

Joint Event on



International Conference on

SURGERY AND ANESTHESIA

&

3rd International Conference on

GASTROENTEROLOGY

November 12-13, 2018 | Rome, Italy

DAY 1

Keynote Forum



Enas Al Alawi

Algarhoud Private Hospital, Unites Arab Emirates

Biography

Enas Al Alawi is a laparoscopic & bariatric surgeon currently working in Dubai, United Arab Emirates. Graduated from the National University of Ireland and fellowship from the royal college of surgeons in Ireland. Completed surgical training in Ireland, UK and USA. Alawi has a special interest in minimal invasive laparoscopic and bariatric surgery as well as clinical research and academic surgery.

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FEASIBILITY, SAFETY AND OPERATIVE OUTCOMES OF LAPAROSCOPIC REVERSAL OF OMEGA LOOP BYPASS SURGERY – A SINGLE CENTRE RETROSPECTIVE STUDY FROM DUBAI, UAE

Laparoscopic omega-loop bypass (OLB) is a well-accepted bariatric procedure to combat severe obesity and its related co morbidities. Reversal of OLB (ROLB) to normal anatomy is a potential treatment of rare but severe post OLB complications. This first laparoscopic ROLB experience from UAE strengthens the available literature on indications, technique and outcomes.

Methods: Retrospective chart review of all patients who underwent laparoscopic ROLB from January 2014 to June 2017 at the Algarhoud private hospital Dubai, UAE was done. Age, gender, weight, body mass index (BMI), biochemical parameters, indications for reversal, and post ROLB complications were reviewed.

Results: A total of 16 patients underwent laparoscopic ROLB to normal anatomy. 62.5% of patients were females, age was 34.38 ± 7.55 years (range, 23–56), and pre-reversal BMI was 24.63 ± 3.74 kg/m² (range 18–34). The indications for reversal were debilitating nausea & early satiety (n=11), severe and frequent steatorrhea (n=3), anastomotic ulcer (n=2) and Bile reflux & cosmetic reason for excessive weight loss (n=1). The mean period of follow-up post ROLB was 21.75 ± 5.31 months (range 4 to 27). The mean BMI recorded at last follow up was 29.89 ± 2.83 kg/m² (range, 23.34–34.04) which represented an average cumulative weight gain of 13.81 ± 4.79 kg's from their reversal baseline (63.43 ± 11.09 kg's; p=0.000), while weight loss of 30.69 ± 13.03 kg's from their index OLB baseline (107.94 ± 15.28 kg's; p=0.000). Mean length of hospital stay following reversal was 2.0 days (range, 1–3). Of 16 patients, only one patient had persistent nausea post reversal which recovered completely after psychological counseling.

Conclusion: Laparoscopic ROLB to normal anatomy is feasible and safe therapeutic option for patients with intractable complications post OLB.



Note:



Felipe Massignan

Advanced Nucleus in Plastic Surgery, Brazil

Biography

Felipe Massignan is a plastic surgeon member of Brazilian Society of Plastic Surgery in the federal district and American Society of Plastic Surgeons (ASPS). He is an enthusiastic medical doctor in his expertise, adding current technical concepts with artistic skills that have been developed since the beginning of his career. He especially distinguishes himself in body contouring plastic surgeries. He has been seeking to improve his professional development in major Centres around the world. Currently, he has virtually become a reference in his field by using ultrasound liposuction in high definition.

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SAFETY EVALUATION OF VASER® IN LIPOSUCTION SURGERY FOR BODY CONTOURING IMPROVEMENT

Statement of the Problem: Historically, many approaches have been used to remove adipose tissue during liposuction. All through the normal refinement process, upgrades were accomplished by refining different parts of the methodology, for example, careful procedure, cannulas and the utilization of adjuvant devices. "In this perspective, it is a stroll without an end goal". There are no specific goals, only goals to overcome. Traditional liposuction still faces the problem of being often a strenuous procedure and considered by some surgeons with as a technique without much refinement. In this sense, any initiative capable of generating load reduction and mechanical stress is a potential optimizer or results. The third-generation ultrasonic device VASER® (vibration amplification of sound energy at resonance), is intended to bring greater safety and satisfactory results, especially in the quest for higher definition and superficial liposuction.

Methodology & Theoretical Orientation: A retrospective study was performed by Analyzing the medical records of patients who underwent liposuction procedure to improve body contour with the aid of VASER®, from January 2015 to June 2017, at Santa Monica hospital Centre. Surgical complications were evaluated and compared with the available medical literature.

Conclusion & Significance: The medical literature, as well as our analysis, seems to demonstrate that the use of VASER® in liposuction procedures for improving body contouring presents as a safe approach with low rates of complications. The potential risks of using an ultrasonic device, such as overheating leading to tissue ischemia, are mostly believed as result of inappropriate device use.



Note:



Jose Luis Mosso Vazquez

Universidad Panamericana, Mexico

Biography

Jose Luis Mosso Vazquez has completed general surgery in Mexico, endoscopic surgery in France and robotic surgery in USA. GI endoscopist and paediatrician also. He is practitioner in public health hospitals. He is also professor research at the school of medicine, Universidad Panamericana in Mexico City. He performed, developed and built the first robot as assistance for laparoscopic surgery in Mexico, co-founder of Mexican society of computer assisted surgery; He introduced virtual reality apps during outpatient surgery and more medical areas. He designed techniques for training laparoscopic surgery with smartphones and tablets for undergraduate students, medical students and college students. He performs laparoscopic surgery with smartphones on humans. He applies hibernation to perform surgeries in experimental models. He has over 45 publications and has been serving as an editorial board member in cyber psychology and behaviour Journal.

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Note:

MOBILE COMPUTING DEVICES FOR LAPAROSCOPIC TRAINING EDUCATION

Mobile devices as smartphones and tablets have been used during more than 10 years as laparoscopic trainers. Undergraduate medical students and college students have been used these devices in a laparoscopic surgery learning program.

Methodology: In the first phase we used Nintendo Wii for hand eye coordination, mobile device as laparoscope are placed on bases with holder instruments attached to perform surgical tasks in physical models and live models. Students perform laparoscopic surgeries on rabbits with conventional equipment. As complementary training we have included da Vinci simulator and rotation in live surgeries under laparoscopic and robotic surgeries.

Results: 606 students have been participated in this program from the school of medicine at the Panamericana University and many private colleges in Mexico City. This study demonstrated that college students made surgical tasks faster than undergraduate medical students.

Conclusion: Cell phone and tablets as surgical simulators is a simple trainer to develop surgical skill in physical as live tissues in animal models. This device is different for the rest of the others devices in the worldwide because user can work in an open space and it permits to work on live models. We had the first experience with the participation with foreign students from USA and France with successfully results. This program is open for the worldwide and lasts 3 weeks.



Figures: Mobile devices simulators on dry and live models (above) Laparoscopic tools on live models and da Vinci simulator (below)



Manuel Perucho

Institute Germans Trias I Pujol (IGTP), Spain

Biography

Manuel Perucho University of Madrid, held faculty appointments at State University of New York (SUNY) Stony Brook. From 1995-2009 was professor and program director, Sanford-Burnham-Presbyterian Medical Discovery Institute (SBP) La Jolla, California, where he holds an adjunct professor appointment. He was director of the Institute of predictive & personalized medicine of cancer (IMP-PC) (2009-2016), and currently is director, program of predictive & personalized medicine of cancer (PMPPC), Institute Germans Trias I Pujol (IGTP), Barcelona, Spain. He was awarded an AACR professorship in basic cancer research, serves in editorial boards of several journals, and reviewed research grants of many agencies and hundreds of papers of over 60 journals.

