

Scope



Winter, 2001
Volume 01, Issue 1

MESSAGE FROM THE PRESIDENT

SAGES celebrates its 20th Anniversary— Where do we go from here?

Twenty years ago, with the courage and guidance of surgeons like Gerry Marks, Ken Forde, Tom Dent and many others, SAGES was born. More precisely, it emerged from an idea in the minds of our founders. The idea that a surgeon who performed GI surgery should be trained, gain competence and permitted to perform flexible endoscopy. It seemed logical. It seemed natural. But it was considered, by some, a dangerous idea. The founders challenged the establishment and set out on a scientific and philosophical course to change the world of surgery.

During these past 20 years SAGES evolved from renegade to world leader. From the first organizers meeting in 1980, the society led the battle to retain flexible endoscopy in the armamentarium of the surgeon. Ten years later, with many new names and faces in the leadership, courage in tact, imagination in full bloom, and sleeves rolled up, a new group of leaders paved the way for the laparoscopic revolution.

At the April Annual Meeting we will honor the Founding Board Members. In about a month we will issue a written chronicle of two-decades of trial, travail and triumph. Now, however, is not only a time to reflect. It is a time to plan. A time for goal setting. A time for vision. Where do we go from here?

We must find a way to both stay the course and expand the horizon. We must stay the course in remaining the premier provider of endoscopic surgical education and the spring from which the best research flows. We must continue to define standards, develop innovative educational tools, provide training to residents and fellows and support our members with resources that enhance their ability to practice good surgery and protect patients. We must maintain our voice on the American Board of Surgery, The American College of Surgeons



SAGES President
Nathaniel Soper, MD

and the American Medical Association.

One of our great strengths as a society has been our ability to identify both problems and opportunities. We are responsive without being hasty; inventive without being reckless; cost-effective without becoming miserly. That is why we've written and disseminated effective practice guidelines early in the timetable of emerging techniques. It is why we have spent almost four years developing Fundamentals of Laparoscopic Surgery (FLS) as the definitive accreditation of competence in laparoscopic surgery. It is why we have incubated an outcomes project with the potential to allow every surgeon to track his/her own surgical results against those of other minimal access surgeons. We are proud to announce that this year, through the generosity of our colleagues in industry, SAGES will offer more research grants to its members than in any previous year, a number exceeding that of any other subspecialty surgical organization.

For twenty years, while we have stressed GI endoscopy and GI endoscopic surgery, we have also focused on related open procedures and techniques in the GI tract, abdomen and thoracic region. Currently, the leadership is considering whether to enlarge the scope of our mission and membership by subtly changing our name to reflect our already expanded endeavors. Rather than being "The Society of American Gastrointestinal Endoscopic Surgeons," we may become "The Society of American Gastrointestinal AND Endoscopic Surgeons." A subtle, but important expansion. Surgical advancements are becoming more intricately entwined. Flexible and rigid procedures are being fused in the management of GI disease. As open, minimal access and non-invasive techniques present more choices to us,

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New slate of 2001-2002 officers, approved by the board in October, 2000

Recommended by the Nominating Committee, the Board of Governors has unanimously approved the following slate of officers for the 2001-2002 year. These individuals will officially take office following the completion of the SAGES 2001 meeting in St. Louis.

Officers and Members of the Executive Committee:



President -
L. William Traverso, MD



President-Elect -
Bruce Schirmer, MD



1st Vice President (one-year term) -
Lee Swanstrom, MD
(Fulfilling unexpired 2 year term of Bruce Schirmer)



2nd Vice President (two-year term) -
Daniel Deziel, MD



Secretary (two-year term) - Steven Wexner, MD (Fulfilling unexpired 2 year term of Lee Swanstrom)



Treasurer (three-year term) -
David Rattner, MD

Board Members—Three-Year Terms:

Re-Appointments:

Desmond Birkett, MD
Larry Whelan, MD
Sherry Wren, MD

New Board Members:

Dennis Fowler, MD
Jeffrey Marks, MD (1 year term - fulfilling unexpired 3 year term of David Rattner)

Scott Melvin, MD
Mark Talamini, MD

Rotating Off the Board:

Jonathan Sackier, MD

VIEW – A CRITICAL LOOK AT ENDO SURGERY

This section of SCOPE explores the science and ethics of surgical endoscopy and attempts to address some controversial questions.

Your thoughts and comments will be enthusiastically received. Letters to the editor will be published on a space-available basis.

information technology and surgery

Edward G. Chekan, MD, Assistant Professor of Surgery, The University of Virginia

“I skate to where the puck is going”

~ Wayne Gretzky, hockey player, on the secret to his success.

Last year, as the candidate representative to the Board of Governors, I attended several SAGES committee meetings that involved discussions on seemingly diverse topics. After reflecting on these meetings, however, I noticed a common theme. For instance, the program committee debated the virtues of real time vs. delayed Internet broadcast of the Atlanta meeting. The international relations committee was concerned

with delineating new ways in which to increase membership abroad, how to best educate surgeons in laparoscopic techniques in remote countries, and whether or not to translate www.sages.org into a foreign language. The discussion at the corporate council meeting centered on defining the nature of the current relationship between SAGES and industry. Finally, during the technology and ergonomics committee meeting, several participants weighed the benefits of allowing medically oriented web sites to access educational materials that have been

Continued on page 12.

8th World Congress of Surgical Endoscopy

SAGES will host the 8th World Congress of Endoscopic Surgery in New York City on March 13-16, 2002. Dr. Lee Swanstrom has been appointed Program Director. Additional appointments are listed below. Dr. Swanstrom and the Program Committee will work closely with our sister IFSES societies to ensure a truly global event, including faculty and presenters from every continent. Mark your calendars now, and plan to attend this international event!

Program Director: Lee Swanstrom, MD

International Program Co-Chairman: Antonio Lacy, MD

Congress President:

Kenneth Forde, MD

Local Arrangements

Chairman: Barry Salky, MD

Video Co-Chairs:

Michel Gagner, MD &

Guy B. Cadiere, MD

Poster Co-Chairs:

Peter Crookes, MD &

Manabu Yamamoto, MD

Consensus Forum

Co-Chairs: Abe Fingerhut, MD

& John Hunter, MD



ANNUAL meeting site selection

We recently conducted a web survey of SAGES members and meeting attendees from the past three years, asking for input in determining future meeting sites. Almost 400 individuals responded, rating Boston, MA, Charlotte, NC, Denver, CO, Las Vegas, NV, Miami, FL, Montreal, Canada, and Philadelphia, PA. The results proved Denver, Montreal, and

Boston as popular potential meeting sites. The administrative staff will work closely with the Program Committee in the coming months to select the sites for SAGES 2004 and 2005 annual meetings, based, in part on the results of this survey. Thanks for your input!

The Challenge to Professionalism: A Review

Keith N. Apelgren, MD

On October 26, 2000, Dr. Albert R. Jonsen of Seattle, WA delivered the Ethics and Philosophy lecture at the American College meeting in Chicago. He described the climate of informed consent for procedures during the early 1970's and subsequent developments. From today's perspective, it is difficult to imagine that the physician-surgeon of that era made most therapeutic decisions, including the need for operation, with little input from the patient. New technology, both then and now, allowed new procedures to be performed. What was missing, and still is, is an analysis of how this new technology improved the quality of life of patients.

Dr. Jonsen described in detail a sad case of a physician's patient who had undergone five renal transplants with rejection of each. The patient wrote a compelling article in a prominent journal asking for more patient autonomy and for more cooperation between the transplant surgeon and nephrologist. He committed suicide shortly after its publication.

Dr. Jonsen then went on to describe how this event started a

movement to give patients more autonomy over their care. He described how new technologies mandate new procedures with little concern as to the quality of life and wrote an editorial on the topic. He stated that the goal of the surgeon (preserving life) may not be the same as the goal of the patient (improved quality of life). He ended his talk by telling surgeons that we must talk to our patients regarding their hopes and expectations and that we do not have to always use new technologies just because they are available.

References:

1. Collard CH. Iatrogenic Problems in End-Stage Renal Failure. *New Eng J Med* 287:334-336. 1972.
2. Jonsen AR. Scientific Medicine and Therapeutic Choice. *New Eng J Med* 292(21):1126-1127. 1975.



