



APAGE founding members (from left to right)- Prof. Bao-Liang Lin, Prof. Hoshiai, Prof. Felix Wong, Prof. Chyi-Long Lee, Prof. PM Yuen, Dr. Prashant Mangeshikar, and Dr. Keen Whye Lee.

WELCOME TO THE FIRST ISSUE of Apage, a newsletter from the Asian-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE).

APAGE held its inaugural meeting in 2003 and , through a variety of projects, aims to promote awareness of endoscopy and minimally invasive therapy, and to improve the medical quality of endoscopy-related services in the Asia-Pacific region. The newsletter wil keep you up-to-date on APAGE's activities.

Mission Statement

APAGE is a unique task force of clinicians and specialists focused on achieving and maintaining high standards of practice in performing endoscopic surgeries in the Asia-Pacific region with the ultimate aim of improving the quality of patient care.

Objectives

- To stimulate basic and applied research and the dissemination of knowledge on all aspects of gynecologic Endoscopy and minimally invasive therapy.
- To stimulate the creation of societies for basic and applied work in the field of gynecologic endoscopy and minimally invasive therapy.
- To contribute to the standardization of terminology and evaluation of diagnostic and therapeutic procedures in the field of gynecologic endoscopy and minimally invasive therapy.
- To represent affiliated societies whenever joint scientific action is appropriate.
- To establish and maintain relations with other organizations and to promote activities which further the objectives of the Association

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The Successful Establishment of the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE)

Prof. Chyi-Long Lee (Taiwan)



Prof. Chyi-Long Lee

After four years' efforts and planning, the Asia-Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) was eventually formally established in Taipei International Convention Center on September 28th, 2003. One of the unique characteristics of the APAGE Congress is its international flavor. There were a lot of participants at the Congress representing 10 different countries. We are convinced that their participation and involvement will be transformed into support and commitment to the APAGE in the future.

The TAOGE has been organizing the operation of the APAGE under the leadership of Prof. Chyi-Long Lee since early 2000. After four years' coordination and preparation, the APAGE finished the constitution draft in 2003 and was formally set up on September 28th last year. A great number of prestigious and outstanding physicians endorse this association, including Dr. P.M. Yuen, President of the Hong Kong Association of Obstetric & Gynecologic Endoscopists, Prof. Enlan Xia from China, Dr. Keen Whye Lee, President of the Singapore Association of Obstetrics and Gynecology, Dr. Joo-Hyun Nam, Chairman of Academic Committee of Korean Association of Obstetric & Gynecologic Endoscopists, Prof. Hoshiai, President of Japan Association of Obstetric & Gynecologic Endoscopists, Prof. Bao-Liang Lin, Prof. Felix Wong from New South Wales University in Australia, Dr. C.Y. Liu from U.S.A., Prashant Mangeshikar, Secretary-General of the Indian Association of Obstetric & Gynecologic Endoscopists, and representative of President of the Thai Association of Obstetrics and Gynecology as well.

The APAGE will play as an important role as the European Society of Gastrointestinal Endoscopy (ESGE) and the American Association of Gynecologic Laparoscopists (AAGL) in the world, serving as the three crucial pillars of the association of Obstetric & Gynecologic Endoscopists.

In the Congress, Prof. Chyi-Long Lee was elected the first President of the APAGE and the next President shall be Dr. PM Yuen, President of the Hong Kong Association of Obstetric & Gynecologic Endoscopists. Prof. Hoshiai is the senior Vice-President, Dr. Prashant Mangeshikar the junior Vice-President, and Dr. Keen Whye Lee the treasurer. Owing to a great success of the APAGE Congress, Dr. Lee anticipates the APAGE to have a promising future and a broader arena to exercise its power and influence. He also hopes the APAGE can facilitate communication around Asian-Pacific regions and provide a channel for Asian colleagues to share their common professional experiences for the benefit of humankind, thereby improving health and quality of life for women all over the world.