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THE GENETICS-EPIGENETICS CHRONOLOGIES AND HIERARCHIES IN COLON CANCER

The cancer cell genome accumulates numerous genetic and epigenetic alterations. We showed that a subset of colon cancers (CC) display a mutator phenotype because they harbor hundreds of thousand of somatic mutations simple repeats or microsatellites. Microsatellite instability (MSI) is diagnostic of a distinct molecular pathway for CC as these tumors are very different in genotype and phenotype compared with those without MSI. MSI has become a robust and widely used marker with applications in diagnosis and prognosis of hereditary and non-hereditary CC. Increased DNA hyper methylation was postulated to be the result of a CpG Island methylator phenotype ("CIMP") and underlies the tumorigenesis of some colon cancers when the mismatch repair gene MLH1 is silenced, causing MSI. We showed that the genetic alterations (MSI) supersede the previous epigenetic alterations ("CIMP") in tumor phenotype in colon cancer. The same conclusion is reached when using the recent data from the cancer Genome Atlas (TCGA) consortium. Among the genes frequently hyper methylated are the ADAMTS, encoding extracellular matrix metalloproteinases. Epigenetic silencing of ADAMTS genes in CC takes place in a coordinated manner, not only in cis (linearly linked), but also in trans (in different chromosomes). This is not due to "CIMP" because does not associate with right colon and BRAF mutations, and few of the ADAMTS genes are polycomb repressor complex (PRC) targets, landmarks of the CIMP tumors. We also showed that both hyper methylation and hypo methylation of DNA increase with age of colon cancer (CC) patients. In addition, we showed that hypo methylation (in contrast with hyper methylation) correlates with genomic damage and, in turn, represents a survival biomarker in patients: the greater the hypo methylation the worse the survival, both in gastric cancer and CC. This allowed us to propose a "wear and tear" hypothesis linking aging, gradual demethylation of the genome, genomic instability, and gastrointestinal cancer.



Note:



Safi Khuri

Rambam Health Campus, Israel

Biography

Safi Khuri, is a general surgeon at the department of general surgery, Rambam health campus, Haifa, Israel. He is now second year resident at the hepatopancreaticobiliary and surgical oncology unit. He received a MD diploma from JUST (Jordanian university of science and technology) university at 2010, and had been resident at the general surgery department from 2012-2017. During his residency he published several abstracts and studies, most of them were about surgical oncology. Of his ongoing researches is the impact of elevated intra-abdominal pressure on kidney injury in normal rats and animals with congestive heart failure impaction of urinary neutrophils gelatinase associated lipocalin as a biomarker of acute kidney injury.

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GASTROINTESTINAL STROMAL TUMOR OF THE SMALL BOWEL; THE FORGOTTEN CAUSE OF MASSIVE OBSCURE GASTROINTESTINAL HEMORRHAGE

Gastrointestinal (GI) bleeding is a common surgical emergency, with an annual incidence of 170 cases/100,000 adults. About 80% of GI bleeding is due to upper GI pathology, with peptic ulcer disease being the most common. Lower GI bleeding is usually due to colonic pathology. Obscure GI bleeding is defined as hemorrhage that persists or recurs following negative endoscopy. The reported rate of bleeding from the small bowel is 2-10%, with vascular abnormalities account for 70-80% and small bowel tumors account for 5-10%. Gastrointestinal stromal tumor (GIST) is the most common mesenchymal tumor of the GI tract, and account for less than 1% of all GI tumors. The estimated frequency of GIST tumors is 10-20/ 1 million population. GIST most commonly arise in the stomach (60%-70%), followed by the small intestine, as the second most common GI tract organ to be affected (20-25%). A retrospective study over 7 years, between January 1, 2011 and December 31, 2017 was performed at the general surgery department of Rambam Health Campus, Haifa, Israel. All patients, older than 18 years, with a diagnosis of GIST were included. During the aforementioned period, data on 64 patients (n=64) with a diagnosis of GIST were reported. 54.6% (n=35) patients had gastric GIST, 31.1% patients (n=20) involving the small bowel, 6.2% (n=4) affect the peritoneum, 3.1% (n=2) had rectal GIST, 3.1% (n=2) colon GIST and 1.5% (n=1) had retroperitoneal GIST. Of patients with small bowel GIST, 50% (n=10) presented with GI hemorrhage, with 7 patients (35%) presented with massive obscure GI bleeding. Most of these patients (5/7) presented initially with melena which become cherry red rectal bleeding later. Average packed cells transfusion is 11.5 unit (range 6 units- 23 units). There was no association between tumor size and risk for blood transfusion, as the smallest tumor diameter reported was 0.7 cm receiving 23 packed cell units. 6 out of the 7 patients were diagnosed by computed tomography angiography (CTA) and one was diagnosed during laparotomy, reflecting the important rule for CTA in diagnosing such rare entity.



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Andrey Belousov

Kharkov Medical Academy of Postgraduate
Education, Ukraine

Biography

Andrey Belousov graduate from Kharkov medical institute in 1988. Doctor of medicine degree on speciality - Anesthesiology and Intensive care since 2004. The title dissertation: "Extracorporeal hemocorrection using magnet-controlled sorbent in intensive therapy of intoxication syndromes in patients with hepato pancreato duodenales diseases". He is associating a new program (PHUAS) for estimation degree the severity of the patient. He published more 190 scientific works on results application of nanotechnology preparation in experimental and practical medicine. Presently he is professor of Kharkov medical academy of post-graduate education, Ukraine.

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NEW EFFECTIVE METHOD FOR PRESERVATION OF RED BLOOD CELLS BY MEANS OF NANOTECHNOLOGY

This study was devoted to the learning of the use of nanotechnology to correct the functional activity of red blood cells (RBCs) at the storage stages at a positive temperature. It was established that saline NaCl, which had previously been processed by magnetite nanoparticles (ICNB) had a marked membrane-stabilizing effect, inhibits haemolysis and increasing the sedimentation stability of preserved RBCs. The complex analysis of the obtained data allowed to determine the primary mechanisms effect of the saline NaCl, which had previously been processed by ICNB on the preserved RBCs. The proposed method of additive modernization of preserved RBCs was adapted to the production process. The optimisation results were obtained in creating a simple and practical method of additive modernization of preservation solutions that does not violate the compliance requirements, improves the quality, efficiency and safety transfusion of RBCs.



Note:



Iftikhar Ahmed

Aldara Hospital and Medical Centre, UK

Biography

Iftikhar Ahmed is a consultant gastroenterologist at University Hospital Southampton NHS Foundation Trust and visiting consultant at East Sussex Healthcare NHS Trust, Eastbourne. He is also an honourable senior clinical lecturer at the University of Southampton UK. His research interests include investigating the changes in the smell of faeces and breathe in order to understand the pathophysiological mechanisms of GI disorders and to develop a non-invasive biomarker. Through formal laboratory research, Ahmed studied the faecal volatile metabolomics profiles of patients with liver disease (NAFLD), IBD and irritable bowel syndrome (IBS) in comparison with healthy individuals, and was awarded the degree of doctorate of medicine (MD) by University of the Bristol in 2012.

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VOLATILE ORGANIC METABOLITES AS NOVEL, NON-INVASIVE DIAGNOSTIC BIOMARKERS IN INFLAMMATORY BOWEL DISEASE

The diagnosis of inflammatory bowel disease (IBD) requires extensive and often invasive investigations including colonoscopy and histology and places a heavy burden, both on healthcare resources, because of the cost, and on the individual, in times of disease-related disability and poor quality of life. Recently, there has been increasing interest in non-invasive biomarkers to diagnose IBD and to monitor the disease activity. There is growing scientific interest in the investigation of volatile metabolites and numbers of studies have focused on the utilization of non-invasive biomarkers in the diagnosis of GI disease.

The development of sophisticated analytical techniques has enabled the study and interpretation of changes in the faecal and breath volatile organic metabolites (VOMs) and its correlation with the pathophysiological mechanisms in IBD. VOMs are the chemicals that are the products and intermediates of metabolism and may be altered during the diseases process. Changes in the signature of VOMs could potentially provide diagnostic information about health and disease. Multiple studies have reported the differences in VOM profiles of healthy controls vs. patients with IBD other GI disorders. VOM profiles have been used to segregate patients by disease activity and the type of disease. The correlation of VOMs with microbiota is interesting and supports the hypothesis of gut microbial dysbiosis in the etiology of IBD. This provides an important platform to explore the role of dysbiosis in IBD and other GI disorders pathogenesis and development of novel therapeutic targets. In future, further understanding of faecal VOMs may lead to the development of a rapid and simple point of care diagnosis and monitoring of IBD.



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