

16th SURGICAL FORUM
The Annual Convention of the PSGS
August 2 – 4, 2018
Edsa Shangri-La Hotel
“Critical Views on Safe Practices in General Surgery”

THURSDAY – AUGUST 2, 2018 (DAY 1)

TIME	ISLA BALLROOM III	ISLA BALLROOM II	ISLA BALLROOM I
8:00AM – 10:00AM	O P E N I N G C E R E M O N Y		
10:00AM – 10:30AM	B R E A K – B O O T H V I S I T		
10:30AM – 12:00NN	<p style="text-align: center;">CRITICAL ISSUES ON PATIENT SAFETY IN THE GENERAL SURGERY PRACTICE!</p> <p>To identify and discuss the ten most common issues on patient safety in the general surgery practice</p> <p style="text-align: center;">Moderator : Dr. Leonardo O. Ona III</p> <p style="text-align: center;">Speaker : Dr. Alejandro C. Dizon</p> <p style="text-align: center;">ADEQUATE TRAINING FOR QUALITY AND SAFE SURGERY</p> <p style="text-align: center;">Speaker : Dr. Wayne Huang</p>		National Surgical Strokes Challenge
12:00NN – 2:00PM	LUNCHEON SYMPOSIA		
2:00PM – 3:00PM	<p style="text-align: center;">IS CLINICAL DIAGNOSIS FOR ACUTE APPENDICITIS STILL A SAFE PRACTICE?</p> <p>The diagnosis of acute appendicitis has been taught to each general Surgeon as a clinical decision. However recent advances in imaging technology such as CT scan and ultrasonography and possible medicolegal implications of a negative exploration or a missed ruptured appendicitis in an admitted patient, has lead some general surgeons to question the safety of a clinical diagnosis for acute appendicitis.</p> <p>In this session, we will discuss the applicability of clinical diagnosis in light of patient safety and possible medicolegal liabilities of surgeons. This session will also highlight the current trends of medical management of acute appendicitis, which requires a diagnosis done thru imaging. Also to be discussed is the use of diagnostic laparoscopy in appendicitis and the decision to remove the appendix during this procedure.</p> <p style="text-align: center;">Moderator : Dr. Nilo C. Delos Santos</p> <p style="text-align: center;">Speaker : Dr. Armando C. Crisostomo</p> <p style="text-align: center;">Panelists : Dr. Francisco Y. Arcellana Jr. Dr. Daniel A. Dela Paz Jr.</p>		

3:00PM – 4:00PM	<p align="center">OCCUPATIONAL HAZARD IN THE OPERATING ROOM</p> <p>It is vital to identify and categorize hazards in the operating room. Physical, chemical, biological and health hazards need to be accounted for. Once this is accomplished, we can address each one effectively and create protocols, habits, procedures, equipment that would effectively reduce or better yet nullify chances of injuries to the patient, surgeons, anesthesiologists, nurses and staff.</p> <p align="center">Moderator : Dr. Jorge M. Concepcion</p> <p align="center">Speakers : Dr. Wayne Huang (Operating Room Environment & Equipment/Occupational Hazards In MIS) Dr. Deogracias Alberto G. Reyes (Ergonomics)</p>	
4:00 – 5:00PM	<p align="center">ANTIBIOTICS STEWARDSHIP</p> <p>20% - 50% of antibiotics prescribed in the United States are either unnecessary or are inappropriate. This has led to widespread microbial resistance and occurrence of side effects plus this increases the expense of health care. It is the aim of this discussion to provide guides for proper antibiotic use in our setting.</p> <p align="center">Moderator : Dr. Roberto B. Acuña</p> <p align="center">Speakers : Dr. Renato R. Montenegro Dr. Anne Louise G. Chan</p>	
5:00PM – 6:30PM	<p align="center">BUSINESS MEETING</p>	

FRIDAY – AUGUST 3, 2018 (DAY 2)