APAGE board members and international advisors (from left to right)-Prof. Bao-Liang Lin, Prof. Hoshiai, Dr. Maw-Sheng Lee, Prof. Felix Wong, Prof. Yung-Kuei Soong, Prof. Chii-Ruey Tzeng, Prof. Chyi-Long Lee, Dr. Hsiao-Chen Chiu, Prof. PM Yuen, Dr. Prashant Mangeshikar, Prof. Nam, and Dr. Keen Whye Lee.

Endoscopy Training Centre Activities at Liverpool Hospital

From Professor Felix Wong



Liverpool hospital is not located at Liverpool in United Kingdom, but from the South Western corner of the Metropolitan Sydney, Australia. It is a teaching hospital of the University of New South Wales, and is a new hospital of ten years standing. It provides tertiary referral services to a population of 800,000 in the region, and it has gained international reputation in various surgical disciplines, namely MIS surgery, trauma surgery and orthopaedic surgery.

The Gynaecological Endoscopy Training Centre (GETC) at Liverpool Hospital holds annual gynaecological basic and advanced surgical skill workshops for both national and international participants. It has also attracted overseas doctors to advance their endoscopic surgery training in Sydney, Australia. Every year, up to 6-10 overseas doctors will spend 3-6 months to train under Professor Felix Wong, Medical Director of the Centre, to learn various advanced endoscopic surgical skill and techniques. These overseas doctors had come from China, Malaysia, Hong Kong, Sri Lanka, Philippines, Vietnam, and Hong Kong. For overseas doctors who wish to seek advanced surgical training at the centre, here are the basic requirements for their applications.

- 1) *They must master both spoken and written English;*
- 2) *They must have financial supports from their hospital or academic institutes to support their living, accommodation and a nominal tuition fee;*
- 3) *They must have endorsement from their hospitals or institutes to be responsible for endoscopy surgery development upon their return;*
- 4) *They must return to their home countries to benefit their people with the skill they have learned*

Professor Felix Wong, Head of the Centre has been busy over the last financial year 2003-2004, attending conferences and workshops as a key speaker in the following Endoscopy meetings

July 27 - 29, 2003	Gynaecological Endoscopy Workshop in Jakarta, Indonesia
September 14-20, 2003	Endoscopic Surgery Workshop in Tibet, China
September 25-28, 2003	The 4 th Asia-Pacific Congress on Advanced Gynecologic Endoscopy, Taipei, Taiwan, ROC
October 9-12, 2003	The 11 th International Hysteroscopic and Laparoscopic Surgery Conference, Beijing, China
October 23-28, 2003	The 2 nd National Gynecological Endoscopy Conference, Chongqing, China
December 6-8, 2003	Pelvic Floor Endoscopic Surgery Workshop, Gold Coast, Australia
January 10-13, 2004	The Second National Gynecological Endoscopy Symposium, Harbin, China
April 2-5, 2004	National Conference of the latest advancements in gynecological laparoscopy, Foshan, China
May 20-24, 2004	The France-Vietnam O&G Conference in Asia Pacific Region, Ho Chi Minh City, Vietnam

These workshops and conferences gave Professor Wong the opportunities to meet with young doctors who are interested to advance their endoscopic surgery training in his Centre in Sydney, Australia. He looks forward to meeting many other young and bright doctors in the Asian Pacific Region in the future, and to train them to advance the development of gynaecological endoscopic surgery in the Region.



Liverpool Hospital



Professor Wong gave a certificate of training to an overseas doctor

Chairman of Academic Committee of Korean Association of Obstetric & Gynecologic Endoscopists

Prof. Joo-Hyun Nam



Dear colleagues:

On behalf of Korean Society of Gynecologic Endoscopy I would like to send a message of congratulation for publishing the first issue of APAGE Newsletter. I believe that it will be a useful tool for the communication of knowledge and the share of news from each other countries.

