Script or Scalpel

1 & 2 November 2024

Hotel Grand Chancellor Hobart

PROGRAM BOOK

Australasian Gynaecological Endoscopy & Surgery Society Limited

AGES FOCUS MEETING 2024

WELCOME TO FM2024

Dear AGES members and healthcare colleagues,

On behalf of the Australasian Gynaecological Endoscopy and Surgery (AGES) Society, Dr Kate Martin and I are delighted to welcome you to beautiful Hobart Tasmania, for the AGES Focus Meeting: Script or Scalpel.

With Tasmania boasting the worlds cleanest air, its picturesque capital, Hobart is framed by the rugged figure of Kunanyi / Mount Wellington, and the spectacular flow of the wide river Derwent (perfect for kayaking or a boat ride).

Within close walking distance to the conference venue are vibrant city cafés, world class restaurants, the famous Salamanca markets, and a short ferry ride to MONA (the internationally renowned Museum of Old and New Art). Just beyond the mountain, you will also find misty snow-capped mountains, sprawling green glades, hiking paths, premier mountain biking, and boundless adventure. Whether travelling alone, with young ones, or more mature companions, Hobart has something for everyone.

This year's AGES Focus Meeting reflects on the evolution both 'towards' and 'away from' surgery in many areas of gynaecology. The program has been carefully crafted to present local and national speakers, most of whom are game changers in gynaecology or healthcare.

This year's Focus Meeting starts with an incredible plenary session from Dr Ranjana Srivastava OAM (Oncologist, Fulbright scholar, and Author), who will set the scene with the interplay of humanities and clinical medicine.

The program that follows, covers essential areas of gynaecology including complex pelvic pain, menopause, abnormal uterine bleeding, surgical planning for complex cases, imaging dilemmas, as well as the complex deliberations of 'when too, and when not to operate'. Whether you are non-specialist women's healthcare provider, office-based gynaecologist, or MIL gynaecologist (or both), you will find plenty to challenge and inspire you.

Also included within this AGES Focus Meeting are CPD points for general attendance, as well as additional OM/PR points for participation in our Script or Scalpel Complex Case Discussions.

We received an overwhelming response to the Friday lunchtime 'Writing for the Public' Workshop which is fully now booked.

Friday night's Frogmore Creek dinner promises to be fine dining at its best, with an outstanding selection of Hobart's entertainers, and the perfect way to close the first day.

Saturday promises a second day of exceptional talks, with the day closing with an 'On the Couch with The Presidents' session. This session will cover hotly discussed topics including the future of MIL surgery, our dual O&G specialty, and the competing and complementary roles of AGES and RANZCOG as societies.

We are incredibly excited to see you in Hobart and look forward to learning together during this Script or Scalpel AGES Focus Meeting.

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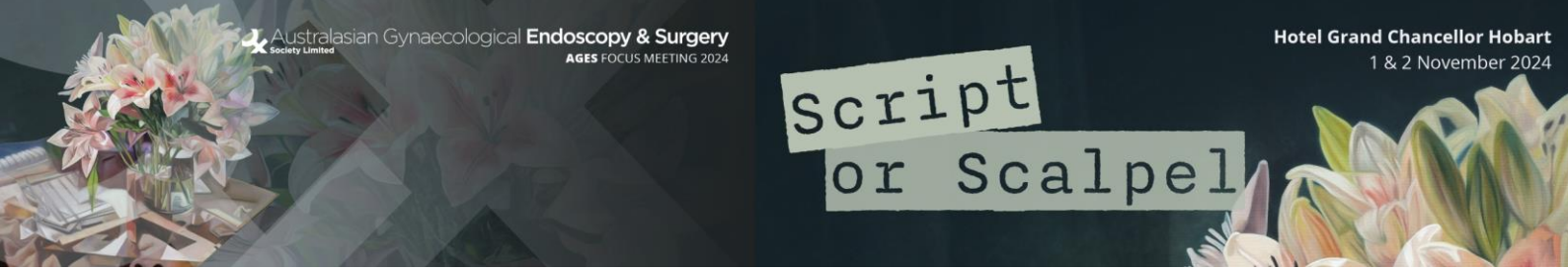
CONFERENCE
Program



