

# Frontiers in the Endometriosis Universe: Robotic all terrain skills for spaces and nerve sparing techniques Pelvis, Abdomen and Thorax

## Course Directors



Marcello Ceccaroni, MD PhD



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This course advances application of nerve sparing and space dissection techniques for endometriosis surgery. Aimed at gynecologists, general surgeons, urologists and pelvic surgeons, it provides a step-by-step approach to the pelvic, abdominal, and thoracic viscera with emphasis on superficial and deep endometriosis as well as nerve and vascular entrapments. Attendees will understand how to restore anatomy even in the most difficult and distorted cases.

This course is a mix between lectures, live cadaveric dissection demonstrations, and interactive case study discussions.

Course focus is on the “neurogynecological” approach for nerve-sparing principles in pelvic surgery and on the correct use of energy and techniques developed by the ISSA School. Cadaveric dissections show identification and dissection of the pelvic, abdominal and thoracic cavities.

This collective learning course teaches balance between nerve sparing surgery and avascular spaces dissection in an effort to completely eradicate endometriosis.

### **Learning Objectives:**

Identify anatomical landmarks and major pelvic structures pertinent to endometriosis including retroperitoneal dissection

Apply techniques to enter and expose avascular spaces of the pelvis, parametrial ligaments, nerves, and pelvic vascular system

Understand the relationship between the ureter and intraperitoneal structures

Demonstrate the step-by-step dissection of the pelvic viscera, pelvic nerves and nerve sparing techniques

Identify, isolate and describe the anatomical structures of the thoracic cavity and their relationship to deep and superficial disease

***Once you start down the nerve sparing path, forever it will change your outcomes***

**1:00-1:45 Didactics**

**2:00-4:00 Cadaveric Dissections: Deep Space and Nerve Sparing**

**Marcello Ceccaroni, Abdomen and Pelvis**

**Andrea Vidali, Thoracic**

**4:00-5:00 Case Study Round Table Discussion Faculty TBA**

## **DISSECTION TOPICS**

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

Topographic and Surgical Anatomy of the Upper Abdomen

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.

Anatomy and surgical techniques in pelvic radical surgery Deep Endometriosis, cervical cancer, endometrial cancer, ovarian cancer, colo-rectal cancer (different types of radical hysterectomy, radical oophorectomy according to Hudson and Delle Piane, pelvectomy)

Nerve-sparing minimally-invasive pelvic surgical procedures and techniques

Nerve-sparing radical hysterectomy, nerve sparing rectal resection for Deep Endometriosis.

### **Practical demonstration and training:**

**BASIC:** Tips and tricks in minimally invasive accesses to the abdominal cavity: the Veress needle, the umbilical access, the "open" access, the Palmer access, surgical anatomy of appendectomy, opening of peritoneum and identification of retroperitoneal structure, identification and isolation of the uterine artery, identification and isolation of pelvic ureter, basic principles for ureterolysis.

Surgical anatomy for adnexal surgery: ovarian cysts approaches, tubal surgery, salpingo-oophorectomy. Surgical anatomy for simple hysterectomy.

Surgical anatomy for large uteri hysterectomy.

Surgical anatomy of ureter for endometriosis eradication, surgical anatomy of pelvic vessels, surgical anatomy of the bladder in endometriosis surgery.

**ADVANCED:** Intestinal mobilization, liver and spleen mobilization, Cattell-Valdoni, Mattox, Jinnai and Kocher maneuvers, inferior mesenteric vessels ligation, diaphragmatic stripping, resection and suture, intestinal lesions repairing, colo-rectal nerve-sparing resection. Vascular suturing techniques, artery and veins anastomoses techniques, graft anastomosis technique.

Parametrial preparation according to different types of radical hysterectomy, bowel resection, ureteral and bladder resection, pelvic exenteration.

Principles of pelvic nerve sparing techniques. How to prevent nerve lesions in pelvic surgery.

Sacral promontorium exposition, opening of the anatomical spaces, hypogastric vessels ligation, obturator nerve isolation and iatrogenic lesions repairing.

**Register:** <https://web.cvent.com/event/0a131e48-d7a5-4feb-9972-618d1b9d738f/summary>