

2ND EDITION OF GLOBAL CONFERENCE ON
**SURGERY AND
ANAESTHESIA**

September 24-25, 2021

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2ND EDITION OF GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA

SEPTEMBER 24-25, 2021

Theme:

Discover the New Possibilities and Recent Innovations
in Surgery & Anaesthesia

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About MAGNUS GROUP

Magnus Group (MG) is initiated to meet a need and to pursue collective goals of the scientific community specifically focusing in the field of Sciences, Engineering and technology to endorse exchanging of the ideas & knowledge which facilitate the collaboration between the scientists, academicians and researchers of same field or interdisciplinary research. Magnus group is proficient in organizing conferences, meetings, seminars and workshops with the ingenious and peerless speakers throughout the world providing you and your organization with broad range of networking opportunities to globalize your research and create your own identity. Our conference and workshops can be well titled as 'ocean of knowledge' where you can sail your boat and pick the pearls, leading the way for innovative research and strategies empowering the strength by overwhelming the complications associated with in the respective fields.

Participation from 90 different countries and 1090 different Universities have contributed to the success of our conferences. Our first International Conference was organized on Oncology and Radiology (ICOR) in Dubai, UAE. Our conferences usually run for 2-3 days completely covering Keynote & Oral sessions along with workshops and poster presentations. Our organization runs promptly with dedicated and proficient employees' managing different conferences throughout the world, without compromising service and quality.

About GCSA 2021

Magnus Group is pleased to invite you to participate in the '2nd Edition of Global Conference on Surgery and Anaesthesia', (GCSA 2022). during September 09-10, 2021 with the theme "Advancements and challenges in Neuroscience & Brain Disorders" following the victorious completion of three editions.

This GCSA 2021 is intended to put together leading speakers and experts on a common forum that serves as a means of disseminating peer-reviewed and cutting-edge scientific data that ties the entire field to the medical community worldwide.

Overall, high-quality information would result in the presentation of the best material on the most relevant topics by speakers with intense discussions, conducted in a pleasant atmosphere needed to facilitate as much networking and learning as possible.

You are assured of discovering the latest developments and breakthroughs that are exclusive to your field of work with its scientific sessions.

KEYNOTE FORUM

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Ricky Rasschaert

Department of Neurosurgery, Ziekenhuis Netwerk Antwerpen, Antwerp, Belgium

Minimally invasive lumbar spine approaches

Presentation of state of the art minimally invasive techniques for herniated disc surgery, mini open/percutaneous fusion techniques and mini open corpectomy technique.

Audience Take Away:

- Less invasive techniques with quicker recovery
- Multimodal pain treatment to reduce opioid use after surgery

Biography

Dr. Ricky Rasschaert is a neurosurgeon and spine surgeon at the ZNA Middelheim Hospital, the largest non-academic teaching hospital in Antwerp. The use of minimally invasive techniques and spinal reconstructive surgery is his main interest.

He is member of several Neurosurgical and Spine societies. He also has teaching positions and does research involving the treatment of Tarlov cysts and on neuromonitoring in spine surgery cases. There also is an active participation in the Spine Tango project, an international registry for spine surgery with the intention of improving quality of given care. Other interests are department and hospital management as well as medico-legal expertise.

Dr. Rasschaert is co-founder of the SpineCare@CURE project, trying to improve Neurosurgical care in sub Saharan Africa.



Valentin Sofokleous

Department of Pediatric Otorhinolaryngology, Athens Children's Hospital "P. & A. Kyriakou", Greece

National and Kapodistrian University of Athens Medical School, Greece

Surgical treatment of paranasal sinus osteomas: Need for a new grading system?

Paranasal sinus osteomas are slow-growing osseous tumors, representing the most common benign neoplasm of the nose and paranasal sinuses. They usually involve the frontal sinus, followed by the ethmoid labyrinth. Histologically, they are composed of mature, hyperplastic osseous tissue and can be classified into three types: ivory, mature, and mixed. They usually exhibit a slow growth rate, and many will remain lifelong asymptomatic. Occasionally, they can grow significantly and expand destructively beyond the confines of the sinonasal tract, causing severe and sometimes even life-threatening sequelae. Surgical excision represents the unequivocal treatment modality for symptomatic paranasal sinus osteomas. However, the optimal surgical approach and the extent of the surgery remain controversial.

This keynote presentation will explore recent advances in the management of symptomatic and asymptomatic paranasal sinus osteomas, focusing on the recent shifts in trends of their surgical treatment. Over the past 30 years, endoscopic techniques have emerged as the new standard of care for favorably located paranasal sinus osteomas. Our most recent experience with managing some cases of giant tumors, which are far more technically demanding, will also be presented. Based on our past decade experience, a new grading system for frontal and frontoethmoidal osteomas is proposed to better conform to recent advancements and current clinical, research, and educational needs.

Biography

Dr. Sofokleous graduated with High Distinction from the University of Athens Medical School and received his training in Otorhinolaryngology in Nicosia and Athens. He was the top-ranked participant in the European Board Examination in Otorhinolaryngology - Head and Neck Surgery, Part I, held in Istanbul in June 2018. He also holds a Master's Degree in Rhinology from the University of Patras and the University of Thrace and a Postgraduate Certificate in Audiology and Neurotology from the University of Athens. His current clinical and research interests cover the full breadth of Pediatric Otorhinolaryngology, with a particular interest in Rhinology and Otology - Neuroaudiology.



P. Crucitti* and L. Frasca, F. Longo, A. Moscardelli

Department of Thoracic Surgery, Policlinico Universitario Campus Biomedico, Roma, Lazio, Italy

Feasibility of non intubated thoracic surgery - Our Experience

Uniportal video-assisted thoracoscopic surgery (uniVATS) is the most advanced evolution of minimally invasive surgery, which allows to reduce hospital costs, optimize the therapeutic pathway and to reduce the length of stay. Non-intubated uniVATS procedures allow the performance of surgeries with minimal sedation without general anesthesia, maintaining throughout the operation spontaneous breathing. The principle is to create an iatrogenic spontaneous pneumothorax without the need of a double lumen tube.

The aim of our study was to evaluate the feasibility of this surgical technique considering: postoperative pain control with NSAID or opioid, hospitalization time, incidence of side effects and chronic pain. A total of 37 patients underwent non-intubated uniVATS minor pulmonary resection. 29 patients were classified as ASA III (78.4%), while the remnant as ASA II (21.6%). The indication to surgery were primary or secondary lung cancer associated with a symptomatic pleural effusion in 29 patients (78.4 %) and pulmonary nodules with no diagnosis in 8 patients (21.6%): in the former cases we performed a wedge resection, pleural biopsy and chemical pleurodesis, in the latter only a wedge resection. Performing the serratus plane block took a mean time of 5 minutes. We evaluated the acute pain level during the first 24 hours after surgery and chronic pain level at 1,3 and 6 months after surgery. We assessed the pain level with the Numeric Rating Scale (NRS) with a significant pain level of NRS>4. During the first 2 hours after surgery in the operation block, there was no basic analgesic therapy and 9 patients had a significant pain level (NRS>4): 5 patients required a single dose of opioid drugs, while 4 patients required a single dose of NSAID. In the conventional ward, all the patients were administered with an analgesic therapy based on paracetamol with NSAID for breakthrough pain. At 6, 12 and 24 hours after surgery, there were: 2, 3 and 5 patients who respectively had a significant pain level; 1, 2 and 4 patients who respectively required additional drugs for breakthrough pain; 16, 13 and 12 patients who respectively did not need any analgesic therapy. All the patients referred satisfaction about the anesthesiological technique. At 1 month only one patient had significant pain level; at 3 and 6 months no patient had significant pain level among those who did not pass away. We observed an increased effectiveness in terms of postoperative pain control with reduced opioid and NSAID consumption. Reduction in length of stay in the thoracic surgery department due to causes not strictly related to the surgical procedure. Reduction in postoperative side effects. Reduction in the incidence of pain chronicization.

Non-intubated video-assisted thoracoscopic surgery under loco-regional anaesthesia for thoracic surgery proved to be feasible and safe. Future multicentre and well-designed randomized controlled trials with longer follow-up are needed.

Audience Take Away:

- The search for new surgical and anesthesiological techniques that reduce the length of stay and complications related to intubation and general anesthesia
- Understand the potential and critical issues of NITS
- Have more information available to decide whether or not to use NITS

Biography

Dr. Crucitti graduated in Medicine and Surgery at the Catholic University of Sacred Heart on 19/10/1992. In the same year he was admitted to the School of Specialization in General Surgery of the Catholic University of Sacred Heart where he specialized in 1997 with honors. From February to November 2000 he has been a Research Fellowship at the Department of General Surgery of the University of Chicago. In 2003 he was admitted to the School of Specialization in Thoracic Surgery of the Catholic University of Sacred Heart directed by Prof. Pierluigi Granone and he obtained the specialization in 2008.

From June 2011 to date is the promoter of a free and totally self-financed program of early diagnosis of lung cancer called "A Breath for Life" at the Policlinico Campus Bio-Medico in Rome.

From March 1, 2014 to date he is Head of the Simple Operating Unit of Thoracic Surgery at the Policlinico Campus Bio-Medico.

POSTERS DAY
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Jade El-Mohamed*^{1,2}, Daniel Costello^{1,2}, Isabel Huntington^{1,2}, Niall Corcoran^{1,2}, Ahmed Ghazi^{1,3}, Philip Dundee^{1,2}, Anthony Costello^{1,2}

¹Australian Medical Robotics Academy, Melbourne, Victoria, Australia

²University of Melbourne, Parkville, Melbourne, Victoria, Australia

³Simulation and Innovation Lab, University of Rochester, New York, USA

Initial experience with simulated robot assisted organ model surgery using novel 3D printing technology in Australia

Introduction and Objectives: Robotic surgery procedure numbers are growing rapidly in Australia. Few Australian trainees have access to robotic systems. Surgical skills simulators have bridged some gaps in training. In their current state (mostly virtual reality) they fall short of offering realistic operative experience.

Material and Methods: Robot assisted radical prostatectomy and retroperitoneal lymph node dissection procedures were performed by two Australian urologists and a urology trainee on 3D printed hydrogel organ models with realistic tissue consistency fabricated by the University of Rochester Simulation Innovation Laboratory. Post-simulation questionnaires were completed by the surgeons. Questionnaire results formed a preliminary face and content validity study for the simulated robotic radical prostatectomy models.

Results: Surgeons reported the models to be realistic, enabling simulation of critical steps in a robotic radical prostatectomy. Expert surgeons agreed the models were a valuable training tool. Successful performance of a simulated procedure would make them feel more comfortable giving a registrar more autonomy in live surgery training. The 3D printed prostate model in this pilot study demonstrated the evolution of 3D printing technology in surgery. These models included clinically relevant objective metrics of surgical simulation. Blood loss, nerve traction, positive margins and anastomosis integrity was recorded.

Conclusions: Our early experiences have encouraged us to include 3D printed hydrogel procedural models in a comprehensive robotic surgical curriculum that does not include animal or cadaver models. Models could be used to develop a simulation-based robotic surgery curriculum that vitally improves operative outcomes and reduces surgical complication rates by better training.

Audience Take Away:

- 3D printed organ models have realistic tissue consistency and contain clinically relevant metrics
- Robotic simulations using these models are able to record blood loss, nerve traction, positive margins and anastomosis integrity
- Adopting this technology into the robotic training curriculum can enhance surgical training locally and globally

Biography

Dr. Jade El-Mohamed completed her medical degree at the University of Notre Dame, Sydney, Australia in 2016 achieving academic and social justice commendation. She subsequently completed a Diploma of Surgical Anatomy with the University of Melbourne and a Masters of Surgery with the University of Sydney. She is currently working clinically as a general surgical registrar with St Vincent's Health Australia, as an anatomy demonstrator with the University of Melbourne Medical School and has recently joined the faculty at the Australian Medical Robotics Academy in Melbourne.



Denis Kim^{1,2}

¹Department of Surgery, Novosibirsk State Medical University, Novosibirsk, Russian Federation

²Medical center AVICENNA, Novosibirsk, Russian Federation

Bariatric surgery in the treatment of type 2 diabetes

Type 2 diabetes mellitus with morbid obesity is becoming a global problem with high prevalence and low disease control even with maximal drug therapy. The beneficial effects of bariatric surgery on carbohydrate metabolism have several mechanisms. After operations, the normalization of glycemia occurs both as a result of an improvement in the function of B-cells of the pancreas, and as a result of the incretin effect and an increase in tissue sensitivity to insulin.

We have presented the accumulated experience of the main and most widespread bariatric operations in the world: sleeve gastrectomy, mini-gastric bypass and gastric bypass. The dynamics of changes in glycemia after various operations is shown, their effectiveness in the treatment of type 2 diabetes mellitus is shown and analyzed.

Audience Take Away:

- The audience will gain new knowledge and competencies in the treatment of type 2 diabetes mellitus;
- Conference participants will be able to expand horizons in the treatment of type 2 diabetes mellitus, will be able to learn the possibilities of surgery for this disease;
- Teachers will be able to use this research in their scientific research and teaching.

Biography

Dr. Denis Kim studied Medicine at the Novosibirsk State Medical University, Russian Federation and graduated in 2014. He received his PhD degree in 2018. Denis practices surgery at the AVICENNA Medical Center and is engaged in scientific and teaching activities at the Novosibirsk State Medical University. He has published more than 40 research articles in journals.

SPEAKERS
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Muhammad Abdelhafez Mahmoud

Pediatric Surgery Department, Al-Azhar Faculty of Medicine, Al-Hussein University Hospital, Cairo, Egypt

Traumatic lower anterior abdominal wall hernia: A precise diagnosis not easy to reach

Background: Pediatric traumas are routinely categorized into blunt and penetrating types. Bicycle handlebar exerts a biphasic or dual effect (it is primarily a blunt mechanism but due to its focused effect, it disrupts the muscles without cutting the skin). In 1964, Roberts reported a 9-year-old boy with acquired abdominal wall hernia after a fall upon a bicycle handlebar to be the second case of traumatic abdominal wall hernia (TAWH) after Landry report in 1956.

Since then, more than 66 pediatric cases have been reported. In dealing with cases having this type of injury, radiologic studies are warranted to reveal the injured anatomic walls and organs, address these injuries, and achieve optimum case stabilization. Here in this article, we present our experience in management of pediatric traumatic abdominal wall hernia case and literature review.

Case Presentation: An 11-years-old boy presented to the ER of Al-Hussein university hospital with traumatic ventral hypogastric hernia caused by bicycle handlebar impact to his lower abdomen. The case was initially assessed, stabilized, managed operatively and followed until improved and became ready for discharge.

Conclusion: Traumatic abdominal wall hernias occur in response to concentrated impact by handlebar to the abdomen leading to muscle yielding but the resilient elastic nature of the skin keeps it intact. These injuries should be suspected in the setting of suggestive trauma mechanism followed by abdominal swelling and should be dealt with timely and seriously on an individual basis to restore the disrupted anatomy.

Audience Take Away:

- Although diagnosis of traumatic abdominal wall hernias is not easy to reach based on trauma mechanism, it can be reached by careful abdominal examination, radiologic studies are safe effective supplementary tool to confirm the diagnosis and assess intra-abdominal structures for associated injuries
- Direct closure is feasible in most cases, although prolene or biologic mesh may be required in some cases to achieve tension-free defect closure
- Pediatric surgeon needs high index of suspicion guided by appropriate radiologic imaging modality to diagnose TAWH, thus can timely begin the reparative procedure
- It is better that possibility TAWH after focused blunt trauma to abdominal wall be put in mind during any surgeons, especially pediatric surgeon's career in trauma settings. Other pediatric trauma centers could use this research to expand their research or residency teaching
- This research sends a message and provides a convenient timely operative solution to a problem that could be simplify under-estimated and missed

Biography

Dr. Muhammad Abdelhafez Mahmoud joined Al-Azhar Faculty of Medicine and received the MBBCh on December 2006. He completed his residency at Al Azhar university- hospitals and received MSc degree in General Surgery on November 2011. He worked as assistant lecturer of pediatric surgery at Al-Azhar University and its hospitals. On April 2018, after completion the education/training semesters & exams, he received MD degree in Pediatric Surgery. He has a special interest in pediatric traumatology, neonatal congenital anomalies, gastroenterology, inguinoscrotal & pediatric urology, and pediatric laparoscopy. He is a member of Egyptian pediatric surgical association (EPSA). He has many articles about pediatric complete rectal prolapse, congenital anomalies/ syndromes, pediatric urology traumatology over >14 years' experience in pediatric surgery field. Now, he is working as assistant consultant pediatric surgeon at KSA, teaching medical students, writing & reviewing researches & articles.



**Jade El-Mohamed*^{1,2}, Thomas Wish-Wilson^{1,2}, Daniel Costello^{1,2},
Ahmed Ghazi^{1,3}, Anthony Costello^{1,2}**

¹Australian Medical Robotics Academy, Melbourne, Victoria, Australia

²University of Melbourne, Parkville, Melbourne, Victoria, Australia

³Simulation and Innovation Lab, University of Rochester, New York, USA

ReSET Robotics: Remodelling Surgical Education and Training in Robotics

Introduction and Objective: The Halstedian apprenticeship training model needs refashioning in a digital technology age. We introduce a novel online, virtual reality and synthetic organ simulation training program for robotic surgery.

Methods: Surgical trainees from urology, general, colorectal, and gynaecology undertook a four pillared education program. This included 9 online modules teaching the theory and principles of robotic surgery. Then hands-on training using Mimic virtual reality simulators to assess and score psychomotor skills and innate ability. A curated dual console experience was created using live 3D stereoscopic video uploaded to Oculus headsets prior to progression to the operating room. Trainees commenced operating room training using high-fidelity 3D printed hydrogel organ models containing clinically relevant objective surgical metrics and video review. Finally, mentored live surgery with access to cloud-based video review was provided.

Results: 32 participants completed the online course averaging 8 hours. Pre and post course surveys demonstrated increased confidence in robotic technology and ability to perform surgical assisting and console procedures. 9 trainees completed a virtual reality innate ability curriculum on Mimic simulators. Time to proficiency ranged 38 to 98 minutes. Robotic radical prostatectomy operative steps were demonstrated in 3D using virtual reality headsets. 2 expert and 2 novice robotic surgeons completed 3D printed pelvic node dissection and radical prostatectomy models. Blood loss, anastomosis integrity, nerve strain, positive margins and operative time were recorded. Live surgical footage was uploaded to a cloud-based video platform for remote assessment by a faculty of expert robotic surgeons.

Conclusions: A new method for robotic surgical training that uses digital and synthetic organ technology now enables a shift away from a Halstedian method of training that relies on cadavers, animals and learning on live patients.

Audience Take Away:

- Surgical training is often unstructured, relies on cadavers, animals and learning on live patients
- In the digital age, online, virtual reality and synthetic organ simulation offer a bioinert and ethical alternative
- This method offers a structured and safe alternative to the current Halstedian method of surgical training that could be implemented globally

Biography

Dr. Jade El-Mohamed completed her medical degree at the University of Notre Dame, Sydney, Australia in 2016 achieving academic and social justice commendation. She subsequently completed a Diploma of Surgical Anatomy with the University of Melbourne and a Masters of Surgery with the University of Sydney. She is currently working clinically as a general surgical registrar with St Vincent's Health Australia, as an anatomy demonstrator with the University of Melbourne Medical School and has recently joined the faculty at the Australian Medical Robotics Academy in Melbourne.



Kathryn K. Campos

University of Washington, University of Washington School of Medicine
Department of Surgery, Seattle, Washington, USA

The expansion of surgical care services is essential towards improving health equity

Introduction: 5 billion people lack safe, timely and affordable access to surgical care. Global surgical and Anesthesia care is widely considered to be a neglected area of global health. Surgical care expansion is critical for the strengthening of healthcare systems worldwide and the effort to effectively reduce surgical disease associated global burden of disease conditions.

Objectives: The purpose of this narrative review is to identify, evaluate and summarize pertinent literature on global surgery, health equity, surgical disease, and scaling up universal coverage of essential surgery.

Methods: Initial database systems that were researched were PubMed, Embase and WHO Database for systematic reviews. The search terms used were Global Surgery Healthcare Equity and Essential Surgery/Surgical Care, Healthcare Equity and Universal Coverage/LMIC Global Surgery and Essential Surgery/Surgical Telemedicine and Essential Surgery. Studies included had to be focused on surgical care, health equity, global surgery, and surgical innovation.

Results: After examining the abstracts, 311 studies were excluded for various reason, mainly most lacked a focus on global surgical care. 41 articles were considered for review. After reviewing the full articles an additional 23 were excluded due to a lack of relevance pertaining to a broad basis of global surgical care. Search outcome, a total of 17 articles are included in this review. 5 key areas including 13 integral components of scaling up surgical care were identified as efficacious in improving health equity and expansion of surgical care service delivery worldwide.

Conclusions: Scaling-up surgical and anesthesia care is an effective public health tool. Global surgery is essential in addressing, identifying, and improving the expansion of surgical care access and health equity, collaboration and capacity building, data collection, monitoring and evaluation processes, research and training opportunities, economic productivity, enhanced primary and healthcare system efficiency, and the reduction of associated mortality and DALY rates.

Audience Take Away:

- Audience may utilize the information shared to engage in collaborative solution building activities, research and training, and the promotion of equitable surgical care access worldwide.
- Presentation material may encourage audience members to network, learn and share their knowledge regarding methods to address surgical disparities and access in the communities they serve.
- Topics shared may encourage other faculty to expand research addressing the following:- surgical disparities, approaches to scaling up, surgical workforce support, investment in global surgery, and provider-driven surgical innovation

Biography

Ms. Kathryn Campos gained her B.A at the University of Washington, USA. Over the past 2 years she has participated in academic and independent research within the University of Washington Department of Surgery and Harborview Injury Prevention Program. She is currently gaining her MSc in Global Surgery at the Kings College of London. Thereafter she will continue onwards to pursue her Medical Doctorate. Long-term she seeks a career engaged in Humanitarian Surgical Assistance, Injury and Violence Prevention, and Surgical Critical Care.



Anshuman Darbari

Additional Professor, Department of CTVS, All India Institute of Medical sciences (AIIMS), Rishikesh, Uttarakhand, India

Current utility and future of Artificial Intelligence technology in Thoracic Surgery

All of us have recently observed incredible interest and development of computer and machine-based technologies with artificial intelligence (AI) technique in our day-to-day lives. Currently, this non-human, machine-based technology has gained a lot of momentum. The supercomputers and robotics with AI technology have shown the potential to equate or even surpass human experts' accuracy in some tasks in the near future. AI is also promising for massive data interlacing from other digital information sources such as electronic health records, medical image sorting, and already renovating healthcare delivery. But in the thoracic surgical field, AI technology applications are still minimal and has gross potential for further development.

Audience Take Away:

- Initially, this lecture will cover the basics of AI technology, terminologies and current medical utilisation.
- Timeline of AI technology in medical field & Robotic surgery will be elaborated.
- Further discussion will be on ethical and legal challenges as well as the potential for future integration of these fields.
- This talk lecture is intending to provide pertinent information on AI to Thoracic surgical specialists.

Biography

Dr. Anshuman darbari is super-specialist cardiothoracic surgeon with a master's degree holder in surgery (MS) and later postdoctoral degree in Cardio-thoracic surgery (M.Ch.). Currently, he is working as an Additional professor and Head of department in All India Institute of Medical science (AIIMS) Rishikesh, Uttarakhand, India since November 2012. He is the initiator and main thrust behind the development of Heart & Lung surgery department in this institute. He already has credit of 62 research publications in indexed national and international Journals with 2 book chapters.



Anandan M*, Kumaran P, Yee Chiang Lau S, Breen D, Leong M

University Hospital Geelong, Australia

Appendiceal intussusception with Appendiceal - Caecal Fistula in adult caused by Acute Appendicitis: Case report and literature review

Introduction: Intussusception is the telescoping of the proximal segment of bowel into the adjacent distal segment, primarily seen in children but rare in adults. Although it only accounts for up to 5% of bowel obstructions in adults, 90% of cases are due to underlying intestinal pathology ranging from polyps to neoplasms[1]. Unlike infants, adults exhibit non-specific symptoms including colicky pain, nausea, bowel changes and gastrointestinal bleeding[2,3]. Surgical resection remains the mainstay treatment in most cases of adult intussusception due to high risk of malignancy[4]. We present a case of appendiceal intussusception with appendiceal – caecal fistula caused by an acute appendicitis treated with laparoscopic-assisted limited ileocolic resection.

Case Presentation: A 50-year-old female presented with colicky right lower quadrant abdominal pain that she reported began 3 days prior associated with nausea but otherwise denied vomiting or abdominal distension. She had no significant past medical history other than three previous Caesarean sections.

She was afebrile and her other vital signs were normal. Abdominal examination revealed a focal tenderness over the right iliac fossa with no other signs of peritonism. Laboratory testing was largely unremarkable except for an elevated C-reactive protein of 60 mg/L. Computed tomography (CT) of the abdomen with intravenous contrast revealed findings suspicious for an appendiceal intussusception (Figure 1,2). A thickened dilated appendix up to 12mm was seen arising from the cecal junction forming the lead point.

The laparoscopic exploration confirmed appendiceal intussusception with an inflamed appendiceal tip (Figure 3). A careful attempt was made to reduce the intussusception without causing perforation but this was unsuccessful. Hence, a laparoscopic assisted limited ileocolic resection with side-to-side stapled anastomosis was performed.

The patient developed post-operative ileus on day three which resolved with conservative management and subsequently discharged on day five post-operatively. Histopathology revealed appendicitis with intussusception of base of appendix into the caecum and internal perforation causing appendiceal-caecal fistula.

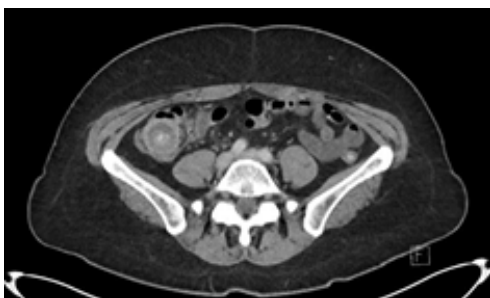


Figure 1 : Axial CT image displaying a “target-like” sign, typical of appendiceal intussusception



Figure 2 : Coronal CT image showing intussusception of the appendix with enhancement of the dilated appendix (12mm)



Figure 3 : Intraoperative findings of thickened, inflamed appendix consistent with appendicitis and appendiceal intussusception into caecum.

Discussion: Appendiceal intussusception is rare with an incidence of 0.01% in a prospective study of 71000 cases[7]. It has been hypothesized that appendiceal intussusception results from irritation within the intestinal lumen that alters peristalsis and leads to invagination of the appendix into an adjacent segment[2]. As both acute appendicitis and appendiceal intussusception are present, the question of “cause and effect” remains to be answered, as the literature on this subject is still scarce[6]. Although ultrasound studies can be highly specific and sensitive in children, CT imaging is superior, with a 78% diagnostic yield amongst adults[2].

Based on the literature, up to 30% of small bowel and over 60% of large bowel intussusceptions result from malignant lesions[3]. Given the risk of perforation and subsequent spillage, surgical resection is the preferred procedure over surgical reduction. In the majority of cases, a radical approach involving ileocolic resection or right hemicolectomy is undertaken to prevent recurrence and the risk of reoperation. A partial caecectomy may be an option if the caecum is involved and clear resection margins cannot be achieved with just an appendectomy, however there is a risk of ileocecal valve narrowing in which a more prudent approach of performing ileocolic resection in the first instance is advisable as seen in the case report of Park et al.

Conclusion: Adult intussusception due to appendicitis is rare and remains a diagnostic and treatment challenge to surgeons. Since there are no clear management guidelines and malignancy being commonly associated amongst adults, surgical resection remains a safe and reliable treatment with favourable outcomes.

Biography

Dr Manoj Anandan studied at Monash University, Malaysia and graduated as MBBS(Hons) in 2017. He then worked as an intern in Burnie, Tasmania especially in the General Surgery Department. He then did some research with Mr James Robert-Thomson in 2019 before moving to University Hospital Geelong, Melbourne to work as a Surgical Registrar. He has published articles in ANZ Journal of Surgery and is currently working on an Australian audit of retromuscular ventral hernia repairs.



Saeef Ali Haque

General Surgery, Barking Havering and Redbridge University Hospitals NHS Trust, London, United Kingdom

Emergency general surgery operative notes compliance with RCS guidelines during COVID-19 pandemic

The main objective of our study was to assess the compliance of surgical operative notes for all emergency surgeries in the department of general surgery during the COVID-19 pandemic, and compare our results against the standard set by the Royal College of Surgeons (RCS) of England guidelines 'Good Surgical Practice' (1). An audit was conducted in our department from January to February 2021 at Barking Havering and Redbridge University Hospitals NHS Trust, London, United Kingdom. We analysed all operative notes, n = 50, written/typed for Emergency procedures during the pandemic, and compared them against RCS England guidelines. There were about 18 sections on the operative note on which we assessed the compliance of the department. Most of the sections had acceptable range of compliance between 97-100% and these were date, name of surgeon, name of assistant, name of procedure, incision, diagnosis, operative findings, complications, any extra procedure, details of tissue removed, details of prosthesis used, closure and signature. 2 of the sections, antibiotic prophylaxis and post-operative care, had moderate compliance between 81-90%. The areas of concern were namely time mentioned, amount of blood loss, name of anaesthetist and DVT prophylaxis, in where the compliance rate was on average about 80%. We presented our findings in the local clinical governance meeting and raised awareness amongst all within the department, as well as set up posters all over the hospital to remind surgeons of all areas that need to be mentioned in a theatre operative note. We recommend that all theatres should have up to date RCS guidelines as posters to remind all regarding standard operative note writing and, in the process, ensure better quality of patient care.

Audience Take Away:

- Our project highlights the importance of proper surgical operative note writing as per the RCS guidelines, and we believe that colleagues could use this to improve quality of operative note in their everyday practice.
- The audit could be easily replicated in any hospital to identify areas of possible concern in terms of post-operative documentation and then solutions could be implemented to overcome the shortcomings.
- The idea of organizing a teaching session to educate all surgeons within the department/trust could be used to rectify any areas of concern. Posters could also be printed, mentioning all the sections of the operative note that need to be mentioned, to raise awareness and act as a constant reminder.

Biography

Dr. Haque completed his MBBS at Dhaka University, Bangladesh in 2015. He moved to the United Kingdom in 2019 after accepting a job as a senior house officer in the well reputed 'Academy of Surgery' programme at Barking Havering and Redbridge University Hospitals NHS Trust, London. He has successfully completed his MRCS part -A exams and is also enrolled in a PG Certificate course in Medical Education under the University of Glasgow. He is keen on pursuing a career in surgery and has conducted various audits within his hospital, including a recently published paper in World Journal of Orthopaedics (WJO).



Lohana Maylane Aquino Correia de Lima^{*1} ; Victor Leonardo Mello Varela Ayres de Melo²; Frederico Marcio Varela Ayres de Melo Junior³; Júlia de Souza Beck³; Bruna Heloísa Costa Varela Ayres de Melo⁴; Rodrigo Henrique Mello Varela Ayres de Melo⁵; Deise Louise Bohn Rhoden⁶; Milena Mello Varela Ayres de Melo Pinheiro⁷; Esdras Marques da Cunha Filho⁷; Jussara Diana Varela Ayres de Melo⁸; Nely Dulce Varela de Melo Costa Freitas⁹; Neme Portal Bustamante¹⁰; Juan Carlos Barrenechea Montesinos¹¹; Zélia de Albuquerque Seixas¹²; Ricardo Eugenio Varela Ayres de Melo¹³

¹Dental Surgeon; Master degree student in dental clinics, Federal University of Pernambuco, Recife, Pernambuco, Brazil

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Surgical excision of polymorphous adenocarcinoma in the left maxilla with mucocutaneous flap reconstruction

Introduction: Low-grade polymorphous adenocarcinoma is a malignant neoplasm of salivary glands with uncommon occurrence in the head and neck region. The lesions occur more frequently among elderly females between the sixth and eighth decades of life, with a higher prevalence for the hard palate and soft palate. The most indicated surgical treatment is extensive surgical excision, including resection of the underlying bone. The purpose of this study is to describe a case report of a surgical excision of polymorphous adenocarcinoma in the maxilla with mucous flap reconstruction. Case Report: A 63-year-old male patient complaining of a tumor-like lesion in his left maxilla, which gradually increased in volume. At the intra-oral clinical examination showed the presence of upper and lower total dentures, an increase in volume in the left maxillary tuberosity region and a lesion of nodular features with fibrous and smooth consistency, fixed, sessile, oval shape, defined edges, and painless symptomatology. Radiographic imaging by panoramic radiography revealed a lesion with mixed radiographic density projected in the left maxillary tuberosity region and the in computed tomography scans were obtained and used for 3D image reconstruction. An axial tomographic view indicated the presence of a heterogeneous lesion with osteolysis: alteration in the cortical/trabecular bone and reabsorption of the left palatine bone, with regular contour and defined edges. Given the extent and complexity of the lesion, the surgical treatment in this case consisted of hemimaxillectomy and the surgery proceeded with mucosal flap reconstruction. The postoperative period followed was the service protocol, with no complications and no sign of recurrence. The pathological specimen was sent to the Anatomopathological Service, where the free margins and diagnosis were confirmed. Conclusion & Significance: The low-grade polymorphic adenocarcinoma

is a rare malignant neoplasm that affects the salivary glands whose potential for malignancy, recurrence and metastasis are relatively low.

Audience Take Away:

- Definition of Adenocarcinoma
- Clinical and histopathological characteristics of Oral Adenocarcinoma
- Forms of treatment
- Description of a surgical clinical case
- The dental surgeon must know how to identify neoplasms and their forms of treatment, avoiding worse stages of pathologies

Biography

Dental Surgeon and Master's student in integrated clinics at the Federal University of Pernambuco, Brazil; Currently, she is an intern at Ambulatory of Maxillofacial Surgery and Traumatology Service at the Federal University of Pernambuco, being a member of the projects care for patients with oral diseases and facial traumas, the project prevention and treatment of cancer in face and mouth regions in Venturosa-Pernambuco-Brazil and the project intitled Use of Traditional Chinese Medicine in the treatment of patients with temporomandibular disorders. In 2019 was invited by the Peruvian Army to give a conference at the 30th National Congress of Military Police Dentistry "Ejército del Perú". In 2020, she won several awards for presentations of scientific works and was International Keynote speaker in the United States, France and England.



Balamurugan R

MDS (OMFS), Fellow ICOI (USA), Oral and Maxillofacial Surgeon and Oral Implantologist, RYA COSMO Foundation, India

Mucormycosis of maxilla: An Oral and Maxillofacial Surgeons perspective

Introduction: Mucormycosis is a rare, rapidly progressive and a fulminant, life-threatening, opportunistic infection. Although it most commonly manifests in diabetic patients, its presence in other immunologically compromised patients cannot be ruled out. Its etiology is saprophytic fungal organisms, with rhizopus being the most common causative organism. Clinically the disease is marked by a partial loss of neurological function and a progressive necrosis due to the invasion of the organisms into the blood vessels causing a lack of blood supply.

Case presentation: A 65 year old male patient presented with a complaint of nasal regurgitation from right nose for the past 2 years. The past history was elicited and based on the clinical examination the case was diagnosed as mucormycosis of maxilla. The case was surgically managed through maxillectomy followed by primary closure. After 6 months the patient reported with oroantral fistula. Thereafter, the patient was subjected for functional endoscopic surgery followed by reconstruction using palatal finger flap.

Conclusion: This case report intensifies the importance of considering mucormycosis as a possible diagnosis in spontaneous necrotic soft tissue lesions of the face, especially in an immunocompromised patient.

Biography

Dr Balamurugan R is an Oral and Maxillofacial Surgeon and Oral Implantologist from Chennai, India. He initiated his professional career in the field of dentistry and continued his specialisation in the path of Oral and Maxillofacial Surgery (India) and Fellowship in Oral Implantology (International Congress of Oral Implantologists ICOI, USA). His field of expertise in basic dental treatments, dento-alveolar surgeries, maxillofacial trauma, dental implants, medical emergencies, pathologies associated with maxillofacial region, TMJ related disorders. He was awarded as the best PEER REVIEWER by Star Dental Centre Pvt Ltd, India for his sincerity and dedication towards work by adhering to the timelines with a prompt reviewing process. He holds various International and National peer reviewed paper publication that adds credit to his career. He is associated with International and National journals as editor and reviewer board member and he has also been invited as a keynote speaker globally. He also encourages and motivates the authors to explore with new innovative ideas in the field of research. Currently, he is a researcher and walks in the right path of motivation by providing a heart of service for the patients as an Oral and Maxillofacial Surgeon in RYA Cosmo Foundation, Chennai, India.



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Challenges and methods to improve orthopaedic theatre efficiency and maintain standards of care during the covid-19 pandemic: What have we learned and how can we improve?

Introductions: The Covid-19 pandemic has had a major global impact on theatre time utilisation and efficiency within trauma & orthopaedics especially with time sensitive procedures. This has led to increased delays in surgical management affecting outcomes aside from just length of stay including patient morbidity and mortality. Gross number of operative trauma cases has remained fairly static outside of lockdown periods and so the need for adaptability and implementation of ever changing protocols are necessary in the face of the dynamic nature of the pandemic to ensure patients receive optimum management in a safe and timely manner. This review aimed to identify and highlight strategies, management protocols and examples of excellence that have been employed to optimise theatre efficiency within orthopaedic practice that can be applied to pan-surgical specialties and theatre environments.

Methods: A systematic literature search was conducted using PubMed identifying relevant research articles containing key words: 'Covid,' 'Theatre Efficiency,' 'Trauma' and 'Orthopaedic.' Duplicate studies were excluded leaving 20 studies. Data was sorted according to pre-set inclusion and exclusion criteria. Original articles discussing orthopaedic operating and theatre time efficiency in the Covid-19 pandemic, written in the English were included. Editorials, Case reports and articles involving other surgical specialties were excluded giving a final cohort of 12 studies.

Results: Our search yielded 12 articles meeting the inclusion criteria. 6 were observational studies, 3 systematic reviews and 3 expert opinion reports. All the reports were published in the Covid pandemic era (between 2020 – 2021). The data obtained was presented mainly as a narrative review. Research identified the importance of ensuring safety measures are protocolised and urgently achieved. Furthermore, the literature consistently underlines the value of regular holistic MDT style communication to discuss and find solutions to challenging arising problems, disseminate information and regularly update and implement such protocols as the pandemic has progressed. This has implications for healthcare practitioners to be successful in delivering required care to achieve a timely passage to theatre and avoid delays and cancellations. The Productive Operative Theatre Initiative, published by NHS England in June 2020 as well as British Orthopaedic Association Covid-19 standards have been utilised with good outcomes across many UK based hospital trusts to ensure theatres run more productively and efficiently as the actual operative time available on a list is even more finite than usual. In the UK this has results in some research showing improved outcomes between the 2 lockdown periods where lessons were learned and better practice implemented.

Conclusion: Orthopaedic theatre utilisation and efficiency has been reduced due to importance of adopting multiple ever changing safety measures during the Covid Pandemic. The need to educate relevant staff and maintain these measures as well as provide efficient care remains a constant challenge. Guidance advocated by the BOA, The American College of Surgeons and NHS England are valuable adjuncts to avoid loss of valuable theatre time and ensure they smoothly with the aim to improve patient outcomes.

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Audience Take Away:

- The impact of Covid-19 on orthopaedic emergent / urgent operating the challenges arising during the pandemic
- Methods / strategies producing success in optimising theatre efficiency during the Covid-19 pandemic

Biography

Mr Wasim studied sciences at the Queen Elizabeth's School London, United Kingdom developing an appetite for surgery at an early stage. He continued at Bart's & the London School of Medicine, the oldest medical school in the world, graduating in 2014 with an MBBS (distinction) and BSc (Hons) in experimental pathology carrying out research at the Blizard Institute, London. He completed junior surgical training in Birmingham, achieving MRCS (England) and secured a trauma & orthopaedic specialty job on the prestigious Birmingham orthopaedic training programme. He has a keen interest in research and surgical education delivering multiple UK national training courses.



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Reconstruction of zygomatic-orbital fracture in pediatric patients victim of physical aggression by a large-caliber firearm projectile

Facial trauma can be considered one of the most devastating aggressions found in trauma centers due to the emotional consequences and the possibility of deformity. This eventuality acquires a much greater danger when produced in children, because regardless of the possible facial scars, they can also affect the centers of growth and development of the facial skeleton, with future repercussions in functional defects that translate as adults with hypoplasias, atrophies and facial disharmonies. For this reason, one must act with great professional security in the face of such emergencies, which require special care regarding diagnosis, classification and treatment, mainly because the face is one of the noblest regions of the body. This study aims to report a case of a pediatric patient victim of a domestic accident by firearm projectiles in which hit the

right zygomatic-orbital causing permanent loss of vision. Female patient, 7 years old, accompanied by her mother, went to the emergency hospital in Recife-Pernambuco-Brazil reporting a domestic accident, where the hunting gun accidentally went off between two children. On extraoral clinical examination, the patient presented a perforated-blunt wound in the infected right zygomatic region and characteristic signs of bilateral amaurosis, with ecchymosis and bilateral periorbital edema. On imaging examination, he showed several fragments of firearm projectiles in the posterior region of the left orbital cavity, and with a right zygomatic-orbital fracture affecting the lateral wall and orbit floor, characterized destruction of the midface. The patient underwent, under general anesthesia, procedures for excision of foreign bodies, removal of devitalized tissues and local cleaning, minimizing risks of infection and tissue necrosis. The postoperative period continued in the normal patterns and the patient was rehabilitated with bilateral ocular prosthesis, returning aesthetic and facial symmetry. Understanding the cause, severity and temporal distribution are important factors in the effectiveness of treatment since, facial trauma is a public health concern because of its impact on quality of life.

Audience Take Away

- Definition and characteristics of facial trauma in pediatric patients
- Trauma statistics in a pediatric patient
- Description of a case report
- The importance of the management of pediatric patients and the complete treatment of the initial care until the rehabilitation of the traumatized patient

Biography

Academic in Dentistry in Federal University of Pernambuco, Brazil; Currently is an intern at Ambulatory of Maxillofacial Surgery and Traumatology Service in the Clinical Hospital of Federal University of Pernambuco, being a member of the project to care for patients with oral diseases and facial traumas and the project entitled prevention and treatment of cancer in face and mouth regions in Venturosa-Pernambuco-Brazil. Won awarded for presentation of scientific works at national and international events and in 2018, was invited by Universidad Nacional Federico Villareal to give a conference at the XIII Congreso Internacional de Odontología and for I Jornada Internacional Multidisciplinaria de Estomatología Peruano Brasileira by Peruvian army.



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Face injury caused by Dog Bite

The bites that are of most interest to the dental surgeon are caused by domestic animals, especially dogs and cats. These injuries are of great importance, as they have a high rate of contamination and can cause some systemic diseases caused by bacteria, viruses, protozoa and parasites. Purpose: To clarify and explain possible differences regarding the treatment of these injuries. Case report: Male patient, 3 years old, victim of physical aggression by a dog of his own family, was taken to the emergency room of the reference Hospital in Recife, Pernambuco, Brazil, under regular general condition, walking, conscious, oriented, afebrile and eupneic. On clinical examination, an extensive scalp wound was found, and a laceration as well as a contusion in the right preauricular area with profuse hemorrhage. Under general anaesthesia, the treatment was based on

strict rinse with 0.9% saline and polyvinylpyrrolidone, the team performed the removal of foreign bodies, debridement of devitalized tissues and hemostasia of the blood vessels. Family members were instructed to observe the offending animal for 10 days. Tetanus prophylaxis was not indicated because the child was vaccinated. There were no postoperative complications and the wound healing achieved good results. Conclusion: Bite wounds are treated a little differently than the other wounds, since they have saliva rich in microbiota, being highly susceptible to infection. As for the need for prophylaxis of human rabies, the patient should be referred to a specialized service, and the offending animal should be kept isolated from other individuals and animals.

Audience Take Away:

- Learn about the procedures taken during the operation
- Understand facial anatomy
- Have a quick look in some trauma statistics
- Learn about treatment and prognosis based on brazilian ministry of health on the prophylaxis treatment for rabies

Biography

Dental School student in Maurício de Nassau University, Brazil; Currently, an intern at Ambulatory of Maxillofacial Surgery and Traumatology Service in Clinical Hospital at the Federal University of Pernambuco. As a member of the project to take care of patients with oral diseases, facial traumas, project entitled prevention and treatment of cancer in face and mouth areas in Venturosa-Pernambuco-Brazil. Also, use the Traditional Chinese Medicine in the treatment of patients with temporomandibular disorders.



Kleyciane Kévilin Pereira da Silva*¹; Victor Leonardo Mello Varela Ayres de Melo²; Frederico Marcio Varela Ayres de Melo Junior³; Júlia de Souza Beck³; Bruna Heloísa Costa Varela Ayres de Melo⁴; Rodrigo Henrique Mello Varela Ayres de Melo⁵; Deise Louise Bohn Rhoden⁶; Milena Mello Varela Ayres de Melo Pinheiro⁷; Esdras Marques da Cunha Filho⁷; Mayana Aquino Correia de Lima⁸; Rayana Cruz Correia de Lima⁹; Jussara Diana Varela Ayres de Melo¹⁰; Nely Dulce Varela de Melo Costa Freitas¹¹; Neme Portal Bustamante¹²; Juan Carlos Barrenechea Montesinos¹³; Zélia de Albuquerque Seixas¹⁴; Lohana Maylane Aquino Correia de Lima¹⁵; Lucas Alexandre de Moraes Santos¹²; Jorge Pontual Waked¹⁶; Ricardo Eugenio Varela Ayres de Melo¹⁷

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Surgical removal of unerupted teeth associated with dentigerous cyst in the mandibular symphysis region - Case report

Unerupted or impacted tooth is a dental organ that, even when fully developed did not erupt at the regular time, lying inside the bone completely surrounded by bone or bone and mucosal tissue. This paper aims to report a clinical case of a 14-year-old female patient who attended the Ambulatory of Maxillofacial Surgery and Traumatology Service at the Federal University of Pernambuco, reporting mentonian discomfort. The symptomatology was induced by an unerupted lower canines associated with two other supernumerary teeth that, radiographically had similar characteristics to canines surrounded by a radiolucent image suggesting a dentigerous cyst in the mentonian region of the mandible, in an atypical

position of “Kisses Teeth”. Due to the extension of the lesion, the patient underwent a surgical procedure under general anesthesia in order to remove the teeth and the lesion. Firstly, incisions were performed, followed by osteotomies and ostectomies to approach the lesion. The elements were removed aided by Seldin elevators, then, cystic enucleation with cavity cleaning and bone regularization and the lesion was sent to perform the histopathological screening. Over the postoperative period, the patient evolved without philogistic signs and after 1 year, another facial radiography was requested for post-surgical control. Radiographically, the bone tissue healing in the region was observed, preserving the root apices of the inferior elements. Clinically, the patient presented with preserved tissues and all dental elements demonstrated pulp vitality. The radiographic aspect presented in our case report differs from the most common aspect mentioned in the literature, since the lesion comprised four dental elements involved by a single dentigerous cyst, reaching larger proportions. The case reported here is considered rare because the impacted teeth was in the mandibular region and the prevalence of unerupted canine occurs more frequently in upper canines. They also presented with their normal size, with no association of traumas in the region and without loss of early deciduous elements. In addition, the dentigerous cyst was crossing the median line which characterizes another variant, once it involves multiple dental elements. The unerupted canines study is very important in Dentistry, since successful results depend on correct and early diagnosis for proper management and success of the proposed treatment.

Audience Take Away:

- Understand the causes of mandibular canine impaction and transmigration;
- Learn the main clinical findings to diagnose the presence of impacted canines and understand the importance of an early diagnose;
- How to determine the correct treatment - The preservation of these impacted teeth or surgical removal;
- Learn about dentigerous cyst, a pathological accomitment of unerupted teeth - How to diagnose and how to solve and determine the treatment;

Biography

Undergraduate Dentistry student of University Center Facol - UNIFACOL, Brazil. Intern at Ambulatory of Maxillofacial Surgery and Traumatology Service at the University Center FACOL and Ambulatory of Maxillofacial Surgery and Traumatology Service at the Federal University of Pernambuco, being a member of the projects care for patients with oral diseases and facial traumas, the project prevention and treatment of cancer in face and mouth regions in Venturosa – Pernambuco - Brazil and the project intituled Use of Traditional Chinese Medicine in the treatment of patients with temporomandibular disorders.

KEYNOTE FORUM

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2ND EDITION OF
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SEPT 24-25, 2021

GCSA 2021





Gamal Al-Saied

Al-Azhar University, Cairo, Egypt

Unusual cause of complex enteroenteric fistulae in children: A warning letter to the parents number II

Background: Infants and young children explore objects by putting them in the mouth. Although most swallowed foreign bodies pass spontaneously via the gastrointestinal tract without causing harm, some of them are potentially dangerous and may be lethal.

Patients and methods: Five children have swallowed multiple high strength and powerful rare earth Neodymium Magnetic beads. Three cases were subjected to open and two for laparoscopic exploration (one of them converted to open).

Results: Multiple complicated enteroenteric fistulae were noted in three cases and multiple perforation of small intestine in two cases. Resection anastomosis was done for one case and simple closure of small bowel perforations for other four cases. Post operative course was uneventful for all patients and discharged in a good general condition.

Conclusion: General practitioners should be aware of the danger and complications of Neodymium Magnetic beads ingestion by children. Early endoscopic removal is recommended if the patient presents immediately after ingestion. Parents awareness through media is required to abandon magnetic beads in houses and where children can ingest those dangerous beads.

Biography

Professor Gamal Al Saied had been graduated in December 1986 from Al-Azhar University with Bachelor Degree in medicine and surgery with general grade very good with honor. His rank was the 9th in top 10 graduate list of Faculty of Medicine Al-Azhar University Cairo, Egypt. He had got the Master Degree (MSc) in pediatric surgery, in November 1991. Then, he was appointed as a demonstrator of pediatric surgery in 1992, then, assistant lecturer of pediatric surgery in 1993 in the Pediatric Surgery Department. He had got a Medical Doctorate degree (MD) in November 1998. Then, he was promoted to a lecturer of pediatric surgery in the Pediatric Surgery Department. In May-2004, he was promoted to an assistant professor of pediatric surgery in Pediatric Surgical department, AlAzhar University Hospitals. In 2008, he had got a Fellowship of European Board in Pediatric Surgery, Glasgow, Scotland. In June 2009 he was promoted to be a full professor of pediatric surgery in Pediatric Surgical department, Al-Azhar University Hospitals. He had 2 published theses (MSc and MD) and he supervised 2 thesis of Master Degree. Also, he has published 35 international researches in international journals of pediatric surgery and chapter in international text book (CURRENT CONCEPTS OF URETHROPLASTY) Edited by Donkov I. 2011, pp 35-42. He has invited as an international speaker and chairperson in many international conferences of pediatric surgery. Currently, He is an Editor in Chief for 2 international pediatric surgery journals and editor for 13 international pediatric surgery journals. He is also reviewers for many international pediatric surgery journals. In 2003, he was the founder and head of pediatric surgery unit at King Abdul Aziz Specialist Hospital Taif, Saudi Arabia. He has a great and long term experience in neonatal and pediatric surgery field (open and laparoscopic). Recently, in era of COVID 19, he has invited as an international speaker in many international pediatric surgery webinars. Research interest: Neonatal and pediatric laparoscopic surgery and Hypospadiology.



Sagar Jawale

Jawale Institute of Pediatric surgery, Jalgaon, Maharashtra, India

A project to deal with bacterial and viral drug resistance with special reference to Covid 19

Introduction: Antibiotic resistance developed by micro-organisms is getting scary day by day. WHO estimates that if no action is taken, then drug-resistant diseases could cause 10 million deaths each year by 2050 and damage to the economy as catastrophic as the 2008-2009 global financial crisis. To deal with this upcoming disaster, I started my own research to find out cheap, effective alternatives for antibiotic and antiviral drugs which will be effective against vast number of bacteria, viruses and hopefully free of drug resistance. Following are the therapies I developed for the above purpose which are reported for the first time in medical literature.

Materials and methods: 1) Ozonated air therapy for the treatment of upper and lower respiratory tract infections as a potential therapy for prevention and treatment of COVID19 infection 2) Pharyngeal Ultra Violet Light Therapy (PUVLT) which illuminates pharynx of the patient with a C band UV light for the treatment of variety of upper respiratory tract infections including early Covid 19 infection 3) Rectal Ultra Violet Light Therapy (RUVLT) which illuminates the rectum of the patient and subsequently illuminate the blood flowing around the rectum by ultraviolet light of 254 nm wavelength. The therapy can be effective for a variety of bacterial and viral infections. 4) Intravenous Ultraviolet Light Therapy (IVUVLT) in which a UV light of 254 nm is illuminated into a peripheral vein by a PMMA fiber PMMA fiber for the treatment of variety of viral and bacterial infections including Covid 19 5) Lifetron Therapy- Therapy with electrons necessary for the life-Theoretical considerations

Conclusions: The above newer therapies described are cheap, safe and effective methods of treating drug resistant organisms including Covid 19.

Biography

Dr. Sagar Jawale is a pediatric surgeon turned into a scientist. He has more than 100 -inventions done till date. He has 40 patents registered in Mumbai office. 25 of his inventions are for the first time in the history of medical sciences. He has developed 15 new operations and 30 new therapies in medicine which are under trial. Most of his research work is unique and reported for the first time in medical literature. His inventions are 20 to 50 times cheaper than peers, a great boon to the mankind. He has invitations from all over the world for the demonstration of his inventions. He has founded Vigyan Yog Foundation a research based no profit organization for distributing his inventions on no profit basis to doctors and medical institutions.

