18-19
SEPTEMBER, 2023

ONLINE EVENT

4th Edition of

GLOBAL CONFERENCE ON SURGERY AND ANAESTHESIA

Contact us:
Ph: +1 (702) 988 2320 I Whatsapp: +1 (540) 709 1879
Email: surgery@magnusconference.com

BOOK OF ABSTRACTS

magnus Group

18-19 SEPTEMBER

BOOK OF
ABSTRACTS

4TH EDITION OF

GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA

INDEX

Contents

Keynote Speakers

Douglas P Slakey
University of Illinois Chicago, United States

Brandon Lucke Wold
University of Florida, United States

Ricky Rasschaert
Hospital Network Antwerp, Belgium

Sagar Jawale
Jawale Hospital, India

Osman Ahmed
Al Khor Anesthesia HMC, Qatar

Gamal Al Saied
Al-Azhar University, Egypt

Speakers

Abdus Samee Wasim
Birmingham Orthopaedic Training Programme, United Kingdom

Ajit Naniksingh Kukreja
Marengo CIMS Hospital, India

Amina Amin
Dudley NHS group Foundation, United Kingdom

Anshuman Darbari
All India Institute of Medical Sciences, India

Aoibhinn Murray
Queen Mary University of London, United Kingdom

Axler Jean Paul
State University Of Haiti, Haiti

Bessie Kachulis
Columbia Presbyterian Medical Center, United States

Caroline Francis
MOSC Medical College Hospital, India

Cem Emir Guldogan
Turkish Hospital, Qatar

Christopher W Tam
Montefiore Medical Center, United States

Gagik Hakobyan
Yerevan State University After M. Heratsi, Armenia

Gaurav Vishal
Bareilly International University, India

Harry John Visser
SSM DePaul Health Center, United States

Ivan Kirev
St. George University Hospital Plovdiv, Bulgaria

Kathryn K Campos
Kings Centre for Conflict and Health, United Kingdom

Kevin Yang Wu
University of Sherbrooke, Canada

Speakers

Leyla Yavuz Saricay
Harvard Medical School, United States

Matthew Basa
Queensland Health, Australia

Navaneeth Ranjith
Caritas hospital, India

Nishant Kumar
Lady Hardinge Medical College & Associated Hospitals, India

Obada Mohammed Maher Alladh Alhallaq
International medical center, Saudi Arabia

Rebecca A Sosa
UCLA, United States

Salonee Shah
King's College Hospital NHS Foundation Trust, United Kingdom

Seema Rohilla
University of Health Sciences, India

Shreya Sengupta
Royal Victoria Hospital, United Kingdom

Thaimye Joseph
State University Of Haiti, Haiti

Vasudha Govil
Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, India

Thank You All...

Welcome Message

Dear congress visitors, it is an honor and pleasure to welcome you to the GCSA 2023 Conference! The Scientific Committee has worked to organize an exciting meeting with many outstanding speakers. Sharing information and knowledge about improving and optimizing anesthesia and surgery care will ensure that our patients will benefit. Healthcare is complex and providing the best patient care is challenging. I am excited to speak about the importance of optimizing processes in using complex system management to provide highly reliable, safe, and effective care. As leaders, we must empower people to ensure patients receive the best care possible. Enjoy the excellent presentations and meeting with colleagues at the GCSA 2023 meeting!

Douglas P Slakey
University of Illinois Chicago, United States

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 conferences 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 2023

Building on the success of the past three years, Magnus Group is thrilled to extend a warm invitation to the "4th Edition of Global Conference on Surgery and Anaesthesia (GCSA 2023)," which will be conducted as a virtual event from September 18 to 20, 2023. This event offers you the unique opportunity to participate from the comfort of your home or workplace. The overarching theme of this global congress is "STITCH: Surgical Technologies Involved in Tackling Challenges in Healthcare."

Our annual global conference on surgery and anaesthesia serves as an exceptional platform for surgeons, healthcare professionals, anesthesiologists, researchers, scientists, academicians, nurses, trainees, policymakers, industry experts, and consultants to engage in discussions and address the challenges faced by surgeons. This three-day global summit offers a vital arena for the exchange of scientific ideas between clinical practitioners and basic scientists working within the intricate realms of anaesthesia and surgery.

The congress encompasses a wide range of cutting-edge topics in these fields and explores emerging treatment options. You have the opportunity to become a part of one of the most significant international events in the domains of surgery and anaesthesia. Throughout this event, you will have the invaluable chance to connect with fellow surgeons, scientists, professors, and students, allowing you to expand your professional network and explore new opportunities to enhance your expertise. Furthermore, it will serve as an excellent platform for research participants to interact and share their experiences and findings on all facets of anaesthesia and surgery.

BOOK OF ABSTRACTS

magnus Group

18-19 SEPTEMBER

DAY 01

KEYNOTE FORUM

4TH EDITION OF

GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA

Did we find the missing link in the brain? The glymphatic system as an answer to unsolved questions

The removal of "waste" and dead cells is usually being done by the lymphatic system, a vessel system running alongside the blood vessels. It has always been a mystery how the brain removes waste and fights infections as there was no evidence for a lymphatic system. The blood-brain barrier protects the brain from injury and prevents the entry of harmful substances. However the semipermeable wall, through endothelial tight junctions, is not perfect and it does not explain how waste products are being removed. Recent years, a network of perivascular spaces all over the brain has been discovered, which supports the Cerebrospinal Fluid (CSF) exchange with interstitial fluid and clearing interstitial solute to the CSF. This network, functioning like a lymphatic system, but build up from glial cells is called the glymphatic system. In my presentation I will explain the anatomical structure of the glymphatic system, how it was discovered, but most importantly how it helps in explaining the pathological features of several degenerative diseases, but also in brain trauma and its potential therapeutical consequences. As an example in Alzheimer's disease the accumulation of amyloid-beta plaques as the cause of the disease is well known, but the underlying pathological system is yet to be discovered. Also in the traumatic brain the glymphatic system helps us to better understand what exactly happens in short and long term.

An important factor for a healthy brain is sleep. This state of reduced responsiveness has a vital repair function, is required for memory formation and brain plasticity, Can we fight neurodegenerative disease through sleeping? What is the difference between clean sleeping en sleeping (the brain) clean. Perhaps the glymphatic pathway has a suitable answer, but much work still has to be done

Audience Take Away Notes

- New insights in brain function
- Importance of sleep
- Potential new treatment options in brain trauma and neurodegenerative diseases

Ricky Rasschaert

Department of Neurosurgery, AZ Rivierenland, Bornem, Belgium

Department of Neurosurgery, Ziekenhuis aan de Stroom, Antwerp, Belgium

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 are his main interests. He is member of several Neurosurgical and Spine societies. He also has a teaching position and does research involving the treatment of Tarlov cysts, ME 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.

The role of laser tissue welding in pediatric surgery

Introduction: Laser tissue welding is a fantasy brought into reality by me in which tissues are held together by a glue instead of sutures which hardens after application of Laser light. It is described for the first time in medical literature by me. It has vast applications in paediatric surgery.

Materials and methods: The 3 methods are 1) Glutaraldehyde Albumin Glue Enhanced Laser Tissue Welding-albumin (40%) mixed with 10% Glutaraldehyde in 10:1 proportion and applied over tissues and infrared Laser of 850 NM fired over it for 5 minutes makes a hard and waterproof bond. It requires an infrared laser costing Rs. 30 Lakhs which was indigenized by me in Rs.10,000. In past 3 years, I performed 155 suture-less circumcisions with the technique. Technique was used to stop bleeding of factor 8 deficiency in 3 cases without factor 8 infusion, 7 cases of gall bladder fossa bleeding stopped with it. It was used to seal suture line of 108 cases of hypospadias, 13 cases of recto vestibular fistulae, 21 cases of bowel anastomoses, 7 cases of choledocho-duodenostomy, 3 cases of TOF, 3 cases of grade 3 splenic injuries. 13 cases of hypospadias fistulae were treated which cured without surgery. 2) Chitosan Methylene blue film- One case of bowel perforation was sealed by Chitosan Methylene blue film fired by Laser successfully, reported for first time in medical literature. 3) Methylene blue dye enhanced laser tissue welding- Methylene blue infiltrated in tissues and Infrared laser now works on it as blue is opposite colour. 21 cases of tongue tie released with it. 108 cases of hypospadias, 5 cases of splenic bleeding, 7 cases of liver tear, bleeding stopped which did not by electrocautery.

Results: Results were much better than control group with better outcome and less complications.

Discussion: Glutaraldehyde Albumin Glue Enhanced Laser Tissue Welding forms a waterproof bond with great strength over tissues which is more than even sutures. It seals wound wonderfully so that dehiscence does not occur and makes suture line waterproof. Chitosan Methylene blue film merges with tissues after application of Laser and seals perforations without sutures which may be harmful in oedematous tissues. Methylene blue dye enhanced laser tissue welding makes cheap infrared lasers work on tissues as blue colour is opposite of infra-red. Bleeding that did not stop with electrocautery stops with this technique.

Conclusion: All 3 techniques of Laser tissue welding had great results compared to conventional techniques. We need more cases and longer follow up to develop it further.

Keywords: Laser tissue welding, Sutures-less Circumcision by Laser tissue welding, Suture less surgery etc.

Audience Take Away Notes

- Audience will learn about a unique revolutionary and latest research on inducing Yoga with science and technology

Sagar Jawale

Jawale Hospital, India

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 37 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.

The process manifesto: Improving healthcare in a complex environment

Patient care during surgery and anaesthesia occurs in a complex environment or system. Within any system process flow describes the efficiency and reliability by which events occur and the fundamental process functions. Too often health systems have attempted to reduce surgical process to a linear, highly predictable, and structured construct. This reductionist approach does not fully appreciate the complexity of providing care to individual patients. Further, the inevitable unpredictability and variation of surgical care and patient need cannot be accommodated safely when anaesthesia and surgical teams are overly restricted and unable to adapt to circumstances that arise during patient care.

Our research has demonstrated that applying complex system theory and empowering the frontline care givers to respond effectively to individual patient care needs can dramatically improve quality, safety, and reliability. In one example in which we resolved process flow disruptions related to post operative respiratory failure, significantly improved patient outcomes and increased value in care delivery. By identifying process flow disruptions and resolving them, we reduced the incidence of adverse events by 59% and achieved a total cost savings of $447,200 (USD) in six months in a 900-bed tertiary care hospital.

Appreciating and understanding process in a complex environment is essential if healthcare systems are going to function with the highest reliability. Complex systems consist of multiple separate but interdependent components. Anaesthesia and surgery are examples of this. Although they are independent units within the healthcare system with different budgets and typically different leadership, there is no question that they are completely interdependent where patient care is concerned. In fact, to optimize process flow during surgical care, all professional units that provide patient care must be tightly coupled. Overly rigid, linear process management can prevent or inhibit the ability of professionals to respond to process flow disruptions and the point of patient care. We spend large amounts of money and time training professionals (anaesthesiologists and surgeons for example) to be expert and able to respond to unexpected situations and to prevent or intercede to reduce the potential for process flow disruptions to result in adverse events.

Ultimately, to improve reliability of patient care and ensure greater safety and value in care delivery, health system leadership must acknowledge that patient care occurs within a complex environment that cannot be reduced to an overly rigid linear system model. The health care system must manage complexity in a way to allows the professionals within it to have the training, information, and resources necessary to respond appropriately when needed to optimize process flow.

Douglas P Slakey

Department of Surgery,
University of Illinois Chicago,
Clinical Professor of Surgery and
President DPSURGICAL, LLC

Biography

Dr. Douglas P Slakey, is a Professor of Surgery and the President of Dpsurgical, LLC. He sits on the editorial boards of major medical journals, has nearly 40 referenced abstracts, and has authored more than 150 peer-reviewed articles. He received his Bachelor of Arts and Master of Public Health degrees at UC Berkeley and his Medical Degree at the Medical College of Wisconsin. Residency and fellowship training was at Medical College of Wisconsin, University of Oxford, and Johns Hopkins. He has an active transplant surgery practice and is involved in research and training dedicated to improving value and safety in the delivery of patient care.

Audience Take Away Notes

- The audience will understand the difference between linear, complicated, and complex systems
- The learner will be able to discuss how process flow can be assessed and disruptions in flow recognized and corrected within a complex environment
- By understanding process flow and improvement within the complex patient care environment, the leaner will be able to identify research and quality improvement projects that can result in improved patient outcomes and greater value in healthcare delivery
- The audience will have a greater understanding of how advanced analytics, including artificial intelligence, can be used to improve process flow

magnus Group

18-19 SEPTEMBER

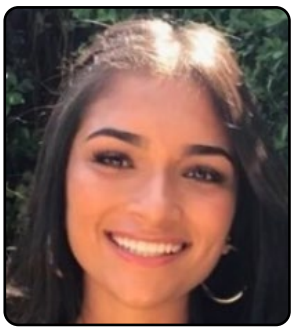
DAY 01

SPEAKERS

4TH EDITION OF

GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA



Salonee Shah

General Surgery, King's College Hospital NHS Foundation Trust, London, England, United Kingdom

Comparing the radiological versus surgical findings to improve care for emergency general surgical patients

Discrepancies in radiology reports when compared to surgical operative findings are common. Previously, scoring has been a feature of evaluating errors. Now, greater emphasis on understanding error is encouraged through discrepancy categorisation and Learning from Discrepancy Meetings (LDMs). This audit seeks to examine discrepancies in radiology reports and operative findings in emergency general surgical patients to improve clinician performance and patient care.