TIME	ISLA BALLROOM III	ISLA BALLROOM II	ISLA BALLROOM I
800AM – 9:00AM	<p align="center">SURGICAL TECHNIQUES FOR BREAST CANCER: CRITICAL VIEWS OF SAFETY</p> <p>Modified Radical Mastectomy is still the most common surgical management for Breast Cancer being performed in our country at present. This session will enumerate and discuss the most common possible complications of MRM such flap necrosis, nerve injury, seroma, epidermolysis, hematoma and others. Likewise, techniques on how to prevent and how to manage each complication will also be</p> <p align="center">Moderator : Dr. Shalimar C. Cortez</p> <p align="center">Speaker : Dr. Orlino C. Bisquera Jr.</p>		<p align="center">PATIENT SAFETY IN SURGICAL TRAINING</p> <ol style="list-style-type: none"> Residents' Working hours : Effect of Shortened Residents Training hours Surgeon's Fatigue <p align="center">Moderator: *Dr. Romarico M. Azores, Jr.</p> <p align="center">Panelists: Dr. Adrian B. Lorenzo – Bicol Med Ctr Dr. Honey Lyn P. Tan – Southern Phils Dr. Christine G. Lucero – Baguio Gen Dr. Iñigo Baste M. Dabu – Chinese General Hospital Dr. Gwendolyn T. Tattao – DLSU</p>

		<p>FACTORS ASSOCIATED WITH THE DESIRE TO LEAVE GENERAL SURGERY TRAINING PROGRAMS IN THE PHILIPPINES</p> <p>Moderator: Dr. Shirard Leonardo C. Adiviso</p> <p>Speaker: Dr. Rex A. Madrigal</p>
9:00AM – 10:30AM	<p>ISSUES IN THE MANAGEMENT OF MICROINVASIVE BREAST CANCER, METASTATIC BREAST CANCER WITH INTACT PRIMARY, OCCULT BREAST CANCER</p> <p>Moderators: Dr. Maria Cecilia M. Pagdanganan Dr. Felicidad Claudia R. Ordoñez</p> <p>Panelists: Dr. Aldine Astrid Basa-Ocampo Dr. Joseph Thomas A. Noriega Dr. Gemma Leonora B. Uy Dr. Mary Geraldine B. Remucal Dr. Ma. Luisa A. Tiambeng (Med Onco) Dr. Enrico D. Tangco (RadOnco) Dr. Eric E. Arcilla (Plastic) Dr. Elizabeth Ann S. Alcazaren (Patho)</p>	<p>HIV RISK IN GENERAL SURGERY PRACTICES</p> <p>This session aims to highlight the impact of the rising incidence of HIV infected patients coming to our clinics for surgical management of anal fistulas, hemorrhoids, cervical lymphadenopathy, appendicitis and cholecystitis, etc. The risks to operating team will be discussed and tips will be given to manage the risk during surgery. Included in the discussion will be the management of cuts and needle pricks to any member of the operating team.</p> <p>Moderator: Dr. Rolando M. Reyes</p> <p>Speaker : Dr. Rosanna A. Ditangco</p> <p>Panelist : Dr. Alfonso C. Danac</p>
10:30 – 12:00NN	<p>DIAGNOSTIC LAPAROSCOPY FOR BLUNT AND PENETRATING ABDOMINAL INJURY. IS IT SAFE?</p> <p>To discuss the role and importance of Minimally invasive surgery as part of both diagnostic / therapeutic management options in handling traumatic blunt and penetrating abdominal injuries. Cases will be presented for both blunt and penetrating abdominal injuries using laparoscopic approach as a diagnostic and therapeutic tool in management and sharing of opinions and reactions from different trauma surgeons in terms of utilizing minimally invasive surgery in such cases.</p> <p>Moderator : Dr. Robert S. Venturina</p> <p>Panelists : Dr. Joseph T. Juico (blunt) Dr. Joel U. Macalino Dr. Alfred Allen E. Buenafe (penetrating)</p>	<p>RESEARCH PAPER CONTEST</p>
12:00NN – 2:00PM	LUNCHEON SYMPOSIA	LUNCHEON SYMPOSIA

<p>2:00PM – 5:00PM</p>	<p style="text-align: center;">QUALITY ASSURANCE IN MANAGING ACUTE CHOLECYSTITIS Moderator: Dr. Jose Paolo C. Porciuncula Speaker: Dr. Cenon R. Alfonso</p> <p style="text-align: center;">MULTIDISCIPLINAY MANAGEMENT OF BILE DUCT INJURIES Moderator : Dr. Arvin G. Briones Panelists: Dr. Ray I. Sarmiento Dr. Ryan Ruel T. Barroso Dr. Timothy Joseph S. Orillaza (IR) *Dr. Chung-Wei Lin</p>	<p>2:00PM – 3:00PM TRANSANAL MINIMALLY INVASIVE SURGERY Moderator : Dr. Roberto B. Acuña Speaker : Dr. Matthew R. Albert</p>
	<p style="text-align: center;">MULTIDISCIPLINAY MANAGEMENT OF KLATSKIN TUMOR Moderator : Dr. A’Ericson B. Berberabe / Dr. Wilfredo T. Polido Panelists: Dr. Crisostomo E. Arcilla Jr. Dr. Iris Real Orolfo (MedOnco) Dr. Nonette A. Cupino (RadOnco)</p>	<p>3:00PM – 4:00PM OVERVIEW OF LAPAROSCOPIC HEPATECTOMY Moderator : Dr. Alfred Q. Lasala II Speaker : *Dr. Chung-Wei Lin</p>
	<p style="text-align: center;">SIMULTANEOUS RESECTION OF COLON CANCER AND LIVER METASTASES Moderator : Dr. Marc Paul J. Lopez Speakers: Dr. Hermogenes J. Monroy Dr. Catherine SC Teh</p>	<p>4:00PM – 5:00PM EVALUATING THE CP CLEARANCE To discuss the established guidelines for seeking cardiopulmonary evaluation among the various stakeholders (i.e. Surgeons, Internists and Anesthesiologists, patients) in non-cardiac surgery. To interpret the different preoperative evaluation terms based on the definition of urgency and risk of surgery such as low-risk and elevated risk and discuss its impact on preoperative decision-making. To debate on the minimum acceptable work-ups to screen for preoperative risk factors and improve outcome. What constitutes a “clinical” evaluation? Is clinical evaluation alone acceptable to predict risk? To discuss the patient’s role on decision-making based on risk assessment. Moderator : Dr. George G. Lim Panelists : Dr. Rex A. Madrigal - PSGS Dr. Nannette R. Rey – President, PHA Dr. Angel Joaquin M. Gomez – President, PSA</p>
<p>6:00PM – ONWARDS</p>	<p>FELLOWSHIP NIGHT</p>	

SATURDAY – AUGUST 4, 2018 (DAY 3)

