Advance Program

SAGES 2021

August 31-September 3, 2021

MGM Grand
Las Vegas, Nevada

Reimagining a Healthier World

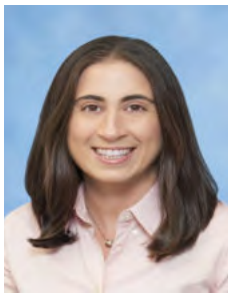
Program Chairs:
Adnan Alseidi, MD, EdM &
Dana Telem, MD, MPH

www.sages2021.surgery

WELCOME LETTER

Program Chairs

Adnan Alseidi, MD, EdM



Dana Telem, MD, MPH

Dear Colleagues:

On behalf of SAGES President, Dr. Horacio Asbun, and the Program Committee, we would like to invite you to attend the 2021 SAGES Annual Meeting in Las Vegas, Nevada.

We are hopeful that this year's SAGES meeting will be held **in-person** at the MGM Grand from August 31 - September 3, 2021. While we do anticipate an in-person event, we recognize that with the current uncertainty due to the pandemic as well as local institutional regulations, travel may not be feasible for some who want to attend. To make SAGES available to everyone, there will also be a virtual component to the meeting. Details to follow.

This is a special year for many reasons. First, for many of us, this will be the first time gathering together in nearly two years. Second, it is also SAGES 40th birthday! To recognize these milestones, we have centered the meeting around our core values of inclusivity, innovation, service, excellence, global community and most important, FUN! The theme this year will align with the newly crafted vision of the organization, "Reimagining Surgery."

Whether this is your first meeting, or you have attended for the past 40 years, there will be something of value for everyone! You will have the opportunity to meet with and exchange ideas and experiences with colleagues, explore cutting-edge innovation in areas such as robotics and Artificial Intelligence, as well as gain skills and improved knowledge across a diverse set of clinical conditions and leadership and professional development.

This year's SAGES meeting content will highlight leadership, collaboration, education, and innovation:

Leadership: We will have content dedicated to the pandemic and SAGES' response, a Masters session incorporating the principles of leadership and professional development, sessions dedicated to physician wellness, as well as those dedicated to advocacy.

Collaboration: Over 40% of our sessions are collaborative across SAGES committees and surgical disciplines. We have over 9 sessions in collaboration with other national and international societies including AAST, ASCRS, EAST, SSAT, ASMBS, STS, AHS, AHPBA, and ILLS, and several sessions dedicated to the global work done at SAGES and our priorities in reimagining surgery across the globe.

Education: SAGES' commitment to education will be highlighted in the return of the SAGES Masters Series, Great Debates and Devil's in the Details sessions for each of the SAGES pathways: acute care surgery, bariatric, biliary, colorectal, flexible endoscopy, foregut, hernia, liver, pancreas and robotics. We will also have sessions dedicated to the incredible impact SAGES has had on our learners and practicing surgeons through FLS, FES and FUSE.

Innovation: There we will be opportunity for both CME and non-CME hands-on courses and we will continue our dedication to longitudinal learning with our ADOPT courses in bile duct exploration and bariatric technique skill acquisition. Back by popular demand is SAGES Shark Tank. This is a great opportunity to celebrate the innovation and ingenuity of our members.

New this year:

» GERD Consensus Conference
» Presidential plenary session on physician wellness and burnout
» Later morning meeting start times!

As with all SAGES meetings, we are very technology friendly. The conference features electronic media to allow you to personalize your experience. A SAGES Meeting App will provide access to meeting content via your handheld devices, and e-mails and tweets during the meeting will keep attendees informed.

If you can only go to just one surgical meeting in 2021, this is the one! We look forward to seeing you in Las Vegas to help us make this the best SAGES meeting ever.

EXHIBITS & LEARNING CENTER

Marquee Ballroom

Tuesday, August 31, 2021	**7:00pm – 8:30pm**
Exhibits & Opening Reception only	
Wednesday, September 1, 2021	**10:00am – 4:00pm**
Lunch for all attendees	*12:00pm – 1:30pm*
Happy ½ Hour Break	*3:30pm – 4:00pm*
Thursday, September 2, 2021	**9:45am – 1:30pm**
Morning Mimosas Break	*9:45am – 10:15am*
Lunch for All Attendees	*12:00pm – 1:30pm*

FES, FLS, AND FUSE TESTING AVAILABLE!

Wednesday, September 1 – Friday, September 3, 2021
from 8:00am-5:00pm

For more details or to schedule your test:
Fundamentals of Endoscopic Surgery™ – www.fesprogram.org
Fundamentals of Laparoscopic Surgery™ – www.flsprogram.org
Fundamental Use of Surgical Energy™ – www.fuseprogram.org

VISA INFORMATION FOR INTERNATIONAL ATTENDEES

For more than 50 years, the United States of America has required visas to be issued to those wishing to study, visit, or conduct business in the U.S. While changes have been made recently to U.S. visa law, many procedures remain the same. Most importantly, you must APPLY EARLY for a visa, as processing time has increased in some instances. For information about obtaining a visa, please visit the following website: http://www.unitedstatesvisas.gov. If you need a written invitation to assist you with your visa, please email the SAGES Registrar, registration@sages.org, with your name, title, institution, and complete physical mailing address for each request.

HOST HOTEL: MGM GRAND LAS VEGAS

3799 South Las Vegas Blvd, Las Vegas, NV 89109

The MGM has provided the following discounted group rates for SAGES attendees. The discounted group rates apply until the reservation deadline of July 15, 2021 or until all rooms in the group block have been reserved, whichever occurs first. After July 15, 2021, guest rooms and the discounted group rates may not be available.

To make your hotel reservations please contact the MGM directly at (855) 788-6775 and mention you are attending the SAGES 2021 conference or use the SAGES online reservation link: https://book.passkey.com/event/50167244/owner/28465/home

SAGES Group Rate: $88/per night Sunday/Monday; $118/per night Tuesday-Friday The above rates do not include mandatory daily resort fee of $35 plus the current room tax of 13.38% (subject to change).

ALERT! We would like to make you aware of a situation that has been affecting conferences nationwide. There are companies (Convention Housing Services, Global Housing, Global Travel, etc.) who claim to be the official housing bureau and ask to "assist" you with hotel reservations. They may disguise themselves as part of SAGES or may claim to represent the MGM and note they can get better rates, etc. They are NOT the official housing bureau and are NOT affiliated with SAGES in any way.

REGISTRATION

11300 W. Olympic Blvd., Suite 600
Los Angeles, CA 90064
ph 310-437-0544, x128 | fx 310-437-0585
em registration@sages.org

For pricing and to register, visit us online @ www.sages2021.surgery

HOSTED BY

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES)
11300 W. Olympic Blvd., Suite 600
Los Angeles, CA 90064
ph 310-437-0544 | em sagesweb@sages.org
www.sages2021.surgery | @SAGES_Updates

MEMBERSHIP

Not a member of SAGES? Join by May 31, 2021 to get the member discount on registration fees. Visit www.sages.org/membership for details!

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SAGES 2021 ANNUAL MEETING SCHEDULE AT A GLANCE

TUESDAY, AUGUST 31, 2021

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GERD Consensus Conference - ***Non-CME***
SAGES/AHPBA Masters Pancreas: Eat When You Can, Sleep When You Can, and Do Distal Pancreas MIS
SAGES/AAST/EAST Masters Acute Care: MIS Opportunities Within the Spectrum of Urgent and Emergent Patients
Devil's in the Details: Robotics - Robotic eTEP Ventral Hernia Repair Component Separation
ERAS Innovation Post-COVID
What's New in Colorectal Surgery - New Solutions for Ridiculously Old Problems
Great Debate: Pancreas - MIPR: Robot vs Laparoscope – A Debate of the Technology
Foundation Awards Luncheon 12:00 PM - 1:30 PM
SAGES/ELSA: The Endoluminal Revolution In Colorectal Surgery
Updates in SAGES Education - FUSE, FES, FLS, Where are We Now and What is the Next Step?
Devil's in the Details: Biliary - Managing Complex Cholecystectomy Problems
ADOPT Hands-On Course: Bothersome Biliary and Galling Gallbladders - Expanding the Surgical Toolbox
Devil's in the Details: Flexible Endoscopy - Endoscopic Management of GI Tract Perforations
Pediatric Surgery for the Non-Pediatric Surgeon
Great Debate: Bariatrics - Weight Regain After Bariatric Surgery: What is the Best Option for Getting the Patient Back on Track
Benign Diseases of the Esophagus
HPB Tips and Tricks for Disasters
Devil's in the Details: Running a Practice
Controversies in Abdominal Wall Reconstruction
GERD After Bariatric Surgery: Who Gets It, When, and Why?
Devil's in the Details: Laparoscopic Common Bile Duct Exploration (Acute Care)
High Risk Surgery and Centers of Excellence
Opening Session - Welcome Ceremony 6:30 PM - 7:00 PM
Exhibits Opening Welcome Reception 7:00 PM - 8:30 PM