All emergency abdominal radiology reports and emergency surgery intraoperative findings between 1/7/22 – 7/8/22 were identified at The Princess Royal University Hospital. Comparisons were made and discrepancies were highlighted. Examination of local practice taken against discrepancies was compared to national guidelines. Timing of reports made was also examined.

35 radiology reports vs surgical findings were reviewed. Complete discrepancy was found in 9% (3 reports), with no discrepancy in 91% (32 reports). All reports with discrepancy were made out of hours.

Currently there is no specific system determining clinical significance of cases chosen for LDMs. Using a binary method of 'complete discrepancy' and 'no discrepancy' may not provide sufficient detail for defining clinical significance. A grading system determining clinical significance of discrepancies could provide more systematic approach for cases chosen for discussion.

Audience Take Away Notes

- This audit aims to better understand the reasons for discrepancies in radiology reports and surgical operative findings
- We hope to make recommendations to clinical practice to reduce the number of discrepancies present, overall improving patient care
- We hope our systematic approach of determining clinical significance will aid selection of cases to be discussed in learning from disciplinary meetings to aid learning for the audience

Biography

Dr. Salonee Shah studied Medicine and Surgery MBChB at the University of Leeds, UK and graduated in 2022. During her time at university, she has done research in various surgical specialties such as Prostate Cancer at Guy's and St Thomas' NHS Foundation Trust and in Breast Surgery at The Royal Marsden. She then started her Foundation Year 1 training within the King's College Hospital NHS Foundation Trust, which is currently on going.

Kathryn Keeley Campos

B.A, MSc-Global Health With Global Surgery (Pending). Kings College London-Kings Centre for Conflict and Health Graduate Researcher, London, United Kingdom, Independent Researcher University of Washington Department of Surgery, Harborview Injury Prevention Program, Seattle, WA

Empowering equity in surgical care requires efforts to address surgical workforce strengthening in austere environments head-on; A systemic review

Background: Civilian injuries account for a notable portion of casualties in austere environments. Differential access to safe surgical care is often exacerbated by the impact of armed conflict, natural disasters, and humanitarian crises on health systems. While recent efforts to address equity in surgical care have spearheaded the prioritization of surgical workforce strengthening globally, limited research investigations and incentives to address equitable and sustainable surgical system strengthening in austere environments exist.

Methods: We conducted a systemic review of databases including PubMed, Embase, and Google Scholar to identify records that described surgical system-strengthening activities and interventions in austere environments.

Results: A total of 2,577 records. 21 eligible reports were selected for review. Each of the reports described surgical care access in austere environments, surgical training, and surgical system strengthening interventions in order to bolster optimal surgical care in austere environments. While general accounts of civilian access to surgical services, training interventions, and surgical quality improvement incentives were discussed few records provided quantitative data or qualitative accounts assessing efforts to address equitable surgical access and workforce strengthening in order to improve patient, provider, facility, organizational and health system functionality outcome measures.

Conclusions: Currently few reports describing the efforts to bolster equitable surgical capacity building in austere environments are available. Succoring the advocacy and promotion of equity in surgical care globally must include surgical system strengthening in the humanitarian context. Lastly, efforts to prioritize equitable surgical workforce strengthening, civilian surgical access, and surgical system strengthening in austere environments are paramount to progressing safe, accessible, and high-quality surgical care access for all populations at the local to global level.

Keywords: Global Surgery and Equity in Surgical Care and Health Equity, and Surgical Access, and Surgical Workforce, and Surgical Training, and Surgical System Strengthening, and Armed Conflict, and Humanitarian Crises, and Natural Disasters and Climate Change, Not Infectious Disease, Not Communicable Disease, Not Veterans, Not Military.

Conflict of interest statement: Declaration of Competing Interest None.

Biography

Ms. Kathryn Campos gained her B.A at the University of Washington, USA. Over the past 4 years, she has participated in academic and independent research within the Kings Centre for Conflict and Health, University of Washington Department of Surgery and Harborview Injury Prevention Program. She is currently completing her MSc in Global Health with 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, Trauma & Injury Research, and Surgical Critical Care.

Christopher W Tam

Department of Anesthesiology, Montefiore Medical Center, Bronx, NY, United States of America

Left Ventricular Assist Device (LVAD) and anticoagulation therapy- an up-to-date review for the perioperative physician

The management of anticoagulation therapy in patients with a LVAD undergoing non-cardiac surgery has been a subject of considerable apprehension and controversy in the literature. Currently, the management of anticoagulation in emergent clinical settings are often made in a multidisciplinary approach including cardiac surgery, heart failure as well as the critical care physician. This lecture will provide a brief review on the history of LVADs and will discuss the hemocompatibility related adverse events associated with LVADs. I will further discuss the current recommendation on third generation LVAD anticoagulation as well as the controversy in the literature regarding these recommendations and potential changes in anticoagulation therapy in the near future. I will also discuss anticoagulation management strategies in patients undergoing emergent non-cardiac surgery for the perioperative physician.

Audience Take Away Notes

- Analyze and understand the current controversy on anticoagulation therapy in the third generation LVADs
- Understanding the hemocompatibility adverse effects associated with LVADs
- Perioperative management of anticoagulation therapy in patients with an LVAD undergoing emergent non-cardiac surgery

Biography

Dr. Christopher W. Tam, MD is a cardiac and critical care anesthesiologist practicing at Montefiore Medical Center. He was previously at Weill Cornell Medical Center and joined Montefiore in 2022 as the program director for the upcoming Anesthesiology Critical Care Fellowship. He attended medical school at the State University of New York at Downstate and graduated in 2010. Subsequently, Dr. Tam completed residency at the State University of New York at Stony Brook in 2014 before completing Anesthesiology Critical Care Fellowship in 2015 and Cardiothoracic Anesthesiology Fellowship in 2016 at Weill Cornell Medical Center. In addition to his interest in clinical education to residents and fellows, Dr. Tam is involved in clinical research involving transesophageal echocardiography, point of care ultrasound and postoperative cardiac surgery outcomes research utilizing database and have had published research articles in this area.

Bessie Kachulis
Columbia Presbyterian Medical Center, United States of America

Pulmonary hypertention in the non-cardiac surgery patient

Pulmonary Hypertension is a high-risk condition and is associated with high perioperative morbidity and mortality. As modern medical treatments have helped improve overall survival rates, more patients with pulmonary hypertension present for surgery.

Taking care of patients with pulmonary hypertension in the perioperative period can be challenging. It is important a multidisciplinary team with knowledge in this topic is involved in the care of such patients. Optimal care starts in the preoperative period, where the patient's condition is optimized, eliminating additional risk factors.

Although there is no recommended anesthesia technique that is associated with better outcomes, high vigilance and expertise are required. Invasive monitoring such as arterial line and pulmonary catheter placement maybe needed, depending on the surgical procedural risk and the patient's condition. In more severe situations cardiac monitoring using transesophageal echocardiography may be necessary. Appropriately interpreted information helps to timely recognize changes and manage treatment.

Similarly, high vigilance should be exercised in the postoperative care period and the patient should be managed in the appropriate level of care area.

In conclusion, taking care of patients with pulmonary hypertension requires a multidisciplinary team and a facility with appropriate resources.

Audience Take Away Notes

- Pathophysiology of the different types of pulmonary hypertension and how to recognize them
- Medications used to treat pulmonary hypertension
- Anesthetics management of patients with pulmonary hypertension
- Literature on intraoperative management of pulmonary hypertension

Biography

Dr. Kachulis completed her training in anesthesiology and her cardiothoracic anesthesia fellowship at Columbia University Medical Center. After her training she joined the faculty of Cardiothoracic Anesthesia division at Columbia where she became an Associate Professor of Anesthesiology and served as Director of Thoracic Anesthesia. She has extensive experience in taking care of patients with pulmonary hypertension undergoing lung transplantation, cardiac and pulmonary thromboendarterectiomy surgeries. Currently see serves as the Director of Evidence-Based Medicine in the Division of Cardiothoracic Anesthesiology at Columbia University Medical Center.

Kevin Y Wu*, Michael Marchand Gareau
Division of Ophthalmology, Department of Surgery, University of Sherbrooke, Sherbrooke, QC J1G 2E8, Canada

Efficacy and safety of kahook dual blade goniotomy and trabecular micro-bypass stent (istent inject) in combination with cataract extraction: A retrospective study

Purpose: To compare the efficacy and safety of Kahook Blade Dual (KDB) goniotomy and trabecular micro-bypass stent (iStent inject) for Microinvasive Glaucoma Surgery (MIGS) with cataract extraction.

Methods: Our study included all participants who underwent either MIGS procedure combined with cataract extraction. Data collected included pre-op and post-op IOP, IOP-lowering medications, BCVA, adverse events, and need for IOP-lowering surgery. The primary outcome was the proportion of patients in each group achieving a 20% reduction in IOP.

Results: A total of 66 eyes were included in the iStent inject group and 25 eyes in the KDB group. Mean follow-ups were 12 months for both groups. Both the iStent inject and KDB had similar success rates in achieving a 20% reduction in IOP (67% and 60% respectively) with no significant statistical difference (p=0.55). No major complications occurred. Changes in IOP and medications were not significantly different between groups.

Conclusions: Both KDB and iStent Inject are safe and effective options for MIGS with cataract extraction. However, larger patient populations are needed to compare these procedures head-to-head.

Precise: The study compared the effectiveness and safety of KDB and iStent inject for Microinvasive Glaucoma Surgery (MIGS) with cataract extraction. Data collected included IOP, medications, BCVA, adverse events, and need for IOP-lowering surgery. 66 patients (91 eyes) participated, with both groups having similar success rates in achieving a 20% reduction in IOP. KDB and iStent inject were found to have equivalent IOP-lowering effects, with no significant difference in complications.

Backgroud statement: North America's first study comparing KDB and iStent inject procedures, with a large sample size. A single surgeon performed surgeries using a standardized protocol, treating a broad range of glaucoma severity, generating comprehensive data.

Audience Take Away Notes

- Gain insights into the efficacy and safety comparison between KDB goniotomy and iStent inject for MIGS with cataract extraction
- Apply the study's findings to clinical practice to enhance patient care in glaucoma treatment
- Understand the statistical significance and success rates of the procedures, which may guide surgical decisions
- It will helpful for the audience in their job
- This research that other faculty could use to expand their research or teaching
- This provide a practical solution to a problem that could simplify or make a designer’s job more efficient

- It improve the accuracy of a design, or provide new information to assist in a design problem
- List all other benefits.
    - Medical Professionals: Utilize evidence-based findings to improve glaucoma treatment plans
    - Researchers/Faculty: Basis for further exploration, research, or teaching in the field of MIGS
    - Medical Designers/Engineers: Insights into the practical considerations of specific MIGS tools
    - General Benefits: Contribution to solving clinical challenges in ophthalmology, potential for expanding research or teaching, and enhancement of treatment accuracy

Biography

Dr. Kevin Y. Wu is dual certified in Doctor of Medicine (MD) and Doctor of Dental Medicine (DMD), now specializing in ophthalmology. He leads a research team focused on ocular pharmacology and ophthalmic surgery and has contributed to numerous publications. In 2021, he received the Canadian Medical Association Award. Yet, his achievements represent a continuous journey, not endpoints. Dr. Wu's dedication to patient care and medical innovation is driven by humility and a genuine commitment to the field. His work remains an essential contribution to both patients and the medical community.

Shreya Sengupta
Core surgical trainee, General surgery Royal Victoria Hospital Belfast, United Kingdom

Mesodiverticular band in meckel's diverticulum: A rare case of small bowel obstruction

Meckel's diverticulum occurs in less than 3% of general population and is mostly asymptomatic. The most common complication due to Meckel's diverticulum is intestinal obstruction followed by unexplained gastrointestinal bleeding, persistent abdominal pain or perforation. Complications mostly occur in male population and within 50 years of age. Here we present a case of a 72 year old lady who presented with a 24hour history of worsening abdominal pain, distension and vomiting. She underwent a CT scan which showed small bowel obstruction with a clear transition point in right iliac fossa but no obvious cause identified. She had a whipples resection 6 years ago with rooftop incision due to distal cholangiocarcinoma and had recovered from it. An emergency laparotomy revealed a band adhesion compressing the ileum and on relieving it, it was found to be a mesodiverticular band in meckles diverticulum causing the small bowel obstruction. 10cm of unhealthy bowel with the meckles diverticulum was resected and side to side anastomosis was performed. A mesodiverticular band is one that is attached to the diverticulum and ileal mesentery and directly compress the ileum. The diagnosis of Meckel's diverticulum as the cause of small bowel obstruction is often not made until the operation. CT scan, although being very accurate in identifying an obstruction, has poor sensitivity and specificity in detecting a mesodiverticular band.

Audience Take Away Notes

- This is a rare case of small bowel obstruction due to a complication of meckel's diverticulum and should be taken into consideration as a cause of small bowel obstruction
- A mesodiverticular band is one that is attached to the diverticulum and ileal mesentery and directly compress the ileum

Biography

Dr./Ms 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 served as frontliner for COVID 19 pandemic in India as ICU doctor and thereafter worked at Medway NHS foundation trust and Frimley park hospital in England as trust doctor for 2 years in general surgery, trauma and orthopaedics. She completed her MRCS in 2022 and currently is a core surgical trainee specialising in plastic surgery at Belfast, Northern Ireland.

Harry John Visser
SSM DePaul Health Center, St. Louis, Missouri, United States of America

Diabetic charcot accentuating the hexapod frame

Although an abundance of research into the treatment of Charcot neuroarthropathy has led to improved standardization of surgical options, discrepancies still exist in how surgeons approach this complex condition. These differences in surgical approaches appear to be based on geographic location and training. Charcot neuroarthropathy is a rapidly progressive and debilitating process initially characterized by inflammation, however, there exists a disconnect between clinical signs and symptomology. Attempts to define the natural course of Charcot have produced a number of classification systems, however predictable sequence of changes distinguished clinically and radiographically. The risk of lower extremity amputation increases as the Charcot foot becomes more complicated. Therefore, early intervention is paramount in prevention of this deformity and resultant ulceration. Effective management of the Charcot foot centers on early diagnosis, medical therapies and surgical intervention. This oral presentation offer insights into surgical management diabetic Charcot through use of correctional hexapod frame.

Audience Take Away Notes

- A better understanding of complex Charcot neuroarthropathy foot deformity
- Ability to evaluate this complex biomechanical deformity in practice
- Stepwise surgical approach to correcting this deformity utilizing a correctional hexapod frame

Biography

Dr. H. John Visser is one of the Podiatric professions' most decorated physicians. He is an accomplished foot and ankle surgeon from St. Louis, Missouri in practice for forty years. Dr. Visser is a Diplomate of the American Board of Foot and Ankle Surgery as well as a Diplomate of the American Board of Podiatric Medicine. He is a Fellow of the American College of Foot and Ankle Surgeons and has been a residency directory instructing young surgeons in foot and ankle reconstructive surgery training over 100 Podiatric surgeons and he currently has 15 residents under his leadership role.

Thaimye Joseph*, Christopher W Valsaint
Faculty of medicine/State University of Haiti, Haiti

Risk factors associated with the occurrence of surgical site infections in patients operated for acute abdomen at state university hospital of haiti from January 2018 to December 2020

Background: This study's objective is to analyze the different risk factors associated with the occurrence of Surgical Site Infections (SSI) in patients operated for acute abdomen at State University hospital of Haiti from January 2018 to December 2020.

Methods: This is a unmatched case-control study. Were included: patients who had undergone surgery for acute abdomen and had developed a SSI. By measuring the association between each risk factor and the occurrence of SSI, their implication in the occurrence of SSI has been determined.

Results: Of the thirteen risk factors identified, in the 87 files selected, a high incidence (25.29%) of SSIs was associated with the following risk factors: anemia, duration of interventions, NNIS index and reintervention.

Conclusion: Anemia, duration of interventions, NNIS index and reintervention were the main risk factors strongly associated with the occurrence of SSI.

Keywords: SSI, Acute Abdomen, Surgery, Risk Factors.

Biography

Thaimye Joseph is an international medical graduate from the State University of Haiti (Faculte de Medecine et de Pharmacie). Recognizing the importance of public health, she wholeheartedly devotes herself to raising awareness about various health issues. She has a passion for research, specifically in surgery and stays up-to-date with the latest research and articles, fueling her passion for continuous learning. She actively seeks out opportunities to connect with other organizations, aiming to bring about positive changes and enhance the healthcare system.

Vergis Paul[1], Caroline Francis[1]*, Elizabeth Fischer[2], Sanoop Kumar Sherin Sabu[3]

[1]Department of General Surgery, Malankara Orthodox Syrian Church Medical College, Kolenchery, Kerala, India

[2]Department of Pathology, Malankara Orthodox Syrian Church Medical College, Kolenchery, Kerala, India

[3]Department of General Medicine, Govt Mohan Kumaramangalam Medical College Salem

Inguinal swellings with diagnostic challenge: 2 Case reports

This case series explains rare cases of inguino-scrotal/labial swellings that pose diagnostic challenges. Although rare, these swellings are important considerations in the differential diagnosis in both the sexes.

CASE REPORT-1: Angiomyofibroblastoma is an uncommon benign mesenchymal tumor. It occurs mostly in the vulvovaginal area of women, but can also be observed in men. The World Health Organization, 2020, reclassified these tumors as a specific type of tumor in the category of fibroblastic and myofibroblastic tumors. In women it is found in the female genital tract, vulva, posterior perivesical space and in men the spermatic cord. This entity in male genitalia is exceedingly rare and has been described as its female analog or under the name of male Angiomyofibroblastoma are known to occur in regions such as the inguinal area, scrotum and perineum. Angiomyofibroblastoma of the male genital tract is a rare tumor with only 20 cases reported in the literature to date. We are describing a case of left inguinal region angiomyofibroblastoma that was found postero-medial to spermatic cord and was treated surgically and confirmed histopathologically.

CASE REPORT- 2: Round ligament tumors are rare which includes leiomyomas, mesothelial cysts and some cases of endometriosis. Leiomyomas are the commonest of them. These usually present as an inguinal swelling mimicking an inguinal hernia or a lymph node. We are describing a case of a 47 year old lady who presented with a right sided labial swelling with lower abdominal pain and had surgical intervention for the same. A round ligament leiomyoma was confirmed by histopathology.

Biography

Dr. Caroline Francis studied MBBS in Malankara Orthodox Syrian Church Medical College (MOSC), Kolenchery, Kerala, South India. She then joined the department of General surgery in MOSC Medical College Hospital and worked as a junior resident doctor for almost 2 years. During the period she published her first publication on Inguinal Swellings with diagnostic challenges. She is currently preparing to apply for her dream residency in General Surgery in the UK.

Navaneeth Ranjith[1]*, Antony Jose[2]

[1]Department of Surgical Gastroenterology, Caritas Hospital, Kottayam, Kerala, India

[2]Department of Cardiothoracic and vascular surgery, Calicut Medical College, Calicut, India

Prevalence and associated risk factors of barrett's esophagus in patients undergoing OGDscopy in a tertiary care hospital

Barrett's esophagus is a metaplastic change in the lining mucosa of the esophagus in response to chronic gastroesophageal reflux. In this condition, the squamous epithelium lining the lower portion of the esophagus is replaced by intestinal columnar epithelium. The prevalence and risk factors of Barret's esophagus in a state like Kerala is unclear. Studies report a wide range of Barret's esophagus in Asian countries. But when compared to whites, the prevalence of the condition is much less. It may be attributed to both genetics and environmental factors. The prevalence of Barret's esophagus and that of GERD varies among ethnic groups. The past decades have witnessed an increasing prevalence of BE in the world. The aim of the study is to assess the prevalence of Barret's esophagus in patients undergoing OGDscopy for various indications in Amala Institute of Medical Sciences, Thrissur and also to find out the risk factors leading to Barret's esophagus in these people. Several risk factors are thought to be associated with the development of BE like increase in age, sex, increase in BMI, heartburn, gastric regurgitation, smoking, alcoholism etc. The diagnosis of BE is confirmed by histopathological examination. In this study we took biopsy from those patients who had features doubtful of BE in OGDscopy. Our cross sectional study consist of 388 patients with a mean age of 54.45 years. 28 out of 388 patients, that is 7.2% of patients were having features doubtful of BE in OGDscopy. Endoscopically, Columnar epithelium has a characteristic reddish color and velvet like texture that can be distinguished readily from normal esophageal squamous epithelium, which is pale and glossy and the columnar epithelium must line 1cm or greater of the distal esophagus. Only if this criteria is met, a biopsy is taken from these sites.

From this study we concluded that

1. The prevalence of Barrett's esophagus in patients undergoing OGDscopy for various indications in a tertiary care teaching hospital like Amala Institute of Medical Sciences is 4.6%.
2. Patients who had a BMI > 25 and those patients who had features of GERD like regurgitation & heartburn are found to be risk factors for the development of BE in this study.
3. Other factors like age, sex, heartburn, smoking and alcoholism are not found to have an association with the development of BE.

Biography

Dr. Navaneeth completed his MBBS from Vijayanagara Institute of medical sciences in 2017. He completed his MS in General Surgery at Amala institute of medical sciences in 2022.He is currently working at Department of Surgical Gastroenterology at Caritas Hospital, Kottayam, India.

Esra Soyer Guldogan[1,2], Serra Ozbal Gunes[1], Yeliz Akturk[1], Cem Emir Guldogan[3]*

[1]Department Radiology, SBU Yildirim Beyazit Diskapi Education and Research Hospital, Ankara, Turkey

[2]Department of Radiology, Turkish Hospital, Doha, Qatar

[3]Department of General Surgery, Turkish Hospital, Doha, Qatar

The relationship between appendix visibility on non-contrast computed tomography and visceral obesity: A retrospective cross-sectional study

Material and methods: The study is a retrospective cross-sectional investigation of the relation between appendix visibility on Non-Contrast Computed Tomography (NCCT) and visceral obesity. The study population consists of adult patients who underwent NCCT imaging between January 2021 and January 2022. The data were collected from electronic medical records and imaging databases, including age, gender, CT findings, and Visceral Fat Area (VFA) measurement. Patients with a history of appendectomy or incomplete data were excluded from the study. Descriptive statistics, chi-square test, Spearman's rho test, and logistic regression analysis were used for data analysis.

Results: In this study of 1562 patients (720 female, 842 male), we examined the relationship between appendix visibility, age, and visceral obesity. The appendix was visualized in 1390 patients (89%) and could not be marked in 172 patients (11%). We found that appendix visualization was significantly higher in patients with a high Visceral Fat Area (VFA > 130) compared to those with a low VFA ($p < 0.001$). Age showed a weak positive correlation with appendix visibility ($r = 0.1386$), but the association was not statistically significant ($p = 0.3028$).

Conclusion: This finding suggests that the visibility of the appendix is associated with the likelihood of having visceral obesity. The results highlight the potential importance of considering appendix visibility as a factor in assessing and understanding the risk of visceral obesity in patients. NCCT without contrast will be more useful when used in patients with high VFA for visualization of the appendix.

Keywords: Visceral Fat Area (VFA), Visceral Obesity, Non-Contrast Abdominal Computered CT, Appendix, Acute Appendicitis.

Audience Take Away Notes

- This study aims to evaluate the visibility of the appendix in abdominal tomographies taken without contrast in patients with high visceral obesity, thus eliminating the need for IV contrast material in these cases

Biography

Dr. Cem Emir Guldogan graduated from “Ankara University Faculty of Medicine” in 2008 and completed his general surgery residency at “Ankara Numune Training and Research Hospital” in 2014. Between 2014-2016, he worked as a General Surgery Specialist in “Ankara Numune Training and Research Hospital-Colorectal Surgery Department.” He participated in Robotic Colorectal Surgery training held at the Colorectal Surgery Department of “Stony Brook University, New York-USA” in 2015 and 2016. He started to work as a Consultant at “Liv Hospital Ankara-Turkey” in 2016. In addition, he lectured as an Assistant Professor at “Istanbul Altinbas University Faculty of Medicine,” Department of General Surgery, between 2017-2018 and at “Istanbul Istinye University Faculty of Medicine,” Department of General Surgery, between 2018-2020. He received the title of “Fellow of the European Board of Surgery” (FEBS) in 2019 and “International Fellow of the American Metabolic and Bariatric Surgery” (IFASMBS) in 2023. He received the title of “Associate Professor of General Surgery” in 2020 and has 84 scientific articles published in international journals. He has 89 articles, oral presentations, and posters, 29 of which are presented at international and 60 national congresses. Dr. Guldogan participated in many congresses as an invited speaker and moderator, and as of May 2023, he has an H-index of 13, an I10-index of 15, and 1039 citations to his research.

Amina Amin
Currently working at Russell Hall Hospital, Dudley NHS trust, Dudley, United Kingdom

Laparoscopic sleeve gastrectomy versus lifestyle modification in class I obesity in Pakistani population: A prospective cohort study

Introduction: The American Society of Metabolic and Bariatric Surgery has stated that bariatric surgery is indicated in Class I obesity patients with one or more comorbidities. However, other weight loss options, such as diet plus exercise, are available to patients with a Body Mass Index (BMI) ranging from 30 to 35 kg/m^2. This study aimed to prospectively compare the results of Class I obesity patients undergoing Laparoscopic Sleeve Gastrectomy (LSG) or using a Weight Control Program (WCP).

Methods: A prospective analysis was conducted of patients with Class I obesity and comorbid diabetes and hypertension, with follow-ups at 6, 12, and 18 months. Subjects were divided into two groups: the LSG group of patients who had undergone LSG, and the WCP group who adhered to a WCP. The percentage of Excess BMI Loss (%EBMIL) and comorbidity remission (diabetes mellitus and hypertension) were tracked with measurements of hemoglobin A1C (HBA1C) levels and systolic blood pressure. Self-esteem was also tracked using the Rosenberg SelfEsteem Scale (SES) at 0 and 18 months. The overall patient satisfaction score was calculated using a visual analogue scale.

Results: Of the 150 patients enrolled in the study, 106 were included in the LSG group, and 103 were included in the WCP group. The reduction in HBA1C was more pronounced in the LSG group, and the differences between the two were statistically significant after 6, 12, and 18 months (LSG 5.6 ± 0.47 vs. WCP 6.5 ± 0.64, CI 1.04-0.73, $P < 0.05$). At 12 and 18 months, there were statistically significant reductions in systolic blood pressure after LSG (LSG 134.2 ± 7.16 vs. WCP 145.63 ± 5.94, CI 13.2-9.6, $P < 0.05$). Self-esteem levels measured by the Rosenberg SES increased for all participants, while patient satisfaction score was higher in the LSG group than that in the WCP group ($P < 0.05$). The %EBMIL at 6 months in the LSG group was 35.48%, compared to the WCP group at only 7.23%. At 12 months, the %EBMIL had increased twofold in the LSG group, at 68.19%, compared to 14.53% in the WCP group. At the final 18-month followup, the %EBMIL in the LSG group was 99.60% but was only 25.70% in the WCP group ($P < 0.05$).

Conclusion: Our study elucidates a clear superiority of LSG over any structured WCP with regard to weight reduction, improvement in glycemic control, and reduction in blood pressure in Class I obesity patients. Additionally, patients having LSG reported markedly improved self-esteem and satisfaction when compared with those who undertook a WCP.

Audience Take Away Notes

- Audience will be able to have an insight of results of the sleeve gastrectomy in terms of achieving weight loss
- This topic opens the room for more opportunities for research world wide since more long term outcomes are still left to be known
- Field of bariatric surgery is emerging and there is room for comparison of effectiveness of various procedure within the field

Biography

Miss Amina Amin graduated from Liaquat National Hospital Karachi, Pakistan. Completed her internship and started her surgical career, completing her FCPS in General surgery from Shifa International hospital, Islamabad. Later on started working in UK as a clinical fellow in Vascular surgery. Currently working in Russell hall hospital in west midlands, Dudley.

Amina Amin
Currently working at Russell Hall Hospital, Dudley NHS trust, Dudley, United Kingdom

Preoperative and operative risk factors for conversion of laparoscopic cholecystectomy to open cholecystectomy in Pakistan

Introduction: The currently available literature suggests a wide range of conversion (4.9-20%) from Laparoscopic Cholecystectomy (LC) to Open Cholecystectomy (OC) despite the increase in surgical expertise. Open cholecystectomy is important as the last resort for safe surgical practice in complicated cases. Increased number of pre-operative and perioperative risk factors need to be identified to pre-empt conversion. However, there has been a significant decrease in conversion rates over the past few decades. This study was conducted to determine conversion rates in our population and to identify any significant risks for conversion.

Methods: This prospective study was conducted at the Shifa International Hospital, Islamabad, Pakistan, including 1081 cholecystectomies, performed over a two-year period from January 2017 to January 2019. Comparison of risk factors between the two groups; Laparoscopic Cholecystectomy (LC) group and conversion to Open Cholecystectomy (OC) group was done. Statistical analysis was done using SPSS 24.0.1.

Results: In our study, the overall conversion rate was 7.78%. Factors of conversion to Open Cholecystectomy (OC) included age ≥65, morbid obesity, diabetes mellitus, and previous abdominal surgery. Deranged Alkaline Phosphatase (ALP), increased total bilirubin, increased Common Bile Duct (CBD) diameter, and multiple stones in ultrasonography showed a statistically significant association with the conversion. Per-operative findings of increased adhesions >50%, empyema Gallbladder (GB), perforated GB, and scleroatrophic GB showed a higher risk of conversion too.However, there was no statistical association with preoperative Endoscopic Retrograde Cholangiopancreatography (ERCP) to OC in our population.

Conlusion: An open cholecystectomy is a safe approach for patients with complicated gallbladder disease. No doubt laparoscopic cholecystectomy is the gold standard having its outstanding benefits. This study identifies predictors of choice for OC in addition to the decision to convert to OC. In view of the raised morbidity and mortality associated with open cholecystectomy, distinguishing these predictors will serve to decrease the rate of OC and to address these factors preoperatively.

Audience Take Away Notes

- Laparoscopic Cholecystectomy is the gold standard since decades for cholecystectomy. Till date open cholecystectomy is considered in complicated cases for patient safety and to prevent morbidity and mortality
- Knowing factors predicting the conversion are important to plan ahead and play safe

Biography

Miss Amina Amin graduated from Liaquat National Hospital Karachi, Pakistan. Completed her internship and started her surgical career, completing her FCPS in General surgery from Shifa International hospital, Islamabad. Later on started working in UK as a clinical fellow in Vascular surgery. Currently working in Russell hall hospital in west midlands, Dudley as a Surgical Registrar.

magnus Group

18-19 SEPTEMBER

DAY 01

POSTERS

4TH EDITION OF

GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA

Axler Jean Paul[1]*, Sterman Toussaint[2], Jean Alouidor[1,3]

[1]Faculty of Medicine and Pharmacy, State University Hospital of Haïti, Haiti

[2]Department of Surgery, Sate University Hospital of Haiti, Haiti

[3]Coordinator of the Medical Research and Permanent Study Unit, Haiti

Descriptive and correlational study of peritonitis in the surgical department of the state university hospital of Haiti (HUEH): A cross sectional study

Background: Generalized secondary peritonitis is one of the most common emergencies encountered in the surgical department. It is a major surgical condition with mortality of up to 20% and classified as the third most common cause of surgical abdomen after appendicitis and intestinal obstruction. In Haiti, few studies on surgical pathology are available.

Materials and methods: This is a correlational descriptive study carried out in the State University Hospital of Haiti (HUEH) surgery department over 6 years (2013-2018) with a sample of 91 patients.

Results: The mean patient age was 27.29 years (±13.28). The 3 most common diagnoses were appendicular peritonitis (48.35%), typhoid peritonitis (18.68%), and gastric perforation peritonitis (10.99%). Delays were more substantial for women than men (5.18 vs. 2.89 days, for the pre-operative period; 11.79 vs. 7.68 days, for the post-operative period, and 16.97 vs. 10.47 days, for duration of hospital stay). The mean MPI score is 23.3, and was an association between MPI severity score with age (r=0.37; p=0.002), pre-op duration (r=0.28, p= 0.024) and duration of hospital stay (r=0.24; p=0.046). Multiple linear regression revealed that only creatininemia, pre-op duration, and age influence the severity score. Thus, we observed a strong correlation between these 3 variables and the MPI score (r=0.69), with 48.7% of the score variation being influenced by these 3 variables (p=0.014).

Conclusion: Peritonitis is a disease mainly of young adult males, and the predominant etiology is appendicular peritonitis. Management is urgent, but delays in care are important and are correlated to the severity of the disease, potentially affecting outcomes for patients who need treatment the most.

Audience Take Away Notes

- This work will make it possible to understand the challenge in the management of peritonitis in a low-resource country like Haiti
- Through this work we will show the importance of the use of the MPI severity score and the emographics and clinical factors that can influence this score always in a difficult context with limited means, and to see how it can help in reducing mortality associated with peritonitis

Biography

Graduated from the Faculty of Medicine and Pharmacy of the State University of Haiti in 2022 with “Very Honorable Mention with Medal” for my Doctoral thesis. Authors of several scientific articles indexed in Pubmed. Experienced peer reviewer, Board member for several medical journal, I serve as mentor/tutor in biostatistics and methodology for people preparing their thesis and/or work to be released in the field of clinical and epidemiological medicine. CEO of Keep Moving A local platform that provides support services in the realization of research, thesis and dissertation A local platform that provides support services in the realization of research, thesis and dissertation work.

Aoibhinn Murray[2]*, David Lister[1], Bijendra Patel[2]

[1]Academic Clinical Fellow, Queen Mary University of London, London, United Kingdom

[2]Consultant Upper GI and Laparoscopic Surgeon and Professor of Surgery, Barts Health NHS Trust and Queen Mary University of London, London, United Kingdom

A systematic review of short-term outcomes of three robotic extraperitoneal techniques of ventral hernia repair; eTEP, TA-RM, and TAPP, compared to robotic Intraperitoneal Onlay Mesh (IPOM)

Annually, it is estimated that over twenty million hernias are repaired globally, almost 10% of patients develop incisional hernias after laparotomies. This carries great morbidity and financial burdens. Since its inception, robotic repairs have allowed further degrees of motion and visualisation creating space for new techniques that may benefit patients and surgeons. Extraperitoneal placement of mesh makes mesh-induced visceral complications almost negligible. However, no systematic review has compared the various extraperitoneal techniques, retromuscular (both totally extraperitoneal and transabdominal), and preperitoneal, with intraperitoneal technique. The aim of this review is to compare these three extraperitoneal techniques with each other and against the standard-of-care to guide clinical decisions on which technique is most appropriate for patients.

Methods: PubMed, OVID, and Cochrane were searched from inception until 31st May 2022. Studies including robotic ventral hernia repairs performed extraperitoneally, retromuscular and preperitoneal, were considered for this review. Robotic intraperitoneal onlay (IPOM) techniques were included as control, however, studies without a control were also included. A descriptive, statistical analysis was performed on the included studies for our primary and secondary outcomes. Primary outcomes included total complication rates, recurrences, re-admission within thirty days post-operatively, and conversion.

Results: Twelve studies were included in this review, consisting of ten retrospective studies and only two propensity-matched studies. This review included a total of one- thousand, nine-hundred and ninety-nine patients. IPOM was not associated with more complications, recurrences, or conversions than the extraperitoneal cohorts, however, was associated with more re-admissions within thirty days. Surgical site events like SSIs and seroma formation were equally likely to occur intraperitoneally and extraperitoneally. Haematoma formation was reduced in the extraperitoneal cohorts, possibly due to increased instrument manipulation. Pain and QoL were similar across the board. Operative times were longer in the retromuscular techniques, eTEP and TA-RM, but on average shorter in the TAPP cohort than IPOM. This could potentially explain the increase in cost with the eTEP technique, but no prolonged length of stay was observed.

Conclusion: The findings of this review showed that extraperitoneal techniques were non-inferior to IPOM, but are associated with longer operative times, greater hospital costs. Complication rates are similar to IPOM repairs but re-admissions within 30-days were lower. Extraperitoneal procedures are more complex than IPOM without clear medical or fiscal benefit. Further long- term, randomised, prospective studies with large participant groups and controls are required to gain more insight into each of these techniques and their role in modern ventral hernia repairs. Each technique has its benefits for patient-specific care and therefore, this review recommends that all patient and technique factors be taken into consideration on an individual basis when deciding on a repair technique.

Audience Take Away Notes

- The global burden of hernia repairs are rising, this presentation would allow the audience to consider different surgical techniques
- This paper helps physicians and Trusts consider the clinical benefits and disadvantages to different ventral hernia repair techniques with regards to infection, recurrence, hospital admission duration, operative times etc. so that they can make informed individualised care plans for their patients and provide the optimum care possible
- Highlight the gaps in available literature and the need for future primary research into this field

Biography

Aoibhinn Murray is a medical student in her penultimate year at Bristol Medical School. During her intercalation year at Barts Cancer Institute and Queen Mary University of London, she undertook a research project for her dissertation. This was supervised by Professor Bijendra Patel Consultant Upper GI Surgeon and Director of Clinical Skills at Queen Mary. Her intercalation year in Laparoscopic Surgery and Surgical Skills solidified her ambitions to become a surgeon and she is currently a committee member of multiple university surgical societies.

Kirev I[1]*, Dachev D[1], Isakov B[1], Stefanova P[1], Poryazova E[2]

[1]Department of pediatric surgery. St. George University Hospital Plovdiv, Bulgaria

[2]Department of general and clinical pathology, Medical University Plovdiv, Bulgaria

Extradural myxopapillary ependymoma- a case report

Introduction: Myxopapillary ependymoma is a specific type of ependymoma that in very rare cases can occur in the extraspinal soft tissues. Categorized as Grade I lesions myxopapillary ependymomas are considered benign but are capable of local recurrence, dissemination and a more aggressive disease course.

Case: The patient is a six year old boy with a formation in the sacral area with approximate dimensions 5x5cm. Primary suspicion was hematoma because of history of repeated trauma to the buttocks. Ultrasonographic and Computed Tomography scans revealed the precise location, size and blood supply of the tumor. Gross-total resection was attempted.

Results: The sacrum and coccygeal bone were found to be intact and en-bloc resection was feasible. Histopathological result indicated extramedullary myxopapillary ependymoma. Postoperative period was uneventful. Follow-up Magnetic Resonance scan revealed normal postoperative finds and no signs of residual formation and/or recurrence.

Conclusions: Even though a very rare tumor, ME should be considered a possibility for sacral region tumors. Keeping in mind the potential of the tumor for local recurrence and metastases, it is advised that extradural subcutaneous ME be considered a low-grade malignant tumor and gross-total excision should be performed in all cases. Periodical postoperative examination is warranted for long term tumor control.

Audience Take Away Notes

- We hope to draw their attention to a rare tumor with more malignant potential than the usual benign tumor
- And by raising awareness we hope for better outcome

Biography

Dr. Ivan Kirev studied medicine at Medical University Plovdiv, Bulgaria and obtains a Master's degree in 2013. Since graduation he has worked only with children and in 2019 becomes a specialist in pediatric surgery. He works at the biggest hospital in Bulgaria and the oldest pediatric surgery department in the country. Dr. Kirev's professional interests lay in abdominal and neonatal surgery and colo- proctology.

Ashot Harutyunyan[1], Erik Petrosyan[2], Gagik Hakobyan[3]*

[1]Plastic Surgeon, Astkhik Medical Center, Department of Oral and Maxillofacial Surgery, Yerevan State Medical University after M. Heratsi, Armenia

[2]Resident of Department of Oral and Maxillofacial Surgery, Yerevan State Medical University after M. Heratsi, Armenia

[3]Professor of Department of Oral and Maxillofacial Surgery, Yerevan State Medical University after M. Heratsi, Armenia

Modern technologies of diagnosis and treatment in ENT surgery

Statement of the Problem: Endoscopic Sinus Surgery (ESS) is a modern method used to treat inflammatory diseases of the paranasal sinuses surgically. ESS is by far the most optimal method of surgical treatment of chronic sinusitis. We present the technological advances that have enabled endoscopic intranasal techniques to expand and successfully treat other pathologies. The boundaries of ESS are constantly expanding with the development of technology.

Background: The aim of this study was to evaluation of long-term outcomes and patients satisfaction after nasal dorsal rhinoplasty with allogeneic cartilage graft of the nasal septum.

Materials and methods: This study included 104 patients, ean age at surgery was 28.7 years (41 males; 63 females) who underwent nasal dorsal augmentation with allogenous nasal septal cartilage graft from 2017 to 2023. Donor patients were patients who had taken excess nasal septal cartilage during functional rhinoplasty. According to the indications, crushed allogenic septal cartilage graft and PRF was also used. Aesthetic results rhinoplasty were assessed from preoperative and postoperative photographs and also by visual inspection. To assess the results of aesthetic rhinoplasty Visual Analogue Scale (VAS) «Utrecht Questionnaire» was used.

Results: In 86 patients included in the study, there were no serious complications there was no deformation or extrusion. Allograft resorption was not observed in any of the cases. Analysis of mean aesthetic scores according to Visual Analogue Scale (VAS) showed significant improvement after rhinoplasty from 3.6 preoperative to 8.3 ($P < 0.001$) 3 months after surgery and 8.9 ($P < 0.001$), respectively 1 year after surgery. Preoperative and postoperative mean aesthetic scores according to Visual Analogue Scale (VAS).

Conclusions: Rhinoplasty with allogeneic cartilage graft of the nasal septum allows to achieve stable positive functional and aesthetic results and safe alternative to autologous cartilage in rhinoplasty, prevents complications, and additional surgical procedures. Rhinoplasty with allogeneic cartilage graft of the nasal septum allows to achieve stable positive functional and aesthetic results.

Figure 6. Endoscopic sanitation with using equipment from Karl Storz

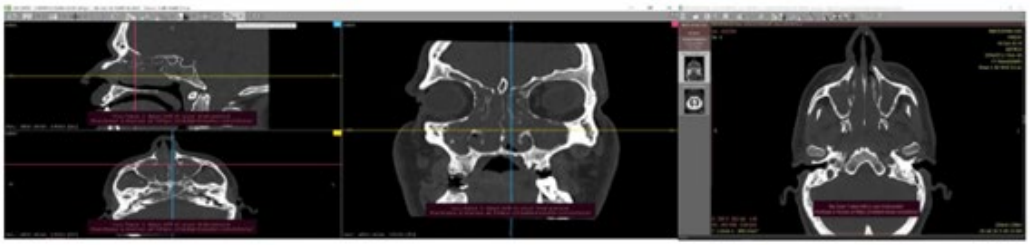


Figure 1. CT shows a liquid in the maxillary sinus

Figure 2. CT shows cysts in the cavity of the maxillary sinus

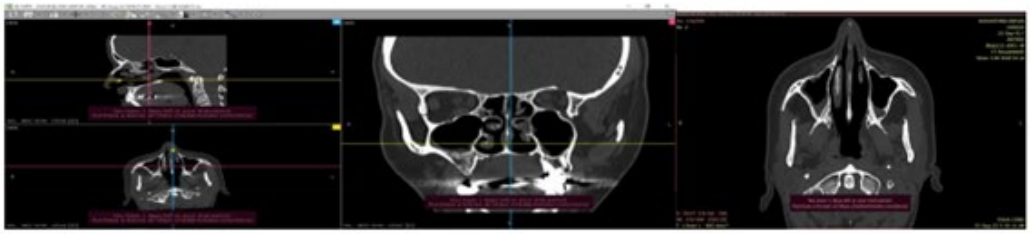


Figure 3. CT shows uneven parietal thickening of the mucosa membranes sinus

Biography

Gagik V. Hakobyan, Education 1978-1983 Head of the Department and Professor of Surgical Dentistry and Maxillo-facial Surgery Scientific Degree, Doctor of Medical Sciences, (MD, PhD) Yerevan State Medical Institute, Faculty of Stomatology Specialization Oral surgeon, implantologist, general dentist (aesthetic restoration of teeth using veneers, zirconium and ceramic crowns, bridges and arch prostheses, implant prosthetics.

Matthew Basa M

General Surgical Department, Royal Brisbane and Women's Hospital, Queensland Health, Australia

The economic implications of delaying operative management of CT confirmed uncomplicated appendicitis

Purpose/Introduction: Uncomplicated Appendicitis (UA) remains a surgically managed condition in Australia and with CT scans becoming more prevalent, the patient's appendicitis is often categorised at the time of their admission. UA patients are suitable for post operative same day discharge, hence prompt surgical intervention is desirable. Frequently these patients have surgical treatment unintentionally delayed, unless they deteriorate clinically. Despite adjunct antimicrobial therapy, many patients arrive to the operating theatres with a complicated appendicitis, not in keeping with their original imaging.

This observation provides the basis for the primary objective - to identify the proportion of patients with uncomplicated appendicitis on CT imaging which present with complicated appendicitis at the time of the operation and the difference in post operative length of stay.

Methodology: Patients who underwent a laparoscopic appendicectomy from April 2018 – April 2023 at the Royal Brisbane and Women's Hospital were analysed. These patients were retrieved via the ORMIS database via ICD procedural codes. Of 1646 patients, 694 patients had a CT scan prior to an isolated laparoscopic appendicectomy. 593 were diagnosed with uncomplicated appendicitis. Their intraoperative notes were reviewed to determine if perforation was present.

Results: 74 patients who received an uncomplicated diagnosis on CT had intra-operative perforation. The time to procedure in the complicated group was on average 10 hours longer and their median length of post-operative stay was 2.7 days longer.

Conclusion/s: Results of this study suggest that expediting laparoscopic appendicectomies for CT proven uncomplicated appendicitis would reduce average length of post-operative stay.

Audience Take Away Notes

- The audience will learn the value of expediting common operations and will be able to use the information in their local departments to push for extra funding for after hours operating theatres
- It will also convey the limitations of imaging in the prioritisation of patients for surgery
- The aim of the paper is to help the audience appreciate that prompt surgical intervention for appendicitis will not only improve patient morbidity, but it will also improve the use of finite resources in the department
- This research is a great building block for expansion of the concept into other surgical procedures for all surgical specialties

Biography

Dr. Matthew Basa studied veterinary medicine at the University of Queensland before undertaking an Doctor of Medicine (MD) at Griffith University. He is currently pursuing General Surgical training and is located at the Royal Brisbane and Women's Hospital. He is undertaking a Master of Surgery at the University of Sydney and is involved in many collaborative research projects surrounding General Surgical issues.

Matthew Basa M

General Surgical Department, Royal Brisbane and Women's Hospital, Queensland Health, Australia

Biliary sludge & microlithiasis: How the diagnosis delays referral and definitive management with a laparoscopic cholecystectomy

Purpose/Introduction: Biliary sludge or microlithiasis is a common incidental finding in both ultrasound and CT examinations. Many patients who have undifferentiated abdominal pain receive these investigations and hence clinical judgement must be applied more judiciously than ever in the current era. Incidental gall stones are commonly encountered during the above examinations and hence medical professionals are more familiar with their management, including when to refer to a general surgical unit for consideration of definitive manage via a laparoscopic cholecystectomy. Biliary sludge or microlithiasis is a less know entity which causes delay or inappropriate referrals, subjecting patients to increased morbidity and complications. Biliary sludge or microlithiasis is managed according to history, clinical examination and imaging, with its management mirroring that of cholelithiasis. Despite this, many practitioners are unaware that their patient with gall bladder sludge and colic-like upper abdominal pain are amenable to surgical intervention.

This observation provides the basis for the primary objective – to identify if hospital patients with biliary sludge have a delayed time to referral and laparoscopic cholecystectomy.

Methodology: Patients who underwent a laparoscopic cholecystectomy from April 2020 – April 2023 at the Royal Brisbane and Women's Hospital were analysed. These patients were retrieved via the ORMIS database via ICD procedural codes. Of 1019 patients, 101 had biliary sludge on imaging. The time from imaging to referral and laparoscopic cholecystectomy were analysed individually.

Results: Patients who had biliary sludge on imaging had a referral time of +2.1 days and a laparoscopic cholecystectomy time of +3.4 days compared to cholelithiasis or gall stone patients.

Conclusion/s: Results of this study suggest that education to hospital units surrounding biliary sludge or microlithiasis would improve throughput of patients to receive definitive surgical management, thereby decreasing time in hospital, health service resources and patient morbidity.

Audience Take Away Notes

- The audience will learn the value of providing education to referral services such as the emergency department and other inpatient units
- In turn this will financially benefit the health service, allow a high throughput of patients, and decrease patient morbidity
- This poster/research helps to convey the importance of the history and physical exam aspects when considering a referral
- The aim of the paper is to raise awareness surrounding the nuances of biliary colic like pain and to encourage appropriate referral
- The research provides a starting point for future research into the outpatient referral setting, which is arguably far more substantial but would require a large team to gather data from primary care centres (GP practices) who often initiate subacute referrals

Biography

Dr. Matthew Basa studied veterinary medicine at the University of Queensland before undertaking a Doctor of Medicine (MD) at Griffith University. He is currently pursuing General Surgical training and is located at the Royal Brisbane and Women's Hospital. He is undertaking a Master of Surgery at the University of Sydney and is involved in many collaborative research projects surrounding General Surgical issues.

magnus Group

18-19 SEPTEMBER

DAY 02

KEYNOTE FORUM

4TH EDITION OF

GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA

Testicular tumors in infants: Two cases report and review of literature

Testicular tumors in children are very rare. They account for 1-2% of all pediatric tumors. They have two peaks (bimodal age distribution); one peak occurs in the first 2 years of life, and the second occurs in young adulthood. Pediatric testicular tumors are classified as benign or malignant on the basis of their clinical behavior and histologically are divided into germ cell and nongerm cell tumors. Childhood testicular tumors are dramatically different from adult. Here in; we present two infants with testicular tumors and review of literature.

Keywords: Testicular Tumors, Infants.

Gamal Al Saied

Professor of Pediatric Surgery,
Al-Azhar University, Cairo, Egypt

Biography

Professor Gamal Al-Saied had been graduated from Al-Azhar University with Bachelor's Degree in Medicine and Surgery with a general grade very good with honor. His rank was the 9th in the top 10 graduate list of Faculty of Medicine Al-Azhar University Cairo, Egypt. In 1991, He has been completed his Master's Degree (MSc) in pediatric surgery (1st part, thesis, and 2nd part). Then, he was appointed as a demonstrator of pediatric surgery in 1992, then, an assistant lecturer of pediatric surgery in 1993 at the Pediatric Surgery Department. In 1998, he has been accredited with a Doctorate Degree in Pediatric Surgery (M.D). Then, he was promoted to a lecturer of pediatric surgery at the Pediatric Surgery Department. In 2004, he was promoted to assistant professor of pediatric surgery at Pediatric Surgical department at Al-Azhar University Hospitals. In 2008, he was certified a Fellowship of European Board in Pediatric Surgery (FEBPS), Glasgow, Scotland. In 2009, he was promoted to a full professor of pediatric surgery at Pediatric Surgical department by Al-Azhar University Hospitals. In 2022, he is certified as a Fellowship of American College of Surgeons (FACS) USA. He had two published theses (MSc and M.D) and he supervised many thesis of a Master's Degree and Doctorate Degree. Also, he has published 37 international researches in international journals of pediatric surgery and one chapter in international text book (CURRENT CONCEPTS OF URETHROPLASTY) Edited by Donkov I. 2011, pp 35-42. He has been invited as an international speaker and chairperson in many international conferences on pediatric surgery. Currently, He is an Editor-in- Chief for two international pediatric surgery journals and editor of thirteen international pediatric surgery journals. He is also reviewer 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 the era of COVID-19 and afterwards, he has been invited as an international keynote speaker to many international pediatric surgery webinars.

The diagnostic value of neutrophil to lymphocyte ratio as an effective biomarker for neuromyelitis optica spectrum disorder

Brandon Lucke Wold

University of Florida,
United States of America

Subarachnoid Hemorrhage (SAH) is a medical emergency that requires immediate inter- vention. The etiology varies between cases; however, rupture of an intracranial aneurysm accounts for 80% of medical emergencies. Early intervention and treatment are essential to prevent long-term complications. Over the years, treatment of SAH has drastically improved, which is responsible for the rapid rise in SAH survivors. Post-SAH, a significant number of patients exhibit impairments in memory and executive function and report high rates of depression and anxiety that ultimately affect daily living, return to work, and quality of life. Given the rise in SAH survivors, rehabilitation post- SAH to optimize patient outcomes becomes crucial. The review addresses the current rehabilitative strategies to combat the neurocognitive and behavioral issues that may arise following SAH.

Biography

Brandon Lucke-Wold was born and raised in Colorado Springs, CO. He graduated magna cum laude with a BS in Neuroscience and distinction in honors from Baylor University. He completed his MD/PhD, Master's in Clinical and Translational Research, and the Global Health Track at West Virginia University School of Medicine. His research focus was on traumatic brain injury, neurosurgical simulation, and stroke. At West Virginia University, he also served as a health coach for the Diabetes Prevention and Management program in Morgantown and Charleston, WV, which significantly improved health outcomes for participants. In addition to his research and public health projects, he is a co-founder of the biotechnology company Wright-Wold Scientific, the pharmaceutical company CTE cure, and was a science advocate on Capitol Hill through the Washington Fellow's program. He has also served as president of the WVU chapters for the American Association of Pharmaceutical Scientists, Neurosurgery Interest group, and Erlenmeyer Initiative Entrepreneur group. In addition, he has served as vice president for the graduate student neuroscience interest group, Nu Rho Psi Honor Society, and medical students for global health. He was an active member of the Gold Humanism Honor Society and Alpha Omega Alpha Honor Society. He is currently a member of the UF House Staff Council and Positive Culture Committee. He is married to Noelle Lucke-Wold and has two children. As a family, they enjoy running with their dogs, rock climbing, and traveling. In his spare time, Brandon frequently runs half marathons and 10ks together with is wife. Brandon also enjoys reading and discussing philosophy and playing chess. He is currently a Pgy4 neurosurgery resident at University of Florida with R25 funding and plans to pursue endovascular training.

Simulation based procedural skill training, an update

The current shift towards outcome-based training requires the trainee to achieve a level of competency before graduating from training program and performing procedures on patients. Competence is "the minimal level of skill, knowledge and/or expertise derived through training and experience, required to safely and proficiently perform a task or procedure". Outcome-based training entitles that progression on the training program is determined on trainee's objectively assessed performance and trainees have to demonstrate specific pre-defined performance benchmarks to progress through training.

Traditionally, medical education articulates on the fact that trainees perform procedural skills on live patients under graded level of supervision until competence is achieved. "See one, do one, teach one" is no more valid and there are well-recognized problems with this way of training. Patients' safety may be compromised with increasing incidence of high profile medical errors. Training is inconsistent and trainees may not achieve the required number of patients due to reduced training hours resulting from newly implemented working patterns i.e. European Working Time Directives. There is also subjectivity in the trainees' assessment process. The introductions of minimally invasive surgery and image-guided procedures have also forced training bodies to consider new approaches to training.

To overcome the impediments to procedural skills training and to bridge the gap, simulation has been proposed as part of the solution. Simulation provides realistic situations where trainees can rehearse procedural skills in a relaxed environment without endangering patients. Deliberate practice with feedback in a simulated environment has been reported to accelerate the rate of skill acquisition, facilitate the transfer to clinical practice, reduce stress and increase self-confidence in decision-making. A concept of "pre-patient training" for procedural skills training was well studied in literature. This comprises three components: cognitive knowledge; instructions in the basic, generic and fundamental elements of the procedure (feedback), and an opportunity to practice performing the procedure in simulation-based benchmarks (deliberate practice).

The whole point of training is to improve performance, make performance consistent and reduce errors. One of the major values of simulation training is that it allows the trainee to make mistakes in a consequence-free, stress-free environment, before they ever perform that procedure on a patient. Simulation works best when it is integrated in a carefully designed curriculum.

Metrics are the building blocks of a procedure and should unambiguously characterize important aspects of procedure or skill performance. They are developed from a task deconstruction of the procedure or skill to be learned. Metric-based performance characterization can be used

Osman Ahmed

College of Anaesthesiologists in Ireland, Department of Anaesthesiology, Al Khor Hospital, HMC, Qatar

Biography

A Dr. Osman Ahmed is an assistant professor of Anesthesiology at CMED Qatar University and Al Khor Hospital HMC. He is a fellow of the College of Anesthesiologists in Ireland and completed fellowship program in ultrasound-guided regional anesthesia at Cork university hospital. Subsequently, he worked with Professor George Shorten and Professor Anthony Gallagher at University College Cork where he completed MD research program in 2017. Dr Ahmed's thesis was based on simulation training for Procedural skills. Currently, his research interest includes the use of virtual reality in training procedural skills, curriculum development, and validation of assessment tools.

to establish a benchmark (i.e., a level of proficiency) which trainees must demonstrate before training progression. Prospective, randomized and blinded clinical studies have shown that trainees who acquired their skills to a level of proficiency on a simulator in the skills laboratory perform significantly better in vivo in comparison to their traditionally trained counterparts.

Audience Take Away Notes

- The landscape of medical education is moving from time-based to outcome-based training
- To overcome the many problems of traditional medical education, training bodies have to consider new approaches to training
- Simulation provides realistic platforms where trainees can rehearse skill training in a stress-free environment
- Simulation works best when it is integrated in a carefully designed curriculum

magnus Group

18-19 SEPTEMBER

DAY 02

SPEAKERS

4TH EDITION OF

GLOBAL CONFERENCE ON

SURGERY AND ANAESTHESIA

Wasim A S*, Sanghera R, Begum S, Dhaliwal S, Soomro S
Sandwell and West Birmingham NHS Foundation trust, Birmingham, West Midlands, United Kingdom

Compliance to new UK national British Orthopaedic Association (BOA) guidelines for management of paediatric forearm fractures

Background: Paediatric forearm fractures are a common presentation to orthopaedic services, and account for 40% of all pediatric fractures. Neurovascular status of the limb should be assessed and documented clearly on presentation, as well as before and after any intervention, as this is vital for the early detection of neurovascular compromise. Our aim was to assess the management of Paediatric Fractures in our Hospital trust with BOA standards of practice as published on May 2021. We looked at several standards including: Clinical documentation of the neurovascular status of the injured limb (on initial presentation, pre- and post- fracture manipulation and on discharge), documentation of Trauma Consultant Review within 48hours of presentation and place of fracture manipulation (if required).

Study Design & Methods: We registered our audit with the Audit Department of Sandwell and West Birmingham Hospitals. Paediatric patients presenting with forearm fractures were identified from Trauma Take Lists from June to September 2022. We included Skeletally immature patients seen in Emergency Departments following an angulated (but not off-ended) forearm fracture. Orthopaedic clerking notes for these patients were identified and examined for compliance with the standards for practice for early management of paediatric forearm fractures set out by British Orthopaedic Association (BOA), with particular emphasis on a complete neurovascular documentation of radial, ulnar, median nerves, capillary refill time and radial pulse.

Results: A total of 35 paediatric patients with diagnosed forearm fractures were identified over a period of 3 months from the Trauma take lists, 5 of these did not meet our inclusion criteria. Average time until the patient was assessed by T&O after referral by ED was 2 hours and 3 mins. Of the 30 paediatric patients included, not a single patient had neurovascular status documented as per BOAST guidelines on initial presentation OR prior to discharge. 15 of the 30 paediatric patients had a documented consultant review in their notes within 48 hours of presentation. 100% of patients who underwent manipulation had pre and post manipulation x-rays taken.

Conclusions: In paediatric forearm fracture patients, a specific neurovascular status documentation by orthopaedic clinicians was woefully poor. Likely reasons for this include low importance/ lazy documentation, a lack of education on the specificity of recent BOAST standards and inadequate examination. In view of these alarming results, we presented these findings at local departmental meetings and designed a bespoke clerking proforma as a tool for clerking teams to ensure adequate neurovascular documentation is completed. We have started to design a protocol, as agreed by the Emergency Department and the Trauma and Orthopaedics Department, for the management of paediatric forearm fractures which will include: Designated place of assessment, first line analgesia, appropriate investigations, designated place for fracture manipulation including availability of sedation/analgesia, and finally place of follow-up.

We intend to carry out the second loop of this audit following the above interventions in 3-6 months time, with the aim of meeting 100% compliance with BOAST guidelines.

Audience Take Away Notes

- Surgical guidance for transcription of operative notes
- Does clarity of operative notes have an impact on correct VTE choice and prophylaxis timing
- Does clarity of operative notes have an impact on correct antibiotics choice and prophylaxis timing

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.

Anshuman Darbari

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

Recent advances in extracorporeal circulation technology for better outcomes of pediatric cardiac surgery

Paediatric cardiac surgery is in itself very enigmatic and recently, there has been various new developments in extracorporeal circulation technology for safer, patient-centered cardiac surgery. Myocardial preservation techniques, safe temperature with duration are still debatable and yet to be fully explored. Still lot of technological challenges need to be resolved in this field with their safer application in pediatric cardiac surgery and requires further refinement. The new advancements can significantly reduce cardiopulmonary bypass circuit surface areas and prime volumes, and also these advancements could reduce the requirement for homologous red blood cells during or after surgery with reduction of bypass related hemodilution, and inflammation. This presentation by reporting new knowledge will provide information to find better management strategy for extracorporeal circulation technology for pediatric cardiac cases.

Audience Take Away Notes

- The basics of extracorporeal circulation technology, terminologies and various new recent improvements in the field of extracorporeal circulation technology
- Recent concepts of Goal-Directed Perfusion (GDP) Blood conservation, ultrafiltration, hypothermia, myocardial preservation in extracorporeal circulation technology
- Further discussion on developments on the subtopics of hemodilution, inflammatory activation, coagulation, and new type of paediatric oxygenators
- This lecture is intended to provide pertinent information over extracorporeal circulation technology developments to cardiac surgical specialists

Biography

Dr. Anshuman Darbari is super-specialist cardiothoracic surgeon with a master's degree holder in surgery (MS) with postdoctoral degree in Cardio-thoracic surgery (M.Ch.). Currently, 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 72 research publications in indexed national and international Journals with contribution as editorial role in 04 international journals.

Wasim A S*, Soomro S, Begum S, Dhaliwal S, Sanghera R
Sandwell and West Birmingham NHS Foundation trust, Birmingham, West Midlands, United Kingdom

Impact of compliance with UK national royal college of surgeons operative notes guidelines on post-operative VTE and antibiotic administration in trauma and elective orthopaedic patients

Background: Comprehensive operation notes with detailed post operative instructions are key for optimising patient care and safety throughout a patient's surgical journey. Royal college of surgeons (RCS) guidelines provide a gold standard pan-specialty framework for transcription of operative notes however research has shown variable compliance globally. There is no clear evidence if good compliance to these guidelines impacts affects the patient's clinical pathway more than being a medico-legal element of their care. The objective of this research project is to assess if there is a correlation between operative note transcription compliance to RCS guidelines and the effect on post-operative timing and administration of correct VTE prophylaxis and antibiotics.

Methodology: Data was collected prospectively from 31/08/22 – 14/09/22 in a UK based trauma unit for all adult cases with capacity on trauma and elective theatre lists and each patient's operative note was examined based on RCS guidelines. All notes should address each heading listed in the RCS operative note guidelines. Post operatively patient drug charts were assessed if the requested VTE and antibiotic prophylaxis was administered and how soon it was given. Presence of any post-op infection and DVT was also assessed up to 30 days following the procedure.

Results: The final study cohort was 126 patients (75 trauma, 51 elective cases). Operation notes were least compliant with documenting blood loss (trauma: 15%, elective: 23%) and any problems or complications experienced during surgery (trauma: 35%, elective: 11%). Operation notes were most compliant with documenting incision details (trauma: 88%, elective: 93%), operation findings (trauma: 92%, elective: 100%), signatures (100%), and post-operation instructions (100%). 81% of trauma and 82% of elective notes outlined specific antibiotic prophylaxis. Furthermore, 58% of trauma and 78% of elective operative notes outlined specific plans for VTE prophylaxis. Only 5% of elective notes had 100% compliance to RCS guidelines and none of the remaining elective or trauma notes. Mean time to delivery of VTE prophylaxis from time of writing operation note was 6.22 hours for trauma and 6.21 hours for elective respectively which is in keeping with the NICE guidelines post surgery VTE prophylaxis. In our trust rivaroxaban or enoxaparin can be used in the post-op period for VTE prophylaxis. In this regard where outlined in the op note there was 100% compliance to the correct VTE prophylaxis type. In our trust most cases use teicoplanin and gentamicin on induction and nil further needed post op. Cases that required post op antibiotic where flucloxacillin was used or surgeon specified was 26 cases. Amongst these only 50% specifically stated what type of antibiotic and timing of its use. The 13 cases that did specify had the correct antibiotic administered within 6.33 hours post op and the other 13 had it delivered in 8.12 hours (P = <0.001).

Conclusions: This audit demonstrated operative notes compliance to RCS guidelines can have an impact on clarity of what specific post-operative VTE and antibiotic option is requested by the operating surgeon and additionally impact timing of its administration. We recommend electronic operative note proformas be implemented where possible with headed titles for each RCS guideline element to prompt and alert

surgeons if any areas are left blank as this may alter post-operative management especially with regards to: blood loss, specific antibiotics / anticoagulation and their duration or need to revise/remove a prostheses down the line.

Audience Take Away Notes

- Surgical guidance for transcription of operative notes
- Does clarity of operative notes have an impact on correct VTE choice and prophylaxis timing
- Does clarity of operative notes have an impact on correct antibiotics choice and prophylaxis timing

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.

Susheela Taxak[1], Elizabeth James[2], Vasudha Govil[3]*

[1]Senior Professor, Department of Anaesthesiology and Critical care, Pt. BD Sharma, PGIMS Rohtak, Haryana, India
[2]Junior Resident, Department of Anaesthesiology and Critical care, Pt. BD Sharma, PGIMS Rohtak, Haryana, India
[3]Associate Professor, Department of Anaesthesiology and Critical care, Pt. BD Sharma, PGIMS Rohtak, Haryana, India

A study to compare bupivacaine and ropivacaine for postoperative analgesia in ultrasonography guided femoro sciatic nerve block in patients undergoing below knee surgery

Introduction: Ostoperative pain following lower limb surgeries is distinct. Sciatic and femoral nerve blocks are highly useful in providing postoperative analgesia for lower limb surgeries. The use of ultrasound increases the efficacy of the procedure making it more reliable and decreasing the complication rate. Bupivacaine has a slow onset of action with a high rate of cardiac and neurotoxicity. Ropivacaine is a relativity new amide local anaesthetic and long-acting agent with a reduced potential for neuro and cardiotoxicity. Search for a lesser toxic alternative to bupivacaine was being investigated, thus it was decided to study ropivacaine in comparison to bupivacaine to evaluate the efficacy for the analgesia postoperatively.

Aim and objectives: The primary objective of the study is to compare duration of post-operative analgesia between the two groups. The secondary objective of the study is to note total analgesic consumption in the first 24 hours in both groups, the VAS in both the groups, the ease of administration of blocks and procedural complications, if any.

Methods: Fifty patients in the age group of 18-60 years belonging to ASA I and II who underwent elective lower limb below knee orthopaedic surgery, under subarachnoid SAB were included and randomly allocated to one of the two groups- Group B where patients were administered ultrasound guided femoral-sciatic nerve blocks with 20ml of 0.25% bupivacaine and Group R where patients were administered ultrasound guided femoral-sciatic nerve blocks with 20ml of 0.25% ropivacaine.

Result and conclusion: Ropivacaine and bupivacaine provided adequate and efficient analgesia in the postoperative period for below knee surgeries with a significantly longer duration for ropivacaine. Ropivacaine being a more cardio stable drug can be effectively used as an alternative to bupivacaine for femoro sciatic nerve block.

Audience Take Away Notes

- It will help in providing better analgesia options for below knee surgery
- Less invasive option
- Better drug profile
- Early ambulation for patients

Biography

Dr. Vasudha Govil studied MBBS at Pt BD Sharma PGIMS Rohtak and graduated in 2012. She then pursued her post graduation in Anaesthesia and Critical Care and received her degree in 2015 at the same institution. After that she completed her Doctorate in National Board in 2016 and completed her two years of senior residency in Anaesthesia and critical care. She obtained the position of an Assistant Professor at Pt BD Sharma PGIMS Rohtak in the year 2018 and is now promoted as Associate Professor due to her exemplary services and ardent patient care. She has published more than 25 research articles in international and national journals. She is a frequent speaker in multiple conferences and recipient of various awards in her field like Best paper presentation in 1st YUVA ISACON 2020, Parita award for best paper in Trauma category in RSACPON 2019, Best paper in 2nd annual neurocritical care update 2018, Best paper presentation in ISA Haryana 2013.

Seema Rohilla
University of Health Sciences, India

Role of magnetic resonance imaging in local staging of rectal carcinoma

Background: The purpose of this study is to evaluate the role of Magnetic Resonance Imaging in staging rectal carcinoma.

Methods: 27 biopsy proved cases of rectal carcinoma were subjected to pelvic MRI on 3.0T system (Discovery 750w, GE, Milwaukee, Wisconsin, USA). T1W, T2W and DW sequences were done in axial, sagittal and coronal plane (planes defined in reference to tumor). Then 0.01mmol/kg of gadolinium based contrast was injected intravenously and T1W sequences were done in all three planes. Tumor was evaluated for location (distance from anal verge as well as circumferential location), size, morphology, distance from anorectal junction, mucinous/non-mucinous, relation to anterior peritoneum, involvement of adjacent organs, vessels, nerves, lymph nodes, pelvic floor, anal sphincters, mesorectal fascia (MRF) and any metastasis. Tumors were staged and risk assessed based on these. The outcome was compared to surgical histopathological findings, per rectal/colonoscopy findings and follow-up.

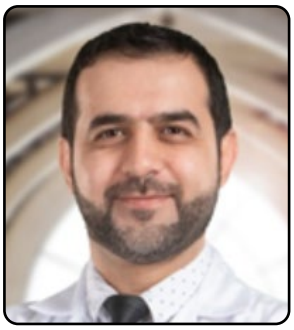
Results: Patients ranged from 32-72 year with mean age of 56 years. 13 patients were stage IV, 8 stage III, 6 stage II while there was no case in stage I. 22 patients were in high risk, 4 in intermediate risk and 1 in low-risk category. Out of total 27 patients 24 patients (89%) showed good correlation between MRI findings and final diagnosis (11 correlated with surgical/histopathological findings, 12 corroborated on follow-up while 1 correlated with per-rectal/colonoscopy findings). MRI findings of only 3 out of 27 patients didn't show correlation with final outcome.

Conclusion: MRI is indispensable for accurate local staging of carcinoma rectum which, in turn, decided further course of treatment.

Key Words: Rectal Carcinoma, MRI, Anal Sphincter, Staging.

Biography

Dr. Seema Rohilla has been member of European Society for Hybrid, Molecular and Translational Imaging (ESHI), Indian Radiological & Imaging Association and Indian College of Radiology and Imaging. She has served as secretary of Indian Radiological and Imaging Association (Haryana State). She has been to University Of Massachusetts medical School, Worcester, MA, USA as a short term observer (Aug 2003). She was offered commonwealth fellowship in musculoskeletal radiology at Stanmore, UK. She has published extensively in both international as well as national professional journals. She is chair of Post Graduate Board of Studies in Radiodiagnosis and Imaging at University of Health Sciences, Rohtak, Haryana, India.



Obada Mohammed Maher Alladh Alhallaq*, Hanan Said, Yasser El Dahshan, Samira Ahmed, Bashaer Al Bayhani, Ahmed Mai

Pediatric surgery, International Medical Center, Jeddah, Saudi Arabia

Safety and cost-effectiveness of Spinal Anesthesia (SA) in neonates and infants undergoing inguinal-scrotal and penile surgery

Safety and Cost-effectiveness of Spinal Anesthesia (SA) in Neonates and Infants undergoing Inguinal-scrotal and Penile Surgery

Audience Take Away Notes

- It is proposed that regional anesthesia may reduce the risk of postoperative apnea, avoid the risk of anesthetic related neurotoxicity and improve neurodevelopmental outcomes in preterm infants requiring surgery for inguinal hernia

Biography

Obada Mohammed Maher Alladh Alhallaq from a very young age, I was interested in surgery. Having been brought up on stories of great physicians. After finishing my Bachelor's degree from Sinnar College, Al Khartoum, Sudan. I had the privilege of working with very supportive teams who helped me love and enjoy the difference we made in people's lives. I recently, started working as an acting registrar after my superiors recognized that my potential exceeded my professional role. A fact that brings me great pride and joy. As an acting registrar, I help plan and implement care plans for our patients. The aim of these plans is to restore the patient to complete health. As I see it, my complete success story is one in which the patient never has to see another surgeon again. I also had the opportunity in my role to assist with examinations, complex surgeries, not to forget diagnoses.

Leyla Yavuz Saricay[1,2]*, Eric Moulton[1,3]

[1]Department of Ophthalmology, Boston Children's Hospital, Harvard Medical School, Boston, MA, United States of America
[2]Department of Ophthalmology, Mass Eye and Ear Infirmary, Harvard Medical School, Boston, MA, United States of America
[3]Brain and Eye Pain Imaging Lab, Pain and Affective Neuroscience Center, Department of Anesthesia, Critical Care and Pain Medicine, Boston Children's Hospital, Harvard Medical School, MA, United States of America

Painful neurotrophic keratopathy

Neurotrophic Keratopathy (NK) is a degenerative corneal disease that is the result of impaired corneal innervation by the ophthalmic branch of the trigeminal nerve. Though NK is associated with decreased corneal mechanosensation, recent studies indicate that spontaneous pain can also occur in such patients. This presentation will review the state of the field regarding the relationship between symptoms of pain and the clinical ophthalmological measures in patients with NK, including an emphasis on in vivo corneal microscopy findings. NK is associated with decreased measures of corneal nerve density, but also can demonstrate clinically significant pain along with increased dendritiform cell density, a marker of localized peripheral inflammation. Chronic ocular pain may develop with NK, with nerve damage and inflammation playing roles as contributing factors. Increased ocular pain with decreased corneal nerve fibers is suggestive of a sensitization and/or dysregulation of central nervous system circuits related to nociceptive processing.

Audience Take Away Notes

- Neurotrophic keratopathy is usually underdiagnosed because of the misconception of being painless. Our paper will emphasize that pain is not an exclusionary symptom, and we hope this knowledge will reduce the likelihood of underdiagnosis of NK
- NK patients are usually diagnosed in very late stage of this disease when all the corneal nerves are gone and patients are completely painless. The audience will keep NK in mind as a differential diagnosis in patients with a painful ulcer or epi defect, so management will be more appropriate and timely
- NK management and follow up are completely different than other eye diseases, so it is important to diagnose the disease in the early stage to prevent corneal melting perforation and permanent vision loss

Biography

Dr. Yavuz Saricay is a clinician scientist and also interested in research specifically in neurotrophic eye diseases. She is a currently a clinical fellow (Fellow in Cornea, External Disease, and Refractive Surgery) at Mass Eye and Ear and also completed 2 years of pediatric ophthalmology fellowship and ophthalmic genetic clinical fellowship at Boston Children's Hospital. Her research interest on Neurotrophic Keratopathy (NK) and NK management as well as corneal nerve regeneration first started during 2 years of research fellowship under supervision of Pedram Hamrah and she continued to investigate and publish about the topic since then.

Rebecca A Sosa[1]*, Fady M. Kaldas[2], Bita V Naini[1], Ronald W Busuttil[2], David W Gjertson[1], Jerzy W Kupiec Weglinski[1,2], Elaine F Reed[1]

[1]Department of Pathology and Laboratory Medicine, UCLA, Los Angeles, CA, United States of America
[2]Department of Surgery, UCLA, Los Angeles, CA, United States of America

Patient immunologic endotypes of ischemia-reperfusion injury in liver transplantation

Solid organ transplantation is the best therapeutic choice for patients with end stage organ failure. Ischemia-Reperfusion Injury (IRI) is an unavoidable consequence of the processes of organ recovery and implantation and represents a major risk factor for allograft rejection. The harmful effects of parenchymal cell damage to the donor organ coupled with the restoration of blood flow from an unhealthy recipient seen in IRI involves complex interactions between the innate and adaptive immune systems. However, no clinical therapeutics or patient-specific diagnostics are widely available. Etiologies leading to LT are heterogeneous, and only ~50% of OLT recipients experience significant IRI despite similar immunosuppression regimens. Genetic susceptibility to IRI is unknown, and rates of progression differ markedly, as do post-transplant liver function and patient and allograft outcomes. This presentation will provide current knowledge of associations between inflammatory endotypes and clinical presentations in LT-IRI.

Audience Take Away Notes

- The basics of ischemia-reperfusion injury (IRI) terminology and the role it can play in transplant recipient outcomes
- Recent advances in our understanding of the molecular mechanisms and immune pathways involved in ischemia-reperfusion injury in liver and other organs
- Different patient immune endotypes that lead to either tolerance against, or increased susceptibility to, injury and downstream alloimmune responses and deleterious outcomes in liver transplantation
- This lecture is intended to provide current information regarding potential therapeutic approaches during liver transplantation surgery to mitigate the effects of IRI, as well as diagnostic tools to aid in the identification of patients who are more or less likely to require IRI mitigation strategies based on their specific immune endotypes

Biography

Dr. Rebecca A. Sosa is an Assistant Professor in the Department of Pathology and Laboratory Medicine at UCLA David Geffen School of Medicine, and Assistant Director of the UCLA Immunogenetics Center, where she provides services to the solid organ and stem cell transplant communities through diagnostic testing and interpretation. Dr. Sosa has a passion for patient-oriented research and personalized medicine, and her current efforts are focused on investigating the immune mechanisms underlying transplantation tolerance, injury and outcomes.

Gaurav Vishal
Bareilly International University, India

Dental care before, during and after the cancer therapy in oral cancer patients

Oral squamous cell carcinoma is the most common malignant neoplasm in the worldwide. Oral carcinoma is a global health problem with rising incidence and mortality. Oral cavity and lip cancers account for 377,713 new cancer cases and 177,757 deaths per year around the world (Globocan 2020). As compared to the developed countries, the load of oral cancer is significantly greater in developing countries. Oral squamous cell carcinoma is treated primarily by surgery followed by adjuvant therapy, depending upon the stage (early and advanced) and histopathological characteristics. Oral and dental health can be severely compromised during the cancer therapy such as surgery and radiotherapy. Hence there is a great need to focus on oral and dental health of oral cancer patients. Oral health plays an important role in the quality of life, dental problems like loose crowns or faulty restorations, traumatized teeth and periodontal diseases can get worse during the oral cancer treatment. If dental problems are treated prior cancer therapy, the oral complications may be milder or less severe. Time must be made accessible during the pre-treatment phase for a dental evaluation and essential emergency care, particularly when radiotherapy is planned and for those where dental treatment may be contraindicated once oncology intervention starts. So the dental assessment is advisable one month before cancer treatment begins. Oral complications related with cancer therapy are frequent. Early complications comprise oral mucositis, dysgeusia, xerostomia and dysphagia. Late complications comprise hyposalivation, trismus, dysphagia and osteoradionecrosis. Therefore the aim of this paper is to spread awareness about the complete dental Care before, during and after the cancer therapy and to diminish or prevent the potentially devastating side effects such as xerostomia, trismus, oral mucositis, dysphagia, osteoradionecrosis etc and help to maintain the highest possible overall well-being of cancer patients.

Audience Takes Away Notes

- The aim of this presentation is to spread awareness about oral / dental assessment, oral hygiene instruction, brushing technique, dental decay, removal of trauma, periodontal treatment and dental extractions (which teeth to extract and timing of extractions). An appropriate preventive regimens, timely oral care and improved dental services can minimize complications and improve quality of life
- Oral complications related with cancer therapy are frequent. The most common oral complications related to cancer therapy are oral mucositis, xerostomia, dysgeusia, trismus, osteoradionecrosis and dysphagia. The purpose of this presentation is to present an overview of oral complications, and their possible management, after cancer therapy
- Time must be made accessible during the pre-treatment phase for a dental evaluation and essential emergency care, particularly when radiotherapy is planned and for those where dental treatment may be contraindicated once oncology intervention starts. So the dental assessment is advisable one month before cancer treatment begins

Biography

Dr. Gaurav Vishal is an Oral and Maxillofacial Surgeon (M.D.S), Fellowship in Oral Oncology and Reconstructive Surgery. He completed M.D.S- Oral and Maxillofacial Surgery from Institute of Dental Sciences, Bareilly, India in 2020 and Fellowship in Oral Oncology and Reconstructive Surgery from Rohilkhand Medical College and hospital, Bareilly, India in 2021. He has received the Emerging Oral Onco Surgeon Award by HPP Cancer Hospital & Research Institute, with collaboration of Indian Medical Association, Lucknow, India. He has participated in various International conferences as a Speaker and Moderator. He is an expert in the field of Facial Trauma, Surgical Pathology, Basal Implantology, Oral Oncology and Reconstructive Surgery. He has several International and National Publications to his credit.

Nishant Kumar

Department of Anaestehsiology and Critical Care, Lady Hardinge Medical College & Associated Hospitals, New Delhi, India

Postpartum acute partial pituitary hypopituitarism

Pituitary insufficiency because of postpartum haemorrhage with panhypopituitarism usually presents decades after the primary event. Very few cases with early presentation have been reported. We are presenting a case of 21 year old unbooked pregnant (G4P1L1A2), a known asthmatic female with 35 weeks of amenorrhoea. She had haemorrhagic shock post Caesarean delivery and presented with acute partial pituitary hypopituitarism with signs of hypoglycaemia, hyponatremia, hypokalemia and polyuria which responded to intravenous hydrocortisone. We also report the novel use of acupuncture for the treatment of status asthmaticus and difficulty in weaning after failure of maximal pharmacological treatment.

Audience Take Away Notes

- Management of haemorrhagic shock
- Complications
- Differential diagnosis of hyponatremia/ polyuria in a critically ill patient
- Use of traditional techniques when modern medicine has failed
- Novel use of acupuncture for weaning in bronchial asthma

Biography

Dr. Nishant is currently working as Professor in the department of anaesthesiology and Critical Care at Lady Hardinge Medical College & Associated Hospitals, New Delhi, which is affiliated to University of Delhi, India. He graduated from Grant Medical College, Mumbai and pursued Diploma in Anaesthesia from Tata Memorial Hospital and Research Centre, Mumbai (University of Mumbai) securing first rank. He further completed his DNB in anaesthesiology from New Delhi and continued his training as senior resident from Maulana Azad Medical College, New Delhi before joining as faculty at LHMC. With an avid Interest in research and teaching, he has more than 40 publications ranging from letters to Original Research, reviews Editorials and book reviews. He is a member of Editorial board of various Journals and a Peer review Member of prestigious National and International Journals. He has delivered close to 100 lectures and conducted workshops pertaining to field of anaesthesiology, Critical care and pain in various conferences and CMEs. He has been an active member of the state chapter of ISA. He is the nodal officer for Pre Hospital trauma technician course- an initiative by the MoHFW to improve services for trauma patients. He played an active part during the COVID pandemic, not only in managing critically ill patients, but also in framing local guidelines and monitoring of Govt. instituted policies and infrastructure. He is also an appointed assessor for NMC for assessment of undergraduate and post graduate courses.

Ajit Naniksingh Kukreja

Ratandeep Surgical Hospital & Endoscopy Clinic – Gastrointestinal & Anorectal Surgery, Ahmedabad, Gujarat, India

Marengo CIMS Hospital – Gastrointestinal & Anorectal Surgery, Ahmedabad, Gujarat, India

Pilonidal sinus - management options and newer modalities

Pilonidal disease is a very common affliction that affects mainly young, hirsute, obese males during their young adult years of life. Previous etiological theories of this ailment centred on congenital causes. The current understanding is that pilonidal disease is an acquired affliction. There is a myriad of methods of treatment for chronic pilonidal disease. Surgeons from all over the world are looking for effective, low-traumatic methods of treating epithelial coccygeal passage. Analysis of literature data showed a great variability of surgical approaches in the treatment of this pathology. Such treatments vary from the creation of large skin flaps to the simple instillation of chemicals into the sinuses. As a result of this situation, a unified approach to the surgical tactics of treating the epithelial coccygeal passage has not yet been determined. The current favored treatments however are toward the use of the less invasive options compared to the large extensive flaps. Favored options include minimally invasive techniques as well as simple lay-open and marsupialization, lasers & endoscopes.

Audience Take Away Notes

- Be acquainted with the current state of knowledge of the pathogenesis of the pilonidal disease,
- Understand the main advantages and disadvantages of each laser technique used to treat it, and
- Know the recommendations for the management of acute pilonidal abscess

Biography

Ajit Naniksingh Kukreja is a Consultant Laparoscopy Gastrointestinal & Anorectal surgeon @ Ratandeep Surgical Hospital & Endoscopy Clinic / MARENGO CIMS Hospital Ahmedabad / CURA Hospital Ahmedabad / EPIC Hospital Ahmedabad / ICON Hospital Ahmedabad. I am into Exclusive anorectal practice for the last 33 years. I have organized workshops where around 184 surgeons all over Asia had hands-on training for hemorrhoidal artery ligation & rectoanal repair & Lasers in anorectal surgery. I have been invited as a faculty to multiple national and international conferences. I am an author of the Amazon bestseller "Anorectal Surgery Made Easy – With Two Interactive DVD ROMs". I have received the Best Paper Award For "Anal Tonometry – A Newer Diagnostic Aid In Anal Disorders" – @ Gujsurgcon 2005. I am an Elsevier and Publons certified peer reviewer for international journals. My research paper: DG-RAR for the treatment of symptomatic grade III and grade IV hemorrhoids: a 12-month multi-center, prospective observational study – Was Published in "European Surgery" in "Feb 2013". With "The association of colon & rectal surgeons of India – I am a task force member for framing practice parameters for the management of hemorrhoids for surgeons of India. I have been an organizing committee member to a good number of conferences and workshops and organizing chairman to the successful "AAS Proctocon 2022" held in Ahmedabad on 13th November 2022.

Participants List

Abdus Samee Wasim Birmingham Orthopaedic Training Programme, United Kingdom	49,52
Ajit Naniksingh Kukreja Marengo CIMS Hospital, India	62
Amina Amin Dudley NHS group Foundation, United Kingdom	30,32
Anshuman Darbari All India Institute of Medical Sciences, India	51
Aoibhinn Murray Queen Mary University of London, United Kingdom	35
Axler Jean Paul State University Of Haiti, Haiti	34
Bessie Kachulis Columbia Presbyterian Medical Center, United States	21
Brandon Lucke Wold University of Florida, United States	45
Caroline Francis MOSC Medical College Hospital, India	27
Cem Emir Guldogan Turkish Hospital, Qatar	29
Christopher W Tam Montefiore Medical Center, United States	20
Douglas P Slakey University of Illinois Chicago, United States	15
Gagik Hakobyan Yerevan State University After M. Heratsi, Armenia	38
Gamal Al Saied Al-Azhar University, Egypt	44
Gaurav Vishal Bareilly International University, India	59
Harry John Visser SSM DePaul Health Center, United States	25
Ivan Kirev St. George University Hospital Plovdiv, Bulgaria	37

Participants List

Kathryn K Campos Kings Centre for Conflict and Health, United Kingdom	19
Kevin Yang Wu University of Sherbrooke, Canada	22
Leyla Yavuz Saricay Harvard Medical School, United States	57
Matthew Basa Queensland Health, Australia	40,41
Navaneeth Ranjith Caritas hospital, India	28
Nishant Kumar Lady Hardinge Medical College & Associated Hospitals, India	61
Obada Mohammed Maher Alladh Alhallaq International medical center, Saudi Arabia	56
Osman Ahmed Al Khor Anesthesia HMC, Qatar	46
Rebecca A Sosa UCLA, United States	58
Ricky Rasschaert Hospital Network Antwerp, Belgium	13
Sagar Jawale Jawale Hospital, India	14
Salonee Shah King's College Hospital NHS Foundation Trust, United Kingdom	18
Seema Rohilla University of Health Sciences, India	55
Shreya Sengupta Royal Victoria Hospital, United Kingdom	24
Thaimye Joseph State University Of Haiti, Haiti	26
Vasudha Govil Pandit Bhagwat Dayal Sharma Post Graduate Institute of Medical Sciences, India	54

"We wish to meet you again at our upcoming events next year..."

Questions? Contact

+1 (702) 988-2320 or
surgery@magnusconference.com