

4<sup>th</sup> International Conference and Expo on  
**SURGERY AND  
TRANSPLANTATION**  
July 22-23, 2019 | Brussels, Belgium

SURGERY CONGRESS 2019



**KEYNOTE FORUM  
DAY 1**

# 4<sup>th</sup> International Conference and Expo on **SURGERY AND TRANSPLANTATION**

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Michael Stark, Adv Surg Res 2019, Volume 3



## **Michael Stark<sup>1,2,3</sup>**

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## **BIOGRAPHY**

Michael Stark specializes in Obstetrics and Gynecology. His main interest is in gynecological oncology. He initiated the VIEZION project which combines targeted chemotherapy, PIF, immunology and stem-cell therapy for improving post-surgical oncological treatment. He is currently the scientific and medical advisor of ELSAN, a 120 hospital group in France and is a guest scientist at the Charité University Hospital in Berlin. He has been the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical organization with members in 54 countries and a formal cooperation agreement with FIGO concerning transmission of knowledge to countries with limited resources since 2004. In 2011, he was nominated as the Medico Del Anno (Doctor of the Year) in Italy and is an Honorary Member of the French, Polish, Russian, Serbian and Italian Gynecological Associations and Honorary Professor at the University of Chisinau. He developed the concept of single-entry natural orifice surgery. He was involved in the development of the trans-oral thyroidectomy and Transdouglass abdominal surgery.

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## **AN EVIDENCE-BASED CESAREAN SECTION FOR UNIVERSAL USE**

As most abdominal operations today have endoscopic alternatives, caesarean section will remain the only abdominal operation in the future. Therefore it is of utmost importance to constantly evaluate the different steps for their necessity and for their optimal way of performance in order to achieve a unified evidence-based method all over France. The modified Joel-Cohen method results in a shorter incision to delivery time, lower rate of febrile morbidity compared to the traditional Pfannenstiel or longitudinal incisions. Opening peritoneum using bi-digital repeated stretching rather than the use of sharp instruments proved to be safer. The uterus should be opened in the lower segment where less muscle tissue and more fibrous tissue is present. Exteriorization of the uterus makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only results in stronger scars and reduced pain. Leaving both peritoneum layers open proved in standardized studies to reduce adhesions and result in less need of painkillers and closure should be avoided in all other surgical disciplines as well, including endoscopy. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis. Since the introduction of this modified and simplified method 30 years ago, it has been evaluated by dozens of peer-reviewed studies. Without exception, all showed various advantages of this method: Shorter operation time, shorter hospitalization, quicker mobilization, less blood loss, lower rate of febrile morbidity, lower costs and less need for painkillers. In order to standardize this operation, it is important to use constantly the same needles and instruments. A big needle is necessary for the uterus, as fewer steps are done and therefore less foreign body reaction. A recent re-evaluation of the embryology contributed to the optimization of the technique. This method should become an example for re-evaluation and standardization for surgical methods in other disciplines. The risk of overuse of the cesarean section and possible influences on human evolution will be addressed.

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## **P Hazarika**

NMC Specialty Hospital, UAE

## **BIOGRAPHY**

P Hazarika Fellow of UICC is currently working as an otolaryngologist in NMC Specialty Hospital in Abu Dhabi, UAE. He is a former Professor and Head and Director of Post Graduate studies of the Department of Otorhinolaryngology in Kasturba Medical College, Manipal, India. He has 23 years of clinical teaching experience both at the undergraduate and postgraduate levels, with over 80 publications in various national and international journals. He was selected as international guest scholar by the American College of Surgeon in 1986 and has travelled widely to the US, Australia, UK, Malaysia, Switzerland and Mauritius on various fellowship programs. He has taken up an overseas assignment as a consultant and Head of the Department of ENT, Armed Forces Hospital in Kuwait. He was also Chairman of Editorial Board of Indian Journal of Otolaryngology from 1996 to 1999. He was appointed as external accessor by University of Malaya, Kuala Lumpur, Malaysia from August 2000-April 2005. He had done pioneering work in Surgical Rehabilitation of alaryngeal patients.

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## **MANAGEMENT OF JUVENILE NASOPHARYNGEAL ANGIOFIBROMA (JNA)**

**Objective:** JNA is a histopathologically benign, highly vascular tumor and seen exclusively in adolescent males involving the nasopharynx, anterior skull base, pterygoid-infratemporal fossa and other areas. It comprises 0.05% of total head and neck tumors. This paper deals with the authors experience of 32 such cases treated between 1990–2006 and 2007-2011 in two different institutes. Ten different approaches have been designed and adopted with and without the use of laser.

**Design:** Depends exclusively on tumour extension. Advantages, disadvantages of these approaches and its role in complete removal and prevention of recurrences of these tumours will be discussed.

**Materials & Methods:** No. of cases (1990- 2006) - 31case and from (2007-2011) - 1 case, Mean age: 16.8 yr (Youngest 12 & oldest 35 yrs). Preoperative Embolization - 18 cases. Ten different approaches have been adopted. Transpalatal lateral rhinotomy:2, Midfacial degloving:5, Biller's lateral Rhinotomy:6, Craniofacial resection:3, Frontotemporal craniotomy:3, Endoscopic transnasal transpalatal:6, endoscopic approach with or without ECA clamping:5, Le Fort Type 1 osteotomy:2.

**Result:** All the approaches has given adequate exposure for complete excision excepting the one in craniofacial group where tumour could not be excised completely because of involvement of cavernous sinus. Paper will also highlights the Endoscopic and Le-Fort type 1 approach in tumours, involving the anterior skull base where the external incision can be avoided and same is greatly preferred by the patients.

**Conclusion:** Surgical excision of both nasopharyngeal, anterior skull base and extra nasopharyngeal JNA tumors almost always requires a combination of approaches. However, endoscopic assisted surgery with or without the use of laser for this type of skull base tumour may be going to be the preferred approach for many authors because of patient's compliance.