1st ISSA International, Hands-on Intensive Master
In Basic and Advanced Laparoscopic Surgical Anatomy of the Female Pelvis and Techniques

In collaboration with AAGL

July 9th - 12th, 2019

A round trip in Verona from Hands-on cadaveric dissections to live-surgery

Course Presidents:
Marcello Ceccaroni
Shailesh Puntambekar
DEAR FRIENDS,

we invite you to join us at the “1st ISSA International, Hands-On Intensive Master in Basic and Advanced Laparoscopic Surgical Anatomy of the Female Pelvis and Techniques” in collaboration with the AGIL (Elevating Gynecologic Surgery).

We are delighted to welcome you in the beautiful city of Verona, in the north-eastern part of Italy, lying on the borders of the beautiful Lake Garda.

Verona is one of the most outstanding cities in the world, with more than two thousand years of history. Considered the city of love, it is the place where William Shakespeare set his masterpiece “Romeo and Juliet”. This little gem of a city of art and history shines for the presence of many beautiful ancient monuments and buildings, among which the Arena, a roman coliseum hosting a very famous summer Opera festival. The city is surrounded by a scarf of beautiful hills and valleys covered in grapevine trees, defining the famous wine area called “Valpolicella”, producing some of the finest type of wines known all over the world, such as the Amarone, Ripasso, Valpolicella and Recioto. The keynote cadaveric dissections will introduce and give you a “syllabus” for the following hands-on dissection, showing how to find 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 specimen, using laparoscopic instrumentation and 3D technology. 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 as well as 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 theoretical lessons will firstly focus on anatomical principles and then on the single pathologies 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 a gynecological cancer and deep infiltrating endometriosis, but also in simple procedures and their surgical treatment options with wide use of surgical videos. In addition, a room will be available for pre-recorded and on-demand surgical videos and a permanent “Continuous Video Session”. The theoretical lessons will be followed by the help of a multi-disciplinary team.

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

A social dinner in an ancient and fascinating venue will be offered to all of the participants in order to give a taste of Italian food, history and lifestyle. We look forward to sharing this inspiring, memorable and highly educational artistic, musical, anatomical and surgical experience with you! We’ll be waiting for you and remember: If you love someone bring them to Verona!

Shailesh Puntambekar

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 diseases, and on the correct use of energy and techniques. In fact, all the dissections will be performed under the eye of a “neurogynecologic” approach.

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Shailesh Puntambekar

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FACULTY

COURSE PRESIDENTS
Ceccaroni Marcello - Italy
Puntambekar Shailesh - India

FACULTY
Boggio Silvia - Italy
Barbany Freixa Nuria - Spain
Barri Soldevila Pere - Spain
Bertocchi Elisa - Italy
Bruni Francesco - Italy
Caleffi Giuseppe - Italy
Campolo Federica - Italy
Cavalieri Stefano - Italy
Ceccarello Matteo - Italy
Cianci Stefano - Italy
Cosma Stefano - Italy
De Garcia J. Santiago - Spain
De Mitri Paola - Italy
Elia Alfredo - Italy
Ferron Gwenaël - France
Finelli Angelo - Italy
Gallotta Valerio - Italy
Gueli Alletti Salvatore - Italy
Kulkarni Pankaj Padmalkar - India
Lee Ted Teh Min - USA
Malzoni Mario - Italy
Mantovani Giulia - Italy
Manzone Maria - Italy
Mautone Daniele - Italy
Piccegna Mirko - Italy
Puntambekar Seema - India
Puppo Andrea - Italy
Rettore Lorenzo - Italy
Rossini Roberto - Italy
Rossitto Cristiano - Italy
Roviglione Giovanni - Italy
Ruffo Giacomo - Italy
Stepniewska Anna - Italy
Telang Milind Arvind - India
Tricolore Carlo - Italy
Trivedi Prakash - India
Uccella Stefano - Italy
Vizzelli Giuseppe - Italy
JULY 9, MORNING

8.30  
Course presentation and welcome  
M. Deccaroni, S. Puntambekar

9.00  
Keynote Lecture: How to become a sailor and not a pirate: Cartography of retroperitoneal anatomy for a safe laparoscopic navigation  
S. Uccella

9.30 - 13.00  
Live-Surgery from IRCCS Sacro Cuore Don Calabria Hospital  
Surgeons: M. Deccaroni, S. Puntambekar, faculty

13.00  
How to make it easy: Step-by-step laparoscopic surgical anatomy and different strategies of hysterectomy for benign disease  
F. Bruni