2001
A SAGES
ODYSSEY
April 18 - 21, 2001
St. Louis, Missouri



Register on-line after November 30th at www.sages.org/registration

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Fax: (310) 314-2585
E-mail: SAGESweb@sages.org

*If you only attend
one meeting this year...
come to SAGES in St. Louis!*

Postgraduate Courses:

- ◆ Taking it to the Next Level:
Advanced Laparoscopic Techniques - Hands on Course
- ◆ Treatment Modalities of CBD Stones
in the New Millennium - Hands-On Course
- ◆ The Surgeon in the Digital Age
- ◆ Laparoscopic Bariatric Surgery
- ◆ Problems Following Fundoplication
- ◆ Pitfalls and Perils in Pediatric Laparoscopy

Nurses Program:

*High Tech Minimally Invasive Surgical Nursing:
The Expanded Role of the OR Nurse*

Scientific Session Topic Highlights:

- ◆ Endoluminal Approaches to GERD
- ◆ Robotics/Operating Room of the Future
- ◆ Laparoscopy and Colon Disease
- ◆ Medical Errors - Facts, Perspectives, Remedies
- ◆ Sentinel Node Techniques/Oncology
- ◆ Coding & Reimbursement - What's Changing:
How Will it Affect You?
- ◆ Plenary Lunch Panel: Shambles I Have Known:
An Interactive, No- Holds-Barred, Meet-the Experts Lunch

Keynote Lecturers:



*The Challenges of Medical Publishing
in the New Millennium*
Layton F. Rikkers, MD



*Information Age and Surgery:
A Cultural Revolution*
Jacques Marescaux, MD, FRCS

Plenary Lunch Lecture:



Thomas Russell, MD, FACS,
*Executive Director,
American College of Surgeons*

New pediatric committee

President Nathaniel Soper recently created a new SAGES Committee on Pediatrics. This committee was formed due to the huge success of our combined SAGES/IPEG meeting in Atlanta, as well as the expanding field of pediatric minimally invasive surgery. The mission of the committee is two-fold: To review all existing and new SAGES guidelines from the pediatric per-

spective, and determine whether new guidelines should be constructed for the pediatric versions of each procedure; and to recommend pediatric panel or course topics to the SAGES Program and Continuing Education committees. Chaired by Dr. Steven Rothenberg, the committee will convene its first meeting at SAGES 2001 conference in St. Louis.

RESEARCH NEWS

Prospective EGD Study

SAGES second prospective study will be underway in the upcoming months. This study, managed by Dr. William Reed with assistance from Dr. John Kilkenny, will examine the outcomes of EGD. We are currently looking for volunteers to submit their data on consecutive upper GI cases. For further information on how to get involved, please contact the SAGES office at 310-314-2404.

SAGES first prospective study was completed in August of 1999. The data on 13,582 colonoscopy cases was presented by Dr. Steven Wexner, the project manager, at the SAGES 2000 Annual Meeting. The final manuscript will be published in *Surgical Endoscopy* in the early Spring of 2001.

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Half Page Ad -- SAGES to supply artwork

No page number

EDUCATIONAL RESOURCES COMMITTEE UPDATE

Ever wanted to buy a video from the SAGES video library but had trouble choosing from the large selection? Now the SAGES Educational Resources Committee has selected for you! **“SAGES Top 12 Procedures Project”** includes 12 videos and 12 commentaries from the world’s experts on the procedures most often performed by general surgeons. The project is available on CD ROM or in video format. Six of the videos were created specifically for this project and six were chosen from the existing library. The topics included are:

Flexible Endoscopy

Video Author: Fredrick L. Greene, MD
 Commentator: Maurice Arregui, MD

Diagnostic Laparoscopy and Access Techniques

Video Author: David Edelman, MD
 Commentator: Harry Himal, MD

Laparoscopic Cholecystectomy

Video Author: Horacio Asbun, MD
 Commentator: Douglas Olsen, MD

Laparoscopic Common Bile Duct Exploration

Video Author: Stephen J. Shapiro, MD
 Commentator: Joseph Petelin, MD

Laparoscopic Nissen Fundoplication

Video Author: Jeffrey H. Peters, MD
 Commentator: John Hunter, MD

Laparoscopic Inguinal Hernia Repair

Video Author: Guy Voeller, MD
 Commentator: Edward Felix, MD

Laparoscopic Ventral Hernia Repair

Video Author: Philip Schauer, MD
 Commentator: Guy Voeller, MD

Laparoscopic Splenectomy

Video Author: Adrian Park, MD
 Commentator: Edward Phillips, MD

Laparoscopic Adrenalectomy

Video Author: Mark Stoker, MD
 Commentator: Michel Gagner, MD

Laparoscopic Appendectomy

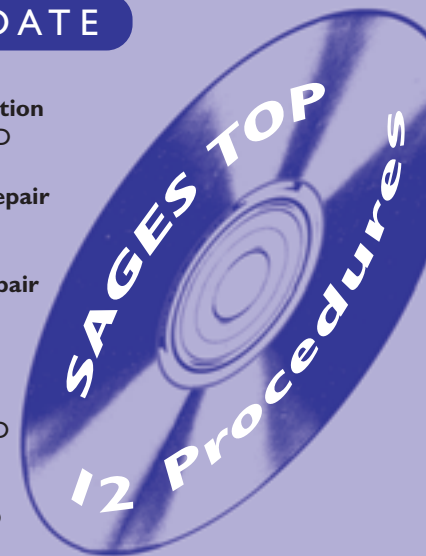
Video Author: Gerald Fried, MD
 Commentator: Carol Scott-Conner, MD

Laparoscopic Right Hemi-colectomy

Video Author: Dennis Fowler, MD
 Commentator: Jeffrey Milsom, MD

Laparoscopic Sigmoidectomy

Video Author: Steven D. Wexner, MD
 Commentator: Morris Franklin, MD



ORDER FORM

SAGES Member price: \$195 + shipping/handling. Non-Member price: \$225 + shipping/handling

ITEM (please print)	QUANTITY	Video or CD ROM†	PRICE	TOTAL
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OUTCOMES TASK FORCE

Are you ready to begin collecting outcomes data using a personal digital assistant (PDA)?

As of February 15, all participants of the SAGES Outcomes Project will be able to collect their outcomes data on their own personal digital assistant such as a Palm Pilot. The SAGES Outcomes forms in Pendragon 3.1 will be placed on the SAGES Website at www.sages.org/members/pdaoutcomes.shtml. At that address, you will be able to obtain the instructions for use and download the forms to your desktop and PDA. Participation in the SAGES Outcomes Project will then be possible through entry via the web site and entry via your PDA. By using your PDA, your data will accumulate on your desktop and be always available to you for purposes of record keeping, comparison to others in your surgical department, entering data into your Surgical Diary, or for re-credentialing purposes.



Note on the screenshot that any operation can and should be entered in the SurgLog. This is your surgical diary. SurgLog also has a standardized follow-up sheet. If you enter a gall bladder, GERD or hernia case, you should first enter it in the SurgLog, then enter a small bit of additional data into the specialized disease specific form.

If anyone asks about your surgical competence, you can verify that you are keeping a Surgical Diary that includes follow-up using a standardized complication template developed by experts in the field. You can also note that you are just as concerned about patient safety as the Institute of Medicine and are doing something about it by monitoring your own performance.

If you have additional questions about the Outcomes project, please contact Erin Simmons at erin.simmons@sages.org or, for technical questions, Jason Levine at sagesweb@sages.org.

LEGISLATIVE NEWS

cpt update

Eric G. Weiss, MD

CPT-5

Beginning in 1998 the AMA began developing the next generation of CPT known as CPT-5. The goal of CPT-5 is to improve the language so that communication of clinical information is standardized and less ambiguous. The CPT Editorial Panel and its Advisors have been asked to review all codes with the language with/without, and/or, and superficial/deep to determine whether these codes should be separated or kept the same. If the codes are to be separated then a determination of whether the split is editorial in nature or whether there is a work value change. If there is a work value change then the code will need to go to the RUC for valuation and follow the survey process necessary to value codes.

An emerging technology code (category 3 code) has also been created whereby codes for new procedures can be applied for. This is mostly for tracking purposes and will not have an RVU assigned. These codes can be used for 5 years and then, either converted to a standard CPT code (with RVUs assigned), or can be deleted.

E&M guidelines

Currently either the 1995 or 1997 Evaluation and Management guidelines can be used for documentation purposes and CPT codes. HCFA is in the midst of revising those guidelines which should be available in the Spring of 2001.

HCFA has told the CPT Editorial Panel and its Advisors that the new guidelines will more closely resemble the 1995 guidelines than they will the 1997 guidelines. Currently more emphasis, especially in the 1997 guidelines, is placed on the history and physical exam components. The new guidelines will place more weight on the decision making process rather than the other components. In addition, vignettes to describe specific patient encounters will be developed to help guide physicians to properly code E&M services.

