

ESCP Overview

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The 12th Congress of the European Society of Coloproctology (ESPC), a prestigious annual scientific meeting organized under the leadership of the ESCP President – Pr. Emmanuel Tiret (France), took place in Berlin/Germany between September 20th-22nd, 2017. The event, which brought together a record number of nearly 2000 participants, was held at CityCube Berlin, a modern multifunctional conference center inaugurated in 2014. In addition to the distinguished members of the European Society of Surgery (ESCP), the Congress benefited from the presence of other prominent guests: Guy R. Orangio (American Society of Colorectal Surgeons - ASCRS), Julio Aguilar Garcia (USA), Ian Bisett (New Zealand), Tetsuo Yamana (Japan).

There were four different courses as part of the agenda, which included hands-on modules dedicated to topical subjects in colorectal surgery:

- TAMIS – Hands-on course;
- Operative Techniques for the Prevention and Repair of Parastomal Hernia;
- A Hands-On Introduction to the Treatment of Perianal Fistulas and Haemorrhoids;
- Hands-On Colorectal Laparoscopic Skills Course.

The panel of experts involved in the organization of these courses included important names in colorectal surgery, such as Antonino Spinelli, Roel Hompes, Werner Kneist, Andreas Rink, Pierpaolo Sileri, Imran Aslam, Neil Smart, Miguel Garcia Urena, David Zimmerman, Steve Brown. In addition, the 9th ESCP Ultrasound Workshop, with live demonstrations on pelvic floor and anal canal pathology, was carried out by experts such as Anders Mellgren (USA), Giulio Santoro (Italy), Johan Nordenstam (USA), Klaus Matzel (Germany), Pawel Wiczorek (Poland), Abdul H. Sultan (United Kingdom).

A series of symposiums were held in parallel with the congress, addressing various themes such as sacral neuromodulation for the

control of urinary or anal incontinence, the use of Endo-Sponge vacuum therapy for the treatment of low colorectal fistulas, the use of laser technology in the treatment perianal fistula or hemorrhoidal disease, the role of high resolution anoscopy and anal manometry, innovative technologies for ERAS in colorectal laparoscopic surgery, and novelties in perioperative management specific to colorectal surgery.

On the symposium held on September 21, lectures were given by two well-known experts in the modern management of colorectal pathology patients, Antonino Spinelli (Italy) and Yves Panis (France). They reinforced the role of minimally-invasive colorectal surgery associated with the ERAS rapid recovery program for better post-operative recovery and better immune response for colorectal cancer patients, highlighting the ASCR and SAGES guidelines of 2017 that strongly recommend the minimal-invasive approach when the expertise is present (strong recommendation based on high-quality evidence, 1A).

The role of mechanical preparation of the colon and rectum, along with oral antibiotics (eg neomycin, metronidazole) is reducing the number of infections associated with the operative act and even the postoperative anastomotic fistula, an attitude now returning to present. Recent studies highlight the importance of this combined preparation, which is why many prospective trials are currently under way in Europe and the US to confirm a return to this concept that has gradually disappeared in minimally-invasive colorectal surgery over the past 10-15 years.

They have not yet proven the advantages of robotic surgery in comparison to laparoscopic rectal surgery or to single-port surgery.

Total mesorectum excision by transanal approach (ta-TME) is still in the developing stages in the treatment of rectal cancer. The use of the rubber or plastic rod is not recommended for the protection of the ileo-stomy due to necrosis or associated retraction. The use of drain tubes in colorectal laparoscopic surgery does not decrease the frequency of anastomotic fistula, the number of pelvic abscesses at 30 days postoperatively, the number of reinterventions or the mortality associated with surgery. There are studies suggesting that the use of a transanal trans-anastomotic tube is associated with good results in reducing the number of postoperative fistulas. The role of a small value of reactive C protein was also emphasized in predicting the risk of anastomotic fistula, with implications for the early discharge of

patients with colorectal anastomosis.

On a very different topic, there was an interesting educational workshop organized by the editorial board of the prestigious journal *Colorectal Disease*, which included recommendations for improving quality standards in achieving professional articles, both in terms of authors and reviewers.

Based on personal experiences, Brendan Moran (UK), Paolo Giamundo (Italy), Harry Socol (France) and Jan Deprest (Belgium) conducted a session on various topics, ranging from the approach for malignancies appendices, new methods of treatment of high fistulas and transfected catheters, faecal transplantation in ulcerative colitis or caused by *Clostridium Difficulties*, to pelvic floor dysfunctions occurring after vaginal delivery. Helmut Messemann (Germany) has detailed the management of early colorectal cancer.

Educational round tables have involved young surgeons in interactive discussions with well-known experts such as David Zimmerman (Netherlands), Andre D'Hoore (Belgium), Yves Panis (France), Mike Parker (UK), Goran Barisic (Serbia), Emre Balik (Turkey). Topics included clinical situations encountered in ulcerative colitis, anal fistula, diverticulitis, or interpretation of defecography.

A video session, dedicated to all surgeons in training, involved the demonstration of the steps of certain surgeries including anal fissure surgery, the Ferguson technique in hemorrhoidal disease, the excision of the abdominal-perineal rectum with an interspecific approach or the possibilities to approach the mobilization of splenic colonic flexion. Throughout the congress, numerous oral presentations from European reference centers were grouped into thematic sessions on pelvic inflammatory diseases, neoplasia and proctology.

On Friday, September 22, the agenda included the Symposium "What to do with a T2 Distal Rectal Cancer?", moderated by Simon Bach (UK) and Eric Rullier (France). Ivan Dimitrijevic (Serbia) presented oncological arguments in favor of radical surgery (total excision of mesorectum) as a single medical act in the T2N0M0 stage for patients who can tolerate surgery. Alternatively, Julio Garcia-Aguilar (USA) documented the advantages and disadvantages of chemoradiotherapy followed by local excision for this tumor stage, highlighting the importance of proper pre-treatment by endorectal ultrasound and magnetic resonance of these patients. Obviously, functional results are better and associated morbidity is lower, but the real status of the

mesorectal ganglia remains uncertain, even after surgery, which gives an uncertain prognosis to these patients. Practically, only T1 stages with negative excision margins and no risk factors are the ideal candidates for this procedure.

GL Beets (The Netherlands) has detailed the elements that can make us choose the chemo-radiotherapy option followed by "watch and wait" for the patients who have responded completely, while for the partial or almost complete response variants, the radical surgery option is given. The concept of 'organ preservation' takes into account the desire of patients with T1/2N0 tumors without mucinous component or EMVI and with low CEA levels, although the local recurrence rate approaches 30% at 3 years. Moderators concluded that the final decision on appropriate course of action in early T1/2N0 cancers requires detailed discussion with family and patient, taking into account tumor characteristics, patient performance status and, above all, expectations.

Among the remarkable events of the last day of the congress, it is worth mentioning the festivity awarding the title of Honorary Member of ESCP to leading personalities: Najib Haboubi (UK) and Soren Laurberg (Denmark).

Throughout the meeting, technology symposiums were held in the exhibition hall, where participants were able to practice minimally-invasive dissection and suturing techniques using Transanal Minimally Invasive Surgery simulators, laparoscopy instruments or surgical robots.

The facilities for enrollment fees offered by ESCP to members of certain countries, including Romania are also worth mentioning. The Romanian delegation was well represented, including surgeons from Bucharest, Craiova and Timisoara, with presentations of clinical experience in various pathologies in the sphere of colorectal surgery. Romania's representative at ESCP, Dr. Victor Tomulescu (Bucharest), was part of the organizing committee, while moderating the session of oral presentations dedicated to students.

Abstracts of the papers have been published in a special supplement of *Colorectal Disease*.

The next ESCP Congress, XIII, will take place between 26-28 September 2018 in Nice (France).

We invite you to join/re-enroll in the European Society of Coloproctology ESCP. ESCP (European Society of Coloproctology) is a nonprofit society dedicated to promoting the activity, knowledge and scientific development of coloproctology in Europe. The society has a particularly important educational role, focusing on training, the introduction of standards and accreditation in colorectal surgery in Europe.

Why should you be a member of the European Society of Coloproctology (ESCP)?

As a member of ESCP:

- Get full online access to the EMM Textbook of Coloproctology, the Society's *Colorectal Disease Journal*, and the on-line resources of more than 900 presentations from previous congresses. From January 2016, free online subscription to *Colorectal Disease* is included for all ESCP members!
- You can collaborate on research projects developed by ESCP and educational initiatives of ESCP (a significant fellowship program).
- Benefit from significant tax discounts at ESCP congresses and symposiums, as well as the European Society of Oncology (ESSO) or the American Society for Colorectal Surgery (ASCRS).

Membership in ESCP runs from 10 January to 10 January of the following year, with the fees being:

- Full membership applies to registered, accredited surgeons- € 90 (1 year), € 243 (3 years);
- Trainee Membership- € 60 (1 year), € 162 (3 years);
- Affiliate Membership (nurses, technicians etc) - € 60 (1 year), € 162 (3 year);
- Online-Only Membership- € 30 (1 year), € 81 (3 years);

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