TIME	ISLA BALLROOM III	ISLA BALLROOM II	ISLA BALLROOM I
8:00AM – 12:00NN	<p align="center">CRITICAL VIEWS ON SAFE PRACTICES IN HEAD AND NECK SURGERY</p> <p>Objective: Head and Neck Surgeries are one of the most common surgical operations that a general surgeon will encounter. Each procedure have its own unique and feared set of complications. Paramount to the success and safety is knowledge of the step by step technical details of these complex procedures. This session will present the critical views of safe practices in Thyroidectomy, parotidectomy, Neck dissection and tracheostomy.</p> <p align="center">PEARLS AND PITFALLS OF PAROTIDECTOMY</p> <p align="center">Moderator: Dr. Ida Marie T. Lim</p> <p align="center">Speaker: Dr. Roberto A. Sarmiento</p> <p align="center">PEARLS AND PITFALLS OF THYROIDECTOMY</p> <p align="center">Moderator: *Dr. Alfred Phillip O. De Dios</p> <p align="center">Speaker: Dr. Rodney B. Dofitas</p> <p align="center">PEARLS AND PITFALLS OF NECK DISSECTION</p> <p align="center">Moderator: Dr. Narciso S. Navarro, Jr.</p> <p align="center">Speaker: Dr. Arturo S. Dela Peña</p> <p align="center">PEARLS AND PITFALLS OF TRACHEOSTOMY</p> <p align="center">Moderator: Dr. Luisito R. Co</p> <p align="center">Speaker: Dr. Marwin Emerson V. Matic</p>		<p align="center">8:00 AM – 9:30AM</p> <p align="center">COMPLEX INCISIONAL HERNIA</p> <p>Objective: Incisional hernia is an abdominal surgical complication that causes an impaired quality of life and social embarrassment from cosmetic deformity. Most of the time this is a complex case and the lingering question of the best approach to address it emerges. This session will present critical views for the technically feasibility, safety, indication, potential advantages, safety measures and current outcome for each approach. At the end of the session, it is expected to have generated interest on open and laparoscopic methods for fascial closure and mesh reinforcement and the audience will have developed a preferred surgical approach for different case scenarios.</p> <p align="center">Moderator: Dr. Jose Antonio M. Salud</p> <p align="center">Debater: Dr. Jose Macario V. Faylona Dr. Miguel C. Mendoza</p> <hr/> <p align="center">9:30AM – 12:00NN</p> <p align="center">CINE CLINICS</p> <p align="center">Chair: Dr. Albert S. Palpal-latoc</p> <p align="center">Co-Chair: Dr. Glenn Peter T. Alkuino</p>
12:00NN – 2:00PM	LUNCHEON SYMPOSIA		LUNCHEON SYMPOSIA

LAPAROSCOPIC AND ROBOTIC TOTAL MESORECTAL EXCISION

Low rectal cancer surgery requires the fulfillment of conflicting demands to completely remove cancer cells in order to achieve cure and to preserve the autonomic nerve structures in order to retain urogenital function. The introduction of total mesorectal excision (TME) has improved long-term outcomes after curative surgery for rectal cancer. To perform precise TME without autonomic nerve injury, retaining an appropriate surgical dissection plane is essential. However, TME in the narrow pelvic cavity is challenging with open surgery especially in male patients, due to difficulty in visualizing the pelvic floor. Laparoscopic surgery is promising in that delicate procedures can be performed under good visualization with magnified views of organs and structures in the narrow pelvic cavity. Moreover, robotic rectal cancer surgery allows for more delicate operations compared to laparoscopic surgery. We have introduced laparoscopic and robotic surgery for TME for lower rectal cancer with the aim to better meet the needs for cure and preservation of urogenital function. In this presentation, we demonstrate the actual surgical techniques for low rectal cancer using the laparoscopic and robotic surgical system.

Moderator:

Dr. Jose U. Tan, Jr.

Speaker:

Dr. Shunsuke Tsukamoto

SAFETY ISSUE IN THE MANAGEMENT OF COLORECTAL ANASTOMOTIC LEAK

Anastomotic leak is the most feared complication after intestinal anastomosis with consequent lengthy hospitalization and expensive resource utilization. Management usually requires complex decisions surrounding the necessity, timing, and risk / benefit ratio of the appropriate diagnostic and therapeutic interventions. At the end of the session, safety issue that will be discussed include emphasis on the importance of proper fluid and electrolyte management, appropriate use of antibiotics, nutritional support and need of interventional radiology for local control of sepsis in the peri-operative period; appropriate work-ups for timely diagnosis and prompt treatment; management of early leak and those presenting late; surgical options during reoperations, managing the case as fistula, and emerging treatment in the management of colorectal anastomotic leak.

Speaker:

Dr. Romarico M. Azores Jr.