WEDNESDAY, SEPTEMBER 1, 2021

Exhibits/Learning Center 10:00 AM - 4:00 PM
Programming & Posters 9:00 AM - 6:30 PM
Gerald Marks Lecture
Devil's in the Details: Managing Complications of Bariatric Surgery for the General Surgeon
Great Debate: Hernia - Management of GI Emergencies in the Abdominal Wall Reconstruction Patient
SAGES/ILLS/KSELS Masters Liver - Making the Leap from MIS Wedge Resection to MIS Major Hepatectomy
Management of Reflux Pre- and Post-Bariatric Surgery
SAGES/ASCRS: Colorectal Emergencies for the General Surgeon
Next Big Thing (Formerly Emerging Technology) - ***Non-CME***
Pioneers of Foregut
HPB Surgery for the Global Community
Outcomes from Around the World
SAGES/JSES/ISFGS: Update on Fluorescent Image Guided Surgery - ***Non-CME***
Lunch in Exhibit Hall for all Attendees 12:00 PM – 1:30 PM
ADOPT Hands-On Course: Roux-en-Y to the Rescue
Masters Biliary: Bile Duct Injury Prevention, Management, and Impact
Reimagining Surgery Through AI and Deep Learning - from Video to Big Data
Great Debate: Flexible Endoscopy - What is the Right Way to Endoscopically Manage this Sleeve Leak?
Residents and Fellows Session
The Surgical Entrepreneur: Innovation and Investment Strategies - ***Non-CME***
Happy ½ Hour Break in Exhibit Hall 3:30 PM – 4:00 PM
SAGES/CAGS Educators Session: Reimagining Skill Development and Assessment for the Surgical Trainee
Masters Colorectal: Right Colectomy for Malignancy
Devil's in the Details: Foregut - Choosing the Right Procedure for the Right Patient: Wraps vs Magnets vs Transoral
Fellowship Council Session: Fellowship Challenges in the Time of COVID - Interviews, Finances, Job Search
Masters Bariatrics: Bariatric Endoscopy - From Managing Complications to Therapeutic Interventions in 2021
SAGES/EAES: Lessons Learned from the Pandemic
Devil's in the Details: Liver - This is How You Divide the Liver
Medical Legal Issues - The Dreaded Malpractice Lawsuit
Program of the Americas - Strategies to Maintain Safety in the Operating Room

THURSDAY, SEPTEMBER 2, 2021

Programming & Posters 9:00 AM - 7:00 PM
Exhibits/Learning Center 9:45 AM - 1:30 PM
Presidential Address - Horacio Asbun, MD
Morning Mimosas Break in Exhibit Hall 9:45 AM – 10:15 AM
Presidential Plenary: Reimagining the Practice of Surgery
Karl Storz Lecture
Lunch in Exhibit Hall for all Attendees 12:00 PM - 1:30 PM
SAGES/EAES Masters Flexible Endoscopy: Endoscopic Options for Feeding Access, You Should Know More than Just PEG
Which Procedure is Best? Bariatric Nuts and Bolts in 2021
Robot Wars - Are There Any True Contenders to the Throne? - ***Non-CME***
Great Debate: Acute Care - Laparoscopy During the Next Pandemic
Great Debate: Robotics - Why are We Performing Robotic Cholecystectomy?
SAGES Stories: Challenging Bariatric Problems You`re Glad Weren`t Yours to Solve
Masters Hernia: Inguinal Hernia through the Years, from Infants through Adolescence to Adulthood
SAGES/AHS: Mesh Past, Present, and Future
Advocacy and Community Practice
Anastomosis in Colorectal Surgery
Masters Leadership and Development: Failing Forward into Leadership
Opportunities for Surgeons in Social Media - Improve Your Quality
Global Surgery: Priorities in Reimagining Surgery Across the Globe
Shark Tank - ***Non-CME***
Optimizing the Surgical Patient
Great Debate: Foregut - POEM Controversies
Main Event & Sing-Off 7:30 PM - Midnight

FRIDAY, SEPTEMBER 3, 2021

Programming & Posters 9:00 AM - 3:30 PM
Exhibits/Learning Center CLOSED
Hands-On Course: Laparoscopic Liver Resection and Ablation - ***Non-CME***
SAGES/ASMBS: Revisional Bariatric Surgery
Devil's in the Details: Tips and Tricks for Success in Challenging Colorectal Cases
Great Debate: Biliary - Controversies in Cholecystectomy
Masters Robotics: Robot Surgery for the General Surgeon
Innovation in MIS Oncology: Doing More With Less
Devil's in the Details: Pancreas - Oops, I Did it Again: Management and Mitigation of Post-Op Complications
GERD, Obesity, and Hiatal Hernias
Great Debate: Leadership - My Practice is Better Than Yours
SAGES/SSAT Great Debate: Liver - Meds, Knife or Fire for CRLM?
Biology Meets Technique: to Operate or Not to Operate in Pancreatic Cancer
Video Based Education and Coaching
Great Debate: Same-Day Colectomy - Advancing ERAS Forward or Off a Cliff?
SAGES/STS Devil's in the Details: Controversies in Hiatal Hernia Repairs

COVID-19 INFORMATION

SAGES recognizes that the COVID-19 pandemic has had a big impact on surgical practice and in surgeon wellness, and uncertainty of travel at this time. SAGES continues to closely monitor COVID-19 Guidelines as the health and safety of our conference attendees is our highest priority. SAGES is monitoring the guidance related to COVID-19 from the Centers for Disease Control and Prevention (CDC),the Nevada Federal and State Guidelines in addition to the MGM Las Vegas "7-Point Safety Plan" for guests. SAGES is committed to taking appropriate precautions to provide a safe environment that does not place conference attendees at undue risk.

Click Here to view the MGM Las Vegas "7-Point Safety Plan".

ACCREDITATION STATEMENT

Live Meeting

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) designates this live activity for a maximum of 32.5 *AMA PRA Category 1 Credits ™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

American Board of Surgery (ABS) