

Take Home Messages A. Najmaldin - H. Reusens

08:00-09:00 SESSION I, APPENDICITIS Chairmen: M.OOMEN (NED), J DE AUGUSTIN (SPA)

09:00-10:30 Session II, Urology I Chairmen: O. Ergun (TUR), P. Caione (ITA)

11:00-12:00Session III, UPPER INTESTINE
Chairmen Pini Prato (ITA), A. Saxena (UK)

12.15-13.15SESSION IV, LOWER GASTRO-INTESTINALChairmen:Alin Stoica (Romania), Vincenzo Di Benedetto (Italy)

08:00-09:00 SESSION I, APPENDICITIS Chairmen: M.OOMEN (NED), J DE AUGUSTIN (SPA)

- In complicated appendicitis (localized or diffuse peritonitis):
 - don't be afraid to use an (expensive) stapler, if available
 - less postop abscesses, ileus, re-operations, readmissions (?)
- Laparoscopic appendicectomy = GOLD STANDARD
- Transumbilical appendicectomy: back to the beginning
 - TA Transumbilical appendicectomy
 - TULAA Transumbilical laparoscopic-assisted appendicectomy
 - SILA Single incision laparoscopic appendicectomy
 - TFTA Trocar-free transumbilical appendicectomy



Annua Congre

September 26th – 28th, 2018 Le Plaza Hotel Brussels, Belgium

SILS or OPUS or LESS or SLiPP or ...

- SPA Single-port access
- SILS Single-incision laparoscopic surgery
- OPUS One-port umbilical surgery
- SIMPLE Single-incision multi-port laparo-endoscopic surgery
- SPS Single-port surgery
- **VSUS** Visibly scarless urological surgery
- SIL Single-incision laparoscopy
- SPL Single-port laparoscopy
- **R-NOTES** Robotic-assisted natural orifice transumbilical endoscopic surgery
- **U-NOTES** Umbilical natural orifice transluminal endoscopic surgery
- LESS Laparo-endoscopic single-site surgery
- SLaPP- Single laparoscopic port procedure
- NOTUS- Natural orifice transumbilical surgery
- SLiPP- Single laparoscopic incision and port procedure
- E-NOTES Embryonic natural orifice transumbilical endoscopic surgery



Message to Take Home Urology session

Brussels, 2018



Azad Najmaldin, Leeds, UK

1st

- All did very good presentations
- Time keeping for laparoscopic surgeons were much better than stone treating surgeons

2nd

- Adrenal gland
- Ureter preservation for catheterisation
- Vascular Hitch in PUJ
- Seminal vesicle cyst
- Varicocele
- Mullerian remnant

Are all good indication for laparoscopic approach

3^{rd -} Urinary stones "ureter or Kidney"

- ESWL
- Percutaneous (PCNL)
- Retrograde rigid or flexible endoscopy

Are excellent approaches

- Laparoscopy (retroperitoneal/trans)
- Good approach in complicated cases (stones associated with PUJ obst, unable to access from below, lack of expertise or facilities)
- ? Not good in primary cases

4th - Distal ureter obstruction

- Balloon dilatation remains controversial, but probably is useful in some cases
- Uretrocele Laser is better than diathermy, but the indication for early treatment in asymptomatic cases remains uncertain

• U-HCG in post/pre orchidopexy remains uncertain

Donate Euros

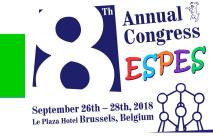
То

Azad Najmaldin "Sata Run" – December 2018 Supporting disabled children and young adults





11:00-12:00Session III, UPPER INTESTINE
Chairmen Pini Prato (ITA), A. Saxena (UK)



- Laparoscopic Heller Myotomy for Achalasia:
 - consider <u>short-term NG feeding</u> to optimize perioperative nutritional status
- Laparoscopic Assisted Percutaneous Endoscopic Gastrostomy:
 - simple trick to stabilize anterior stomach wall with 3 mm grasper
 - + under vision, minimal insufflation, counter traction, assessing tension
- Ladd's procedure for Intestinal Malrotation:
 - laparoscopy possible: elective cases, older patients
 - high conversion rate 37,8%
 - postoperative volvulus: open 5,3% vs lap 10,7% (not significant)



- Lap assisted endorectal pull-through for Hirschsprungs:
 - better continence results with longer cuff (blunt endorectal dissection)
 - <u>shorter laparoscopic dissection of rectum</u> may prevent rectal mucosal prolapse
 - not enough evidence

- The appendix as a natural foreign body retrieval bag
 - You remove a healthy and useful part of the bowel...?
 - Immune system, Mitrofanoff, Antegrade Colonic Enema, ...

THANK YOU TO THE CHAIR(WO)MEN AND ALL SPEAKERS