SPEAKERS DAY
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SEPT 24-25, 2021

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Shreya Sengupta

General surgery, Medway NHS foundation trust, Gillingham, Kent, England, UK

Necrotising fasciitis in all four extremities and abdominal wall (A surgical dilemma of limb salvage with soft tissue reconstruction v/s amputation)

Necrotising fasciitis, commonly known as flesh eating bacteria, is a fulminant, lethal soft tissue infection that poses a challenge to surgeons all over the world and making it a medical and surgical emergency. Early diagnosis, radical debridement, intravenous antibiotics, multidisciplinary approach and rehabilitation are mainstay of treatment. Since it presents with non-specific signs and symptoms that change over time and spreads along fascial planes, it is often missed. The diagnosis is clinical and requires a high index of suspicion and a low threshold for referral to surgical care. There is extensive necrosis of the dermis and fat with little muscle sparing, rapidly causing sepsis. Characteristics of this highly lethal infection include clinical symptoms of pain out of proportion, edema, erythema, ulceration, discharge, fever, hypotension, disorientation, local anaesthesia (as nerves get involved), crepitus and blistering and with histopathologic features of fascial necrosis, vasculitis, and thrombosis of perforating veins. The disease can progress swiftly without specific signs to reflect the underlying pathophysiological process, requiring ICU admission, mechanical ventilation, and inotropic support. Recognised predisposing factors include any trauma causing breach in skin, immunosuppression, NSAIDs and chronic diseases. Necrotising fasciitis can be sub-classified by pathogens as: type 1 (polymicrobial- Klebsiella pneumonia, Aeromonas hydrophila, Pseudomonas aeruginosa, and Streptococcus), type 2 (beta haemolytic Streptococcus pyogenes, monomicrobial), type 3 (Clostridium species and Gram negative bacteria), and type 4 (fungal). Type 1 necrotizing fasciitis is a polymicrobial infection (most common) mainly involving the trunk whereas, Type 2 necrotizing fasciitis contains group A Streptococcus with or without a coexisting staphylococcal infection mainly affecting limbs. The responsible organisms produce pyogenic exotoxins and cytolyisin that are responsible for hypotension, multi-organ failure, and disseminated intravascular coagulation. The treatment of choice for NF is aggressive debridement of all necrotic tissues even beyond normal tissue within 24 hrs of onset of symptoms after resuscitation. However, despite radical initial surgical debridement and a limb amputation, surgical control of the infectious source is often not achieved resulting into high mortality. It is very rare and unfortunate to get simultaneous infections in all four limb as well as infections in groin and abdomen which poses a great challenge in total care of the patient especially in deciding the depth and breadth of the sequential debridement and decision of limb reconstruction with tissue coverage v/s amputation. I present a case of NEC of a young patient who presented with involvement of all four limbs, groin and abdomen, eventually ends up in having an above knee amputation after multiple debridements requiring soft tissue reconstruction along with using newer modalities of treatment which helped us to save her life after a long battle of 30 days stay in ICU where she was on vasopressor support and tracheostomized. At the end, she was able to move her limbs and amputation stump and she was discharged to rehab. Here, I would like to discuss the newer modalities of treating NF like IVIg, HBO, versajet, BTM, INTEGRA, VAC and honey, out of which, which we have used a couple for our patient.

Audience Take Away:

- Newer modalities of treating necrotizing fasciitis which have been showing success all over the world
- Early diagnosis of Necrotising fasciitis to prevent fatal outcomes
- Predictors of outcome of necrotizing fasciitis

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Biography

Dr. Shreya Sengupta completed MBBS and graduated in 2019 from R. G Kar Medical College and Hospital, Kolkata, India. During her MBBS, she received honours in all the years of curriculum and gold medal in surgery. She is an ATLS provider and then served as frontliner for COVID 19 pandemic in India as ICU doctor and then joined Medway NHS foundation trust in England as clinical fellow in 2020 in general surgery, trauma and orthopaedics.



Poonam Ghodki*, Priyanka Kulkarni

Department of Anesthesiology, Smt. Kashibai Navale Medical College and General Hospital, Pune, Maharashtra, India

BLOCK BEFORE BLOCK-Analgesic Efficacy of PENG (Pericapsular Nerve Group) Versus FICB (Fascia Iliaca Compartment Block) for positioning patients with Hip fractures for Spinal Anesthesia

Fracture of the hip joint is a common and serious injury in geriatric population because of osteoporosis. Any movement at the hip joint, whether during transportation to hospital or during radiological procedure and then to OT, all causes extremely severe pain. Multiple comorbidities in elderly patients escalates the need for regional analgesia and anesthesia. For the surgical correction of hip fractures, spinal anesthesia is the commonly employed technique. However, the sitting position required for administering spinal anesthesia causes excruciating pain that may adversely affect the hemodynamic vital of the patient. Several methods like intravenous sedation, opioids and femoral nerve block have been studied with varied results to ameliorate the pain while positioning. FICB when compared with femoral nerve block has been found to be certainly superior in providing pain relief sans the motor block associated when the femoral nerve is blocked. PENG is a new block that is sparingly studied and thought to be more precise in blocking the pain of hip fractures. In our study we compared the analgesic efficacy of ultrasound guided PENG to supra inguinal FICB for positioning during spinal anesthesia and found both the blocks comparable.

Audience Take Away:

- The audience will be acquainted to the new PENG block. The block will be explained in simple words with comparison to the older FICB.
- Not everything that is new is better than the older. New advances are good, but that doesn't mean older techniques should be immediately disregarded. Learning is a continuous process and research acts as a beacon in the field of science widening our horizons and application of technology like the ultrasonography and its use in anesthesia. That was the reason to undertake this unique study which was duly approved by institutional ethical board. Our study is limited by the fact that we did not categorize the hip fractures. Hence it is possible that in certain subset of hip fractures (eg neck of femur), PENG may have better results. Needless to say FICB is efficient for such fractures too and is simpler one as well.

Biography

Dr Poonam Ghodki, completed MD in Anesthesiology & Critical Care from Seth GSMC & KEM Hospital, Mumbai, India in 2007. Cleared DNB Anesthesiology in the year 2008. Received Smt Bhagirathi and GS Ambardekar award for academic excellence in MD university examinations. Attached to a medical college and general hospital and working as a professor from 2015. Recognized PG guide from the MUHS university. Received many awards for essay competitions at various state and national conferences. Faculty speaker at various national and international conferences, webinars. Multiple publication in indexed national and international journals, published original articles, case reports, editorial and guest editorial. On the editorial board of international peer reviewed anesthesia journal JACCR, MBAR, on the reviewer board of Indian Journal, Brazilian journal of Anesthesiology, Journal of Anesthesiology and Clinical Pharmacology, Journal of Neuroanesthesiology etc. Received prestigious BMJ nomination in 2017 for best original article published, South Asia category. Receiver of prestigious Pradnya trophy for best paper presentation in the national conference 2020.



Tao Fu*¹, Jun Ren², Xu Zhu², and Yanliang Liu²

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Transvaginal NOTES sigmoidectomy for colon cancer

The state of the practice and development of transvaginal natural orifice transluminal endoscopic surgery (vNOTES) in the Department of Gastrointestinal Surgery II, Renmin Hospital of Wuhan University, China will be discussed during the presentation. Videos of hybrid vNOTES and pure vNOTES sigmoidectomy for two patients with colon cancer will be shown, respectively. An ongoing prospective, open-label, multicenter, single-arm, phase II clinical trial entitled Feasibility and Safety of Hybrid Transvaginal Natural Orifice Transluminal Endoscopic Surgery for Colon Cancer (vNOTESCA) performed by high-volume colorectal cancer centers in China will be presented too.

Audience Take Away:

- Pure or hybrid vNOTES is a feasible and safe procedure for the surgical treatment of colon cancer in highly selected patients.
- The audience will learn the advanced surgical skills that are needed to perform an effective and safe vNOTES sigmoidectomy. The operative technique displayed in this presentation may contribute to standardize such surgical procedure.
- Although several case reports and small case series have revealed that vNOTES is safe and feasible for treatment of colon cancer, well-designed and well-conducted studies are needed to define its clinical applications.

Biography

Dr. Fu studied Medicine at the Third Military Medical University, China and graduated as MD in 1999. From 2010 to 2012, he finished two years postdoctoral fellowship supervised by Dr. Ahuja at Johns Hopkins Hospital. He obtained the position of a director at Renmin Hospital of Wuhan University, China in 2016. He has published more than 30 research articles in SCI(E) journals including JAMA, Ann Surg, Clin Cancer Res, Int J Cancer, etc.



Selmy S Awad

Associate Professor of General Surgery and acute care surgery, Department of general surgery, Faculty of medicine, Mansoura University, Egypt

An optimized management outcome of a challenging late intervention of pancreatic neck transection; a case report and mini-review

Background: The high-grade pancreatic injury including pancreatic transection is a challenging issue in management carrying high morbidity and mortality. Pancreatic injuries result in significant mortality, mainly because of associated injuries and pancreas-specific morbidity. The late surgical intervention till a week after the accident would be highly challenging carrying a higher probability of morbidity and mortality. There is no consensus on which management strategies result in the most favorable outcomes. Herein, we will present this case report of pancreatic transection with late intervention who had an optimized approach of diagnosis and treatment to reach the best outcome.

Case presentation: Pancreatic fracture in a 23-year-old car crash victim who was undergone surgical intervention after one week of the accident. The patient had been optimized in the approach of diagnosis and treatment till he passed with no residual complication till 2-year follow-up.

