



The organizing committee and I, as president of the 15th Annual Congress of the European Society of Gynaecological Endoscopy, are proud to present to you the exciting congress program that we have created for the congress this year. I would like to invite all enthusiastic gynecologists, including rookies, to join us in the vibrant and colorful city of Strasbourg to meet friends and to have a wonderful time learning. Here in the heart of Alsace you will exchange ideas with colleagues from all over the world who share our passion for endoscopy.

Strasbourg is the premier place to be this year for several reasons.

I started laparoscopic surgery in the 1980s, perfected my skills, and have seen it go through ups and downs but I have never stopped being passionate about laparoscopy. That is why there could not be a better time for me to welcome you to this year's congress in Strasbourg.

Strasbourg is also known world-wide because it is the home of IRCAD (Institut de Recherche contre les Cancers de l'Appareil Digestif and European Institute of Telesurgery). Since the revolutionary completely telesurgical operation carried out by a team of French surgeons located in New York on a patient in Strasbourg (operation Lindbergh), IRCAD has developed dramatically and has become a state-of-the-art surgical school, a research center and has developed new computer technologies in the field of medicine. It has its own live tissue laboratory, an audio-visual department, a web-based laparoscopic resource center and now hosts the Da Vinci robot. It is the biggest telesurgery training center in Europe. Since I founded the school for gynecological training on my arrival here two and a half years ago, not only are fellows trained here but we also conduct several workshops a year. Hundreds of gynecologists enjoy our hands-on informal teaching atmosphere with live surgery and audience discussions.

I have given the congress the motto "Don't turn back on endoscopic surgery". As dedicated endoscopists we did not expect laparoscopy to have fits and starts rather than take off as we all had hoped and predicted. Today it is not hard to see why. In the past, we claimed that endoscopy has the advantages of a smaller scar, less pain, a shorter postoperative stay and we presumed it results in fewer adhesions. But nowadays, with the advances in pain management and in postoperative care and with the lack of randomized controlled studies clearly demonstrating the benefit of endoscopy in terms of preventing adhesions, these advantages are not seen to be that important.



Arnaud Wattiez

I think we need to understand that the true advantage of endoscopy is as *tissue-sparing surgery*. Our focus has changed to seeing endoscopy as an optimal dissection technique with respect to tissues and organs. At IRCAD, we have developed new surgical techniques, not only nerve-sparing laparoscopic dissection, but also ovarian volume-sparing cystectomies and rectum-sparing techniques in recto-vaginal endometriotic nodule dissection. The goal is to restore the function of the organ to the focus of our attention, as the pioneers promoted it.

The other reason endoscopy did not take off is lack of training, and as a mentor I am willing to dedicate my time and expertise to training. I recently participated in the forum hosted by European Network of Trainees in Obstetrics and Gynaecology at the EBCOG congress in Turin, in 2006, as I believe we need to invest in our young trainees. In order to achieve this goal we should consolidate our effort to help the European Academy to organize training centers Europe-wide. As teachers we should already accept the fact that one day our fellows will be better than we are, and our fellows have the duty to respect their teachers and to teach other trainees in return. We can only hope our efforts are good enough to promote education and hands-on training.

We have designed a special day for young endoscopists as a part of the Junior Platform. Trainees will be able to meet internationally acclaimed experts face to face and discuss endoscopic training and its future.

For all these reasons we should not meet the title of this year's congress with pessimism; rather, we should be proud of our trainees' willingness to learn and develop new endoscopic techniques.

I look forward to meeting you all in Strasbourg at the 15th Annual Meeting in a spirit of friendship and mutual collaboration towards the advancement of the specialty in which we have invested so much and which continues to captivate our imaginations so deeply.

Arnaud Wattiez

President of the 15th ESGE Congress

The Dutch Society of Gynaecological Endoscopy

Since 1995 the Dutch Society of Gynaecological Endoscopy is founded. It is a society under the responsibility of the Dutch Society of Obstetrics and Gynaecology (NVOG). In 2006 the society consists of 222 members.

The aim of our society is to stimulate endoscopic surgery for gynaecologists and residents. With a teaching program, lectures and hands-on training, we give gynaecologists the opportunity to get used to endoscopic treatments. With the following projects we try to reach our goal.

