# 4th ISSA INTERNATIONAL

HANDS-ON INTENSIVE MASTER IN BASIC AND ADVANCED LAPAROSCOPIC SURBICAL ANATOMY OF THE FEMALE PELVIS AND TECHNIQUES

IN COLLABORATION WITH AAGL

COURSE PRESIDENTS: MARCELLO CECCARONI SHAILESH PUNTAMBEKAR

HONORARY PRESIDENT: GABY MOAWAD

EXECUTIVE DIRECTOR: LINDA MICHELS

SCIENTIFIC SECRETARIAT
ISSA International School of Surgical Anatomy
Via Don A. Sempreboni, 5, 37024 Negrar (Verona)
Phone: +39 045 601 3957
Email: issaschool@gmail.com
WEB: www.issaschool.com

**ORGANIZING SEGRETARIAT** 



Branch Office Verona | Stradone San Fermo, 11 - 37121 Verona Tel. +39 045.4913166 - Fax +39 045.4913161 Head Office: Via Emilia, 38 - 90144 Palermo congressi@bibagroup.it • www.bibagroup.it



VERONA, ITALY 3rd - 6th June, 2024

## **Preliminary Program**

COURSE VENUE ICLO Teaching and Research Center, San Francesco di Sales Via Evangelista Torricelli 15/A, Verona















Dear Friends,

we invite you to join us at the "4th ISSA International, Hands-On Intensive Master in Basic and Advanced Laparoscopic Surgical Anatomy of the Female Pelvis and Techniques" a Hybrid Live and Digital Event in collaboration with the AAGL (Elevating Gynecologic Surgery).

This four-days hands-on intensive course is addressed to pelvic surgeons interested in enjoying the cadaveric model to deepen their knowledge in surgical anatomy, which is traditionally the golden rule of the ISSA School. The course is designed for gynecologists, general surgeons, urologists and pelvic surgeons who perform basic, intermediate and difficult laparoscopic surgery. It will provide a step-by-step surgical approach to the pelvic viscera and to the different surgically-treatable diseases affecting them, with a particular focus on benign disease, deep infiltrating endometriosis and gynecologic malignancies. A common distortion and infiltration of the pelvic organs may be encountered not only in gynecological cancer and deep infiltrating endometriosis, but also in simple procedures and the only safe way to restore anatomy and achieve radicality is to follow simple anatomical rules.

Each day, live-surgery sessions will alternate with cadaveric hands-on dissections.

Your "spectator" part of the course will be a sparkling mix of: theoretical presentations and keynote lectures brought by an international faculty of stakeholders and key-opinion leaders, keynote cadaveric dissections held by Dr. Marcello Ceccaroni and Dr. Shailesh Puntambekar, live-surgeries broadcasted online and to the congress Venue from the "IRCCS Sacro Cuore Don Calabria Hospital" operating rooms and performed by Dr. Ceccaroni, Dr. Puntambekar and other Masters of surgery, together with their assistants with the help of a multi-disciplinary team.

For the "live-surgery" sessions, which will be casted every day, a large set of surgical operations for different pathologies will be shown, from the simple laparoscopic hysterectomy to the "Pune Technique" radical hysterectomy and the "Negrar Method" for eradication of deep infiltrating endometriosis with parametrial and rectal resection.

Particular focus will be put on the correct employment of the nerve-sparing principles both, in oncologic and benign disease, and on the correct use of energy and techniques.

In fact, all the dissections will be performed under the eye of a "neurogynecologic" approach.

The theoretical lessons will firstly focus on anatomical principles and then on the single pathologies and their surgical treatment options with wide use of surgical movies.

In addition, a real room and a Webspace will be available for pre-recorded and on-demand surgical videos from real Masters of surgery from all over the world and a permanent "Continuous Video Session". The keynote cadaveric dissections will introduce and give you a "syllabus" for the following hands-on

dissection, showing how to find out and dissect the pelvic spaces on these peculiar and very realistic specimens. Your "actor" part of the course, which will be performed with the help of the Faculty tutors, will provide a hands-on tutorial on cadaveric specimens, using laparoscopic instrumentation and the most advanced 3D and 4K HD technologies.