AGES 2024 FOCUS MEETING

Hotel Grand Chancellor, Hobart | 1 – 2 November 2024

FRIDAY 1 NOVEMBER 2024		
0700 – 0800	**Conference Registration**	
0800 – 0810	Welcome & Acknowledgment of Country	
0810 – 0840	The Art of Medicine – Script OR Scalpel – **Ranjana Srivastava OAM**	
0840 – 0850	Q&A	
0850 – 1020	**Session 1: Pelvic Pain** ***Session Chairs:*** *Rachel Green & Kate Martin*	*Grand Ballroom*
0850 – 0910	The Ideal Persistent Pelvic Pain Flare Tool Kit – **Sam Mooney**	
0910 – 0930	Which Drugs and Why – **Marilla Druitt**	
0930 – 0950	Analysis and Application of Botulinum Toxin – **Blake Knapman**	
0950 – 1010	What Does the Future Hold for Persistent Pelvic Pain – **Susan Evans**	
1010 – 1020	Panel Discussion	
1020 – 1050	**Morning Tea & Trade Exhibition**	*Grand Ballroom Foyer*
1050 – 1220	**Session 2: Fibroids** ***Session Chairs****: Michael Wynn-Williams & Kim Dobromilsky*	*Grand Ballroom*
1050 – 1110	Can MRI Predict Leiomyosarcoma? – **Lee Field**	
1110 – 1130	Known and New Scripts: Zoladex, Ryeqo, and Friends – **Alison Bryant Smith**	
1130 – 1150	Is My Myomectomy Technique Good Enough to Preserve Fertility? – **Haider Najjar**	
1150 – 1210	When to Use a Robot for Fibroids – **Amani Harris**	
1210 – 1220	Panel Discussion	
1220 – 1340	**Lunch & Trade Exhibition**	*Grand Ballroom Foyer*
1240 – 1340	**Lunchtime Workshop** Writing for the Public – **Ranjana Srivastava OAM**	*Grand Ballroom*
1340 – 1510	**Session 3: Abnormal Uterine Bleeding** ***Session Chairs:*** *Emma Readman & Frank Clark*	*Grand Ballroom*
1340 – 1400	Approaching Abnormal Uterine Bleeding in Adolescents – **Charlotte Reddington**	
1400 – 1420	Mullerian Anomalies - Diagnostic and Management Update – **Charlotte Elder**	
1420 – 1440	When All Else Fails: Which Mode Do I Choose? – **Martin Ritossa**	
1440 – 1500	Surgical Training in Gynaecology – **Gillian Gibson**	
1500 – 1510	Panel Discussion	
1510 – 1540	**Afternoon Tea & Trade Exhibition**	*Grand Ballroom Foyer*
1540 – 1650	**Session 4: The Multi-Disciplinary Team & Surgical Planning** ***Session Chairs:*** *Mugdha Kulkarni & Stephen Bradford*	*Grand Ballroom*
1540 – 1550	Division of Labour (Collaboration in Care) - A Women's Health GP Perspective – **Emily Ware**	
1550 – 1600	Excising Bowel Endometriosis at Hysterectomy: Considerations & Counselling – **Srini Yellapu**	
1600 – 1610	Blame the Bladder – **Anthony Eaton**	
1610 – 1620	Peri-operative Management of GLP-1 Agonists & SGLT2 Inhibitors – **David Alcock**	
1620 – 1650	Complex Case Discussion - (CPD Points: OM/PR) **Facilitators:** *Amani Harris & Nyasha Gwata*	
1650 – 1700	Panel Discussion	
1900 – 2300	**Conference Dinner**	*Frogmore Creek*

Program correct at time of publication and subject to change without notice. Updates available on the AGES website