DECISION POINTS ON EXTENT OF RESECTION FOR SPORADIC COLORECTAL CANCER

The significant technical improvements in surgery combined with advances in chemotherapy and radiation treatment afforded cure in the majority of sporadic colorectal cancer patients. The principles of oncologic resection include appropriate hemicolectomy procedures depending on the tumor location with complete mesocolic excision for colon cancer; and total mesorectal excision with sphincter-saving operation or abdominoperineal resection for rectal cancer. Evidences on synchronous resection, subtotal colectomy, total colectomy, and total proctocolectomy for acute malignant colonic obstruction, obstructing left sided cancer with concomitant cecal perforation or large serosal tears, and synchronous colorectal tumors will be discussed particularly the complication rates, cancer-specific survival rates and functional outcomes.

Speaker:

Dr. Omar O. Ocampo

ASSEMBLY OF CHAIRMEN AND TRAINING OFFICER

2:00PM – 5:00PM

MULTISPECIALTY AND MULTIVISCERAL RESECTION FOR LOCALLY ADVANCED COLORECTAL CANCER

Collaboration among different surgical specialties may be needed to improve diagnosis and treatment of locally advanced primary colorectal cancer. Multivisceral resection to achieve adequate margins of resection offers the best possibility of long-term survival. The session will emphasize the importance of proper surgical training and adequate experience to decrease the incidence of locoregional recurrence; as well as evaluate current literature on outcomes following multivisceral resection in primary colorectal cancer.

Speaker:

Dr. Chucheeep Sahakitrungruang

EXTENDED PELVIC LYMPH NODE DISSECTION FOR ADVANCED LOW RECTAL CANCER

Total mesorectal excision (TME) with preoperative chemoradiotherapy is the standard treatment for advanced lower rectal cancer in Western countries, whereas in Japan, TME (plus adjuvant chemotherapy) with lateral lymph node dissection is routinely performed. In this presentation, we indicate the optimum range of lymph node dissection based on the patterns of lymph node metastasis, and discuss the indication for perioperative treatment according to the patterns of recurrence in patients with advanced lower rectal cancer who did not receive preoperative treatment. We also show the pelvic anatomy involved in lateral pelvic dissection with autonomic nerve preservation, as an understanding of the anatomy of the pelvis is essential for safe surgery and the removal of lymph nodes that may contain metastases. Recently, lateral pelvic lymph node dissection has been performed by using not only open surgery but also minimally invasive surgery. We have introduced laparoscopic surgery for lateral dissection in our department. Here we show the actual surgical video of laparoscopic lateral pelvic lymph node dissection for advanced low rectal cancer.

Speaker:

Dr. Shunsuke Tsukamoto

DIAGNOSIS AND MANAGEMENT OF ACUTE PERSISTENT LOWER GIT BLEEDING

Lower gastrointestinal bleeding is a common cause of hospital admissions, most if not all the time the etiology and site of bleeding prove to be difficult to determine causing delay in treatment causing increase in morbidity and mortality. LGIB is different from upper GI in terms of epidemiology, management and prognosis. The aim of this session is to present the different diagnostic modalities to determine the etiology and site of bleeding and create a logical treatment plan in patients presenting with persistent LGIB, therefore decreasing its associated complications.

Moderator:

Dr. Rex A. Madrigal

Panelists:

Dr. Robert B. Bandolon

Dr. Carlo Angelo C. Cajucom

Dr. Ray I. Sarmiento

Dr. Marvin Tamaña (IR - PhilHeartCntr)

Dr. Chucheeep Sahakitrungruang

Dr. Matthew R. Albert

5:00PM – ONWARDS

INDUCTION OF 2018 - 2019 BOD AND CHAPTER BOARD OF TRUSTEES

PRECONVENTION ACTIVITIES

JULY 30, 2018. MONDAY

Cadaver Workshop – H&N
(Post Grad-didactics, Radical Neck dissection,
parotidectomy, mandibulectomy, maxillectomy)

JULY 31, 2018. TUESDAY

Choledochoscopy Workshop (AM)
Cadaver workshop – Whipples (PM)
Golf fest

AUGUST 1, 2018. WEDNESDAY

Cadaver Workshop – Liver dissection (AM);
TME (AM-didactics / PM hands-on)
Shoot fest

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