13.30  
How to make it easier: Laparoscopic hysterectomy for uterine adenomyosis and large uterus: when anatomy and ergonomics counts  
G. Roviglione

JULY 9, AFTERNOON

14.00  
The bricks in the wall: Abdominal wall anatomy for minimally-invasive accesses  
M. Telang

14.25  
The adnexal surgery dilemma: Reproductive surgical anatomy. Surgery of the ovaries and tubes is not that easy  
A. Stepniewska

14.50  
Deep diving in the pelvic retroperitoneal seas: Laparoscopic surgical anatomy of pelvic lymphadenectomy  
A. Puppo

15.15  
Diving and sailing along the big vessels: Laparoscopic surgical anatomy of para-aortic lymphadenectomy  
V. Gallotta

15.40  
The other side of the moon: Laparoscopic surgical steps and anatomy of extra peritoneal lymphadenectomy  
J. De Santiago Garcia

16.05  
Onco-mimetic surgical behaviours: Laparoscopic surgical anatomy of eradication of deep endometriosis and pelvic malignancies with rectal and parametrial resection according to the nerve-sparing technique: the “Negrar Method”  
R. Clarizia
Using retroperitoneal ligation of uterine artery in difficult situations in benign surgery
P. Trivedi

Break

Keynote Lecture: Different surgical approaches to visceral and somatic nerves, retroperitoneum and upper abdomen for ultra-radical procedures
M. Ceccaroni

Keynote Lecture: Laparoscopic surgical anatomy in different types of radical hysterectomy for endometrial and cervical cancer according to the “Pune Technique”
S. Puntambekar

Discussion, Adjourn and Conclusion
**JULY 10, MORNING**

8.30 - 9.00  
Keynote Lecture: Neuropelveology: a new groundbreaking area in Medicine  
V. Chiantera

9.00 - 12.45  
Live-Surgery from IRCCS Sacro Cuore Don Calabria Hospital  
Surgeons: M. Ceccaroni, S. Puntambekar, faculty

Live-Surgery from the Malzoni Medical Centre Avellino  
Surgeon: M. Malzoni

Lunchtime lectures

12.45 - 13.10  
Unfreezing a frozen pelvis: Tips and Tricks for a Safe Pelvic Surgery in deep endometriosis  
T.T.M. Lee

13.10 - 13.35  
The front doors: Surgical anatomy of the posterior compartment for gynecological procedures (Douglas pouch, recto-vaginal septum, utero-sacral ligaments, posterior broad ligaments): digging under the surface to find landmarks  
R. Clarizia

13.35 - 14.00  
The back doors: Surgical anatomy of the anterior compartment for gynecological procedures: urinary tract surgery means parametrical surgery  
D. Mautone

**JULY 10, AFTERNOON**

14.00 - 18.30  
Permanent Satellite Video Session (Satellite Room)

14.00  
When death helps life: Pre-recorded Keynote video cadaveric dissection

15.00 - 18.30  
Death for life marathon: Hands-on cadaveric dissection  
M. Ceccaroni, S. Puntambekar, faculty

**DISSECTION TOPICS**

Topographic and Surgical Anatomy of the Anterior Abdominal Wall:  
Vessels, muscles and sheaths, nerves, laparotomic and laparoscopic accesses.

Topographic 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 Abdomen  
(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

Coffee and water station will be available during the whole afternoon
- Upper abdomen exploration and visceral topography
- Upper abdomen adhesiolysis
- Laparoscopic adhesiolysis, partial cecum and sigmoid mobilization
- Accurate wide abdomino-pelvic inspection (such as in oncological diagnostic procedures)
- Accurate description of the abdomino-pelvic anatomy (ligaments, organs, viscer, 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 (psosas muscle, genito-femoral nerve, obturator 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, Mattax, 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 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 for adnexal surgery: ovarian cysts approaches, tubal surgery, salpingo-oophorectomy
- Surgical anatomy for simple hysterectomy
- Surgical anatomy for large uteri hysterectomy

18.30  Discussion, Adjourn and Conclusion
**JULY 11, MORNING**

8.30 - 9.00  
*Keynote Lecture: Surgical anatomy of laparoscopic liver mobilization and diaphragmatic exposition for infiltrative diseases*  
G. Ferran

9.00 - 13.00  
*Live-Surgery from IRCCS Sacro Cuore Don Calabria Hospital*  
Surgeons: M. Deccaroni, S. Puntambekar, faculty

**Lunchtime lectures**

13.00  
*I’ll tell you a secret: Tips and tricks for a safe and anatomical laparoscopic myomectomy*  
P.N. Barri Suldevilla

13.30  
*I’ll tell you a secret: Tips and tricks for a safe and anatomical promonto-fixation and surgery for pelvic floor defects*  
A. Ercoli

**JULY 11, AFTERNOON**

14.00 - 18.30  
*Permanent Satellite Video Session (Satellite Room)*

14.00 - 18.30  
*Death for life marathon: Hands-on cadaveric dissection*  
M. Deccaroni, S. Puntambekar, faculty

**DISSECTION TOPICS**

Anatomy and surgical techniques in pelvic radical and ultra-radical surgery
- Deep infiltrating endometriosis, cervical cancer, endometrial cancer, colo-rectal cancer (different types of radical hysterectomy, radical oophorectomy according to Hudson and Delle Piane, pelvectomy), inguinal anatomy, anatomy of the Scarpa’s triangle, Diaphragmatic surgery, Liver surgery.

Nerve-sparing laparoscopic pelvic surgical procedures 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

Coffee and water station will be available during the whole afternoon
- Vascular suturing techniques, artery and vein anastomoses techniques, graft anastomosis technique
- Parametrial preparation according to different types of radical hysterectomy
- Ureteral and bladder resection
- 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
- Diaphragmatic 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

18.30 Discussion, Adjourn and Conclusion
20.30 Social Dinner
July 12, Morning

8.30 - 13.00
Live-Surgery from IRCCS Sacro Cuore Don Calabria Hospital
Surgeons: M. Ceccaroni, S. Puntambekar, faculty

13.00 - 14.00
Lunchtime suturing video session
D. Mautone, F. Campolo

July 12, Afternoon

Coffee and water station will be available during the whole afternoon

14.00 - 18.30
Permanent Satellite Video Session (Satellite Room)

14.00 - 18.30
Hands-on laparoscopic suturing masterclass
M. Ceccaroni, S. Puntambekar, faculty

• 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

• Death for life marathon: Hands-on suturing masterclass on cadaveric specimen

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
• 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

Course Presidents
M. Ceccaroni
S. Puntambekar
Bordering the river Adige, Verona is located on a hill in the heart of the province; one of the most important art cities in Italy and rich in a thousand-year-old history, Verona lies in the myth of Shakespeare's masterpiece.

Verona has been declared UNESCO World Heritage Site thanks to its intact urban layout and architecture which encompass different traditions and cultures of the past centuries; it is well-worth discovering its heritage, ranging from Roman and medieval ruins to Venetian and Austrian remains alternating with ancient palaces, squares, bridges and marvellous churches.

Verona hosts “Juliet’s house”, a 16th-century building which, along with the Arena, is among its most famous attractions, though each alley and square has a fascinating history that originates in distant times.

As far as the amount quality and preservation of Roman antiquities, Verona is second only to Rome.

The Arena is the most famous symbol of the Roman period, a must-see for tourists from all over the world. Verona’s majestic amphitheatre is a bright jewel which still produces emotions.

Castelvecchio, built on the shores of the river Adige, is the largest medieval civilian building in Verona.

Nowadays, it houses the Museum of Ancient and Modern Art, boasting several noteworthy works of art belonging to the International Gothic and Renaissance.

“When he shall die, take him and cut him out in little stars, and he will make the face of heaven so fine that all the world will be in love with night”. (Shakespeare, Romeo and Juliet)
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 desired, 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 intended 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.
INFORMATION

HOW TO GET TO VERONA

BY CAR

The A4 Brescia - Padua motorway runs through 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 set times and special categories vehicles: it is a limited traffic zone (ZTL), equipped with electronic entry points to control the access of unauthorized vehicles.

BY COACH

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.

BY TRAIN

The city’s main railway station is Verona Porta Nuova, an important railway junction that offers several opportunities 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.

BY PLANE

USEFUL NUMBERS

The Valerio Catullo Airport is located 10 kilometres 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 international airports. It also offers connections to the city centre: shuttle service to and from Catullo Airport - Verona Porta Nuova station.

USEFUL NUMBERS

Public authority offices

City Hall: 045 8077111
Provincial Tourism Administration: 045 8077626
Prefecture: 045 8673611

Emergency

Police: 112
Military Police: 113
Fire Brigade: 115
Roadside rescue: 116
Health Emergency: 118

At www.veronalife.it you will find a wide selection of leisure activities. You will be able to look for restaurants, cafés, hotels, shops and everything else available in Verona and its whereabouts.
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Course Venue
ICLO Teaching and Research Center, San Francesco di Sales
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in the respect of the code of: