Meeting venue
IEO European Institute of Oncology
Via Ripamonti 435
20141 Milano - Italy

14th–18th November 2011

Surgery in Pelvic Recurrences

The course is aimed at gynaecologists, urologists and general surgeons

This project is supported by

The official language of the course is English
Dear Friend,

Next November we are going to close the first Esagon Biennial Course of our School with the fourth theory and live surgery week. Last year the main topic was ovarian cancer. This year we have dedicated a week to cervical cancer and we are now going to talk about pelvic recurrences, an extremely complicated topic.

As is tradition, one day will be open to a wider audience, not only to the Biennial Course participants. The goal is to discuss in depth the anatomy, the surgical difficulties, the diagnosis, and the treatment modalities of pelvic recurrences. Difficult surgery, with many complications and surgical risks, where both the skill of the surgeon and the support of a multidisciplinary team/institution do make a difference in the patient’s outcome. We can learn treatment suggestions, techniques from highly experienced surgeons and, in particular, we will learn clinical evaluation. There is no other operation that is so mutilating as pelvic exenteration, no other surgeons can be so devastating for the female body image. We have to know how to prepare our patients both physically and psychologically. Not only do we have to know the demotic aspects but also how to restore what the surgeon has removed. If we want to perform this type of surgery, we necessarily have to familiarize with constant and inconvenient reservoirs, neouinea, myocutaneous flaps, and so on. Last but not least, we must be able to deal with all possible complications.

Fortunately, we will have a renowned international panel of speakers to tackle this crucial topic, so don’t miss this unique opportunity!

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Monday, 14th November

Open Attendance plus Online & On Demand

8.30 – 8.45 Clinical case presentation
8.45 – 9.15 Live surgery – Pelvic recurrence
9.15 – 10 Lunch
10 – 11 Pelvic exenteration: indications, contra-indications and techniques
11 – 12 Management of patients undergoing PE
12 – 13 Pelvic exenteration procedure becomes inevitable: psychological distress management
13 – 14 Management of patients under going PE
14 – 15 Pelvic exenteration: indications, contra-indications and techniques
15 – 16 Management of patients undergoing PE
16 – 17 When pelvic exenteration procedure becomes inevitable: psychological distress management

Thursday, 17th November

ON DEMAND and Esagon Participants only

8.30 – 8.45 Clinical case presentation
8.45 – 9.15 Live surgery – Pelvic recurrence
9.15 – 10 Lunch
10 – 11 Early and late urological complications
11 – 12 Bowel reconstruction and complications
12 – 13 Bowel reconstruction and complications
13 – 14 Lunch
14 – 15 Reconstructive pelvic surgery
15 – 16 Reconstructive pelvic surgery
16 – 17 Reconstructive pelvic surgery

Friday, 18th November

FREE ATTENDANCE

9.00 – 10 Recommendations for the gynaecologic oncologic surgeon
10 – 10.20 The first Esagon Biennial Course
A Maggioni/R Boffi/EFP Morrow
10.20 – 10.45 Participants take the floor
11.00 – 11.20 Esagon in the future
A Maggioni
11.45 – 12.15 A Maggioni
12.15 – 12.45 Participants’ graduation
A Maggioni
12.45 – 13.15 Closing remarks
A Maggioni
13.15 – 13.30 Lunch buffet & toast

Tuesday, 15th November

ON DEMAND and Esagon Participants only

10 – 11 Mechanism of metastasis
S Pece
11 – 12 Follow-up in gynaecologic malignancies
P Zola
12 – 13 Imaging evaluation
L Funiciello
13 – 14 Lunch
14 – 15 Recurrence in cervical cancer
F Laurenz, N Colomba
15 – 16 Recurrence in endometrial cancer
K Podratz, N Colomba, A Vavassori
16 – 17 Recurrence in vulvar cancer
V Zamagni, R Lazzari

Wednesday, 16th November

ON DEMAND and Esagon Participants only

8.30 – 8.45 Clinical case presentation
8.45 – 9.15 Live surgery – Pelvic recurrence
9.15 – 10 Lunch
10 – 11 Pelvic exenteration indications, contra-indications and techniques
11 – 12 Management of patients undergoing PE
12 – 13 Pelvic exenteration indications, contra-indications and techniques
13 – 14 Management of patients undergoing PE
14 – 15 Pelvic exenteration indications, contra-indications and techniques
15 – 16 Management of patients undergoing PE
16 – 17 Pelvic exenteration procedure becomes inevitable: psychological distress management

Surgical treatment of pelvic recurrences

K Podratz

8.40 – 9.30 History of the surgical treatment of pelvic recurrences
8.40 – 9.40 History of the surgical treatment of pelvic recurrences
K Podratz

10 – 11 Suturing tips & tricks
M Hickel
11 – 12 Suturing tips & tricks
M Hickel

12 – 13 How radical can we be?
M Hickel
13 – 14 Lunch
14 – 15 Urinary reconstruction after PE
C Woodward
15 – 16 Management of patients undergoing PE
G Susini

16 – 17 When pelvic exenteration procedure becomes inevitable: psychological distress management
F Dolder

Programme

Wednesday, 16th November

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9.30 – 8.45 Clinical case presentation
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9.15 – 10 Lunch
10 – 11 Pelvic exenteration indications, contra-indications and techniques
11 – 12 Management of patients undergoing PE
12 – 13 Pelvic exenteration indications, contra-indications and techniques
13 – 14 Management of patients undergoing PE
14 – 15 Pelvic exenteration indications, contra-indications and techniques
15 – 16 Management of patients undergoing PE
16 – 17 Pelvic exenteration procedure becomes inevitable: psychological distress management

F Dolder

Angelo Maggioni
Roberto Biffi
C Paul Morrow
Esagon Directors

Each presentation will be followed by a guided discussion.