New cpt codes for 2001

There are a host of new, or revised, CPT codes for 2001, which become effective January 1, 2001. The 2001 CPT code book is already available and the associated RVUs are available in the form of the RBRVS guidebook or from the HCFA website. Below are listed the revised and new codes by body system or part as listed in CPT. Please refer to the CPT 2001 book for complete details.

breast codes

5 revised codes regarding breast surgery are present in the 2001 CPT book. These codes are: 19100, 19101, 19120, 19125 and 19126. New codes include 19102, 19103 and 19295. These changes and/or additions try to clarify the procedures based on method, and the use of adjunctive techniques such as markers or radiologic supervision.

Arteries and veins

12 new codes regarding the use of endovascular grafts in the treatment of abdominal aortic aneurysms are present in the

SAGES resident course registration policies

Course announcements for all SAGES resident courses will be sent to every program director in the United States. Each program will then select the resident they would like to attend the course. Each program may only send one resident per course.

Beginning with the June 8-9th Foregut workshop, any resident attending an advanced resident workshop must be a SAGES member to attend the course. A candidate membership application will be sent with the course announcement.

Resident Selection Criteria

Basic Courses: Preference will be given to SAGES members.

Additional spaces will be assigned to residents on the waiting list from the previous basic course. Remaining spaces will be assigned on a first come, first serve basis.

Advanced Courses: SAGES candidate membership is mandatory.

Additional spaces will be assigned to residents on the waiting list from the previous advanced course. Remaining spaces will be assigned on a first come, first serve basis.

2001 CPT book. Each code describes the type of graft and the approach. The new codes are 34800-34826.

Hemic and Lymphatic systems

5 revised codes regarding the use of sentinel lymph node biopsy and excision are present in the 2001 CPT book. These revised codes are 38500, 38510, 38520, 38525 and 38530.

digestive system

Esophageal Endoscopy

One revised code and 4 new codes regarding esophageal endoscopy are present in the 2001 CPT book. These codes address the use of endoscopic ultrasound and transmural procedures such as pseudocyst drainage and FNA's. The revised code is 43241, and the new codes are: 43231, 43232, 43240 and 43242.

Stomach

One new code, 43752, is present in the 2001 CPT book. This code allows for the placement of a naso- or oro-gastric tube by a physician when necessary.

Intestinal Endoscopy

7 new codes have been added to the corresponding diagnostic codes for endoscopy to allow for transendoscopic stent placement. The new codes are 44370 (small bowel endoscopy), 44379 (small bowel endoscopy, includes the terminal ileum), 44383 (ileoscopy), 44397 (colonoscopy via stoma), 45327 (rigid proctosigmoidoscopy), 45387 (colonoscopy) and 45345 (flexible

Resident Courses

SAGES Advanced Laparoscopic Foregut Workshop

SAGES next resident workshop will be held June 8-9, 2001 at the University of Southern California in Los Angeles. This course, chaired by Dr. Lee Sillin will be an advanced course on Laparoscopic Foregut Surgery. This is an annual course generously sponsored by Ethicon Endosurgery. Registration materials for this course will be sent to program directors in February of 2001. **Candidate membership is mandatory to attend.**

Current course information can be found on our website, www.sages.org.

SAGES Basic Endoscopic and Laparoscopic Foregut Course

SAGES will again offer the Basic Endoscopy and Laparoscopy Workshop at the Ethicon Institute in Cincinnati, OH. This August 10-11th, 2001 course, chaired by Dr. Jeffrey Ponsky, was recently streamlined, updating the didactic content and increasing the lab time.

sigmoidoscopy). These codes are the transendoscopic placement of stents via the approach, which is in parenthesis. In addition 45341 and 45342 are new codes utilizing endoscopic ultrasound via flexible sigmoidoscopy.

Liver

One new code, 47379 has been added to the 2001 CPT book. This code is for Unlisted laparoscopic procedure, liver.

Laparoscopy

2 revised codes 49320 and 49321 are present in the 2001 CPT book. These codes clarify diagnostic laparoscopy and biopsies.

urinary system

Kidney Laparoscopy

One new and 2 revised codes are present in the 2001 CPT book. The new code is 50545 and the revised codes are 50545 and 50546. These codes are clarifications of laparoscopic nephrectomy codes.

other codes

Numerous other changes have occurred and are present in the 2001 CPT book. The above listings were meant to notify SAGES members of codes that may affect them. Other codes not listed may be useful for an individual member and a close review of the 2001 CPT book is advised.

