

Thursday

LAPAROSCOPIC AND TRANSANAL COLORECTAL SURGERY

- 7:45 am ○ **Registration and welcoming of participants**
- 8:00 am ○ **OPTIONS A, B AND C**
Live and pre-recorded operative demonstrations
 - > Sigmoidectomy
 - > Right colectomy
 - > Total Mesorectal Excision - TME
- 1:00 pm ○ **Lunch at the Institute**
- 2:00 pm ○ **OPTION A**
“Surgical tips and tricks video”
with Faculty comments
 - > Discussion around short presentations of difficult or particular cases, pitfalls and technical details in colorectal surgery through pre-recorded operative demonstrations
- OPTION B**
Hands-on session on live tissue (mini-pigs)
 - > Operative strategy
 - > Right ileocaecal resection and anastomosis
 - > Left sigmoid resection with end-to-end Knight-Griffen anastomosis
 - > Vascular approach
- OPTION C**
1. Hands-on session on live tissue (mini-pigs)
 - > Operative strategy
 - > Right ileocaecal resection and anastomosis
 - > Left sigmoid resection with end-to-end Knight-Griffen anastomosis
 - > Vascular approach
- 2. Hands-on session on pelvic trainer for transanal approach**
 - > Local resection
 - > Purse-string sutures
 - > Transanal TME
- 6:00 pm ○ **End of session**
Evening free

COURSE OBJECTIVES

- > To improve surgical and oncological outcomes in colorectal surgery
- > To learn about modern technologies for preoperative diagnosis and planning
- > To learn about new technologies for intraoperative navigation and manipulation
- > To improve multimodal colorectal cancer treatment
- > To undertake hands-on practice on pelvic trainer, live tissue (mini-pigs) and anatomical specimens in the experimental lab

EDUCATIONAL METHODS

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

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



Or scan this QR code to directly register for this course.

This program may be subject to modifications.

Friday

LAPAROSCOPIC AND TRANSANAL COLORECTAL SURGERY

7:45 am

Evaluation of the previous day

8:00 am

OPTION A

“Surgical tips and tricks video” with Faculty comments

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

OPTION B

Hands-on session on live tissue (mini-pigs)

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

OPTION C

Hands-on session on anatomical specimens for transanal approach

- > Local resection
- > Purse-string sutures
- > Transanal TME

12:00 pm

Lunch at the Institute

1:00 pm

OPTION A, B AND C

Theoretical session 1: Complete mesocolic excision for colon cancer

- > Arterial anatomy of the right and left colon: old and new
- > Right colectomy with Complete Mesocolic Excision (CME)
 - Medial to lateral
 - Bottom to up
 - Up to down
- > Robotics for suprapubic Colorectal Mesorectal Excision
- > Transverse colectomy with Total Mesocolic Excision for cancer
- > Understanding the splenic flexure – embryology is the key once again
- > Image-guided surgery for splenic flexure tumors

Theoretical session 2: Laparoscopic colonic resection for benign disease

- > Perforated diverticulitis: MIS options from A to Z
- > Diverticular disease: No, the elective surgeon is not dead!
- > Functional outcomes after MIS sigmoidectomy
- > Laparoscopic management of complex fistulas in Crohn disease
- > Colorectal endometriosis
- > Endoscopic treatment of early colorectal lesions
- > Combined Laparoscopic and Endoscopic Surgery (CELS) in the resection of benign colonic polyps unresectable by conventional colonoscopy

Theoretical session 3: Laparoscopic proctectomy: technical pearls

- > Lessons learned from open TME
- > Laparoscopic TME
- > Sphincter-saving approaches during laparoscopic TME
- > Recent changes in laparoscopic anus-preserving operation for rectal cancer
- > Tailor-made TME and extensive TME for T4 rectal cancer
- > Lateral pelvic lymphadenectomy: When and how?

Theoretical session 4: Robotic TME

- > Laparoscopy to robotic rectal surgery: how to smooth the transition
- > Robotics for rectal cancer: more than a fantastic toy, especially for superobese patients

6:00 pm

End of session

8:00 pm

Dinner in honour of the participants and the Faculty

Saturday

LAPAROSCOPIC AND TRANSANAL COLORECTAL SURGERY

7:45 am

Evaluation of the previous day

8:00 am

OPTION A, B AND C

Theoretical session 5: Transanal endoscopic surgery (TES)

- > Ideal platform for transanal surgery
- > Transanal endoscopic surgery for giant and huge rectal adenomas
- > Essential surgical anatomy and step-by-step procedures in performing TaTME
- > TaTME for complex rectal cancers beyond the learning curve
- > Lateral nodes dissection by TaTME

Theoretical session 6: Debates

- > What is the best approach for Total Mesorectal Excision (TME)?
 - Laparoscopic TME is superior to open TME
 - Robotic TME is superior to laparoscopic TME
- > What is the best specimen extraction of colectomy?
 - Transvaginal
 - Transanal
 - Suprapubic
- > TaTME
 - Pros
 - Cons
- > Lateral nodes lymphadenectomy
 - Pros
 - Cons
- > Complete clinical response following neoadjuvant treatment for rectal cancer
 - Watch and wait
 - Local excision and / or radical resection

Theoretical session 7: Preventing and managing intra- and post-operative complications

- > Management of anastomotic leaks (interactive case)
- > Bleeding from the pre-sacral region
- > Specific complications of TaTME
- > Specific complications of robotic surgery

Theoretical session 8: Latest trends in colorectal surgery

- > What is the place of fluorescence-imaging in colorectal surgery?
- > Image-guided colonic surgery: combined imaging modalities
- > New flexible and robotic endoscopic platforms
- > Augmented reality and artificial intelligence: current and future applications in colorectal surgery
- > From ERAS program to outpatient procedure and home-connected follow-up: 5 years' experience

Closing lecture

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

1:30 pm

Lunch at the Institute

2:00 pm

End of the course

Delivery of certificates of attendance