1. Pelvitraining project. Every clinic in the Netherlands can ask for pelvitraining on site. The training is given by an experienced laparoscopist. Lectures of introduction of trocards, electro coagulation during endoscopy, technical aspects of laparoscopy, complications and so on will be given. The most important item of the pelvitraining project is of course the hands-on training. With four simulators and boxes gynaecologists and their residents can practice laparoscopic handling with supervision. We teach laparoscopic handling, eye-hand coordination, use of different instruments and laparoscopic suturing. Evaluation of this project is very good. Especially the on-site training was evaluated as a very positive item as well as training in a group with most of the members of a department.
2. Evening symposia. Two times a year an evening symposium will be held to highlight a special issue.
3. Round table conference. Once a year a two day conference is held with experts and young enthusiastic endoscopists. The aim of this conference is to mention new techniques en developments, to see if multi-centered trials can be started, to write protocols and to learn from each other.
4. Several endoscopic courses for gynaecology residents
 - a. Endoscopy course for beginners
 - b. Advanced laparoscopy course
 - c. Hysteroscopy course
5. Once a year a scientific conference.

With these projects we hope to give a positive impulse on the number and the quality of the gynaecological endoscopic interventions.

M. Bongers

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M. Bongers

Events organised by the ESGE

15th Annual Congress of the ESGE
 « Don't turn your back on endoscopic surgery »
 Strasbourg, France
 5 to 7 October 2006
Information:
 meeting.com
 Rue du Lac 22b
 1020 Renens-Lausanne
 Switzerland
 Tel.: +41-21-3129261
 Fax: +41-21-3129263
sabine.gisler@meeting-com.ch
www.esge2006.org

Course (in French) on pelvic surgery: De l'Anatomie
 endoscopique a la maitrise du pelvis
 13 to 15 December 2006
 Liege, Belgium
 Info: colette.gerday@chrcitadelle.be

Endoscopy for beginners and advancers
 9 March 2007
 Banska Bystrica, Slovakia
 Info: www.ssge.sk

Events organised by National Societies or others

Czech Society for Gynaecological Endoscopy
 (CGPS-CSGE)
 New horizons of endoscopy
 12–14 October 2006
 Hradec Kralové city, Czech Republic
www.laparoscope.cz/2006

Intermediate and advanced hysteroscopy
 RCOG/BSGE meeting
 18–19 October 2006
 Royal College of Obstetricians and Gynaecologists, London
www.rcog.org.uk

Recent Advances in Gynaecological Surgery
 RCOG/BSGE meeting
 7–8 December 2006
 Royal College of Obstetricians and Gynaecologists, London
www.rcog.org.uk

13. Praktischer Kurs in Gynäkologischer Endoskopie
 1–4 March 2007
 Davos, Switzerland
 Info: surgery@iss-sic.ch
www.sggg.ch

The Indo-French Congress on Gynecologic Endoscopy,
 Ultrasound and Infertility, Varanasi, India
 from November 23 to November 26, 2006
 Please register online at: <http://www.sisab.net/if2006/register.htm>
 Rene Frydman, President, IF2006
 Gautam N Allahbadia, Organizing Secretary, IF2006

10th Congress of the European Society of Contraception
 “Non-contraceptive impact of contraception and family
 planning”
 Prague, Czech Republic
 30 April–3 May 2008

Information:
 European Society of Contraception
 Mr. Peter Erard
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European Society for Gynaecological Endoscopy

MEMBERSHIP FORM 2006

Join (or renew) the ESGE as a member for the year 2006 by completing and returning this form as mentioned below (full information on www.ESGE.org)

PERSONAL DETAILS

Last name (family name):

First name:

Title:

Institute:

Department:

Street:

Postal code and city:

Country:

Email address:

PAYMENT SECTION (please tick the appropriate check-box):

Amount due in Euro: If no amount is indicated, 125 Euro will be charged (Subscription to the journal '*Gynecological Surgery*' is included in the fee)

- Euro 55 Trainees (please prove by document)
- Euro 85 If you are a member of an ESGE Member National Endoscopic Society* from Croatia, Czech Rep., Slovenia, Sociedad Ibero-Americana, Turkey, Hungary, Poland, Russia (please prove by document)
- Euro 125 All other members

- Please charge my credit card: Eurocard/Mastercard VISA

Card N°: _____

Exp. date: _____

Name of Cardholder: _____

Signature: _____

- I enclose a certified bank cheque, payable to ESGE
- I will make a bank transfer in **Euro** to account N° (IBAN) CH30 0827 9001 R327 4689 0 of the ESGE. Bank: Anker Bank, SWIFT code: ANKBCH2L (bank address: Anker Bank, Avenue de la Gare 50, 1003 Lausanne, Switzerland). No costs for the beneficiary