Main learning objectives will be: to recognize the anatomical landmarks and major pelvic structures pertinent to gynecologic laparoscopy and retroperitoneal dissection, to apply laparoscopic surgical techniques to enter and expose the avascular spaces of the pelvis, parametrial ligaments, nerves and pelvic vascular system and their relations with the ureter and intraperitoneal structures, to illustrate the step-by-step dissection of the pelvic viscera and pelvic-nerves related to the different gynecological procedures and nerve-sparing techniques for gynecologic cancers and endometriosis surgery.

The last day of the course will provide a cadaveric hands-on masterclass on laparoscopic suturing techniques, introduced by theoretical and video lessons showing the basic principles of endoscopic suturing and knotting. A pelvic trainer session will follow, where the candidates will be guided by the tutors in suturing simple (i.e. vaginal cuff, myometrial defect after myomectomy) and complex (i.e. vesical and ureteral resections and injuries, bowel vascular injuries) wounds on the cadaveric specimens.

> Marcello Ceccaroni Course Director, ISSA President

> > Honorary President

Course Director, ISSA International Gaby Moawad

Shailesh P Puntambekar

Honorary President

Linda Michels **Fxecutive Director** 



### Presidents

#### Course Presidents

Marcello Ceccaroni | Italy Shailesh Padmakar Puntambekar | India Honorary President
Gaby Mogwad | Usa

Executive Pirector
Linda Michels | Usa

### Tentative list of Faculty

Mara Albanese | Italy

Silvia Baggio | Italy

Pere N. Barri Soldevila | Spain

Giuliano Barugola | Italy

Elisa Bertocchi | Italy

Francesco Bruni | Italy

Giuseppe Caleffi | Italy

Tommaso Capezzuoli | Italy

Paolo Casadio | Italy

Matteo Ceccarello | Italy

Vito Chiantera | Italy

Flaminia Coluzzi | Italy

Stefano Cosma | Italy

Gianmarco D'Ancona | Italy

Paola De Mitri | Italy

Alessandra Di Giovanni | Italy

Humberto Dionisi | Argentina

Jon Ivar Einarsson | Iceland

Enrico Facci | Italy

Luca Garriboli | Italy

Sandesh Kade | India

Umberto Leone Roberti Maggiore | Italy

Mohamed Mabrouk | UK

Mario Malzoni | Italy

Maria Manzone | Italy

Gaia Masini | Italy

Alberto Mattei | Italy

Liselotte Mettler | Germany

Maria Teresa Mirandola | Italy

Giuseppe Mirenda | Italy

Shanti Mohling | USA

Josefina M. Morandy Azocar | Venezuela

Simone Orlandi | Italy

Marie Fidela Paraiso | USA

Seema Puntambekar | India

Andrea Puppo | Italy

Lorenzo Rettore | Italy

Horace Roman | France

Roberto Rossini | Italy

Giovanni Roviglione | Italy

Giacomo **Ruffo** | Italy

Anna Stepniewska | Italy

Waleed Tawfik | Egypt

Milind Telana | India

Carlo Tricolore | Italy

Prakash Trivedi | India

Andrea Vidali | USA

Giulia Vittori Antisari | Italy

Sonja **Vujosevic** | Italy

Carlotta **Zorzi** | Italy

### Video-Library Faculty

Mauricio Abrão | Brazil Pere N. Barri Soldevila | Spain Roberto Berretta | Italy Francesco Bruni | Italy Paolo Casadio | Italy Matteo Ceccarello | Italy Marcello Ceccaroni | Italy Sarah Choi | Australia Danny Chou | Australia Stefano Cosma | Italy Claudio Crispi Jr | Brazil Javier **De Santiago Garcia** | Spain Humberto Dionisi | Argentina Jon Ivar Einarsson | Iceland Luiz Flávio Fernandes | Brazil Simone Ferrero | Italy Kiyoshi Kanno | Japan Gaby Moawad | USA Shanti Mohling | USA Farr Nezhat | USA Marie Fidela Paraiso | USA Fernando C Paredes Chavez | Mexico Matilde Quaranta | Argentina Giovanni Roviglione | Italy

Luca Savelli | Italy
Shadi Seraji | USA
Anna Stepniewska | Italy
Prakash Trivedi | India
Paolo Vercellini | Italy
Attila Vereczkey | Hungary

# Monday June 3<sup>rd</sup>

08.30	Course presentation and Welcome
	THEORETICAL SESSION
09.00	The bricks in the wall: abdominal wall anatomy for minimally-invasive accesses
09.30	KEYNOTE LECTURE
1000	How to become a sailor and not a pirate: cartography of retroperitoneal anatomy for a safe laparoscopic navigation
10.00	LIVE-SURGERY SESSION
	From IRCCS SACRO CUORE PON CALABRIA HOSPITAL, NEGRAR PI VALPOLICELLA, ITALY
	From MALZONI MEDICAL CENTER, AVELLINO, ITALY
	SPONSORED LECTURE *
13.00	Focus on neuroinflammation in pelvic pain
13.30	Light lunch
	THEORETICAL SESSION
14.00	Can knowledge of Clinical anatomy make you a good laparoscopic surgeon?
14.25	How to make it easy and easier: laparoscopic surgical anatomy and different strategies of hysterectomy in easy settings:
	when anatomy and ergonomics count
14.50	How to make it easy and easier: minimally-invasive surgical anatomy and different strategies of hysterectomy in challenging setting
	when anatomy and ergonomics count
15.15	Deep diving in the pelvic retroperitoneal seas: laparoscopic surgical anatomy of pelvic lymphadenectomy
15.40	Diving and sailing along the big vessels: laparoscopic surgical anatomy of para-aortic lymphadenectomy
16.05	The front doors: surgical anatomy of the anterior compartment in deep endometriosis surgery: urinary tract surgery means parametrial surgery
16.30	The back doors: surgical anatomy of the posterior compartment for gynecological procedures (rectum, Pouglas pouch,
	recto-vaginal septum, utero-sacral and parametrial ligaments, posterior broad ligaments):
	digging under the surface to find landmarks according to the nerve-sparing technique. The "Negrar Method"
16.55	"Retroperitoneum is your best friend": how can anatomy help the surgeon in preventing complications
17.20	KEYNOTE LECTURE
	"How to unfreeze a frozen body": how anatomy can help in different surgical approaches to visceral and somatic nerves,
	retroperitoneum and upper abdomen for radical and ultra-radical procedures
18.00	KEYNOTE LECTURE
	The journey of parametrial surgery: from radical hysterectomy to uterine transplant
18.40	Discussion, adjourn and conclusion
19.00	Course faculty meeting
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## Tuesday June 4th

	THEORETICAL SESSION
08.30	Enemy, false-friend or friend? Laparoscopic surgical anatomy and different strategies for tackling the ureter in radical pelvic surgery
08.55	"With a little help from my friends": how anatomy can help in managing complications
09.20	Minimally-Invasive approaches for diaphragmatic Surgery: When anatomy and ergonomics count
09.45	LIVE-SURGERY SESSION
	From IRCCS SACRO CUORE DON CALABRIA HOSPITAL, NEGRAR DI VALPOLICELLA, ITALY
13.00	Lunch
14.00 17.30	SURGICAL VIPEO LIBRARY SESSION (Satellite Room)
14.00	Pissection templates highlights and chairs' recommendations
14.00 17.30	PEATH FOR LIFE MARATHON: HANDS-ON CADAVERIC DISSECTION (Dissection Room) PISSECTION TOPICS
	TOPOGR APHIC AND SURGICAL ANATOMY OF THE ANTERIOR ABDOMINAL WALL

