



American College of Osteopathic Obstetricians and Gynecologists

# ACOOG Newsletter

*Intelligent Assistance Through Proper Understanding*

## Greetings from the President by David L. Wolf, D.O., F.A.C.O.O.G. (Dist.)

Fall 2005

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Phone 817-377-0421 or  
800-875-6360  
Fax 817-377-0439

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It is hard for me to believe that it has been almost four months since I became President of ACOOG. I don't know about you, but time goes by so fast for me.

Spring time and early summer is so special. It

reminds me of the past and allows me to dream about tomorrow. Your Board of Trustees and committees are like spring, they are reminded of all that has been done in the past and they, however, are also dreaming about tomorrow.

I had the great opportunity of representing ACOOG as an invited guest at the American College of Osteopathic Family Physicians Annual Convention in Phoenix the last of March. This was the first time in recent history that the President of ACOOG has been at their convention. I feel it was a very worthwhile meeting. It is my hope that ACOOG and ACOFP can have a greater working relationship. Both Executive Committees are planning on meeting again at the Unity Conference in Orlando.

I also was an invited guest at the American College of Obstetricians and Gynecologists (ACOG) at their annual convention in San Francisco. This was a very worthwhile meeting. Special contacts occurred between Dr. Buchanan, Executive Vice President, Dr. Joe Kaczmarczyk, Past President, myself, and their members. It was also an honor for me to be involved in the inauguration of Dr. Michael Mennuti the 63rd President of ACOG. I am confident his presidency will be rewarding. It is my hope that Dr. Mennuti and I can work together for the betterment of women's health care in America.

I would also like to bring you up to date on what some committees of ACOOG are doing.

The Residency Evaluation Committee (REC) under the leadership of Dr. Peter Konchak has been very busy. Dr. Michael Geria, committee member and Dr. Kristi Herbst, resident representative to REC recently revised the ACOOG Residency Manual. This manual went to all AOA OB/GYN residents at the beginning of their academic year in July. You can be very proud of this manual. If any of you would like to have a manual, I would be more than glad to send you a CD. In July, at their meeting in Big Sky, Montana, the REC considered some very important Basic Standard change in regard to program director's duties and compensation. It is my hope that the REC will adopt these Basic Standard changes and send them to the COPT Committee of the AOA.

I believe these Basic Standards need to be adopted in order to continue to improve our residency programs.

The Continuing Medical Education Committee (CMEC) under the leadership of Dr. Laura Dalton is working hard to finalize the fall convention in Orlando. The Convention Chair is Dr. Kedrin Van Steenwyk. This conference is called the Unity Conference. All specialty colleges of the AOA will be present. This will be a first. I am very excited about this. You will be receiving more information about the conference from ACOOG.

Mark your calendar for October 22-27, 2005. I hope you all can be there.

For more information go to [www.acoog.org](http://www.acoog.org) and click on Unity Conference.

The Membership and Promotion Committee (M & P) is one of the very important committees of ACOOG. This committee is under the leadership of Dr.'s Patti Arnett and Carl Della Badia. This committee is working hard to put together a "New Look" for the membership directory. I think you will be very pleased when you receive your copy. This committee has been charged by

## Greetings from the President *continued from page 1*

me to encourage all osteopathic OB/GYN's, both AOA and ACGME trained, to be members of ACOOG. This is all osteopathic AOA and ACGME trained OB/GYN's College. M & P met in Chicago to work on these and other issues. Please send any concerns or regards to Dr. Patti Arnett at [manotrout@aol.com](mailto:manotrout@aol.com).

The By Laws Committee under the leadership of Dr. Michael Geria is looking at several important by law changes. These changes will need to be approved by the Board of Trustees and then be brought to a vote by you at the General Membership Meeting at our next annual conference in San Antonio, Texas.

The Historian Committee is chaired by Dr. Richard Polk. He and his committee members are working hard on putting together a book about the history of ACOOG. It is my hope this book will be available to all of you at the annual convention in San Antonio. All members should know the history of ACOOG. We have so much to be proud of.

The Ethical and Professional Standards Committee is under the direction of Dr. John Stevens, Jr. I have asked this committee to develop a policy for expert witness qualification and testimony. ACOG already has such a policy.

Finally, my Presidential Task Force on recruitment of osteopathic medical students into OB/GYN and AOA Residency Programs will be meeting this summer to start their important deliberations. This committee is under the leadership of Dr. David Boes. I am expecting great things from this committee. The ACOOG Board voted to waive ACOOG Student members' registration fees for all future ACOOG conferences.

I also wanted to inform you that Pat Guyton, President of Horizon Meetings, recently was diagnosed with metastatic breast cancer. Pat has been the convention manager for ACOOG for the last several years. She is undergoing extensive chemo therapy at MD Anderson Hospital in Houston, Texas. You can send your prayers and encouragement to [pguyton@horizonmeetings.com](mailto:pguyton@horizonmeetings.com). You can also keep up on her medical condition at her website: [tomandpatguyton.blogspot.com](http://tomandpatguyton.blogspot.com).

I want you all to remember that you are a very important part of ACOOG. Please email me your concerns at [dwolf@wolfobgyn.com](mailto:dewolf@wolfobgyn.com).

## Letter from the Editor - David L. Wolf, D. O., F.A.C.O.O.G.

The Guest Editor for this issue of the College Newsletter is Douglas E. Pugmire, D. O.

Dr. Pugmire is a graduate of the Kirksville College of Osteopathic Medicine. He did his OB/GYN residency training at Kennedy Memorial Hospital in Stratford, New Jersey and his fellowship in gynecologic oncology at Pennsylvania Hospital in Philadelphia, Pennsylvania. He is presently in private practice in Lansing, Michigan as a gynecologic oncology specialist.

Dr. Pugmire's article is entitled "To Drain Or Not To Drain". He states that throughout the surgical literature the issue of draining has been a heated debate and remains the source of abundant confusion. The literature states that in the preantibiotic era draining of the pelvis following radical surgery was recommended to prevent "accumulation of fluid in the perineum which could undergo decomposition or serve as the source of internal or external infection".

However, in 1993 Dr.'s Phillip DiSaia and Michael Berman did a retrospective study of patients who had underwent radical hysterectomy with pelvic lymphadenectomy to determine the effectiveness of closed-suction drainage.

Their conclusion was that the select use of drainage is advisable in the presence of intraoperative retroperitoneal bleeding or ureteral injury, their routine use in uncomplicated patients is not warranted. Finally, it is Dr. Pugmire's opinion that selected drain placement appears to be the most prudent action when extensive dissection, retroperitoneal bleeding or ureteral injury occurs or abscess is encountered. Routine placement of drains is probably unwarranted at this time.

I found Dr. Pugmire's article interesting. So many times physicians do things out of habit, but this article help put the use of drain in perspective on an evidence based fashion.

***This can be found and downloaded @[www.acoog.org](http://www.acoog.org).***

**FDA Link - Cytotec (misoprostol) patient information sheet**

**[www.fda.gov/cder/drug/infopage/misoprostol/default.htm](http://www.fda.gov/cder/drug/infopage/misoprostol/default.htm)**

# Guest Editor

## *To Drain or not to Drain*

Douglas E. Pugmire, D.O.

Throughout the surgical literature, in the past as well as currently, the issue of drainage has been the subject of heated debate and remains the source of abundant confusion. When obvious collections of blood or pus exist, the need for drainage is little disputed. But the method of placement, the length of time drains should remain in place, and the wisdom of prophylactic drainage are matters of great concern to all surgeons. (1)

Joseph Lister put into practice Pasteur's discoveries in microbiology. Using Listerian antisepsis he wrote "It is impossible to exaggerate the importance of drainage tubes." (2) Later one of Lister's opponents, Lawson Tait, is credited with the pronouncement, "when in doubt, drain."

In the preantibiotic era, drainage of the pelvis following radical hysterectomy and pelvic lymphadenectomy was recommended to prevent "accumulation of fluid in the peritoneum which could undergo decomposition or serve as the source of internal or external infection." (3) Pelvic drainage continues to be utilized in an effort to decrease postoperative febrile morbidity, prevent fistula and lymphocyst formation, and prevent early detection of surgical complications (4, 5). However, changes in surgical practices, including administration of prophylactic antibiotics and failure to close the pelvic peritoneum, have brought into question the effectiveness of prophylactic pelvic drainage for the prevention of these complications. (6)

In a small 1993 study, Phillip DiSaia and Michael Berman, among other co-authors, did a retrospective study of 115 patients who underwent radical hysterectomy with pelvic lymphadenectomy to determine the effectiveness of closed-suction drainage in decreasing postoperative morbidity. In one group, bilateral Jackson-Pratt drains were placed in the pelvic lymphadenectomy sites. In the other group, no drains were utilized. Their conclusions were that drains do not reduce the risk of postoperative morbidity in women undergoing radical hysterectomy, when the retroperitoneal space is left open and prophylactic antibiotics employed. "While the selective use of drains is advisable in the presence of intraoperative retroperitoneal bleeding or ureteral injury, their routine use in uncomplicated patients is not warranted. (3)

The incidence of lymphocyst formation following radical hysterectomy has been reported in the literature to be less than 5% (7), fistula formation approximately 25-30% (8), suggesting that changes in operative management including the use of drains has impacted on postoperative morbidity

dramatically. The role of drains, alone, however, cannot be assessed, because their use represents only one of several changes in surgical technique and medical management which could influence the frequency of these complications. Changes that could influence the incidence of complication include: the use of electrocautery and hemoclips to improve hemostasis and reduce drainage of lymphatic fluid, the trend to leave the retroperitoneum open following lymphadenectomy, and the use of prophylactic antibiotics.

In a similar, small Taiwanese study, a group of patients undergoing laparoscopic-assisted vaginal hysterectomy were analyzed. One-hundred sixty patients have Jackson-Pratt drains placed in the peritoneal cavity and 164 patients did not. Their conclusions were, prophylactic surgical drainage may not be necessary to prevent postoperative morbidity after laparoscopic-assisted vaginal hysterectomy when prophylactic and postoperative antibiotics are given. A drain still has its role in gynecologic laparoscopy in selected women, such as those with persistent ooze from raw surfaces, bowel injury, or frank pus in the abdomen. (9) In the same study the drained patients has less pain and required less pain medication. This was felt to be secondary to decreased postoperative gas in the abdomen and the decreased referred pain from CO<sub>2</sub> accumulation.

Upon further review of the general surgery, pediatric surgery, cardiothoracic surgery, colorectal surgery and orthopedic surgical literature routine drain placement is in question. It has always been my belief and dictum "when in doubt, drain". Certainly, none of the literature was able to show any harm in placement of drains and I have never regretted have placed a drain, but I have regretted not placing a drain. I must say after having reviewed all the literature on intraperitoneal closed-drain placement, that the routine placement of drains is unwarranted and probably has no known benefit. Selective drain placement appears to be the most prudent action when extensive dissection, retroperitoneal bleeding, bowel or ureteric injury occurs, or abscess is encountered.

### References

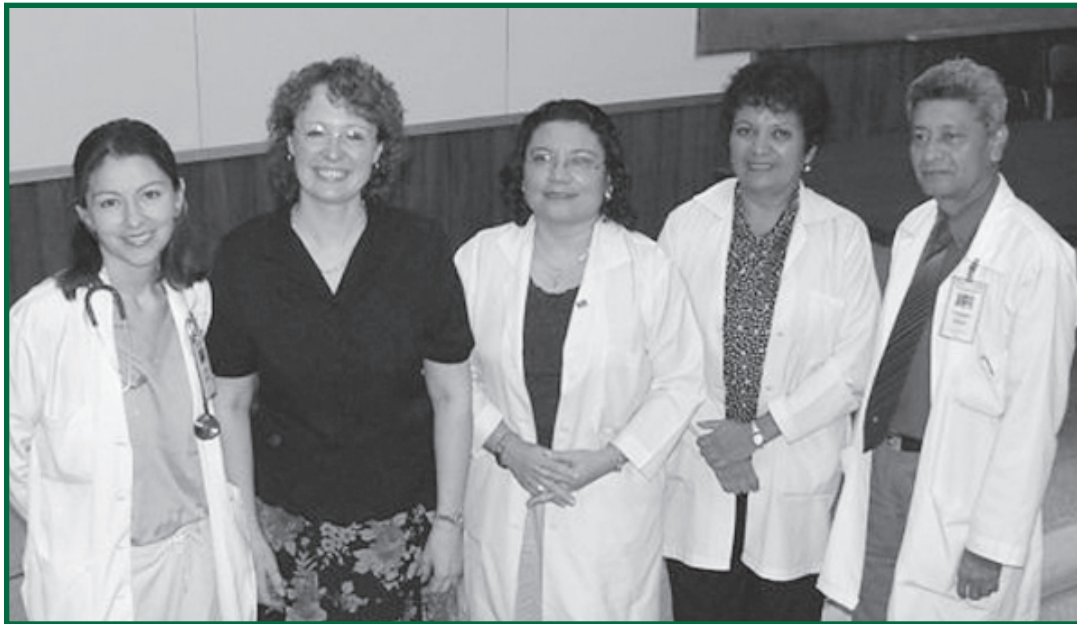
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*continued*

## **To Drain or not to Drain** – Douglas E. Pugmire, D.O.

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## **Lecture in El Salvador** - Anita Showalter, D. O.



*Pictured-  
Dr. Elisa Marquez,  
third year resident;  
Anita Showalter,  
D.O.; Dr. Rhina  
Arauz, Chief of the  
Division of Medicine;  
Dr. Sara Teresa Valdes,  
Director;  
Dr. Godafredo Avalos,  
Sub-Director.*

During a recent trip to El Salvador, I was asked to give a lecture at the Dr. Raúl Arguello Escolán Maternity Hospital. This is the national maternity hospital in San Salvador, the largest in their country. It is a tertiary care center, delivering about 13,500 patients last year. They also serve as the primary teaching center for medical students and residents in obstetrics.

Dr. Rhina Arauz is Chief of the Division of Medicine. In conversation with her, she stated that the Cesarean rate at their hospital is about 40%. I was told that the delivery numbers at the hospital have dropped from about 20,000 deliveries 5 years ago to their current rate. They think this is due to patients choosing other options for care, not a drop in the birth rate. Although they care for many high-risk patients, and therefore should have a higher rate of surgical intervention than other hospitals, she believes that many patients avoid coming to the hospital for care because they want to avoid surgery, even when they have high-risk

medical conditions. She also stated that physicians in private practice in the area have up to an 80% Cesarean rate.