Conclusions: the updated guidelines in conjunction with the teamwork helped us in the clinical management of this case report, and although they weren't used to replace clinical judgment, they were extremely useful for decision-making. There are higher attributable morbidity and mortality rates for injuries involving the pancreatic duct, as well as the potential for deterioration if treatment is delayed, and literature supports resection in these cases. Repetition of CT or its combination with MRCP is highly advisable in diagnosis. The use of MRCP is also recommended for the purpose of diagnostic confirmation, biliary and pancreatic drainage and stenting, and intraoperative guide for pancreatic duct identification and control. The enteral access is very beneficial for the patient support in such cases.

Audience Take Away:

- The audience will be able to use the updated guidelines in conjunction with the teamwork in the clinical management of such cases of critical pancreatic injury, and they were used to support clinical judgment, and were extremely useful for decision-making.
- Reviewing of this case report and the updated focused review will help the audience in their job practice. Any other faculty could use this research to expand their research or teaching such critical cases as it provides a practical solution to a critical problem that could simplify or make a designer's job more efficient in management. It will improve the accuracy of a design, and it provides new information to assist in a design problem of management.
- Repetition of CT or its combination with MRCP is highly advisable in diagnosis. The use of MRCP is also recommended for the purpose of diagnostic confirmation, biliary and pancreatic drainage and stenting, and intraoperative guide for pancreatic duct identification and control. The enteral access is very beneficial for the patient support in such cases and the pancreatic resection is the definitive treatment of pancreatic resection.

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Biography

Dr. Selmy studied MBBS at faculty of medicine, Mansoura University, Egypt and graduated as assistant lecturer of general surgery in 2007 after finishing master degree of GS. he then joined the unit of trauma and acute care surgery at Mansoura university hospitals, Mansoura, Egypt. He received his MD degree in 2012 at the same institution to be a lecturer of trauma and acute care surgery. He obtained the position of an Associate Professor at the same institution till now. He has published more than 24 research articles in different international journals. He obtained the position of a consultant of GS at king Faisal medical complex, Taif, KSA as a temporary contract.



Jeya venkatesh Palanisamy*^{1,2} and Prabu Gopalakrishnan¹

¹Department of Orthopaedics, Sir Ivan Stedeford Hospital, Chennai, India

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Traumatic Patellar tendon Avulsion - Repair using Suture anchors

Traumatic patellar tendon rupture from the tibial insertion is a rare scenario, requiring surgical intervention to restore knee joint functionality for daily activities. The patellar tendon is the most central of the extensor mechanism, Rupture of the patellar tendon means disruption of the extensor mechanism of the knee joint. This condition requires a unique treatment approach, as standard reconstruction techniques do not apply. Since sutures cannot be as easily passed in a transosseous fashion, suture anchors have to be used to reattach the torn ends of the tendon, additionally reinforcement sutures/wires in a figure of eight fashion can be used for augmentation. Timely management with biomechanically strong constructs using appropriate suture devices will restore the knee function to pre-injury levels.

Audience Take Away:

- Decision making while treating the rare scenario of patellar tendon rupture from either patella or tibia.
- The surgical technique of trans osseous repair of avulsed patellar tendon using suture anchor device is described.
- Case examples will aid in understanding the possible challenges during the surgery and tips & tricks to manage them.

Biography

Dr Jeya venkatesh is a Consultant Orthopaedic Surgeon in Janani Hospital, Chennai, South India. He received his post-graduation degree MS Orthopedics in 2014 and had further training in All India Institute of Medical Sciences, New Delhi & Seoul National University Hospital, South Korea. In addition, he had his Knee and Shoulder fellowships in the UK and Germany. Dr JV is a member of Royal college of Surgeons (England), Member of Diplomate of National Board, India. He is a reviewer for national and international orthopedic journals.

Dr Jeya venkatesh specialises in managing sports injuries and performs complex arthroscopic surgeries. In addition to his surgical practice, he is involved in various community activities and creates bone and joint health awareness to the public.

Ajaipal S Kang

UPMC Hamot, USA

Expanding the scope of Rhomboid Flap: Trunk reconstruction of large cutaneous defect. A case report & review of literature

Large cutaneous defects may result from excision of skin malignancies. Typically, skin grafting is used to manage such defects, but the result may be compromised by inadequate take and poor cosmesis. Accordingly, transposition flaps may be indicated. Case Presentation and clinical discussion: A 93-year-old female presented with a painful, necrotic 12 cm × 12 cm Squamous Cell Cancer of left upper back. She underwent wide excision followed by a rhomboid transposition fasciocutaneous flap. The flap was easily designed, quickly executed, and did not require any special instruments. The overall result was a good cosmetic outcome with no complications. Our case outlines successful use of rhomboid flap instead of a more complicated option to reconstruct a very large cutaneous defect. The flap healed with excellent contour, texture, thickness, and color match. Nearly 100 years after it was first described by AA Limberg in 1928, the time has come to embrace this simple and elegant flap as the preferred method of reconstruction of cutaneous defects of any size and any part of the body.

Biography

Dr Ajaipal S Kang, Chair, Department of Surgery, UPMC Hamot, USA



Michael Karsy, MD, PhD, MSc

Department of Neurosurgery, University of Utah, Salt Lake City, UT, USA

Emerging roles for endoscopic and minimally invasive treatment of skull base pituitary adenomas

Anterior skull base surgery has undergone important innovations with the integration of endoscopic techniques in the treatment of various skull base and intracranial pathologies. Traditional approaches to the anterior skull base have involved microscopic techniques or open cranial surgery. Endoscopic approaches may reduce surgical trauma, improve visualization, and improve surgical resection. This presentation will review some of the surgical approaches for the treatment of pituitary adenomas focusing on patient selection and surgical techniques. Surgical anatomy, patient complications and patient outcomes will be discussed. Case examples will be provided to illustrate some of the surgical techniques, instrumentation, and reconstruction. Insight from these examples can potentially be applied to other anterior skull base pathologies.

Audience Take Away:

- Audience members will be more knowledgeable of novel endoscopic techniques for anterior skull base surgery and better able to identify patients who may benefit from treatment
- Audience members will better understand some of the limitations of endoscopic approaches for neurosurgery
- Audience members will learn more neurosurgical anatomy that can be helpful for patient management

Biography

Dr. Michael Karsy completed residency at the University of Utah in 2020 and a fellowship in minimally invasive and open skull base surgery at Thomas Jefferson University Hospital in 2021. He is an Assistant Professor of Neurosurgery, Neurooncology and Skull Base at the University of Utah. His research interest is on surgical outcomes, translational research, and implementing surgical techniques from the lab to the operating room. He has published over 130 peer-reviewed papers on various neurosurgical and neurooncology topics, provided numerous regional and national lectures on neurooncology, as well as edited a textbook on surgical subspecialty education for medical students and residents.



Pavel Ermolaev*, Tatyana Khramykh

Department of Operative Surgery, Omsk State Medical University, Omsk, Russia
City

Current innovations in donor heart preservation

The problem of preserving the viability of donor organs is relevant for modern transplantation. The need for further development is associated with a global shortage of donor organs of ideal quality, with the need to prolong the terms of their guaranteed conservation to improve the logistics of the transplant process, as well as to ensure the restoration of the viability of initially compromised donor organs obtained from donors with “extended evaluation criteria”. The report will present methods for the preservation of the donor heart, indicate further ways to improve technologies in this area, in particular, options such as extracorporeal perfusion and gas preservation of the heart will be considered.

Audience Take Away:

- The audience will know the current state of donor heart preservation. The audience will be able to use the knowledge to plan their own research projects.

Biography

Dr. Pavel Ermolaev studied Medicine at the Omsk State Medical University, Russia and graduated in 2009. He then joined the research group of Prof. Dolgikh at the same institution. He received his PhD degree in 2017. After two years postdoctoral fellowship supervised he obtained the position of an Associate Professor at the Omsk State Medical University. He has published more than 50 research articles in journals.



Ajit Nanik Singh Kukreja

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Lasers in Proctology : Are they here to stay?

Aim: To analyze the role and utility of lasers in proctology.

Introduction: In modern medicine, lasers are increasingly utilized for treatment of a variety of pathologies as interest in less invasive treatment modalities intensifies. As minimally invasive techniques are continually being sought out for the treatment of different pathologic processes, the use of lasers has become increasingly popular in modern medicine. In addition to their practical usefulness in the operating room, lasers have a wide range of applications in ophthalmology, lithotripsy, the diagnosis and treatment of various cancers, as well as dermatologic and cosmetic procedures.

Latest in the applications of lasers is proctology, last few years have seen lot of procedures being developed and used in management of benign anorectal disorders.

With multiple publication claiming different success rates in different anorectal disorders, there is doubt in the mind of surgeons as to the efficacy of lasers in anorectal disorders. We present an analytical study and our experience on the use of lasers in proctology.

Materials and methods: A number of published articles were evaluated and with the relevant information from all the articles, statistical analysis was done for the collected data.

Results: Lasers though promising, have a long way to go to prove their use-fullness in anorectal diseases.

Conclusion: If the information about the existing lasers, their uses and their potholes are evaluated and worked upon, we can go a long way in making anorectal surgeries minimally invasive and painless.

Keywords: Proctology, anorectal surgeries, lasers

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