# Vessels, muscles and sheaths, nerves, laparotomic and laparoscopic accesses TOPOGR APHIC AND SURGICAL ANATOMY OF THE UPPER ABDOMEN

Supramesocolic space: embryologic tips, diaphragm, liver, gallbladder, pancreas, spleen, blood and lymphatic vessels, nerves, sheaths, spaces, connectives, retroperitoneum. Surgical anatomy of diaphragm and of hepatic ligaments and segments. Left and right bowel mobilization for colo-rectal radical surgery

### TOPOGRAPHIC AND SURGICAL ANATOMY OF THE LOWER ABPOMEN

Infra-mesocolic space: embryologic tips, kidneys, adrenal glands, ureters, small bowel, colon-rectum, blood and lymphatic vessels, nerves, sheaths, spaces, connectives, retroperitoneum

Radical abdominal and bowel surgery

#### LEARNING OBJECTIVES

- Pneumoperitoneum induction and trocar placement with different accesses techniques (Veress needle, umbilical access, Palmer access, open laparoscopy, visual trocar, direct access)
- Anterior abdominal wall complication prevention and fixing
- Upper abdomen exploration and visceral topography
- Upper abdomen adhesiolysis
- Laparoscopic adhesiolysis, partial cecum and sigmoid mobilization

## Tuesday June 4th

- Accurate wide abdomino-pelvic inspection (such as in oncological diagnostic procedures)
- Accurate description of the abdomino-pelvic anatomy (ligaments, organs, viscera, peritoneal folds, etc.)
- Cutting of the round ligament
- Opening of the lateral paravesical space (pvs), identification of the landmarks (pelvic floor, umbilical artery and ligament, obturator artery, vein and nerve, ischio-pubic branch, pelvic floor, etc.)
- Opening of the medial paravesical space (pvs), identification of the landmarks (vesico-uterine ligaments, bladder pillars, bladder, etc.)
- Opening of the medial pararectal space and identification of all of the landmarks
- Opening of the lateral pararectal space and identification of all of the landmarks
- Isolation and identification of the meso-ureter, following its course up to the ureteral tunnel
- Isolation and identification of the uterine artery and its relationships with the ureter
- Isolation and identification of Cardinal ligament and lateral parametrium
- Opening of the ilio-lumbar space and description of all of the landmarks (psoas muscle, genito-femoral nerve, lumbo-sacral trunk, external iliac vessels, etc.)
- Isolation and skeletonization of hypogastric artery and its branches
- Tips and tricks for a safe identification and ligation of hypogastric artery
- Opening of the retropubic Retzius' space, mobilization of the bladder and identification of all of the landmarks
- Isolation and identification of anterior parametrium and vesico-uterine ligaments
- Opening of the retrorectal and pre-sacral space and identification of all of the landmarks
- Identification and description of hypogastric nerves and visceral innervation
- Isolation and identification of posterior parametrium, recto-vaginal ligaments and rectal wings
- Full mobilization of the cecum and of the sigmoid with identification of all the landmarks
- Intestinal mobilization, liver and spleen mobilization, Cattel-Valdoni, Mattox, Jinnai and Kocher manoeuvres
- Isolation and skeletonization of right IP ligament up to its confluence in Cava (accurate dissection and skeletonization of the vessels: very good training even for beginners)
- Isolation and skeletonization of left IP ligament up to its confluence in the left renal vein (accurate dissection and skeletonization of the vessels: very good training even for beginners)
- Surgical anatomy of appendectomy
- Surgical anatomy of cholecystectomy
- Surgical anatomy of adnexal surgery: ovarian cysts approaches, tubal surgery, salpingo-oophorectomy
- Surgical anatomy for simple hysterectomy
- Surgical anatomy for large uteri hysterectomy

17.30 Piscussion, adjourn and conclusion

## Wednesday June 5th

	THEORETICAL SESSION
08.30	Using retroperitoneal ligation of uterine artery in difficult situations in benign surgery
08.50	I'll tell you a secret: tips and tricks for a safe and anatomical laparoscopic myomectomy
09.10	I'll tell you a secret: tips and tricks for a safe and anatomical promonto-fixation and surgery for pelvic floor defects
09.30	LIVE-SURGERY SESSION From IFEMENDO - CLINIQUE TIVOLI-PUCOS, BORDEAUX From IRCCS SACRO CUORE DON CALABRIA HOSPITAL, NEGRAR DI VALPOLICELLA, ITALY
13.00	Lunch
14.00 18.00	SURGICAL VIDEO LIBRARY SESSION (Satellite Room)

#### **PISSECTION TOPICS**

14.00

ANATOMY AND SURGICAL TECHNIQUES IN PELVIC RADICAL AND ULTRA-RADICAL SURGERY

DEATH FOR LIFE MARATHON: HANDS-ON CAPAVERIC DISSECTION (Dissection Room)

Deep infiltrating endometriosis, cervical cancer, endometrial cancer, ovarian cancer, colo-rectal cancer (different types of radical hysterectomy, radical cophorectomy according to Hudson and Delle Piane, pelvectomy), inguinal Anatomy, anatomy of the Scarpa's triangle

NERVE-SPARING LAPAROSCOPIC PELVIC SURGICAL PROCEPURES AND TECHNIQUES

Nerve-sparing radical hysterectomy, nerve sparing rectal resection for deep endometriosis

#### LEARNING OBJECTIVES

- Surgical anatomy of ureter for endometriosis eradication
- Surgical anatomy of pelvic vessels
- Surgical anatomy of the bladder in endometriosis surgery
- Inferior mesenteric vessels ligation
- Splenectomy and spleno-pancreatectomy
- Adrenalectomy
- Intestinal lesion repairing
- Colo-rectal nerve-sparing resection
- Vascular suturing techniques, artery and vein anastomosis techniques, graft anastomosis technique
- Parametrial preparation according to different types of radical hysterectomy
- Ureteral and bladder resection

## Wednesday June 5th

- Surgical approaches for ovarian, endometrial and cervical cancer
- Inguinal lymphadenectomy
- Sacral promontorium exposition
- Hypogastric vessels ligation
- Uterine artery ligation and different steps for hysterectomy according to different classes of radicality
- Obturator nerve isolation and iatrogenic lesion repairing
- Infracolic omentectomy with identification of all the landmarks
- Gastrocolic omentectomy with identification of all the landmarks
- Piaphragmatic exposition and liver mobilization
- Diaphragmatic stripping, resection and suturing
- Hepatic surgery techniques
- Tips and tricks for approaching the visceral and somatic nerves in the pelvis
- Tips and tricks for a nerve-sparing radical pelvic surgery
- Pelvic lymphadenectomy with medial approach (accurate dissection and skeletonization of the vessels: very good training even for beginners)
- Pelvic lymphadenectomy with lateral approach
- Pre-sacral lymphadenectomy with identification of all the landmarks
- Para-caval and pre-caval lymphadenectomy
- Intercavo-aortic lymphadenectomy
- Para-aortic and pre-aortic lymphadenectomy
- Uretero-neocystostomy
- Nephrectomy
- Anterior pelvectomy
- Posterior pelvectomy
- Total pelvectomy

18.00 Piscussion, adjourn and conclusion

# Thursday June 6th

08.30	THEORETICAL SESSION VIDEO PRESENTATION Basic and advanced suturing techniques in different surgical settings: how to make it easier
09.00	Suturing lectures and video sessions
09.30	LIVE-SURGERY SESSION From IRCCS SACRO CUORE PON CALABRIA HOSPITAL, NEGRAR DI VALPOLICELLA, ITALY
13.00	Lunch LUNCHEON SESSION KEYNOTE LECTURE Neuropelveology: a new ground breaking area in medicine
14.00 18.30	SURGICAL VIDEO LIBRARY SESSION (Satellite Room)
14.00 18.30	HANDS-ON LAPAROSCOPIC SUTURING MASTERCLASS  • Pelvic trainer: stitching and knotting on models  VIDEO SESSION  • How to load the needle  • Running sutures  • Intracorporeal knotting techniques  • Knotting alternative techniques  • Rules & tips for the extracorporeal technique
14.00 18.30	PEATH FOR LIFE MARATHON: HANDS-ON SUTURING MASTERCLASS ON CADAVERIC SPECIMENS (Dissection Room)  TOPICS AND LEARNING OBJECTIVES  Needle mounting and holding  The choice of different sutures  Intra-corporeal knotting techniques  Extracorporeal knotting  Vaginal suturing for hysterectomy  Vaginal suturing after vaginal resection

Uterine suturing for myomectomy
Bladder suturing after bladder injuries
Bladder suturing after bladder resection

# Thursday June 6th

- Intestinal suturing after intestinal injuries
- Intestinal suturing after bowel shaving
- Vascular suturing after vascular injuries
- Diaphragmatic suturing after resection
- 18.30 Discussion, adjourn and conclusion

### The Course Venue in Verona

The ICLO Training Center in Verona is fitted with six surgical suites of different sizes, comprising a total of 42 workstations.

All suites are ideal for both teaching and surgical practice, each one of them being equipped with a changing room and a small conference room with direct access to the workstations.

Every workstation comes with a built-in video-camera to record training sessions and/or to project them, both within the room and, if desidered, in other suites - as well as in the main room.

The staging of these suites and their deployment, as well as every other space in the ICLO Center, are instead for all medical field professionals, ranging from a single doctor to scientific societies, from doctors' associations to the healthcare industry. They are conceived to develop training and teaching projects and also to (confidentially/privately) elicit testing of new techniques and/or technologies in the surgical field.

### Conference Room

The Center hosts one main conference room that can host up to 90 people, providing great comfort to the entire audience. The room is equipped with the latest sound/video system and a control panel that allows users to activate bidirectional connections with each of the six surgical suites. This is meant to enable full interactivity between the different sites of the facility.

The IT staff will be present in the conference room at all times in order to provide assistance before, during and after each course/presentation. An interpreter's booth is also available.

### How to get to Verona



The A4 Brescia-Padua motorway runs throught the province of Verona, serving the city with the exits named Verona East and Verona South. Verona is also intersected by the A22 Modena-Brennero motorway. The access to the city centre and the circulation of vehicles is restricted to settimes and special categories vehicles: it is a limited traffic zone (ZTL), equipped with electronic entry points to control the access of unauthorized vehicles.

Tourist coaches are required to show an entry ticket before entering the city (ZTL Bus) which only entitles them to drop off and pick up passengers.





The city's main railway station is Verona Porta Nuova, an important railway junction that offers several opportunies for those who wish to reach Verona by train. Another station is Verona Porta Vescovo, in the eastern part of the city. From Porta Nuova station, the city centre can be easily reached in 15-20 minutes on foot, or using public transportation, departing just outside the station.

The Valerio Catullo Airport is located 10 kilometers from the city centre. It is connected to the A4 (Sommacampagna exit) and A22 (Verona Nord exit) motorways. It offers direct flights to all the main italian and internaonal airports. It also offers connections to the city centre: shuttle service to and from Catullo Airport - Verona Porta Nuova station.





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Marcello Ceccaroni Shailesh Puntambekar

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Phone: +39 045 601 3957 Email: issaschool@gmail.com WEB: www.issaschool.com

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Branch Office Verona | Stradone San Fermo, 11 - 37121 Verona Tel. +39 045.4913166 - Fax +39 045.4913161 Head Office: Via Emilia, 38 - 90144 Palermo congressi@bibagroup.it • www.bibagroup.it

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