SAGES Endoscopic Management of Colorectal Disease Video Course

Program Chair: Steven Wexner, MD

Valid through March, 2002

- Over 5 hours of lectures
- Full video and slide presentations (High quality video editing)
- Expert panel discussions
- Entire program on Three Standard VHS tapes
- CME accredited
- Includes syllabus written by the faculty
- Pre and Post test allows participants to evaluate their learning experience

- ◆ **Treatment of colonic strictures**
- ◆ **Right hemicolectomy and ileocolic resection**
- ◆ **Left hemicolectomy/sigmoid colectomy**
- ◆ **Tackling the transverse colon**
- ◆ **Anterior resection**
- ◆ **Abdominoperineal resection**
- ◆ **Stoma creation and closure**
- ◆ **Enterolysis**
- ◆ **Discussion by experts**

Lecture topics include:

- ◆ **Indications and contraindications**
- ◆ **Complications and their avoidance**
- ◆ **Instrumentation and preparation**
- ◆ **Anorectal ultrasonography**
- ◆ **Colonoscopic polypectomy-conquering the difficult polyp**

course objectives:

- On completing this program, participants should be able to:
- Review the indications and contraindications of laparoscopic colectomy,
 - Evaluate techniques of laparoscopic colectomy,
 - Evaluate methods of avoiding and treating complications,
 - Assess techniques of anorectal ultrasonography and advanced colonoscopy.

Checks should be made out to SAGES. Please allow 4-6 weeks for delivery. Please call (310) 314-2404 for express delivery rates. Mail your order to SAGES, 2716 Ocean Park Blvd. Ste 3000, Santa Monica, CA 90405 USA, or fax order to (310) 314-2585.

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# OF SETS	CATEGORY	PRICE PER VIDEO SET \$150/\$195*	ADDITIONAL SYLLABUS \$25 (NO S/H CHARGES)	SUBTOTAL
			**S/H: \$10 OR \$20 PER SET	
			TOTAL DUE:	

*SAGES MEMBER/CORP. COUNCIL MEMBER: \$150, NON MEMBER/ NON CORP. COUNCIL MEMBER: \$195

SAGES/SSAT Plan Joint Symposium for DDW in Atlanta Next May

SAGES and SSAT have planned a joint symposium for the 2001 DDW Meeting in May, Atlanta, Georgia. The course entitled: **"Imaging and Staging Pancreatic Tumors"** will be presented on Monday, May 21, 2001 from 10:30 AM to noon.

The organizers of the symposium are Bruce Schirmer, MD, and William Traverso, MD.

Among the topics to be offered are:

- ◆ The use of endoscopic ultrasound in staging pancreatic tumors
- ◆ The role of CT in staging pancreatic neoplasms
- ◆ The role of MRI in staging pancreatic tumors
- ◆ Diagnostic laparoscopy in the staging of pancreatic cancer

More information will be available about the symposium, registration information and faculty on the SAGES web site (www.sages.org) by mid February.

BOOK CORNER

These books are the fruit of the labor of our extraordinary members. These are books published within the last year or anticipated for publication within the next few months. We are proud that our members contribute so greatly to the body of knowledge in endoscopic surgery.

Surgical Oncology – Clinics of North America – Current Status of Laparoscopy in Oncology

Steven Wexner, MD, Guest Editor
W.B. Saunders
Expected July, 2001

Includes 15 chapters on laparoscopy for malignancy, from the esophagus to the rectum, including controversies related to laparoscopy for malignancy.

The Atlas of Laparoscopic Surgery, Second Edition

Pappas, Chekan, Eubanks
Appleton & Lange
Published 1999

Misadventures in General Surgery, In Human Error in Health Care A Handbook of Issues and Indications

Ramon Berguer
Ed. M.S. Bogner
Laurence Erlbaum Assoc. Publishers, Hillsdale, NJ
(in press)

Advanced Laparoscopic surgery Techniques and Tips

Namir KATKHOUDA, MD
WB Saunders

Focuses on tips and tricks of advanced laparoscopic surgery

Ace the Boards, Step 2 Exam, General Clinical Sciences

John W. Kilkeny III, MD, FACS
Mosby

Hernias and Abdominal Wall Defects

Norton JA, Bolinger RR, Chang AE, Lowry SF, Mulvihill SJ, Pass HI, Thompson RW
New York Springer-Verlag
2000

Minimally Invasive Cancer Management

Greene, FL and Heniford, BT, Editors
Springer-Verlag, New York
2001

Diagnosis and Treatment of Fecal Incontinence

Ed. Giovanni Romano, CoEds. Paul Lehur, Eric G. Weiss, and R. Coumo
Idelson-Gnocchi
US office
352-591-1136.

The book is in English but published by an Italian publisher.

Surgical Decision Making

L. Norton, G. Stiegmann, B Eiseman
WB Saunders
2000
357 pages

Minimally Invasive Endocrine Surgery

Edited by Michel Gagner, William B Inabnet
8/01

Operative Techniques in General Surgery, Inguinal Hernia Repair

Guest editor, C. Daniel Smith
JA van Heerden and DR Farley, editors
WB Saunders, Philadelphia
1999

View continued from page 3.

produced by SAGES. It seems that, in addition to laparoscopic surgery, the common question for debate within each of these sub-committees is the very issue that virtually all modern organizations and corporations are presently facing: how can we use information technology (IT) to better support our organization's goals?

As is typically the case, the consideration of one challenging question generates several more. For instance, what is IT, and what is its position in our overall economy? How are surgeons currently using IT in their practice of surgery? Who is responsible for the effective integration of IT into surgical education and practice? Is SAGES an organization that should emerge as a leader in addressing how surgeons should interact with IT?

Information technology, which encompasses computers, software, telecommunications products and services, Internet and online services, and systems integration is one of the world's fastest growing industries. The U.S. Department of Commerce reports that IT has driven more than a quarter of all economic growth since 1993. In fact, the Internet economy is doubling every nine months and small businesses that use the Internet have grown 46% faster than those that do not.¹

The global e-commerce market is expected to reach \$1.2 trillion by 2001.²

Clearly, any business that is going to survive must have an e-business plan. However, the information revolution is not limited to the corporate world, it is also evident in our homes. NUA Research, a leading company in researching Internet usage, recently reported that there are 64.2 million adults going online in the U.S. every month. The U.S. Department of Commerce reported that in 1999, 80 million Americans and 200 million people worldwide were connected to the Internet. By the year 2003, 10 million households across the US are expected to have networking capacity in their homes.³

This recent explosion of technology has also irreversibly touched the world of medicine. The general public is increasingly turning to the Internet as a place to search for answers to their healthcare needs. Health sites already comprise one of the largest segments of the over 800 million web pages on the Internet. A search of 'health' on one popular search engine revealed over 23 million pages.⁴

US. businesses that use the Internet have grown 46% faster than those that do not.

Increasing proportions of these sites are now being designed for both patient and physician education, and the lines between them are becoming blurred. Patients are using IT to gain medical knowledge so as to empower themselves for interactions with their health care providers. The most appropriate method for patients and doctors, as well as doctors and doctors, to interact using IT has yet to be defined.

Clinical research and data management have long been an integral element of the overall clinical training of doctors. However, medical educators, and doctors in particular, have been slow to embrace the IT revolution. In an article recently published in *Current Surgery*, program coordinators were interviewed to evaluate the extent to which computers were already integrated into their specific surgical residency program. This survey showed that surgical residency programs are significantly behind undergraduate universities nationwide when it comes to the integration of IT.⁵

Fortunately, many surgeons are now at least realizing this trend and are becoming interested. A soon to be published survey of surgeons conducted using the Internet clearly expressed this interest in that 78%, or 358 out of 459 of surgeons surveyed, were in favor of telementoring.⁶

To date, complete textbooks as well as technique tutorials are already available on CD-ROM. Advancement in the fields of

IN MEMORIAM

We acknowledge, with a sense of loss, these members of the SAGES Family who have died within the past six months.

Richard A. Johnson M.D.

1625 SE 3rd Ave #721

Fort Lauderdale, FL 33316

Member since: October, 1986

Jon F. Nicosia MD

2 Uno Circle

Joliet, IL 60435

Member since: February, 1987

ON LINE COMMUNIQUÉ

e-mail

Do we have your e-mail address??? A tremendous amount of information is sent out to SAGES members on a monthly basis from our website administrator, including Society news, announcement of courses and upcoming meetings, new publications, calls for abstracts and research grant applications, etc. If you have not received these mailings, we don't have your e-mail address! Please forward it to SAGESweb@sages.org to begin receiving these notices.

virtual reality, telemedicine, and eventually telesurgery will undoubtedly change the way we think of surgical education, and quite possibly, how surgery is performed. However, a recognized national leader to guide this explosive progress of surgical-IT integration is presently lacking.

