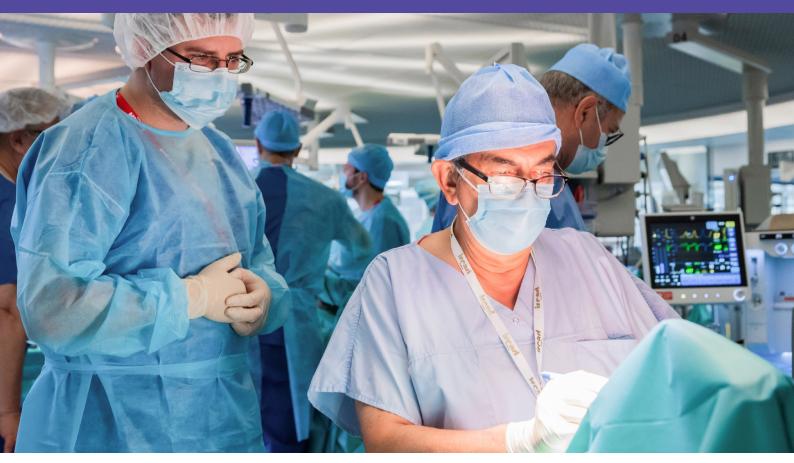
PROCTOLOGICAL SURGERY

ADVANCED COURSE



2024



STRASBOURG UNIVERSITY

Date

Course directors

SEPTEMBER 30 - OCTOBER 1

P. Meinero (IT)

J. Marescaux (FR, RW)

PROCTOLOGICAL SURGERY

7:45 am • REGISTRATION AND WELCOMING OF THE PARTICIPANTS

8:00 am • LIVE AND PRE-RECORDED OPERATIVE DEMONSTRATIONS

- A very complex case of anal fistula: Video-Assisted Anal Fistula Treatment (VAAFT) technique
- Pelvic Organ Prolapse Suspension (POPS) for descending perineum
- Endoscopic rectal prolapse resection with TEO equipment
- Perineum reconstruction: a very complex case
- Endoscopic Pilonidal Sinus Treatment (EPSiT)
- Hemorrhoids and laser HeLP procedure
- Laparoscopic minimal resection for Crohn's disease
- Complex anal fistula in Crohn's disease
- Robotic strategies for pelvic floor disorders

2:00 pm · LUNCH AT THE INSTITUTE

2:45 pm • TRAINING ON PELVIC TRAINER, MODELS AND LIVE TISSUE (MINI-PIGS)

- Ventral rectopexy
- Transanal Endoscopic Operation (TEO procedure)
- VAAFT (Video Assisted Anal Fistula Treatment)
- · Stapled prolassectomy
- Rectal prolapse suspension
- EPSiT (Endoscopic Pilonidal Sinus Treatment)

6:00 pm · END OF SESSION

8:00 pm o DINNER IN HONOR OF THE PARTICIPANTS

PROCTOLOGICAL SURGERY

7:45 am • EVALUATION OF THE PREVIOUS DAY

8:00 am • SPECIAL LECTURE: THE RECTAL PROLAPSE THEORY

THEORETICAL SESSION 1: HEMORRHOIDS, ARE THEY JUST THE TIP OF THE ICEBERG?

- · High-volume stapled hemorrhoidopexy
- STARR and TRANSTAR: when and why
- · Handling calibrated prolapse suspension
- · Milligan-Morgan: when and why
- HeLP the laser procedure: the rationale
- · Complications after surgical treatments: a discussion
- OPEN ROUND TABLE: THREE COMPLEX CASES

SPECIAL LECTURE: IS SETON NECESSARY FOR COMPLEX ANAL FISTULA TODAY?

THEORETICAL SESSION 2: COMPLEX ANAL FISTULA AND RECURRENCES

- Combined minimally-invasive treatments to win the long-standing fight
- Mesenchymal stem cells (CX601) for perianal Crohn's disease: a new hope?
- Crohn's disease: the St. Mark's experience with minimally invasive techniques
- FiLaC: when and why
- VAAFT: Video-Assisted Anal Fistula Treatment
- Crohn's disease: VAAFT and early start of biologic therapy. Could it be the future?
- The International Anal Fistula Task Force: reset our knowledge and start studying together
- OPEN ROUND TABLE: MEETING WITH PATIENTS SUFFERING FROM COMPLEX ANAL FISTULA

1:00 pm · LUNCH AT THE INSTITUTE

2:00 pm • SPECIAL LECTURE: SURGERY FOR CROHN'S DISEASE - WHAT TO DO AND WHAT TO AVOID?

THEORETICAL SESSION 3: ENDOSCOPIC AND ROBOTIC PROCEDURES IN PROCTOLOGY AND PELVIC FLOOR SURGERY

- · Ventral rectopexy: original technique and its possible variants
- Pelvic Organs Prolapse Suspension (POPS): indications and technical notes
- TEO procedure for benign and malignant rectal polyps
- · Robotic management of pelvic floor disorders
- Low anastomosis dehiscence: endoscopic approach
- · Laparoscopic mini right colectomy for Crohn's disease
- Robotic TAMIS: implementation and timing
- The Cleveland Clinic Foundation Experience (Florida, USA)
- Comparing opinions about robotic and laparoscopic surgery

4:30 pm o END OF SESSION

DELIVERY OF CERTIFICATES OF ATTENDANCE