MIGS26

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Syllabus

Surgical Tutorial 455

Hemostatic Dissection: The Missing Link to Surgical Mastery

HONORARY CHAIR
Charles H. Koh, MD

SCIENTIFIC PROGRAM CHAIR
Nash S. Moawad, MD

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Surgical Tutorial 455 - Hemostatic Dissection: The Missing Link to Surgical Mastery

Chair: William Kondo
Faculty: Arnold P. Advincula, William Kondo, Mario M. Malzoni, Ted T.M. Lee

Course Description

Contemporary surgical education emphasizes anatomy and disease processes, with comparatively little formal attention to the mechanical principles governing safe and efficient tissue separation. This advanced surgical tutorial focuses on the mechanics of dissection using pelvic sidewall dissection, parametrectomy, and ureterolysis in stage IV endometriosis as a common operative challenge.

Four internationally recognized laparoscopic and robotic surgeons will present narrated operative videos demonstrating their individual approaches to this complex dissection. Each video will be followed by commentary from another faculty member, creating an opportunity to compare operative decisions, technical styles, instruments, and energy platforms while examining the underlying principles shared by expert surgeons.

The educational framework is the interdependent triad of Space, Tissue Tension, and Speed. Blunt dissection and traction–countertraction create space and expand the margin of safety for energy application. Appropriate tissue tension also creates space by facilitating tissue separation. Differential tissue tension between adjacent structures helps define and develop the intended plane, while appropriate tension accelerates tissue separation. Controlled instrument speed reduces energy dwell time and can minimize collateral thermal spread.

By comparing different approaches to the same operative challenge, participants will examine not only what expert surgeons do, but why they make particular decisions. The goal is to make the often implicit mechanical skills of surgical mastery visible, understandable, and transferable across platforms.

Learning Objectives: *At the end of this course, the participant will be able to:* 1) Describe the interdependent relationship between space, tissue tension, and speed during complex pelvic dissection; 2) Analyze how blunt dissection, traction–countertraction, and differential tissue tension facilitate plane development and expand the margin of safety; 3) Apply principles of tissue tension and instrument speed to optimize energy dwell time and minimize collateral thermal spread during ureterolysis and parametrial dissection; and 4) Compare laparoscopic and robotic dissection strategies to identify transferable mechanical principles for safe, efficient, and reproducible surgery.

Course Outline

2:00 pm	Welcome, Introductions and Course Overview: The Mechanics of Hemostatic Dissection and the Space–Tissue Tension–Speed Triad	W. Kondo
2:03 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: Laparoscopic Techniques and Energy Modality Selection	M. Malzoni
2:11 pm	Commentary on Pelvic Sidewall Dissection and Ureterolysis: Laparoscopic Techniques and Energy Modality Selection	T. Lee
2:14 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: The Robotic Approach	A. Advincula
2:22 pm	Commentary on Pelvic Sidewall Dissection and Ureterolysis: The Robotic Approach	M. Malzoni
2:25 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: Mechanical Principles Across Energy Modalities	T. Lee
2:33 pm	Commentary on Pelvic Sidewall Dissection and Ureterolysis: Mechanical Principles Across Energy Modalities	W. Kondo
2:36 pm	Narrated Video: Pelvic Sidewall Dissection and Ureterolysis: Ultrasonic and Alternative Energy Strategies	W. Kondo
2:44 pm	Commentary: Pelvic Sidewall Dissection and Ureterolysis: Ultrasonic and Alternative Energy Strategies	A. Advincula
2:47 pm	Moderated Comparative Discussion and Audience Questions	All faculty
3:00 pm	Adjourn	

ADA Statement: In accordance with the Americans with Disabilities Act (ADA), please contact CMEsupport@aagl.org should you require any special assistance.

Disclosure of Relevant Financial Relationships

As an ACCME-accredited provider, AAGL is responsible for ensuring that accredited education is fair, balanced, free of commercial bias, and supports safe, effective patient care. AAGL maintains control over all aspects of educational planning, content, faculty selection, delivery, and evaluation.

All individuals in a position to control educational content are required to disclose financial relationships with ACCME-defined ineligible companies within the past 24 months. AAGL identifies and mitigates all relevant financial relationships before individuals assume their respective roles. Educational content is also subject to independent peer review by individuals without relevant financial relationships.

Disclosure information and acknowledgment of any commercial support are provided to learners before the activity to promote transparency and maintain the independence and integrity of the education.

Asterisk (*) denotes no financial relationships with ACCME-defined ineligible companies to disclose.

PLANNER DISCLOSURES

The following members of AAGL have been involved in the educational planning and/or review of this course (listed in alphabetical order by last name).

