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MINIMALLY INVASIVE PERIANAL & TRANSANAL SURGERY

May 18-21
December 14
Optional pre-courses

Course objectives

- To cover a broad spectrum of surgical procedures in Perianal and Transanal surgery
- To provide indications for surgical treatment and discuss operative complications
- To highlight technical aspects of surgical interventions through the broadcasting of live procedures
- To allow real-time discussion between the operators and the surgeon trainees
- To provide hands-on sessions to improve skills in laparoscopic surgery through practice on pelvi-trainer under expert tutorials
- To describe postoperative clinical results and practical applications of evidence-based clinical medicine

Educational methods

- Interactive theoretical and video sessions between Faculty and course participants
- Live and pre-recorded operative demonstrations
- Practical training on live tissue (mini-pigs) and pelvi-trainer

MINIMALLY INVASIVE COLORECTAL SURGERY

May 19-21
December 15-17
Advanced courses

Course objectives

- To cover a broad spectrum of surgical procedures in colorectal surgery
- To provide indications for surgical treatment and discuss operative complications
- To highlight technical aspects of surgical interventions through the broadcasting of live procedures
- To allow real-time discussion between the operators and the surgeon trainees
- To provide hands-on sessions to improve skills in laparoscopic surgery through practice on live tissue under expert tutorials
WEDNESDAY

7.45 AM  > Registration and welcoming of participants

8.00 AM

FOR OPTION A AND OPTION B

Live & pre-recorded operative demonstrations
Transanal Endoscopic Operations & video-assisted anal fistulas treatment (TEO & VAAFT)

10.15 AM

THEORETICAL SESSION

Complex anal fistulas
- Classification
- Diagnosis: overview and new imaging technologies
- New treatments for non-specific fistulas
  - Video-assisted anal fistula treatment
  - How to close? Suture / plug / glue / collagene
- New treatments for fistulas related to Crohn’s disease
- New treatments for rectal/anal anastomotic leakage

Transanal endoscopic operation rationale
- Instrumentation
  - Conventional
  - Flexible
- Endoluminal resection
- Complex fistula repair
- Pure and Laparoscopic assisted Transanal Sigmoidectomy
- Rectal cancer
  - TEM
  - TME

Discussion about complex clinical cases
- Vesico-colorectal fistulas: etiologies and management
- Rectovaginal fistulas: etiologies and management
- Urethreorectal fistulas: new approach
- Pilonidal cyst: new approach

2.00 PM  > Lunch at the Institute

OPTION B ONLY (option A: afternoon free)

Experimental laboratory

2.30 PM  > Practice on PELVI-TRAINER

- Transanal Endoscopic Operations and Video-Assisted Anal Fistula Treatment
  - Practice on LIVE TISSUE

6.30 PM  > End of the seminar / Delivery of certificates of attendance
LAPAROSCOPIC COLORECTAL SURGERY

Advanced courses

| THURSDAY |

7.45 AM > Registration and welcoming of participants

8.00 AM

FOR OPTION A AND OPTION B

Live & pre-recorded operative demonstrations
- Right colectomy for cancer
- Sigmoidectomy for diverticulitis
- Left colectomy
- Total Mesorectal Excision for rectal cancer (TME)

3.00 PM

FOR OPTION B

Training on live tissue (mini-pigs)
- Operative strategy
- Right ileo-caecal resection and anastomosis
- Left sigmoid resection with end to end Knight-Griffen anastomosis
- Vascular approach

FOR OPTION A

“Surgical Tips and Tricks”: Videos commented by the Faculty

Discussion around short presentations of difficult or particular cases, pitfalls and technical details in colorectal surgery through pre-recorded operative demonstrations

2.00 PM > Lunch at the Institute

6.00 PM > End of session / Evening free
7.45 AM > Evaluation of the previous day

8.00 AM

FOR OPTION B

Training on live tissue (mini-pigs)

- Operative strategy
- Right ileo-caecal resection and anastomosis
- Left sigmoid resection with end to end Knight-Griffen anastomosis
- Vascular approach

FOR OPTION A

“Surgical Tips and Tricks”: Videos commented by the Faculty

Discussion around short presentations of difficult or particular cases, pitfalls and technical details in colorectal surgery through pre-recorded operative demonstrations

11.00 AM > Break

11.30 AM

FOR OPTION A AND OPTION B: PLENARY SESSIONS

COLECTOMY

- Tips and tricks for right and left colectomy
- Resection of the transverse colon for cancer
- Oncological laparoscopic lymphadenectomy in colorectal cancer

Guest lecture

- Can we reduce complications in laparoscopic colorectal surgery?

1.00 PM > Lunch at the Institute

2.00 PM

FOR OPTION A AND OPTION B: PLENARY SESSIONS

Benign and inflammatory diseases

- Diverticular disease: specific technical rules
- Laparoscopic management of complex fistulas in Crohn’s disease
- Combined endo-laparoscopic resection of colonic polyps
- Severe rectovaginal endometriosis: what to do?

RECTAL CANCER

Transanal Endoscopic Microsurgery (TEM)

- TEM: Ancestor of NOTES but still very useful

Total Mesorectal Excision (TME)

- TME: dissection tips from open surgery for laparoscopists
- The bottom up approach to anterior dissection in TME
- Steps of laparoscopic TME
- Laparoscopic assisted TME/LAR – Technique, tips and approaches
- Laparoscopic dominant ISR for very low rectal cancer

6.00 PM > End of session

8.00 PM > Dinner in honor of participants

You can register online for IRCAD courses at www.ircad.fr

Or use this code for a flash registration at this course
New trends in colorectal laparoscopic surgery

• From MIS to image-guided surgery
• Transanal rectal surgery with TEO platform: from polypectomy to full TME
• Fluorescence in colorectal surgery
• Advanced colonoscopic polypectomy techniques: Endoscopic Mucosal Resection & Endoscopic Submucosal Dissection (EMR & ESD)
• Robotic TME
• Robotic impact on the rectal approach: conventional abdominal way
• The complete response to CRT – what to do?

Controversies

• Diverticulitis: elective sigmoidectomy
  > Pros
  > Cons
• Complete response for T3 rectal tumor after radiochemotherapy:
  > Wait and Wait
  > Local surgery
  > Conventional surgery
• Robotics and rectal surgery
  > Pros
  > Cons

Closing lecture

• Skeletons in the cupboard: when bad things happen to good surgeons

This program may be subject to modifications.