
Keynote Forum October 25, 2017

Surgery & Ortho 2017

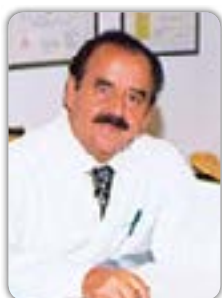


International Surgery and Ortho Conference

October 25-26, 2017 | Toronto, Canada

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Seyed M Rezaian

California Orthopaedic Medical Clinic, USA

The first and the best spinal fixator for interbodies fusion with 25 years' experience

Our spinal fixator has been approved by the FDA for marketing since 1983. It is called Rezaian spinal fixator. This device is a simple turnbuckle fixator that replaces the fracture body. It is actually used to produce segmental anterior interbody stabilization in conjunction with bone graft. The spinal fixator restores the height of collapsed/burst vertebrae, and produces a safe and secure stability for early rehabilitation, no extra instrumentation. No post-operative external immobilization, e.g. cast or plastic body jacket is required. Hospitalization is generally short, a minimum of five days and a maximum 27 days. According to the concerned manufacturer, 2,650 of this device have been used all over the world without instrumentation failure report. 295 patients have been operated by the author at the level of T12-L5. Two patients had second surgery because of malalignment of fixator, three other patients' sustained fracture/dislocation of the spine. They had to have posterior spinal instrumentation after anterior spinal canal decompression and spinal fusion. There were 78 patients with follow-up, 4-25 years, 22 could not be trace for follow-up. Of the 78 cases, there were 49 males and 29 females,

ages between 22-84 years old. No neurological aggravation was noticed on these series of results of surgery. The 78 patients were graded according to Frankel classification. Pre-operatively, there was Grade A 21; Grade B 15; Grade C 31; Grade D 11; and Grade E 0; Post-operatively, there were Grade A 15; Grade B 12; Grade C 10; Grade D 5 and Grade E 36. In conclusion, this fixator is a simple, rather cheap appliance. Its application is easier for the surgeons, and safer for the patient. The 4-25 years results are encouraging.

Speaker Biography

S M Rezaian has completed his Orthopaedic Surgery Residency training in London, England, under world-renowned orthopedic authorities. He has been a Member of the Royal College of Physicians and the Royal College of Surgeons in London, England, since 1969. He is an active Member and Fellow of the British Orthopaedic Surgeons. He is a Fellow of the International Society of Orthopaedics and Traumatology (United States Section), a Diplomat and Fellow in Orthopedic and Spine Surgery of the International College of Surgeons (United States Section), and many other societies. He is licensed to practice in the State of California, Iran and England, UK, where he completed his training and residency in orthopaedic surgery

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Xiaoping Ren

Harbin Medical University, China

Spinal cord fusion in acute spinal cord injury of dog


Employing an acute dog model of spinal cord injury (SCI) using a diamond knife to generate a clean cut with little crush injury, we show that application of PEG preparations on the severed ends effects considerable neuroprotection and repair. Our results show that electrical continuity starts to be detected one hour after injury, and that BBB scores reach approximately 50% of the sham levels after three to four weeks. This level of restoration of function continues out to six months, which is the longest we assessed the dog. Neurophysiological and DTI MR Data confirm electrophysiological and anatomical continuity. This study suggests that a form of spinal cord injury can effectively be treated and points out a way to treat spinal cord injury patients by removing the injured segment and, along

with vertebral shortening, reapproximating and fusing the two stumps.

Speaker Biography

Xiaoping Ren received his MD from Harbin Medical University in 1984. He has performed his Clinical and Research Hand Fellowship training in University of Louisville in Kentucky (1996-2000). Currently, he is working as a Professor in Harbin Medical University in China and Adjunct Faculty in Loyola University Chicago in US. He has had over 60 publications in peer-reviewed journals and he is holding active Memberships of the American Association for Hand Surgery, Orthopedics and Neurological of American Academy and the American Heart Association; as well as practice as a Hand and Microsurgeon in clinic, his research interest is on protective strategies against ischemia/reperfusion of CNS and SCI functional recovery.

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Anthony Yeung

Desert Institute for Spine Care, USA

Surgical pain management by *in-vivo* endoscopic visualization of pain generators in the lumbar spine

Introduction: There is a crisis of affordability in spine care delivery. Interventional pain management, often the first line of invasive treatment only provides temporary relief that depend on natural healing to mitigate pain. Visualizing the patho-anatomy with an endoscope targeting the patho-anatomy, however, has opened the door for surgical decompression and ablation of the pain generators. Endoscopic spine surgery is effective using mobile cannulas to target the pain source. When a surgeon combines interventional techniques with endoscopic visualization brings effective steps for surgical pain management.

Materials & Method: Endoscopic foraminal surgery (The YESS[®]) technique is featured. Intra-operative evocative chromo-discography is performed to confirm discogenic pain; Intradiscal therapy and visualizing the hidden zone of Mac Nab identifies 90% of pain generators; Endoscopic foraminoplasty decompresses the lateral recess and visualizes the exiting and traversing nerve in the axilla containing the dorsal root ganglion (DRG) and Dorsal visualized rhizotomy denervates the facet joint. 10,000 surgical cases illustrate the painful conditions most suitable for foraminal endoscopic surgery.

Results: The transforaminal endoscopic technique will allow surgical access to the lumbar spine for treatment of a wide spectrum of painful degenerative conditions. There are


conditions where the endoscopic foraminal approach has advantages over traditional surgical approaches. Discitis; Far lateral foraminal and extraforaminal HNP, even at L5-S1; Upper lumbar HNP; Lateral foraminal stenosis and discogenic pain from toxic annular tears.

Conclusions: New surgical skills by spine surgeons incorporating endoscopic spine surgery are needed. The techniques focusing on intradiscal therapy, disc augmentation, biologics, annular modulation, and neuromodulation are all well suited for the endoscopic foraminal approach. This will open the door to for true minimally invasive access to the lumbar spine without affecting and destabilizing the dorsal muscle column. Formal training or mentorship will bring make this technology mainstream.

Speaker Biography

Yeung A specializes in diagnosing and treating the patho-anatomy of back pain and sciatica from painful degenerative conditions of the lumbar spine, particularly discogenic pain from toxic annular tears, disc herniations, lumbar spondylosis and foraminal stenosis. His Endoscopic procedures are over 10,000 since 1991 are effective in relieving both back and leg pain, by visualizing, decompressing, and ablating the pain generator with an endoscope. He is the developer of the Yeung Endoscopic Spine System, and has interest in developing a robotic and image guidance system to facilitate his technique for spine surgeons in training.

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Alaa Abd-Elsayed

University of Wisconsin, USA

Radiofrequency ablation for treating chronic knee pain


Chronic knee osteoarthritis (KOA) is a prevalent disease among the elderly. KOA does not only lead to pain but also it can cause limitation of movement, reduced physical activity and psychological disability. Common treatments used include non-steroidal anti-inflammatory medications which have limited efficacy, but several side effects. Commonly used procedures include intra-articular steroid injection and hyaluronic acid injection, which may fail to improve pain, may relieve pain for short duration of time. In addition, steroids have several side effects especially, if patient receive steroids on regular basis. Surgery is an option and can be successful, but patients, who are not illegible for surgery, do not prefer to go through surgery or who already had joint replacement, will need a modality that will provide long term pain relief. Articular branches to the knee joint are called genicular nerves. Genicular nerves

radiofrequency ablation is a procedure with growing interest due to its efficacy, safety and feasible technical performance by ultrasound or fluoroscopy guidance.

Speaker Biography

Alaa Abd-Elsayed has graduated from Medical School in 2000 and was hired as a Member of the faculty at the Public Health Department, where he has finished his Master's degree. He moved to the US in 2008 and worked at the Cleveland Clinic as a Research Fellow in the Department of Anesthesiology. Between 2009 and 2013, he has performed his Anesthesiology Residency at the University of Cincinnati. Later, he joined Cincinnati's program for pain fellowship and finally the UW School of Medicine and Public Health. He is an Assistant Professor in the UW Department of Anesthesiology. He also serves as Medical Director of the UW Pain Clinic and Pain Services Department. He has published more than 100 presentations, 80 peer-reviewed articles, 10 book chapters and several editorials. He is a Member of the Editorial Board for several medical journals and regularly reviews content related to pain management.