SATURDAY 2 NOVEMBER	
0730 – 0800	**Conference Registration**
0800 – 0950	**Session 5: Endometriosis** *Grand Ballroom* ***Session Chairs:*** *Bassem Gerges & Catarina Ang*
0800 – 0820	The Reality of Regionality – **Vasu Iyengar**
0820 – 0840	Ultrasound - A Gynaecologist's Best Preparation – **Michael Wynn-Williams**
0840 – 0900	How to Not Operate: Decisions, Difficult Conversations, & Drugs – **Jim Tsaltas**
0900 – 0920	The Endometrioma Dilemma - Incise or Strip or Avoid – **Martin Healey**
0920 – 0940	Tips on Keeping Endometriosis Surgery Safe – **Simon Edmonds**
0940 – 0950	Panel Discussion
0950 – 1020	**Morning Tea & Trade Exhibition** *Grand Ballroom Foyer*
1020 – 1220	**Session 6: Cancer** *Grand Ballroom* ***Session Chairs:*** *Tal Jacobson & Jacqueline Brown*
1020 – 1040	When & Why to Refer to The Gynae-Oncologist – **Rosie McBain**
1040 – 1100	Progesterone for Endometrial Hyperplasia: Who, When, What? – **Helen Green**
1100 – 1120	The Clinical Conundrum of Managing Complex and Borderline Ovarian Lesions – **Patricia Deonarine**
1120 – 1140	When to Recommend HPV Vaccine in Unvaccinated Women – **Carly Sands**
1140 – 1210	Complex Case Discussion - (CPD Points: OM/PR) **Facilitators:** *Amani Harris & Stephen Lyons*
1210 – 1220	Panel Discussion
1220 – 1320	**Lunch & Trade Exhibition** *Grand Ballroom Foyer*
1320 – 1520	**Session 7: It All Comes Back to the Ovary** *Grand Ballroom* ***Session Chairs:*** *Jennifer Pontre & Carly Sands*
1320 – 1340	Practically Delivering Gender Affirming Care – **Louise Owen**
1340 – 1400	Which Pill Do I Choose? – **Catherine Moult**
1400 – 1420	PCOS and Weight Loss: How Can We Assist? – **Roland McCallum**
1420 – 1440	Infertility - Updates on Best Practice – **Manuela Toledo**
1440 – 1500	What's New in Menopause – **Carmen Brown**
1500 – 1520	Panel Discussion
1520 – 1540	**On the Couch with the Presidents** *Grand Ballroom* **Facilitators:** *Shamitha Kathurusinghe & Kirsten Connan* **Panel:** Rachel Green & Gillian Gibson
1540 – 1640	**Conference Closing Networking Drinks** *The Atrium*

EXHIBITION

FM24 EXHIBITORS

1. MIPS	6. Medtronic
2. BD	7. Baxter
3. Gedeon Richter	8. Olympus
4. Avant	9. Applied Medical
5. BOWA Medical	10. Hologic

CONFERENCE DINNER

Frogmore Creek

FRIDAY 1 NOVEMBER 2024 | 7PM

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UPCOMING EVENTS

CLICK ON THE TILES BELOW FOR MORE INFO OR HEAD TO OUR WEBSITE

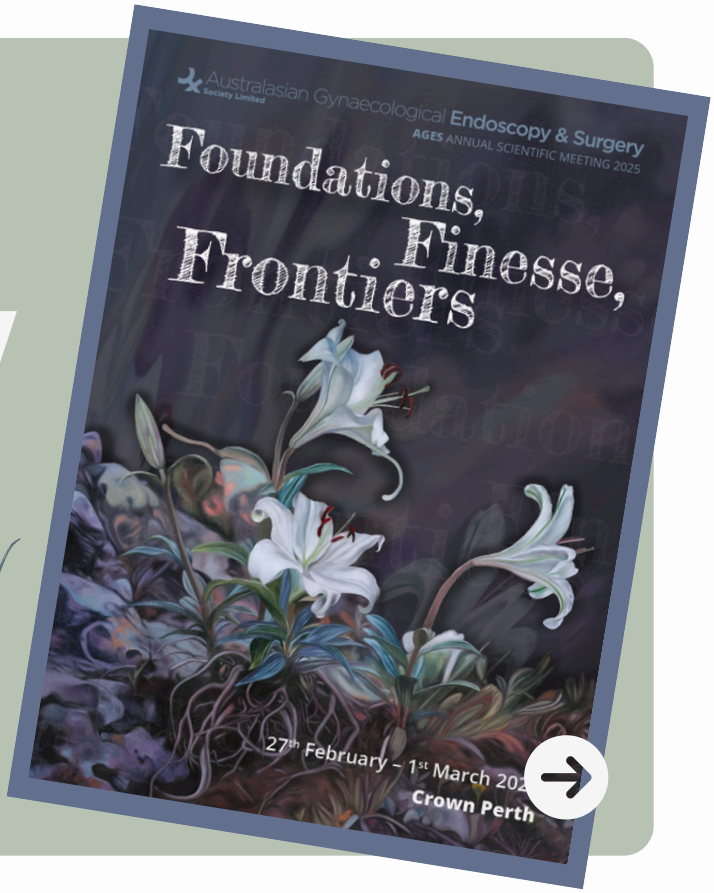
Australasian Gynaecological Endoscopy & Surgery Society Limited

AGES XXXV ASM 2025

Registrations Opening 1 Nov

27 FEB - 1 MAR 2025

PERTH



AGES Webinar: Morbidity & Mortality

13 NOV

VIRTUAL

AGES & ESGE Webinar:
Tips and Tricks for Large Fibroid Uterus Hysterectomy via Laparoscopic and Robotic Surgery

05 DEC

COMING SOON

VIRTUAL

Laparoscopic Anatomy & Pelvic Dissection Workshops

2025

COMING SOON

BRISBANE & VIRTUAL

AGES Peri-Operative Surgical Meeting

AUG 2025

COMING SOON

MELBOURNE

PRESENTER *Abstracts*

0810 - 0850	Keynote Presentation

Ranjana Srivastava OAM: *The Art of Medicine – Script OR Scalpel*

In her keynote speech, Dr. Ranjana Srivastava will reflect on the competition between scalpel and script and question whether technical proficiency must come at the cost of doctor-patient communication.

0850 - 1020	Session 1: Pelvic Pain

Sam Mooney: *The Ideal Persistent Pelvic Pain Flare Tool Kit*

As the clinicians tasked with managing persistent pelvic pain, our patients turn to us not only for diagnostics – "What's going on? Why do I have this pain?" – but for symptom management, and importantly for management options that promote a reduction in problematic pain symptoms and an improvement in quality of life. In this talk I will discuss the mechanisms that may be involved in pelvic pain flares, and then move to examine our "pain flare toolkit". What options do we have, pharmacological and non-pharmacological, and what is the evidence?

Marilla Druitt: *Which Drugs and Why*

Abstract not available.

Blake Knapman: *Analysis and Application of Botulinum Toxin*

Botulinum toxin (BoNT) injection for management of muscle spasticity and associated pain has an expanding list of medical and cosmetic applications. BoNT injection into the pelvic floor musculature for the management of pelvic floor tension myalgia (PFTM) was first described in 1997. Since this time, we have seen increased uptake of BoNT injection for the management of PFTM, but do we have the evidence to support its use?

Randomised data assessing the utility of BoNT in the management of PFTM is heterogenous with a distinct paucity in high quality data, hampering attempts at meta-analyses. Interpreting the literature is further complicated by conflicting evidence from non-randomised and randomised studies. This talk aims to explain the background of BoNT in pelvic pain, give a brief description of its administration, and provide a comprehensive overview of the data supporting (or refuting) its use in modern gynaecology.

Susan Evans: *What Does the Future Hold for Persistent Pelvic Pain*

When we signed on to become gynaecologists, we signed on to caring for women with pain. It's not easy. Despite this, we are the people that women look to for solutions when they have pelvic pain.

Not only for the comfort that their pelvis has been expertly emptied of lesions, but for all aspects of their gendered pain and wellbeing, both inside and outside the pelvis. The public expectation of what gynaecologists can and will achieve for them is high.

Pressures include the place of laparoscopy in managing pain, who should provide laparoscopy, the evolving field of non-surgical pelvic pain management and the changing role of the gynaecologist.

1050 – 1220	Session 2: Fibroids

Lee Field: *Can MRI Predict Leiomyosarcoma?*

The role of imaging in preoperative workup of myometrial lesions - what is achievable and what are the limitations? Are there specific MRI characteristics that can generate a confident diagnosis of uterine LMS (with reference to recent radiological consensus statement)?

Alison Bryant Smith: *Known and New Scripts: Zoladex, Ryeqo, and Friends*

Fibroids are known to form and grow under the influence of both estrogen and progesterone. Hence, various hormonal medications have been trialled to modulate their growth and provide symptomatic relief for patients. In addition to GnRH agonists such as goserelin and nafarelin, recent additions to the Australian market include the GnRH antagonist relugolix.

This talk will discuss questions such as:

- How can clinicians use both GnRH analogues and add-back therapy to optimise patients' estrogen levels, based on the estrogen threshold hypothesis?
- What does relugolix add to the current options for medical management of fibroids, if anything?
- What additional GnRH antagonists may become available over the next few years?
- When should GnRH analogues be considered?
- When should add-back therapy be prescribed, and what formulation should be prescribed?

And most importantly:

- What random 5 / 6 letter combination word will drug companies use to name their next drug?

Almost all will be revealed, evidence base permitting…

Haider Najjar: *Is My Myomectomy Technique Good Enough to Preserve Fertility?*

Abstract not available.

Amani Harris: *When to Use a Robot for Fibroids*

This talk explores the use of the robotic platform as a minimally invasive option for myomectomy. It outlines the importance of setting up for success and tips and tricks necessary for a smooth robotic myomectomy. The talk lists which cases are best done on the robot. Lastly, the evidence of laparoscopy versus robot and cost versus benefit of robotic myomectomy will be reviewed.

1340 – 1510	Session 3: Abnormal Uterine Bleeding

Charlotte Reddington: *Approaching Abnormal Uterine Bleeding in Adolescents*

Abstract not available.

Charlotte Elder: *Mullerian Anomalies - Diagnostic and Management Update*

Mullërian abnormalities are common enough that everyone sees a few, but rare enough that everyone only sees a few. Using cases, this talk will go over some general principles, discuss imaging, look at the difficulty with the current classification system and think about surgery - when you should, when you shouldn't and what to do if you do.

Martin Ritossa: *When All Else Fails: Which Mode Do I Choose?*

Hysterectomy dates back to between 50 DC and 120 AD when vaginal hysterectomy was first used as a treatment for uterine inversion. Since that date the debate has continued as to who, when and how it should be done. Is it a procedure that should be done at the end of a prescribe line of treatments? Can it be considered elective or even "cosmetic"? Is "my mother and sister had one" a good enough reason to agree to one? Should the mode be dictated by surgeon preferences, location of residence or by clinical need? How much attention should be paid to costs and which ones? Which of hospital, patient or community costs are more important? How much attention should be paid to non-financial costs?

In 2002 Cochrane concluded "because of equal or significantly better outcomes on all parameters, vaginal hysterectomy should be performed in preference to abdominal hysterectomy where possible" and implied that only when a vaginal hysterectomy is not possible should a laparoscopic hysterectomy be considered,

despite it increased risks. Has anyone ever believed this? In the 21st century, as the uptake of Robotic surgery grows, is there science and logic to what we do, or is it just a case of "gynos with their gadgets".

Hear the answer to these and more questions from a surgeon who knows more recipes on how to do a hysterectomy than they do to cook a family meal.