PROFESSIONAL EDUCATION COMMITTEE

Harold Wu, MD* - Chairman
Adrian Balica, MD*
Jamal Mourad, DO – Proctor: Intuitive Surgical
Jude Okohue, MD*
Steven Radtke, MD*
Anna Reinert, MD*
Jean Uy-Kroh, MD*
Linda Bradley, MD, AAGL Medical Director*
Linda Michels, AAGL Executive Director*
Linda Bell, AAGL Admin Support*
Nancy Williams, COO, CME Consultants*

SCIENTIFIC PROGRAM COMMITTEE

Nash Moawad, MD, MS, Chairman – Consultant (ended 12/2024): Medtronic, Womed, Integra Life Sciences
Amani Harris, MD*
Ted Lee, MD – Advisory/Consultant: Johnson & Johnson, Regeneron Pharmaceuticals
Nucelio Lemos, MD, PhD – Speakers Bureau: Pfizer, Inc., Medtronic; Advisory Board: Knight Therapeutics, Vecfer Pharma
Mario Malzoni, MD*
Emad Mikhail, MD – Consultant: Johnson & Johnson
Hannah Palin, MD*
Megan Wasson, DO*
Michael Hibner, MD, PhD*
Jose "Tony" Carugno, MD*
Angela Chaudhari, MD - Consultant: Tag/Dream Medical, Johnson & Johnson; Speakers Bureau: Johnson & Johnson
Linda D. Bradley, MD, Medical Director*
Linda Michels, Executive Director, AAGL*

COURSE CHAIR DISCLOSURE

William Kondo, MD*

FACULTY DISCLOSURES

The following faculty have agreed to support their presentations and clinical recommendations with the best available evidence from the medical literature (in alphabetical order by last name).

Arnold P Advincula, MD – Consultant: Blue Endo, CooperSurgical, Intuitive Surgical, Medtronic; Royalty: CooperSurgical
William Kondo, MD*
Mario MM Malzoni, MD, PhD*
Ted TM Lee, MD – Consultant: Anuat, Jmees, Johnson & Johnson, Regeneron

MITIGATION OF RELEVANT FINANCIAL RELATIONSHIPS

All relevant financial relationships have been mitigated.

Drs. Lee, Lemos, Mikhail, and Chaudhari's planning decisions, as part of the Scientific Program Committee (SPC), were peer reviewed by other planners on the SPC who had disclosed no financial relationships with ineligible companies, and found to be fair, balanced, and free of commercial bias. Dr. Moawad's financial relationships ended 12/2024, thus mitigating them. For most of his AAGL Professional Education Committee service, Dr. Mourad had no financial relationships to disclose. He recently disclosed a new relationship as a Proctor for Intuitive Surgical. Since then, he has not participated in activities involving control or influence over accredited educational content; therefore, no additional mitigation was necessary.

The presentation content for course faculty, Drs. Advincula and Lee, has been peer reviewed and found to be fair, balanced, and free from commercial bias.

CULTURAL AND LINGUISTIC COMPETENCY & IMPLICIT BIAS

The California Medical Association (CMA) outlines standards for Cultural Linguistic Competency and Implicit Bias in CME. The goal of the standards is to support the role of accredited CME in advancing diversity, health equity, and inclusion in healthcare. These standards are relevant to ACCME-accredited, CMA-accredited, and jointly accredited providers located in California. AAGL is ACCME-accredited and headquartered in California.

CMA developed the standards in response to California legislation (Business and Professions (B&P) Code Section 2190.1), which directs CMA to draft a set of standards for the inclusion of cultural and linguistic competency (CLC) and implicit bias (IB) in accredited CME.

The standards are intended to support CME providers in meeting the expectations of the legislation. CME provider organizations physically located in California and accredited by CMA CME or ACCME, as well as jointly accredited providers whose target audience includes physicians, are expected to meet these expectations which began on January 1, 2022. AAGL has been proactively adopting processes that meet and often exceed the required expectations of the legislation.

CMA CME offers a variety of resources and tools to help providers meet the standards and successfully incorporate CLC & IB into their CME activities, including FAQ, definitions, a planning worksheet, and best practices. These resources are available on the CLC and IB standards page on the CMA website.

Important Definitions:

Cultural and Linguistic Competency (CLC) – The ability and readiness of health care providers and organizations to humbly and respectfully demonstrate, effectively communicate, and tailor delivery of care to patients with diverse values, beliefs, identities and behaviors, in order to meet social, cultural and linguistic needs as they relate to patient health.

Implicit Bias (IB) – The attitudes, stereotypes and feelings, either positive or negative, that affect our understanding, actions and decisions without conscious knowledge or control. Implicit bias is a universal phenomenon. When negative, implicit bias often contributes to unequal treatment and disparities in diagnosis, treatment decisions, levels of care and health care outcomes of people based on race, ethnicity, gender identity, sexual orientation, age, disability and other characteristics.

Diversity – Having many different forms, types or ideas; showing variety. Demographic diversity can mean a group composed of people of different genders, races/ethnicities, cultures, religions, physical abilities, sexual orientations or preferences, ages, etc.

Direct links to AB1195 (CLC), AB241 (IB), and the B&P Code 2190.1:

Bill Text – AB-1195 Continuing education: cultural and linguistic competency.
Bill Text – AB-241 Implicit bias: continuing education: requirements.
Business and Professions (B&P) Code Section 2190.1

CLC & IB Online Resources:

Diversity-Wheel-as-used-at-Johns-Hopkins-University-12.png (850×839) (researchgate.net)
Implicit Bias, Microaggressions, and Stereotypes Resources | NEA
Act, Communicating, Implicit Bias (racialequitytools.org)
https://www.contemporaryobgyn.net/view/overcoming-racism-and-unconscious-bias-in-ob-gyn
https://pubmed.ncbi.nlm.nih.gov/34016820/
https://hr.ucdavis.edu/departments/learning/certificate/implicit-bias
https://pmc.ncbi.nlm.nih.gov/articles/PMC7011228/