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Mitra Mahdavi-Mazdeh

Tehran University of Medical Sciences, Iran

The Iranian model of living renal transplantation


Organ shortage for transplantation remains a worldwide serious problem for kidney patients with end-stage renal failure, and several countries have tried different models to address this issue. Iran has 20 years of experience with one such model that involves the active role of the government and charity foundations. Patients with a desperate demand for a kidney have given rise to a black market of brokers and other forms of organ commercialism only accessible to those with sufficient financial resources. The current Iranian model has enabled most of the Iranian kidney transplant candidates, irrespective of socioeconomic class, to have access to kidney transplantation. The Iranian government has committed a large budget through funding hospital and staff at the Ministry of Health and Medical Education by supporting the Brain Death Donation (BDD) Program or redirecting part of the budget of living unrelated renal donation (LURD) to the BDD program. It

has been shown that it did not prevent the development and progression of a BDD program. However, the LURD program is characterized by several controversial procedures (e.g., confrontation of donor and recipient at the end of the evaluation procedure along with some financial interactions) that should be ethically reviewed. Operational weaknesses such as the lack of a registration system and long-term follow-up of the donors are identified as the 'Achilles heel of the model'.

Speaker Biography

Mitra Mahdavi-Mazdeh is working as a Professor in the Division of Nephrology at Tehran University of Medical Sciences. She was the Director of Management Center of Transplantation and Special Diseases in Moh for two years (2005-2007). She has been the Director of Iranian Tissue Bank Research Center since 2007. Her major research interests lie in the epidemiologic features of RRT especially transplantation in developing countries.

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Charan Donkor

Baptist Health Medical Group, USA

Robotics in Colorectal Surgery

Robotics is now accepted as a defined arm of minimally invasive surgery. It has grown past the developmental and investigational stage and is being routinely used in many of the surgical subspecialties. With more applications available, robotic surgery is quickly advancing in its use in the field of colorectal surgery. Robotics was pioneered by gynecologists and urologists however its utility in gastrointestinal surgery is growing quickly. These procedures can vary greatly in their degree of difficulty and complexity and although benefit is not clearly shown in simple routine procedures, there is clear benefit in selected complex cases. The benefit of laparoscopic colorectal surgery has been well defined however, it is still not uniformly practiced. Adoption has been slow primarily due to inadequately trained surgeons, lack of standardization of procedures and technical and anatomical difficulties. Robotics helps to mitigate these disadvantages by facilitating an easier dissection, increased vision and even decreasing surgeon fatigue during lengthy operations. With the advent of robotics, it is expected to see more patients benefiting from minimally invasive colorectal surgery as more surgeons become experienced with this platform. There are however limitations to the adoption of robotic colorectal surgery. These include

higher costs, increased operating times, ability to train surgeons competently and a lack of data proving its superiority. The plausible benefits are promising and more research is needed before it becomes the standard of care

Speaker Biography

Dr. Donkor specializes in general and bariatric surgery. He has extensive training in robotic and laparoscopic surgery for general and bariatric procedures. Dr. Donkor completed a double major in Chemistry and Biochemistry from The University of Western Ontario, London, Ontario, and obtained his medical degree from SABA University School of Medicine. He completed his surgical training at the University of Miami, Jackson Memorial Hospital and Columbia University at Harlem Hospital, NY. Dr. Donkor then went on to complete a rigorous minimally invasive and Bariatric surgery fellowship at the prestigious Baptist Health MIS and Bariatric Surgery program in Miami. His clinical interests are Robotic Surgery, Weight loss surgery, Single Incision Gallbladder surgery, Minimally Invasive Hernia and antireflux Surgery, Colon Surgery for diverticulitis and cancer, Gastric cancer surgery and Breast Surgery. Dr. Donkor is Board-certified in general surgery. He is a member of the American College of Surgeons, the Society for Gastrointestinal and Endoscopic Surgeons, the International Hepato-Pancreato-Biliary Association and the American Medical Association. He is also the author of several medical journal articles on surgical techniques and has given many presentations and lectures on robot-assisted surgery. Dr. Donkor prides himself in delivering thoughtful, caring and compassionate care with the utility of state of the art technology.

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