The 2018 EAES Congress

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One of the most important events concerning minimally invasive and endoscopic surgery worldwide - the 26th International Congress of the European Association for Endoscopic Surgery (E.A.E.S.) - took place in London, between 30th May to June, 1st, 2018. The Congress incorporated the annual congress of the Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI) while, some other international societies have officially joined the meeting: the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), the Japanese society (JSES), the Korean society (KSEL) and the Taiwanese society (TAES).

The Congress President was Prof. George Hanna (United Kingdom) and the chosen main theme of the Congress was 'Excellence through marginal gains'.

This year the program committee was chaired by Prof. Nicole Bouvyaiming to continue to focus on the latest and biggest technological advances but also focussing on the smaller gains in the MIS field. The Event's program included hands on courses, amazing technologies Symposium, plenary sessions, consensus conferences, face to face controversies as well as unedited videos.

The congress attracted more than 1400 participants from 74 countries including prestigious surgeons and endoscopists who discussed their last achievements in the field of laparoscopic and endoscopic techniques. Moreover, the organizing committee reported the submission of more than 1000 abstracts and 300 videos.

The first day, Wednesday, May, 30th was dedicated to a number of Masterclasses, the first one regarding the topic of the usage of fluorescence in order to provide a state-of-the-art overview on fluorescence-guided surgery. In a parallel session, another Masterclass course was held regarding the research talent academy, an initiative aimed at young surgeons to develop and enhance their research skills in order to improve the quality of surgical research within Minimal Access Surgery. The third Masterclass which took place on Wednesday was directed by Ahmed Ahmed (UK), Richard Welbourn (UK) and Francesco Rubino (UK) and developed the subject of tips and tricks in

bariatric surgery, pointing out the surgical techniques and the complications after bariatric surgery. Quality of thoraco/laparoscopic clearance of lymph nodes in UGI cancer surgery, directed by Krishna Moorthy (UK) and Takahiro Kinoshita (Japan) discussed the latest evidence for radical lymphadenectomy for gastro-oesophageal cancer with international experts and supplement that with knowledge on the surgical techniques for performing a laparoscopic radical lymphadenectomy. TA-TME: transanal total mesorectal excision for rectal cancer conducted by Michel Adamina (Switzerland) addressed the anatomical limitations of the bony confines of the pelvis, bulky tumor, and fatty mesorectum in total transanal mesorectal excision.

In the meantime, Alberto Arezzo (Italy) and Kiyokazu Nakajima (Japan) conducted the Technology Symposium-Computer assisted surgery, continuing with training and credentialing directed by Jenny Dankelman (The Netherlands) and Nicole Bouvy (The Netherlands), AI in the OR by Joris Jaspers (The Netherlands) and Beat Müller (Germany) and continuing in the afternoon with Technology Symposium-Amazing Technologies with Alberto Arezzo (Italy) and Pietro Valdastri (UK).

This year the hands-on courses were dedicated to advanced laparoscopy, conducted by Jaap Bonjer (The Netherlands), Ultrasound conducted by Calin Tiu (Romania) and Andreas Melzer (Germany/UK) and flexible endoscopy by Yoav Mintz (Israel) and Silvana Perretta (France) joint with IRCAD which referred to the treatment of common complications (dilation, bleeding control, treatment of perforation and fistula) and new suturing techniques.

On Thursday, May, 31st, the first day of free paper sessions began with the sessions of colorectal surgery, chaired by Martinek Lubomir (Czech Republic) and Mark Coleman (UK). The hot topics were presented: The Laparoscopic Mobilization And Lymphadenectomy For Transverse Colon Cancer Using the Pincer Approach of The Transverse Mesocolon, by Dr. Egi, Hiroyuki, (Japan), Laparoscopic Surgery For Locally Recurrent Rectal Cancer With Concomitant Sarcotomy, by Dr. Uemura, Mamoru (Japan), Systematized Robotic Lateral Pelvic Node Dissection with Neurovascular Preservation, by Dr. Kim, (Republic of Korea), or Video-Assisted Abdomino-Perineal Excision, by Dr. Arolfo, S., (Italy).

In the session dedicated to the latest standards in bariatric surgery chaired by Prof. Di Lorenzo, N. (Italy) and Dr. Ahmed, A. (United Kingdom), the attention was focused on gastric morphological and

functional changes after laparoscopic sleeve gastrectomy assessed by dynamic magnetic resonance imaging by Dr. Quero, G., IHU-Strasbourg, France, the impact of laparoscopic sleeve gastrectomy on gastroesophageal reflux disease symptoms by Dr. Balla Umberto, Rome, Italy, hormonal response of sleeve gastrectomy by Dr. Gonzalo Prats, Spain.

An extremely interesting face to face session was the one chaired by Prof. Hanna, G. (London, United Kingdom) and Dr. Terashima, M. (Japan) discussing the difference of short-term outcomes between laparoscopic gastrectomy in east and west for gastric carcinoma, paper presented by Prof. Huang, C.M., China, with the aim to compare the short-term surgical outcomes of laparoscopic gastrectomy between east and west gastric cancer. Median age and body mass index were significantly higher in west patients. There were less female, ASA score 3 and neoadjuvant chemotherapy in east patients. Patients who underwent laparoscopic surgery in east had more proportion of proximal, differentiated and advanced gastric cancer. More total gastrectomy, extend of lymph node (LN) dissection, and number of retrieved LNs were found in the east patients. However, more Roux-en-Y anastomosis during distal gastrectomy and intra-corporeal anastomosis performed in west patients. The west patients were associated with significantly more postoperative transfusion, less time to first flatus, time to the diet and postoperative hospital stay compared with the east patients. The mortality rates of the west patients were comparable to those of the east patients. However, according to Clavien-Dindo Classification, there were less III-IV complications in east centers. Multivariate analyses revealed that elderly patients, higher ASA score, and more blood loss were the significant independent risk factors of postoperative complication for east patients. For the west patients the independent risk factors were the neoadjuvant therapy, retrieved more LNs, and pT3-4 stage.

The discussion concluded that selections of laparoscopic surgery for gastric cancer were widespread differs in east and west patients and the short-term surgical results were also quite different.

Other interesting session focused on the effectiveness of various surgical techniques regarding UGI surgery chaired by Prof. C. Copescu. (Bucharest, Romania) and Dr. Ahmed, I. (United Kingdom), regarding to endo-luminal methods of treatment of GERD, a systematic review and meta-analysis, Mr. Viswanath, United Kingdom, 7-year follow up after randomized controlled trial of transoral incisionless fundoplication versus proton pump inhibitors for

treatment of GERD-Drs. Castelijns, The Netherlands, Neoadjuvant chemoradiation compared to minimally invasive esophagectomy alone for advanced squamous esophageal cancer- Prof. Chiu, P., Hong Kong.

In the meantime, Prof. Edwin, B. (Oslo, Norway) and Dr Matic, S. (Serbia), moderated a session regarding to the evolution of laparoscopic major hepatectomy and how far should we go when it comes to the radical oncological resection for liver metastasis. The papers presented in this session demonstrated the effectiveness of robotic and laparoscopic major liver resections, trying to dismantle the myth regarding the impossibility of performing central parenchymatous resections in a minimally invasive manner.

The session dedicated to hernia surgery, included interesting papers like prospective randomized study comparing single-incision versus multi-trocar laparoscopic totally extraperitoneal inguinal hernia repair at 2 years, by Dr. Cardinali, Luca, Italy, which underlined that at 2-years follow-up, a significant shorter operative time after MTLTEP and a greater cosmetic satisfaction after SILTEP have been found, also single-port laparoscopic totally extraperitoneal inguinal hernia repair-a single center experience of 476 procedures, Dr. Lee, S.C., Republic of Korea.

The discussions in the field of bariatric surgery were continued in the session chaired by Prof. Vilallonga, R. (Barcelona, Spain) and Dr Leeder, P. (United Kingdom). This time the main topics involved revisional bariatric procedures as well as the management of complications after bariatric surgery.

The progress in MIS Whipple operation, laparoscopic versus robotic approach, was intensively debated in a session conducted by I. Khatkov (Russia), Long Jioa (UK) and C. M. Peng (Taiwan), this session focusing on the role of minimally invasive surgery in treating the pancreatic lesions and outlined the new achievements in the field of laparoscopic and robotic pancreatoduodenectomy, also regarding the reconstructive techniques after pancreatoduodenectomy. Other hot points of the session focused on major venous resections during laparoscopic pancreatic procedures (presented by the Russian team), spleen preservation after distal pancreatectomy and laparoscopic Beger procedure for cases with chronic pancreatitis.

The scientific program of Friday, June, 1st was opened by "Liver and pancreas" session and debated the role of robotic surgery in complex liver and pancreatic surgery, role pointed out by some interesting papers like robot-assisted resection of segment VII-VIII with en-bloc resection and reconstruction of the

right hepatic vein, by Dr. Lombardo, C., Italy and robotic radical antegrade modular pancreatosplenectomy with en-bloc vascular resection for pancreatic adenocarcinoma, by Dr. Iacopi, S., Italy.

An interesting discussion was held regarding the role of C-reactive protein in predicting major post-operative complications, by Dr. Straatman, J., Nederland, underlying that in patients with an uncomplicated postoperative course, CRP levels were lower following minimally invasive resection, possibly due to decreased operative trauma and that C-reactive protein may be applied as a marker for major postoperative complications in both open and minimally invasive colorectal surgery.

Another important topic was the Robotic-assisted TME which provides high-quality surgery with favourable long-term oncological results and low local recurrence rates.

One of the most impressive sessions was the one presenting the selected videos for the EAES award. The videos presented exposed the new insights over the laparoscopic anatomical resection VII using 3D computer-assisted simulation and navigation, from Japan, which pointed out the fact that with the combination of precise understanding of the vascular anatomy and the luxury of magnified view by laparoscopic surgery, we can now perform a more accurate, "truly" anatomical liver resection, laparoscopic cardia-preserving gastrectomy with D2 lymphadenectomy for advanced gastric cancer at the upper third of the stomach, from China, short term results of laparoscopic CME, involving dissections of lymph nodes around the SMA, in cases of right-sided colon cancer, from Japan, laparoscopic mesh-hiataloplasty with Nissen fundoplication for a complicated paraesophageal hiatal hernia, from Italy, standardized laparoscopic total mesorectum excision, from Russia, in which the technique is described step by step, after anterior and posterior dissections are complete they become reference points for lateral wall dissection, which starts on the left side, leaving the most inconvenient (because of the instrument angle) right side to be performed when the specimen is most mobile.

Other interesting discussions were held regarding bariatric surgery, upper gastrointestinal pathologies and hernia repair. One of them focused on superobese high-risk patients, discussing the experience with Apollo endosleeve for high risk superobese patients and bridging to surgery, presented by Prof. Zorron, R., Germany, which concluded that endoscopic therapy with Apollo Overstich for inoperable high risk patients or as a 2-stage procedure is a new non-invasive procedure with satisfactory early results.

It has become a tradition for the EAES Congresses to include into the scientific program sessions dedicated to extensive discussions of the technical aspects of minimal invasive surgery procedures while surgeons, with significant expertise in the field, are presenting unedited videos of their operation! Three very attractive session with this format (Unedited Videos) were organized on:

- Metabolic Procedures, - Moderators A: David Goitein (Israel), Simon Dexter (UK)-, with Bruno Dillemans (Belgium) presenting Roux en Y Gastric Bypass, Catalin Copaescu (Romania) Duodenal switch, Ahmed Ahmed (UK), Single anastomosis gastric bypass and Andrés Sánchez-Pernaute (Spain) Single Anastomosis Duodeno Ileal bypass & Sleeve gastrectomy SADI-S.
- UGI Oncology - Moderators A: Simon Law (Hong Kong), Takahiro Kinoshita (Japan) - with Yuko Kitagawa (Japan) presenting Esophagectomy with extended 2 field lymphadenectomy in the East (including recurrent nodes), Carlo Castoro (Italy) Esophagectomy with 2 field lymphadenectomy in Europe, Young-Woo Kim (Korea) Robotic gastrectomy and Riccardo Rosati (Italy) laparoscopic gastrectomy.
- Rectal Cancer- Moderators A: Mario Morino (Italy), Ewen Griffiths (UK) – with Antonio Lacy (Spain) presenting Ta-TME, Amjad Parvaiz (UK) Robotic TME, Jeroen Leijtens (The Netherlands) Laparoscopic TEM approach,

and Ricardo Zorrón (Germany) Single incision rectal resection.

During the whole period of the congress a video marathon was organized in the exhibition area; here, all the accepted videos were continuously displayed and commented by the authors and participants.

In the exhibition area we had the opportunity to see all the new tools and, beside the big industries that have so far shaped the landscape of our Operating Rooms, we also find a corner dedicated to the start-ups and new entry companies with new ideas for the future of minimal access surgery.

During the Closing Ceremony which took place on Friday in the Auditorium the invitation for the next EAES Congress, which will take place next year in Seville-Spain, was launched. It was also the opportunity for the winners of the Congress Awards to be invited on the stage and receive honorable applause from the Congress participants!

The Romanian Delegation to the London EAES Congress consisted of 53 members of the Romanian Association for Endoscopic Surgery (RAES) and they brought back home important information to support the further development of MIS in Romania!

The Congress report cannot be ended without mentioning that, the 2018 EAES Congress had the stamp of the beautiful city of London! Its unique attractions made all the participants to enjoy the visit!