The 8th Annual Meeting of ASA was held on May 30, 2006, at Caesar’s Palace Hotel in Las Vegas, Nevada. With nearly 70 registrants, this was one of the best attended of the annual meetings, and was our first in Las Vegas.

Attendees relaxed and networked at the ASA surgical assistant’s reception the evening prior to the event, a great opportunity to share hospital stories and business information.

The all-day event, which qualified attendees for seven continuing education credits valid toward renewal of the Certified First Assistant credential, included a wide variety of clinical topics and an open panel discussion on the surgical assisting profession.

A special presentation on advances in Robotic-assisted prostatectomy was provided by Scott Miller, MD, St Joseph’s Hospital, Atlanta, Georgia. This special session focused on new, state-of-the-art techniques utilizing the daVinci™ Surgical Robotic System.

Also traveling to Las Vegas to provide a special session, was Roger Siemens, MD, FACS, Tulsa, Oklahoma, who discussed the role of the Certified First Assistant in providing surgical support, increasing efficiency, and promoting patient safety during surgical procedures, with a special focus on laparoscopic Nissen fundoplication.

Jeff Ware, CST, CFA, Hagerstown, Maryland, provided a fascinating overview of the various types of chest trauma and accompanying treatment options.

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ESTABLISHING YOUR OWN STATE’S SURGICAL ASSISTANT ORGANIZATION

TOM LESCARBEAU, CST, CFA

State Organizations
While the interests and needs of surgical technologists are similar to those of surgical assistants, there often seems to be controversy within AST state assemblies regarding issues that are often considered key to the future of surgical assisting. Most often these issues center upon the allocation of a state assembly’s goals and resources. A growing trend is that independent state surgical assistant associations are forming to focus efforts specifically upon the issues facing the surgical assistant within a given area or region. These surgical assistant associations are proving to be successful in their efforts and all have done so in partnership with ASA and AST.

Getting Started
The first requirement is a core group of motivated surgical assistants who share the need for a more focused agenda. Most often the key reason for forming these associations is to focus on legislative issues in a state or region.

Determine the number of potential members in your state or area (ASA can help with statistics). If the number of surgical assistants in your state is small, then consider including neighboring states to increase your group’s numbers. When considering your potential members, you must also decide on whether to permit members of other surgical assisting associations to participate in your association.

The Details
State associations are typically formed as nonprofit corporations. Most states offer information about the creation of nonprofit corporations on their websites. Simply search your state’s division of corporations department. A name for your group must be created and then searched on the state’s list of existing business names to ensure that the entity’s new name is not already taken. Download an application for a nonprofit corporation and complete the required information. Select the group’s address (a PO Box is usually acceptable), and determine who will be the officers of the new corporation. Remember to include the required fee for filing and Articles of Incorporation. Articles of Incorporation simply state the organizational structure, name and details of the corporation.

Soon after the state approves the application, it is necessary to apply to the Internal Revenue Service (IRS) for a nonprofit corporate tax identification number. The applications are available online at www.irs.gov. While on this website, search, download and complete the application for a 501C6 tax exemption, but do not file this until the tax identification number is granted and all steps below are completed.

A new bank account with the name and tax ID number of the group must be created. These accounts should have several members’ signatures on file as authorized account users, and all checks written should require two officers’ signatures to minimize fraudulent use.

A Board of Directors must be created to organize and guide the efforts of your group, and bylaws should be written and approved by the Board. Simply refer to the AST’s guidelines for state assemblies for details.

Assign the Board of Directors some key tasks, such as the development of a mission statement, identification of membership criteria, and determination of dues. Apply to AST for recognition as a continuing education provider, create a website, get potential member data from the ASA, to solicit membership and then plan educational events to raise money and promote your new group.

Once the momentum builds, your new group will establish credibility and then have the ability to employ lobbyists to effect legislative change to benefit surgical assistants in your area. Never underestimate the power of a small group of motivated individuals. Several states have already been successful and I hope that yours is the next. Please contact Ben Price at the ASA if you have further questions.
SURGICAL ROBOTS WILL BE SMALLER AND PORTABLE

Last year, a surgical robot performed independently in an operating room while handling, retrieving and returning surgical instruments. This robot, known as Penelope”, successfully performed all of the assigned responsibilities and provided the first example of a robot working as an independent assistant capable of taking commands and performing tasks requested by the surgeon.

The robot was designed with voice recognition software, enabling the surgeon to ask for an instrument normally. A unique gripper facilitates the robot’s ability to place an instrument into the surgeon’s hand. When the surgeon lays the instrument back down after finishing, digital cameras and image processing software enable the robot to recognize it and return it to its appropriate location. New software developments now permit the robot to anticipate what instrument the surgeon will need as well as providing a precise count of what instruments were used for the procedure.

In other developments with surgical robots, the trend is now aimed towards developing less expensive, portable and more versatile robots with broader applications. Currently, researchers are investigating the feasibility of incorporating tactile sensors that will enable surgeons to “feel” tissue and improve their diagnoses of medical conditions.

The goal of these researchers is to engineer a robot that is smaller, simpler and faster to set up in order to provide the surgeons with the flexibility to add a robot almost instantaneously when advisable. Besides seeking less expensive designs that will also be able to move from place to place readily, engineers are exploring the use of robots with CT scanners, ultrasound and MRIs that will be used to direct the robot to handle the conditions indicated by these diagnostic tools. More sophisticated scenarios depict doctors utilizing a flexible probe with a light source (endoluminal surgery) that can be inserted in the body in order to excise cancerous tissue, remove a gallbladder or remedy reflux disease.

Scientists are also working towards developing tactile sensors that will help surgeons using robots acquire the sense of touch. These sensors would palpate tissue to help locate a tumor, pinpoint an artery, or find small lumps in an organ. Built-in sensors send data that informs the surgeon what the probe is sensing.

The only surgical robot presently available costs approximately $1 million. Research now focuses on the development of lower cost robotic alternatives that would cost in the range of $250,000 and consequently be more widely used. Most scientists agree that the field of surgical robotics is in a very early stage of development and look forward to future discoveries.

References
1. www.roboticsurgicaltech.com
2. www.sciencedaily.com

ASA 8TH ANNUAL MEETING
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The day was capped off with professional sessions on Surgical Credentialing and Privileging for the surgical assistant, led by Mike Delano, CST, CFA, Spearfish, South Dakota, and Duane Prickett, CST, Atlanta, Georgia, and an open panel discussion moderated by the ASA Advisory Committee.

Planning is already underway for the 9th Annual ASA Meeting, to be held in New Orleans, Louisiana, on May 23, 2007.

Next year, the ASA 9th Annual Meeting, will be held in the morning from 8:30 until noon, in order to allow for interested participants to register for the afternoon Wound Closure Workshop that will run from 1-6 pm.

The fees for the meeting only are $100 for members and $185 for nonmembers. If registrants select to attend both the meeting and the Wound Closure Workshop, the member fee is $285 and the nonmember fee is $385. Nonmembers who register for the combination meeting and workshop will receive one-year memberships in AST and ASA.

More program information will be found in the next issue of the newsletter, in upcoming issues of the journal and online at www.surgicalassistant.org.
ASA COMMITTEE MEETS IN LAS VEGAS

The new ASA committee held a planning meeting during the AST annual conference in Las Vegas. Committee members Georgia Carter, Tom Lescarbeau, Bill Bresnihan, and Cheryl Shank were in attendance for the first meeting of the newly formed committee.

The immediate task at hand was of course final planning for the ASA Forum held on May 30. Initial feedback on this forum has been that the speakers were informative and the attendance was great, although the attendees would like to see more hands-on availability. This is in the works for the next forum.

The ASA committee has tasked itself with the planning of the upcoming 2007 ASA Forum to be held in conjunction with the AST Annual Conference in New Orleans, LA, and with other ASA activities that will include a series of articles on professional issues to be produced by the committee members.

ASA 9TH ANNUAL MEETING

ASA 9TH ANNUAL MEETING
NEW ORLEANS, LOUISIANA
WEDNESDAY, MAY 23, 2007
8:30 AM–NOON

Fees: Members, $100; Nonmembers, $185 (includes one-year membership in ASA)

Some ASA attendees may wish to attend the afternoon wound closure workshop that is scheduled to run from 1-6 pm in the afternoon. A special combination rate is available for those attending both the ASA 9th Annual Meeting and the AST Wound Closure Workshop

Combination Fees: Members, $285; Nonmembers, $385 (includes one-year membership in both ASA and AST)