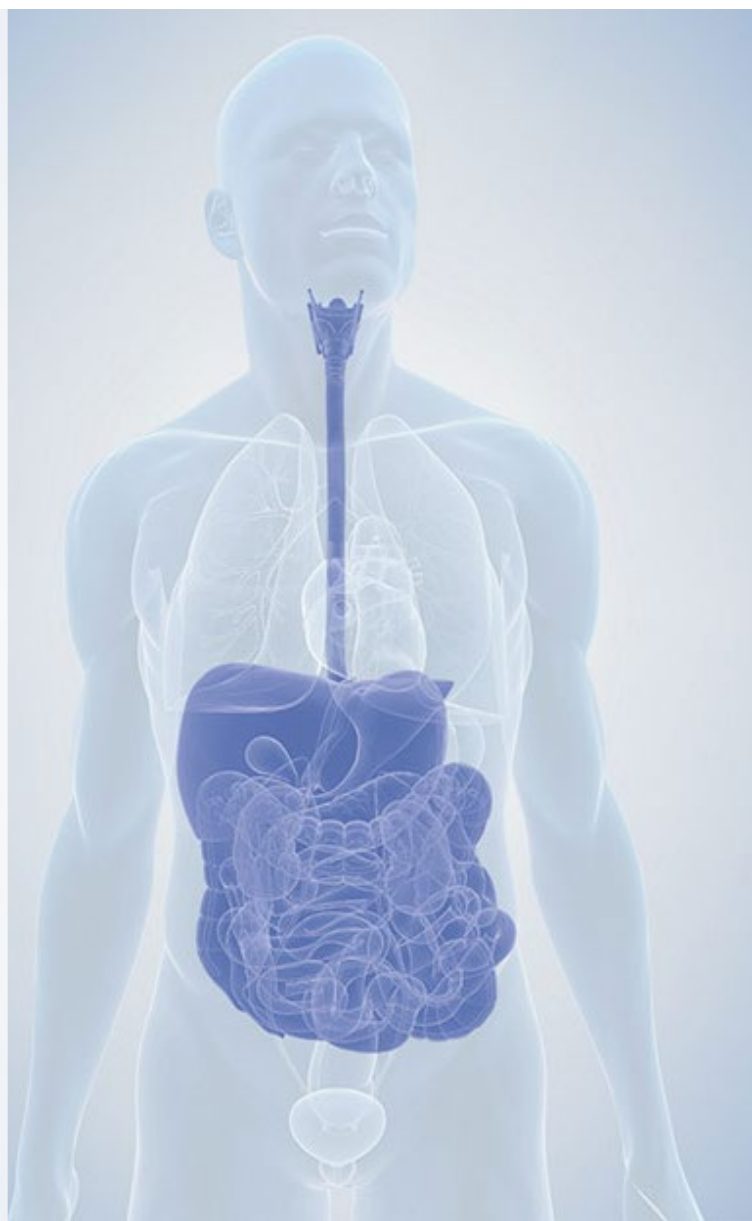


Webcast

PLEASE
REGISTER HERE

in Rectal Cancer Surgery

Online | December 2nd, 2020; 5.00 – 7.00 p.m. CET



→ Faculty



Prof. Dr.
Albert Wolthuis
Colorectal surgeon
Department of Abdominal Surgery
UZ Leuven, Belgium



Dr.
Isacco Montroni
Colorectal surgeon
Department of General and Minimally
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Ospedale per gli Infermi, Faenza, Italy

→ Introduction

Rectal cancer accounts for one third of all colorectal cancers and there are different surgical approaches to treat rectal cancer based on tumor stage and location. The goals of the surgical treatments are to contribute to long-term survival, avoid local recurrence and improve patient's quality of life by preserving defecation, bladder, and sexual function.

In distally located rectal cancer, accurate rectal mobilization is one of the most challenging steps, having an enormous impact on sphincter preservation and R0 resection rate. Furthermore, another challenge is to perform a tension free and solid anastomosis to optimize postoperative outcome and functional results. This makes the training of surgeons a critical variable to contribute to high quality surgical and oncological outcomes.

→ Concept

During this WebCast you will:

- learn about the multidisciplinary surgical approach of rectal cancer treatment
- get an overview of different approaches to TME
- receive tips and tricks to perform a tension free, solid and fluorescence guided anastomosis
- gain information about managing bleeding with vessel sealing devices
- learn about complication management



→ Agenda

17:00 – Welcome (Introduction to agenda and faculty) Olympus
17:05

LECTURES

– History of rectal cancer multidisciplinary management

– How and when to mobilize the splenic flexure & inferior mesenteric vein ligation: where and why

17:05 – 18:00 – The beginning of the TME, dissection of the superior hypogastric plexus and ligation of the inferior mesenteric artery (w/wo LC preservation) Albert Wolthuis
Isacco Montroni

– “*Many ways to skin a cat*”: Overview of different approaches to TME

PRE-RECORDED CASES with live discussion

– TME dissection: laparoscopy and taTME

– 7 times at risk to perform a nerve-sparing TME

18:00 – 18:55 – How to perform an anastomosis that will actually work, incorporating fluorescence guidance in rectal cancer surgery Albert Wolthuis
Isacco Montroni

– Videos on how to manage complications

Q&A in between via “raise hands” or chat All

18:55 – Outlook & Closing Faculty
19:00



Medical Expert Training

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