

Organiser of the Meeting: __________________________

Contact address: ______________________________________

Venue for meeting: ______________________________________

Aims of the meeting: ______________________________________

Intended audience
(e.g. O&G specialists, GPs, scientists, nurses etc):

Anticipated number of participants: __________________________

Meeting evaluation procedures
(e.g. participant questionnaire):

Signature of Organiser: __________________________

Please return this form with the scientific programme as early as possible to the:
Honorary Secretary
Australian Gynaecological Endoscopy Society
Conference Connection
282 Edinburgh Road
Castlecliff SYDNEY NSW AUSTRALIA 2068

Contact Stuart Salfinger with your contribution
Deadline 5 January 2013
stuart.salfinger@health.wa.gov.au

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