The 4th Annual Spring Symposium of Korean Society of Gynecologic Endoscopy was held on May 23rd. in Seoul. The topics of this symposium were as followings: New laparoscopic systems and instruments, Special circumstances in laparoscopic surgery, How to manage severe endometriosis, Management of complications in laparoscopic surgery and so on. About 250 colleagues attended this symposium. In this coming November, the 16th annual meeting of this society will be held in Seoul.

Recently, we are trying to make a study group for laparoscopic surgery in gynecologic cancers and to initiate some multi-institutional randomized studies on the management of cervical cancer. I hope that I can report the preliminary results of these studies in the next issue of this newsletter.



Dr. Chan-Su Ou, Dr. Harry Reich, Dr. Maw-Sheng Lee, Dr. Hsiao-Chen Chiu, and Prof. Chyi-Long Lee gathered together in the APAGE 2003 Congress.

Gynecologic and Obstetric Endoscopy in Japan

Prof. Bao-Liang Lin
Director
Department of Ob/Gyn,
Kawasaki Municipal Hospital



Prof. Bao-Liang Lin

Now only a few young Japanese doctors know the names of Dr. Takaaki Mohri and his wife Dr. Chie Mohri who were two of the greatest world pioneers of Gynecologic Endoscopy. In 1952 Dr. Morri developed his Mori rigid hysteroscopy and published his study on coagulation of tubal ostia with high frequency for permanent sterility the next year. In 1954 he successfully recorded fetal movements during 6 to 17 weeks of gestation with a 16 mm film camera through his hysteroscope (fetoscope). His publication attracted a great deal of worldwide attention. Subsequently, he developed the first hysterofiberscope in 1964, flexible cludoscope in 1969, and tubaloscope in 1970. Their lifework study brought a lot influence to the modern Gynecologic and Obstetrical endoscopy.

In 1963 Dr. H. Yamamoto and his group performed the first laparoscopy in Kawasaki Municipal Hospital. This could be seen as the dawn of laparoscopy in Japan. In 1978 K. Ohkawa reported his experience of hysteromicroscopy for early detection of cervical cancer. In 1974 Professor O Sugimoto reported his tremendous experience of diagnosis and therapeutic hysteroscopy for Asherman's syndrome. In 1975 he published his paper of hysteroscopic diagnosis of endometrial carcinoma in the American Journal of Obstetrics and Gynecology..

In 1973 a research group, including Dr. H. Yamamoto (Laparoscopy), Professor O. Sugimoto (Hysteroscopy), Professor M. Hayashi (Culdoscopy) and other colleagues founded an association of Gynecologic endoscopy and started their meeting. In 1984 this association was changed to The Japanese society of Gynecologic and Obstetric Endoscopy (JSGOE). From 1973 to 1993 the office of the general secretary was set up in Kawasaki Municipal Hospital. The incumbent president of JSGOE is Professor H. Hoshiai and the number of members is more than 1100.

Unlike other country, Japan is more famous for flexible endoscopy in any field of medicine. Japanese flexible endoscopes had a share of about 80 to 90 percent of the whole world market. In 1985 a 3.7 mm partly soft and partly rigid diagnostic flexible hysteroscope, in 1987 a 4.9 mm partly soft and partly rigid operative flexible hysteroscope and in 1988 a partly soft and partly rigid flexible laparoscope were developed in Kawasaki Municipal Hospital. In 1985 resectoscopic myomectomy and in 1988 roller ball endometrial ablation (first in the world) were also reported from Kawasaki Municipal hospital.

Although there is some delay in operative laparoscopy, through the strenuous efforts of young Japanese doctors, operative technique has improved to a very high level to date. A lot of advanced laparoscopic operations can now be performed in many hospitals. A very strict guideline for attaining privileges in gynecologic and obstetric operative endoscopy was passed last year. In Japan, the endoscopic surgery can be expected to become a more popular and also a safer procedure in the future.

Gynaecological Endoscopy in Hong Kong

Dr. YUEN, Pong Mo

President of the Hong Kong Gynaecological Endoscopy Society



The Hong Kong Gynaecological Endoscopy Society (HKGES) was founded on 30th June 1994. The main objectives of the HKGES are to stimulate the interest, to promote the study of, to provide co-operation and to improve standards among those interested in gynaecological endoscopy. Over the past 10 years, the Society had been very active in achieving her objectives and had organised various meetings, workshops and symposiums in gynaecological endoscopy.

In October 1995, a subcommittee on gynaecological endoscopic surgery (GES Subcommittee) was set up under the Quality Assurance Committee of the Hong Kong College of Obstetricians and Gynaecologists (HKCOG). The main role of the subcommittee is to ensure the safe development and proper use of gynaecological endoscopic surgery in Hong Kong. A training guideline for both laparoscopic and hysteroscopy surgery was established in May 1996. At that time it was recognized that a comprehensive audit was necessary to document the safety and clinical benefits of operative endoscopy in gynaecological practice.

A territory-wide audit on gynaecological endoscopy was first carried out in 1997. All hospitals providing in-patient gynaecological care in Hong Kong participated in that audit exercise. The same audit was repeated with some modification again in 2002. Over these 5 years period, the number of operative laparoscopies performed in the whole of Hong Kong doubled while that of operative hysteroscopies increased by 5 folds. At the same time, the overall complication rate of operative laparoscopy decreased from 7.5% to 3.6% and that of operative hysteroscopy decreased from 8.5% to 2.8%. In 2001, the HKGES initiated a comprehensive audit on laparoscopic hysterectomy among the society members and this was subsequently extended to all hospitals in Hong Kong in 2002 as part of the second territory-wide audit on gynaecological endoscopy. A web-based database program was developed to allow online data entry, anywhere and anytime, and continuous audit in endoscopic surgery is now possible.

Besides conducting clinical audits, an accreditation system in laparoscopic surgery was established in 1999 under the HKCOG. The accreditation is either of advanced or intermediate level depending on the nature and spectrum of laparoscopic procedures performed within a 5 years period. Currently, there are 49 gynaecologists in Hong Kong being accredited with advanced and 92 with intermediate level.

The formation of a gynaecologic endoscopy association in Asian Pacific region has been discussed for long time. The birth of the Asian Pacific Association of Gynecologic Endoscopy and Minimally Invasive Therapy (APAGE) in 2002 signifies a new era in the progress and development of gynecologic endoscopy. With the same missions and visions in mind, I believe APAGE will act as a bridge for different gynaecologic endoscopy societies from various regions and places to unify their strength and effort to further promote endoscopic surgery and minimally invasive therapy in gynecology. I look forward to the growth of APAGE.

Transvaginal Endoscopy (TVE) - Another View to Pelvic Pain & Infertility - 29 September 2004

Dr. Keen Whye Lee

President, Singapore Association of Obstetric & Gynecology

Dr Chow Kah Kiong

Medical Advisor

Gleneagles Minimally Invasive Surgery (MIS) Centre

Gleneagles Hospital



Dr. Keen Whye Lee

Ever so often people have been asking whether there is any new development in Minimally Invasive Surgery (MIS). Unlike open surgery with large incisions, MIS allows surgery to be performed with the use of scopes through small stab wounds on the body surfaces. It confers less **post-operative** pain and shorter hospital stay; makes possible earlier ambulation, recovery and resumption of normal daily activities and in some instances, reduces total treatment costs.

These advantages had been talked about time and time again and are now well known to everyone. Realistically after more than two decades, what else is new in MIS? The answer is an affirmative yes. Two main areas stand out.

Robotic Surgery is one. It allows a more precise surgery in small confined spaces in the body and the possibility of remote surgery ---- telesurgery.

Another area is Conscious Minimally Invasive Surgery. Here patients do not have to undergo general anaesthesia and the procedures are performed with micro and mini-scopes in the clinics or at outpatient surgical centres. Thus, MIS has been taken to an even higher level, making it even less invasive and cost-saving. In gynaecology, there are three main procedures of this category:-

- a) Conscious Office Hysteroscopy
- b) Awake Mini-laparoscopy for pain mapping
- c) Transvaginal Endoscopy

On 29th September 2004, we are privileged to have Dr Hugo Verhoeven to conduct a workshop in Singapore on Transvaginal Endoscopy (TVE), also known as Transvaginal Hydrolaparoscopy (THL) or Fertiloscopy. This procedure was first carried out in 1998 by Dr Stephen Gordts and his associates in Belgian. They discovered that among their patients who underwent laparoscopy investigation for subfertility, up to 40% did not require further intra-operative procedure except the tubal dye test. On the other hand, TVE or THL, has the capability to easily achieve this. And, being an office procedure done under local anaesthesia, it avoids the risk of general anaesthesia and entry injuries of transabdominal laparoscopy. Since, it has gained widespread acceptance in Europe, USA and some South American countries.

It is a mini-endoscopy giving a vaginal view to the Pouch of Douglas and the tubovarian complex. It is most suitable for investigation of infertility and pelvic pain in women. It has been shown that among women with pelvic endometriosis, only one percent has isolated lesions above the Pouch of Douglas. Therefore, TVE would not miss many pelvic endometriosis.

TVE, however, is even better suited for the investigation of the infertile women. It provides an excellent view of the ovaries and tubes and allow direct vision of the dye test for tubal patency. It is also the best approach

for performing salpingoscopy. More recently, simple surgery like adhesiolysis at the fimbrial ends and ovaries, ovarian drilling and diathermy of ovarian endometriotic spots can be performed.

Being an office procedure done under local anaesthesia or conscious sedation, it can be easily and safely conducted repeatedly and for second looks.

There had been fears about infection and rectal injury. These, however had not been a problem in the two centres that had documented the most numbers of these procedures done so far ----- Dr Gordts in Belgian and Dr Watrelot in France (who also call it the fertuloscopy).

Dr Verhoeven would be the course director for this Workshop on 29 Sept 2004. He is presently the Medical Director of the Center for Reproductive Medicine in Dusseldorf, Germany. He is the Chairman of the Board of the European Fertility Associates. He also sits in the editorial and review Boards of several international journals and websites related to the field of gynaecology and minimally invasive surgery.

In recent years, he has been busy traveling to various parts of the world to teach TVE and had received unanimous praises from his students. We believe this is the first time a workshop on TVE will be held in Asia. After Singapore, he is traveling directly to Taipei to speak on this technique at APAGE Conference in October.

Announcement of First Australia-China Endoscopic Symposium

From Professor Felix Wong

Professor Felix Wong would like to announce the First Australia - China Endoscopic Symposium which will be held in late November 2004 in Sydney. It will be co-hosted by the Sydney West Advanced Pelvic Surgery Society (SWAPS), the Department of Obstetrics and Gynaecology, University of New South Wales and the Editorial Board of The Chinese Journal of Minimally Invasive Surgery. The purpose of this meeting will allow gynaecological endoscopists from both countries to exchange their experience, surgical skills and to advance their endoscopic surgery development in both friendly countries.



The meeting will be held at Liverpool Hospital, which is a tertiary teaching hospital of the University of New South Wales, and is an endoscopy training center in Australia particularly for overseas doctors. The proposed meeting is a three days meeting which will highlight recent advances of endoscopic surgical techniques in gynaecological surgery, and various new developments of instruments and equipment in the field of endoscopy. Video presentation and live surgery demonstrations of surgical skill will be provided by endoscopic experts from both Australia and China, to share their experience with others.

The second Joint meeting will be held in Shanghai in 2005. It is anticipated that the collaboration between endoscopy centers between China and Australia will be enhanced by these joint activities. We welcome doctors from other Asian Pacific countries to participate in this new initiative to promote cross countries collaboration in the development of endoscopic surgery.

For any enquiries, please contact Professor Felix Wong at Department of Obstetrics and Gynaecology, Liverpool Hospital, Liverpool NSW 2170, email: f.wong@unsw.edu.au or fax: 61-2-98285668.