The organization that decides to lead the way in establishing standards for the most effective methods of integrating IT into surgical practice and education should be one that is interested in both surgical education and new technology. As the physical barriers between the inside and outside of the operating room collapse through IT and video imaging, such organizations should be interested in producing guidelines on such topics as telementoring and telesurgery. The organization should be one that is comfortable with performing surgery using digital images and robotics.

SAGES is firmly poised to lead the way for IT integration into surgical practice. Our organization has already addressed many of the issues just described, and as was evident by the colorful discussion of this topic at the Atlanta technology and ergonomics subcommittee meeting, many within SAGES are now acutely interested in this topic. In fact, SAGES has an international reputation as a 'technology savvy' organization since many of our members have distinguished themselves as pioneers in surgical-IT development with such efforts ranging from the creation of virtual reality simulators to virtual surgical communities.

By making 'the use of IT in surgery' a major focus of SAGES, the entire organization would benefit as would its individual members. First, focusing on IT would address many of the current issues that each individual SAGES subcommittee is grappling with. Second, such a position would provide a concrete platform for discussion with leaders involved in building the

Internet infrastructure (micro processing, information technology and telecommunication). Such industries could then join our current surgical industry sponsors and become involved in sponsoring mutually beneficial educational programs and/or in creating lasting partnerships. Individual members of SAGES could benefit from such IT corporate alliances as these alliances would provide a link to the vast IT community that could then be used to help with IT integration within their own institutions and practices.

SAGES has led the way toward defining the appropriate position of laparoscopy within the realm of general surgery, and we again are faced with a similar opportunity. This new opportunity for general surgical advancement begins with first embracing IT, the next natural extension of laparoscopy, and subsequently moving toward delineating IT's most appropriate position in surgical practice and education. Ultimately for each of us, as is presently the case with laparoscopy, it is a matter of vision.

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AWARDS & HONORS

2001 Award recipients ANNOUNCED

During its meeting at the October ACS Clinical Congress, the SAGES Awards Committee recommended the following individuals as recipients for SAGES major awards. These nominations were unanimously approved by the Board of Governors. They will be recognized during the Awards Ceremony on Saturday, April 21, 2001 during SAGES Annual Meeting in St. Louis.



Distinguished Service Award:
Kenneth Forde, MD



Circon Young Researcher Award:
Daniel B. Jones, MD

George Berci Lifetime Achievement Award: Sir Alfred Cuschieri, MD



Thanks to Our Supporters from Industry

Many of our colleagues from industry support the SAGES Annual Meeting and Postgraduate Courses. Of course, we acknowledge that support during the conference and in advance programs. We would like to take this opportunity to acknowledge the educational grants which support those activities during the year which are unrelated to our meeting.

We are grateful to the following companies not only for their specific support of the projects listed, but for their continued support over our twenty years of growth. We could not provide the wide array of educational and research opportunities without them.

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<http://www.sages.org/sag-cal.html>

8th WORLD CONGRESS OF ENDOSCOPIC SURGERY SAGES SCIENTIFIC SESSION & POSTGRADUATE COURSE

March 13-16, 2002, New York Hilton & Towers, New York, NY

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March 12-15, 2003, Los Angeles Convention Center, Los Angeles, CA

related meetings

9th EAES INTERNATIONAL CONGRESS

June 13-16, 2001, Maastricht, the Netherlands

WORLD CONGRESSES OF ENDOSCOPIC SURGERY

8th World Congress, New York March 13-16, 2002 - Hosted by SAGES

9th world Congress, Cancun Mexico 2004 - Hosted by ALACE/FELAC

18th WORLD CONGRESS OF ISDS

December 8-11, 2002, Hong Kong

President's Message continued from page 1.

we must consider expanding the mission AND vision of our society to include those who have the ability to choose one or all of those modalities in treating our patients. Furthermore, in disconnecting "GI" and "Endoscopic" we stress the importance of non-GI endoscopic and other newer high-tech image-based therapies. We thus expand our "scope" without changing our logo and name recognition.

The leadership is genuinely interested in the perspective of our members about how we should grow and in what direction we should target our greatest efforts in the next decade. Your comments will be welcomed as a vital part of our strategic planning process. Please send them to the SAGES office (sagesweb@sages.org) or e-mail me at president@sages.org.

With gratitude to our founders and all those who have given unselfishly to our progress, let us lift our virtual glasses and toast another twenty years as productive and cutting-edge as the first.



Nathaniel Soper, MD, President

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