I was asked to speak on “Osteopathic Manipulation in Obstetrics and Gynecology.” Osteopathy is a new concept to them. There is some practice of Chiropractic in the country, but it is not well known. I reviewed the history of osteopathic medicine in general, gave a brief report on the applications of manipulation in obstetrics and in gynecology, then gave a demonstration of some of the techniques that I use in my practice. Dr. Elisa Marquez, a third year OB/GYN resident, translated the lecture for me.

After the lecture, I had a discussion with the leaders of the hospital. They are interested in learning more about osteopathy and asked for a proposal of how they might learn more about osteopathic principles and techniques.

**Anita Showalter, D. O. - Board of Trustee Member**

# Congratulations . . .

## Joseph Bottalico D.O., FACOOG

Dr. George Thomas, AOA President, asked me as President of ACOOG to appoint a member of ACOOG to be a member of the CDC National Summit on Preconception Care Conference on June 21-22, 2005 in Atlanta, Georgia.

I appointed Joseph Bottalico, D. O., a maternal-fetal medicine specialist, to represent ACOOG. Dr. Bottalico is well qualified to represent ACOOG. He is the lead author on the ACOOG Ad Hoc Committee Report "Preconception Counseling". *Congratulations, Joe. We are all proud of you.*

## Gary Packin, D.O., FACOOG

The American Society for Reproductive Medicine (ASRM) recently asked ACOOG to appoint a member to be part of a committee to establish guidelines on the use of hormone therapy as an educational tool for health care professionals providing care to postmenopausal women.

The participants in the closed meeting are representatives from not-for-profit agencies that have a focus on issues of women's reproductive health.

I have appointed Gary Packin, D. O. to represent ACOOG. Dr. Packin is a reproductive endocrinologist and Past President of ACOOG. He also was a member of ACOG's Task Force on Hormone Therapy appointed by Dr. Charles Hammond, President of ACOG 2002-2003. *Congratulations, Gary. We are all proud of you.*

### Prematurity Awareness Day (PAD) November 15, 2005

On Prematurity Awareness Day, the March of Dimes will once again have a series of activities including an event in New York City. Plans are still in development, but we are expecting this event to involve lighting a building pink and blue, appearances by celebrities, and Dr. Joy Browne's entire 3-hour radio program, with over 9 million listeners, devoted to the issue of prematurity.

**Visit the March of Dimes website: [www.marchofdimes.com/pad](http://www.marchofdimes.com/pad) (available October 1)**

## A Word About the Directory -

### Steve Buchanan, D.O., FACOOG

The 2005 - 2006 ACOOG Membership Directory was mailed from Texas the week of September 5th. It has been reformatted to a full page format. Hard binders with a CD rom will allow you to load the directory for use on your PC. The name and addresses are also behind the members only portal at do-online for your convenience.

New features include-

- A complete Constitution and By-Laws with all recent changes approved by the AOA in July 2005
- An updated Residency and Fellowship program with current openings
- Listings of Distinguished and Honorary Fellows
- Change of address form

We wish to thank the Co-Chairs of the Membership and Promotions Committee, Dr. Patricia Arnett, D.O. and Carl Della Badia, D.O. for their hard work in the reformatting of this important resource for our Members.

In the future the Membership Directory will arrive to you in CD rom format.

Please review your listing when you receive the directory and forward any changes to - ACOOG Headquarters on the web at [www.membership@acoog.org](mailto:www.membership@acoog.org) or fax to us at 817.377.0439.

# Communications to the Residents . . .

## Residency Evaluation Committee Representative *Kristi Herbst, D.O.*

The Residency Evaluation Committee recently met via conference call. I want to take a moment to update you all on the proceedings. The residency manual has been revised and updated. Every attempt is being made to get the manual ready in time to be distributed to the incoming first year residents.

ACCOG has also worked in conjunction with the ABOG and AOBOG to prepare a pamphlet of Frequently

Asked Questions to distribute to fellowship programs in an attempt to facilitate the acceptance of osteopathically trained D.O.s into allopathic fellowships. This should be available for distribution soon.

Also, a quick reminder – make sure you turn in your Resident’s Annual Reports on time! Your program can get fined if you don’t submit your reports on time!

*Thank you, Kristi*

## Government Affairs Ad Hoc Committee Report

*Teresa A. Hubka, D.O., FACOOG (Dist.) FACOG*

The osteopathic profession’s presence was certainly noted in Washington DC on April 14, 2005 during the AOA’s “D.O. Day on Capitol Hill”. This event brought 700 osteopathic physicians, osteopathic medical students, and representatives from 43 states and all 22 colleges of osteopathic medicine to our nation’s capitol to visit with the offices of 240 members of the House of Representatives and 86 Senators. The focus of advocacy efforts was for the enactment of comprehensive medical liability reform, reform of the Medicare physician payment formula, and provisions aimed at improving tax deductions for student loans and the financing of medical education. Participating from the ACCOOG leadership included: Drs. Patti Arnett, Steve Buchanan, Laura Dalton, Carl Della Badia, Teresa Hubka, and Kedrin Van Steenwyk. At the breakfast briefing prior to visiting the Hill, the key note speaker, US Surgeon General Vice Admiral Richard H. Carmona, MD, MPH, FACS, addressed the participants with praise for the osteopathic profession’s political advocacy efforts in health care and for providing patients with quality care through the osteopathic “whole patient” philosophy.

Attendees also participated in a press conference and rally with Senators Rick Santorum (R-PA), Tom Coburn, M.D. (R-OK), Lisa Murkowski (R-AK), and Richard Burr (R-NC) to promote the national enactment of comprehensive medical liability reform. AOA President George Thomas, DO, and student doctor B.J. Ho, AZCOM OMSIII, presented their respective points of view on the issues that face a practicing physician and a future physician

when making critical decisions on what field of medicine to enter and selection for practice location.

The AOA Council of Federal Health Programs was attended by Drs. Steve Buchanan and Teresa Hubka. Issues that were discussed were Physician payment and reimbursement, PLI reform, the new proposals in the Medicaid system, Patient-Centered Quality Care initiative, and the five-year review survey to identify misvalued evaluation and management codes. Congressman Tim Price, MD, (R-GA) also addressed council members on his views of the value that physicians bring to Congress.

Dr. Hubka also attended the AOA’s Bureau of Osteopathic Clinical Education and Research (BOCER) meeting in which she gained information on the AOA’s CAP program for quality improvement and outcome measures in residency programs and presented a proposal for the “Go Red for Women” cardiovascular disease awareness and prevention CME program. It is hopeful that ACCOOG might be one of the “kick-off” sponsors at the AOA Unity convention.

ACCOG hosted a booth at the SOMA convention which showcased our osteopathic Ob/Gyn residency programs as well as the benefits of membership in the College. Several of the students expressed a strong interest in pursuing a specialty in Ob/Gyn and an appreciation for the valuable information they gained from the booth and the direct networking they had with ACCOOG leadership.

*Respectfully submitted, Teresa A. Hubka, DO, FACOOG Dist. FACOG, Chair; Government Affairs Ad Hoc Committee*

# Laura Souders Dalton, D.O. Reports . . .

Evaluation of the conference evaluation forms is an important part of the CME committee function. Several issues surface regularly and deserve attention.

The location of any conference is chosen two to three years in advance with the help of a meeting planner. A geographic location is selected and the specific property is chosen according to availability, conference space needs, cost, room block arrangements and site amenities. Conference space needs are calculated on previous attendance. The number of rooms held for our group is similarly calculated and cannot always be changed due to anticipated increased attendance. The key is to make your reservation early. The timing of the Annual and Fall conferences is also chosen several years in advance and we attempt to avoid conflicts with holidays and other major professional meetings.

We attempt to maximize the number of CME credits available at each conference. Early start times allow afternoon workshop opportunities or free time to enjoy the locale. There are often planned ACOOG meetings or residency program functions that compete for the allotted time. Future evaluation forms will allow each attendee to more accurately claim the number of hours attended.

The syllabus for each conference should contain materials from each presentation and be in a user friendly format. The Annual 2005 was different due to central office changes.

All power point slides cannot be presented on CD rom as some are protected intellectual property. All presentations should have clearly outlined objectives, questions and references along with space for note taking. To help with audience interaction and questions, we will continue to ask attendees to speak at a microphone or use written question cards.

Providing food service at the conferences is becoming an increasing challenge to our college. Prices over the years have escalated and commercial support is almost non-existent. We will continue to provide some continental breakfasts, session breaks and others as economically possible. The Fall 2005/ AOA Unity conference in Orlando has a lower tuition since all food and beverages will be for purchase.

Of course, the lecture hall will always be too hot or too cold. We encourage all attendees to be thoughtful to others by leaving cell phones, pagers, conversation and children outside the lecture hall. Keeping the presentations starting and staying on time is always a challenge. All ACOOG members are invited to be part of the CME programs. Help and suggestions are always appreciated.

*Please take a minute to complete the CME recommendation form in the newsletter and fax to ACOOG headquarters at 817-377-0430 or send comments/ suggestions to [cme@acoog.org](mailto:cme@acoog.org). Hope to see you all in Orlando in October. Please register early!*

## A.O.B.O.G. Information

The most current information regarding certification continues to be available on the AOBOG web site: [www.aobog.org](http://www.aobog.org). Applications for all examinations are available via download from the AOBOG web site or by submitting a written request to the AOBOG central office.

The AOBOG is now accepting applications for:

Clinical Examinations:	May 5 and 6, 2006
Application Deadline Date:	September 1, 2005
Written Examination:	May 6, 2006
Application Deadline Date:	April 1, 2006

Results from the May 2005 Examinations:

Written Examinations	71 Candidates
	61 Pass (86%)
	10 Fail (14%)
Clinical Examinations	38 Candidates
	28 Pass (74.6%)
	10 Fail (26%)

### ACOOG Calendar of Events

2005

October 23 - 27

**ACOOG Fall Conference in conjunction with the AOA Unity Program  
Orange County Convention Center,  
Orlando, FL**

2006

Mar. 29 - Apr. 1

**ACOOG 73rd Annual Conference  
-Hyatt Regency Hill Country Resort  
& Spa, San Antonio, Texas**

Sept. 27 - Sept. 30

**2006 Fall Conference The Westin  
- Michigan Avenue, Chicago, IL**

Sept. 25 - 26

**Pre Fall Conference Workshops**

**For an expanded Calendar of Events go to [www.acoog.org](http://www.acoog.org)**

- I **have** attended an ACOOG Conference in the past two years
- I **have not** attended an ACOOG Conference in the past two years

**Topics Recommended:**

**Obstetrics:**

- OMM in Pregnancy
- Operative Delivery
- Cesarean Section
- Fetal Demise
- Fetal Growth Disorders
- Fetal Surveillance
- OB Ultrasound
- Gestational Diabetes
- PIH/ Pre-eclampsia
- Pre-conception Care
- Infections in Pregnancy
- Delivery Complications
- Gestational Trophoblastic Disease
- Other (Please Print Clearly)

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**General Medicine:**

- Hypertensive Disorders/ Heart Disease
  - Diabetes
  - Thyroid Disease
  - Cosmetic Procedures:
- \_\_\_\_\_
- \_\_\_\_\_
- Depression/ Psychiatric Disorders
  - Thrombophilia/Clotting Disorders
  - Patient Safety/ Risk Management

**Business/ Legal:**

- PLI Issues
- Coding
- Electronic Medical Records

**Gynecology:**

- OMM in Gynecology
- STD
- PMS/PMDD
- Anatomy Review
- Menopause Management
- Endometriosis
- PCOD/ Metabolic Syndrome
- Contraception
- Osteoporosis
- Vulvar Disease/ VIN
- Cervical Disease/Pap/CIN
- Gyn Oncology
- Sexual Function/ Dysfunction
- Adolescent/Pediatric GYN
- Infertility
- Pre-Op Care
- OR Videos
- Surgical Techniques:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Breast Disease
- Lipid Management
- Nutrition
- Obesity Management
- Other: \_\_\_\_\_

\_\_\_\_\_

- Asset Management
- Practice Management Issues
- Other: \_\_\_\_\_

**Speaker Recommendations:** (Please provide all contact information)

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Topics: \_\_\_\_\_

\_\_\_\_\_

**Conference Locations:** \_\_\_\_\_

\_\_\_\_\_

**I would like to be involved in CME planning or presentations:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Please fax to: ACOOG Headquarters 817-377-0439

# Osteopathic Political Action Committee (OPAC)

The American Osteopathic Information Association-Osteopathic Political Action Committee (OPAC) is a convenient and effective way to become more involved in the political process and help your profession. OPAC is the only political action committee solely dedicated to representing the interests of osteopathic physicians on the federal level. OPAC's mission is to elect pro-physician candidates and incumbents to Congress.

OPAC provides a way for osteopathic obstetricians and gynecologists to support elected officials on behalf of the entire profession. This support reinforces our lobbying and

advocacy efforts by improving access to federal lawmakers. Such access allows us the opportunity to educate and develop relationships with physician-friendly members of Congress and their staff, thus furthering the advancement of the osteopathic community's legislative agenda.

For more information on OPAC and how you can become more politically active please call the OPAC Director, at 800-962-9008 or visit the OPAC website. The site is accessed by logging into the members-only portion of [www.do-online.org](http://www.do-online.org). A link to the OPAC site is on the left-hand navigation bar.

## Clinical Assessment Program

The AOA's Clinical Assessment Program (CAP) measures current clinical practices in osteopathic residency programs for quality improvement. Presently family practice and internal medicine residency programs are involved.

The AOA has asked ACOOG to appoint two members to the CAP Steering Committee. This committee, in addition to other indicators, looks at Women's Health issues. i.e., Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening and Osteoporosis.

I have appointed two physicians from ACOOG. They are as follows: Salvatore Finazzo, D. O. graduated from

Nova Southeastern Medical School. He did his residency training at Riverside Osteopathic Hospital. He is a Fellow of ACOOG and a Senior Member. David Adelstein, D. O. graduated from Des Moines College of Osteopathic Medicine. He did his residency training at Kennedy Memorial Hospital. He also is a Fellow of ACOOG and is a Senior Member.

I am confident both of these physicians will represent ACOOG with distinction on this very important committee.

**David L. Wolf, D. O., FACOOG**  
**President, ACOOG**

## CREOG Council Meets at Big Sky

The CREOG council met July 27, 2005 at Big Sky Montana. Our organization is an ex-Officio member of the council. The council reviews reports from all the representative organizations and discusses issues pertinent to OB/Gyn resident education. The issues that have been discussed in the past are: the decreasing number of applicants to OB/Gyn residency programs, improving residency training in surgical skills with the utilization of computer and other models of surgery, and the changing dynamic of the male vs female applicants into OB/Gyn programs. The CREOG council does have some ability to suggest funding projects and studies that would attempt to help residency education. The Education committee is a subcommittee of the CREOG council and has recently published the new Educational Objectives for Obstetrics and Gynecology and will be forwarding a copy to every

resident in the near future. Our organization's representation has given information to this council concerning residency programs and residency issues in Osteopathic OB/Gyn training. Following the council meeting, a retreat for all program directors occurred with a special session for the Osteopathic program directors during the official conference. This special session gives the program directors in our profession the ability to discuss issues with representatives of the REC (Residency Evaluating Committee) and AOBG (American Osteopathic Board of Obstetrics and Gynecology).

**Lee Irving, D. O.-CREOG Representative**

## Practice Opportunities

### DES MOINES, IOWA

Women's Health Services P.C./

Obstetrics and Gynecology

1301 Pennsylvania Ave., Suite 411

Des Moines, IA 50316-2367 • 515.263.9107

#### **Board Eligible/Board Certified OB/GYN**

**physician wanted** to join well established practice in Des Moines, IA. The practice is located in close proximity with progressive hospitals and Levell III nursery care. One in four call, competitive salary, full benefits and opportunity for early partnership. Des Moines is a family oriented city with cultural and recreational activities and a top rated educational system.

Please contact:

Karen Kemp-Glock, DO

515.263.9107 or

Cynthia Cheney, Office Manager

515.263.8569

email - manager@desmoines obgyn.com

### PITTSBURG, PENNSYLVANIA

#### **Looking for an OB/GYN physician**

Location: Beautiful community 35 miles north of Pittsburgh, PA. 4 OB/GYN physicians looking for a 5th to join the team!

Please Call:

724.285.9270 or

Fax C.V. to 724.285.9288

### PRINCETON/TRENTON, NEW JERSEY

#### **OB/GYN Generalist Needed**

Expanding seven person Ob/Gyn group in the Princeton/Trenton region of central New Jersey seeks BE/BC general Ob/Gyn.

Level 3 hospitals, two offices. Upscale community with short commute to NYC and Philadelphia. Comprehensive services offered include gynecology, obstetrics and infertility with advanced reproductive technologies by our own BC reproductive endocrinologist. IVF lab on site. Office has U/S, colposcopy, LEEP, hysteroscopy and urodynamics. Hospitals have latest technology. Employment leading to partnership in this private practice. Can start Fall 2005 or Summer 2006.

Contact:

Dr. Scott Eder

Deleware Valley Ob/Gyn & Infertility Group, PC,  
2 Princess Road, Suite C

Lawrenceville, New Jersey 08648

609.896.0777 ext. 217

email: seeder@comcast.net

www.Delvalobgny.com

## Residency/Fellowship

### Opportunities

#### CHICAGO, IL

**Two PGY -1 positions and two PGY-2 positions available for July 1, 2005**

These funded positions are available through the OB/GYN residency at Midwestern University, Chicago College of Osteopathic Medicine. All Affiliated hospitals are located in the Chicago-land area. Rotation institutions include affiliated sites from University of Illinois, and University of Chicago. Interested parties should contact Michaelene Hamang, Department of Obstetrics and Gynecology, Midwestern University, St. James Olympia Fields Medical Center, 20201 S. Crawford Ave., Olympia Fields, IL 60461. Fax 708.503.2366.

#### PHILADELPHIA, PA

**PCOM OB/GYN Residency** — PCOM is currently accepting applications for an expanding AOA-approved OB/GYN Residency. Immediate openings are available for PGY2 through 5 years.

Prerequisite completion of an AOA Approved Internship year. For more information contact:

Saul Jeck, D.O., Chairman at 215.871.6789.

#### DAYTON, OHIO

**Unexpected 2nd Year Residency** — position in highly competitive program. Seriously interested candidates please contact: Renee Riley OB/GYN coordinator at Grandview Hospital Medical Education, 937.226.3247. Excellent facility and 12 resident training program.

## Subspecialty Fellowships Frequently Asked Questions

Recently a brochure entitled "*Obstetrics and Gynecology Subspecialty Fellowships-Frequently Asked Questions*" was developed by the American Board of Obstetrics and Gynecology, the American Osteopathic Board of Obstetrics and Gynecology and the American College of Osteopathic Obstetricians and Gynecologists. This brochure will "open" the door to our AOA OB/GYN residents who are interested in subspecialty fellowship.

A special thanks goes to Dr. Gant and Dr. Wendel from the American Board of Obstetrics and Gynecology for making this brochure possible. For more information about this brochure, contact [www.acoog.org/education](http://www.acoog.org/education) and click on Subspecialty Fellowship- Frequently Asked Questions.

# *In Memorium . . .*

## **James G. Matthews, Jr.**

### **D.O., FACOOG (Dist.) - 1916-2005**

*To those of us who knew him, Jim Matthews was a legend in his own time.*

Jim was a Michigan boy having grown up in Royal Oak where he attended school following which he attended Eastern Michigan University. During his high school and college years he not only excelled in the classroom but also in sports. As a matter of fact, he is in the Sports Hall of Fame at both Royal Oak Dondero High School and Eastern Michigan University for his achievements in track and in swimming.

Following graduation from Eastern, Jim entered Kirksville College of Osteopathic Medicine where he graduated in 1942. At this time he and Gladyce started a partnership which lasted a lifetime. Jim, with Gladyce at his side, then returned to the area he knew best to start his post doctoral training at Detroit Osteopathic Hospital.

At the conclusion of his training, Jim set up his practice in obstetrics and gynecology in Highland Park. He immediately became a driving force in the educational program at Detroit Osteopathic and it soon became one of the places to go to further one's osteopathic education.

During this time it became my good fortune to go to Detroit Osteopathic Hospital to serve an internship. And in the course of this internship I came under the influence of Dr. Matthews which caused me to make a choice of what I wanted to do with the rest of my life.

Jim was a leader by example. He was active in his community with his church. He was also active in his local Rotary Club and in the YMCA.

But it was in his professional associations that Jim became the most involved. Very early in his professional career he became a member of the American College of Osteopathic Obstetricians and Gynecologists and was soon actively involved. This culminated in his serving as president in 1964-65. Even after that, he remained actively involved serving on many committees. Who in the College can ever forget Jim leading the singing at the annual banquet? Through the wonders of modern technology we were even treated to this leadership at our most recent convention.

In the early 1960's he was appointed to the American Osteopathic Board of Obstetrics and Gynecology and faithfully served on that board for about thirty years.

I don't think I am speaking just for myself when I say thank you to Dr. Jim Matthews for the example he set for me and many other physicians stimulating them to be better practitioners in the field of obstetrics and gynecology. Our profession and our College have lost a true giant. Rest well, Jim.

**H. C. Orth, Jr., D. O., FACOOG (Dist.)  
Past President 1979-1980**

## **Randy E. Collins, D.O.**

Randy E. Collins, D.O. of Glendale passed away suddenly on May 28, 2005. Randy was the youngest of three boys born to Jimmie and Earl Collins in Paris, Texas on December 11, 1947. He grew up in Honey Grove, Texas where he married his high school sweetheart, Donna Nunnelley, on August 10, 1968. Together they raised three daughters and were happily married 29 years, until Donna passed away in 1998. After completing high school, Randy played football at Tyler Junior College in Tyler, Texas and then at Southwestern State College in Weatherford, Oklahoma. He completed Medical School at Texas College

of Osteopathic Medicine in 1976. He and Donna moved to Phoenix in 1977 to begin Randy's residency program in obstetrics and gynecology at Phoenix General Hospital. He began a successful OB/GYN practice in Phoenix in 1981 that continued until his death. Randy is survived by his three daughters and son-in-laws, Stephanie and Todd Jones of Shawnee, Kansas, Stacie and Bill Romley of Phoenix and Randi and Kevin Woods of Phoenix, and his five grandchildren, Lindsey Jones, Brittany Romley, Emma Claire Jones, William Romley and Nathan Romley.

# ACCOG Newsletter

American College of Osteopathic  
Obstetricians and Gynecologists  
2615 Merrick Street  
Fort Worth, Texas 76107

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## ACCOG CME Quiz This CME is available to ACCOG members only.

The ACCOG, accredited by the American Osteopathic Association, anticipates up to 0.5 2-B CME credit pending AOA approval. CME will be submitted to the AOA office quarterly. Return a copy of the entire page by fax to ACCOG at 817.377.0439. You may also visit the ACCOG website to download this page. Newsletter CME will remain on the ACCOG website for 12 months to provide the opportunity to complete each quarterly issue. (retain a duplicate for your records)

### YES, I am an ACCOG member

Name: \_\_\_\_\_ AOA#: \_\_\_\_\_  
please print

Please review your address above and make any needed corrections when submitting your CME Quiz. It will assist us in maintaining our membership database.

#### CME Questions:

- Who said, "It is impossible to exaggerate the importance of a drain"?
  - Listern
  - Pasteur
  - Sebastian
  - Tait
- The benefits of intraperitoneal drain placement include all but :
  - Earlier detection of postoperative complications
  - Prevent fistula and lymphocysts formation
  - Decrease postoperative febrile morbidity
  - Increased pain and infection at drain wound site
- All the following have brought the prophylactic use of intraperitoneal drain placement into question except:
  - Changes in surgical practices
  - Prophylactic use of antibiotics
  - Decreased use of pain medication in drains placed during laparoscopic cases
  - Leaving the retroperitoneum open
- According to this article a intraperitoneal drain should never be used except in rare emergencies
  - True
  - False
- One known benefit to drain placement in laparoscopic surgery is removal of CO<sub>2</sub> gas from the procedure, thus decreasing pain.
  - True
  - False