Gillian Gibson: *Surgical Training in Gynaecology*

RANZCOG trains and accredits doctors throughout Australia and New Zealand in the speciality of O & G so that they can provide the highest standards of healthcare. Increasingly the College's focus is on surgical competency, particularly for gynaecological procedures, due to reduced access during training, an issue impacting O & G specialist training internationally. The reasons are multifaceted, including conservative management of heavy menstrual bleeding, safer working hours, more trainees, and subspecialisation.

RANZCOG has tasked a working group to look at ways of increasing access to gynaecological surgery during training. This includes maximising training opportunities, incorporation of simulation-based education as a mode of teaching and reviewing progression through existing advanced training pathways.

1540 – 1650	Session 4: The Multi-Disciplinary Team & Surgical Planning

Emily Ware: *Division of Labour - A GP's Perspective*

Women's Health General Practitioners (WHGPs) possess specialised expertise in managing gynaecological and perinatal health within the primary care setting. Their role is pivotal in delivering accessible, holistic care to women and individuals assigned female at birth.

Drawing on her experience collaborating closely with Obstetricians and Gynaecologists in both public and private sectors, as well as other GPs, Emily will share insights from her involvement in a multidisciplinary team (MDT) model, specifically addressing the care of patients with persistent pelvic pain. She will explore how this integrated approach benefits both Gynaecologists and GPs, ultimately enhancing whole-person care and improving patient outcomes.

Srini Yellapu: *Excising Bowel Endometriosis at Hysterectomy: Considerations & Counselling*

In this presentation, Dr Srini Yellapu will present his experience in Hobart discussing mainly surgical strategies, techniques and operative complications.

Anthony Eaton: *Blame the Bladder*

This presentation will explore the challenge of differentiating bladder-related symptoms from pelvic pain, particularly in patients presenting with recurrent urinary tract infections (UTIs), bladder pain syndrome, and bladder endometriosis. It can be very difficult to distinguish bladder pain from pelvic pain, as the two are often linked and commonly associated with bowel pain, further complicating the diagnostic process. Emphasis will be placed on recognising overlapping symptoms and the importance of a multidisciplinary approach to accurately identify and manage the source of discomfort.

In addition, a succinct overview of the surgical management of bladder endometriosis will be provided. The discussion will include indications for surgery, surgical techniques, and expected outcomes.

Finally, practical tips and tricks for the recognition, repair, and follow-up of bladder and ureteric injuries during gynaecological surgery will be shared. Recognition of ureteric injury is typically achieved by observing the efflux of urine from the ureteric orifices. If difficulty is anticipated, particularly in the retroperitoneum, consideration should be given to placement of a JJ stent.

In terms of repair, the operative technique depends on the level of the injury. Distal ureteric injuries are typically repaired with re-implantation, with or without a psoas hitch. Mid-ureteric injuries are the most challenging, where an attempt at a spatulated, watertight anastomosis is made, although this is not always

successful. Upper ureteric injuries are usually managed with direct repair, though in extreme cases, auto-transplantation may be required.

For follow-up, ureteric injuries are typically monitored using CT IVP or, in some cases, a MAG3 scan. In the case of bladder injuries, follow-up involves a cystogram or CT cystogram to ensure successful repair.

David Alcock: *Peri-operative Management of GLP-1 Agonists & SGLT2 Inhibitors*

GPL1 Agonists and SGLT2 inhibitor medications are increasingly prescribed to people with type 2 diabetes. They offer improved glycaemic control as well as secondary benefits including antihypertensive action and weight loss. These effects have made them the treatment of choice after lifestyle modifications and metformin and can prevent or delay a patients need for insulin therapy.

These secondary benefits have also led to non-diabetes indications for use, including weight loss and heart failure, expanding their indications and resulting in a growing number of patients presenting for surgery taking these medications. This presentation will explain why these drugs pose a risk in the perioperative period and outline the current guideline-based approach to perioperative management, including pre-operative discontinuation and post operative reinitiation.

0800 – 0950	Session 5: Endometriosis

Vasu Iyengar: *The Reality of Regionality*

Regional Australia has published unfavourable health care disparities with Metropolitan areas. Regional Gynaecologists provide services to 30% of the poorest, most disadvantaged cohorts of women with multiple, often inadequately managed health morbidities. They do so within health systems that are inadequate and management frameworks that seem designed for failures and errors, not for success and safety.

This presentation provides some disconcerting facts regarding the realities of regionality for gynaecological service provision in geographically isolated and poorly connected regions. This is a conversation that is overdue at the AGES and RANZCOG given the Australian continent's vast size and population demographic. We must all now reflect on the multiple urgent systemic and cultural reforms required to address critical regional service access problems and service delivery inequity issues.

Michael Wynn-Williams: *Ultrasound - A Gynaecologist's Best Preparation*

Abstract not available.

Jim Tsaltas: *How to Not Operate: Decisions, Difficult Conversations, & Drugs*

Abstract not available.

Martin Healey: *The Endometrioma Dilemma - Incise or Strip or Avoid*

The management of endometriomas has changed substantially over the last 30 years. The focus has moved from a concern about potential malignancy resulting in a "chop it out" approach to instead concern about minimising ovarian tissue damage and thus protecting ovarian reserve. Endometrioma care seems to have led to more systematic reviews and meta-analyses than properly designed prospective studies. The reason for an endometrioma being discovered and the fertility desires of the patient are the core issues that decide what treatment is most suitable.

The accuracy of ultrasound and MRI for defining an endometrioma are comparable, meaning that cost and availability will decide which imaging is used. For a typical endometrioma on ultrasound, the risk of an unrecognised malignancy is low (1/700), meaning that automatic removal is not justified. Looking long-term, however, the risk of ovarian cancer appears raised with endometriosis and more so in somebody who has had DIE or an endometrioma. This raises questions about the role of BSO post-menopause.

Pain symptoms respond well to surgery, ovarian suppression, and likely also to sclerotherapy. The confounding presence of other endometriosis with endometriomas makes it unclear what impact treating the endometrioma itself provides.

For fertility management there is limited information about impact of treatments on natural conception. In contrast there have been many studies exploring various endometrioma treatments in women having IVF. To date cystectomy appears to carry the lowest risk of cyst recurrence but the highest reduction in ovarian reserve. Various modifications to this approach have been explored to try and minimise this impact. Drainage and vaporisation appears to have a higher cyst recurrence but less impact on ovarian reserve. Drainage and sclerotherapy is gaining traction in some centres with apparently no change in ovarian reserve but with significant infection and recurrence rates. Finally, leaving the endometrioma in situ has become an accepted approach, but carries concerns about ovarian abscess formation, progressive ovarian reserve loss and cyst leakage.

Simon Edmonds: *Tips on Keeping Endometriosis Surgery Safe*

Pre-op preparation, a safe theatre environment and knowledge of surgical equipment and pelvic anatomy are all pre-requisites for keeping surgery for endometriosis 'safe'. This talk gives practical advice and tips on dealing with different stages of endometriosis and how to manage any unplanned situations that may occur

1020 – 1220	**Session 6: Cancer**

Rosie McBain: *When & Why to Refer to The Gynae-Oncologist*

Abstract not available.

Helen Green: *Progesterone for Endometrial Hyperplasia: Who, When, What?*

Abstract not available.

Patricia Deonarine: *Ovarian Lesion Malignancy Prediction*

The Clinical Conundrum of Managing Complex and Borderline Ovarian Lesions

Presentation overview
The terms complex and borderline ovarian lesion can describe a wide range of radiological appearances ranging from benign to overtly malignant. This presentation provides a summary of the key imaging findings and use practical cases to demonstrate how to further improve care for patients through optimal risk stratification.

Examples of presentation content

- The ORADS and IOTA risk stratification models and their practical application.
- Potential value of the ADNEX model and RMI calculators in differentiating between benign, borderline, and malignant lesions.
- The role of different imaging modalities like USS, CT, and MRI to assess ovarian lesions.
- Management of simple cysts in post-menopausal patients**.**

Carly Sands: *When to Recommend HPV Vaccine in Unvaccinated Women*

Abstract not available.

1320 – 1520	Session 7: It All Comes Back to the Ovary

Louise Owen: *Practically Delivering Gender Affirming Care*

In this presentation, we will review some trans and gender diverse health care tips and practice friendly signals for practitioners and their team, look at medical and surgical transition, review period suppression, pregnancy prevention, STIs and Pelvic pain, and take a quick look at surgical transition in the transmasculine/non-binary population.

Catherine Moult: *Which Pill Do I Choose?*

The contraceptive pill is an effective contraceptive method which can also offer other health benefits. However, other contraceptive options such as long-acting reversible contraceptives (LARCs) should be discussed. If a combined oral contraceptive pill is the chosen method, prescribe a pill with the lowest effective dose of oestrogen and progestogen. Pills containing levonorgestrel or norethisterone in combination with ethinyloestradiol 35 microgram or less are considered first-line. They are effective if taken correctly, have a relativity low risk of venous thromboembolism, and are listed on the Pharmaceutical Benefits Scheme (PBS).

Roland McCallum: *PCOS and Weight Loss: How Can We Assist?*

With current estimates of Polycystic Ovarian Syndrome (PCOS) at 6-10% of reproductive -age women and 40-80% of those either overweight or obese and on the other side of the coin, women with obesity having an odds-ratio of almost 3 for the development of PCOS there is a pressing need for effective strategies to assist weight loss.

Genetic factors, pregnancy, mental health disorder as well as chronic pain are well known risk factors for the development of overweight/obesity.

Selective dysfunction of the PI3-K post-receptor insulin pathway in PCOS and obesity appears to be central to the development of adverse metabolic complications such as Type 2 diabetes, Obstructive Sleep Apnoea, dyslipidaemia and metabolic dysfunction-associated steatohepatits (MASH).

The efficacy of lifestyle modification including dietary modification with and without physical exercise, optimisation of sleep and mindfulness techniques will be reviewed.
Pharmacologic treatment (including the use of GLP1 agonists) and bariatric surgery will be considered.

The scale of the problem necessitates all specialties' involvement in addressing the community's needs. However, the commonest reasons stated for medical failure to get involved include lack of time with the patient and lack of resources. There is no doubt that patients need supportive joined-up care from teams of motivated clinicians, and this may be the most challenging part of delivering change.

Manuela Toledo: *Infertility - Updates on Best Practice*

Abstract not available..

Carmen Brown: *What's New in Menopause*

Menopause and Perimenopausal Management seems to be the new hot topic of 2024 but is it new, or are we paying more attention to a known aging process? Menopause is a NATURAL, normal and physiologic process BUT its symptoms can have significant physical, social and psychological impacts on patients.

As the life expectancy for women increases, so too will the questions we receive as clinicians on ways to improve quality of life, improve sexual relations and reduce unwanted symptoms associated with the menopause transition. Management of menopausal symptoms is not just about quality of life but also about significant and proven concerns around cardiovascular, neurologic and musculoskeletal health that clinicians MUST be aware of.

Our role as women's health physicians should include having the tools to provide patients with options for symptom control and ways to improve health outcomes for the long term.
The last 20 years has provided us with significant improvements in options for management of menopausal symptoms. These include hormonal and non-hormonal therapies along with some evidence based, non-medical options that can truly improve outcomes for these patients struggling with symptom control.

We will review refined evidence from landmark studies regarding Menopause Hormone Therapy (MHT), discuss complexities with patients with comorbid complications needing options for symptom management and look at the strategies for women in the perimenopausal transition.

QUESTIONS?

We're here to help!

VISIT US AT THE REGISTRATION DESK FOR ON THE DAY QUERIES OR CONTACT US BELOW:

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ages.com.au

Australasian Gynaecological Endoscopy & Surgery Society Limited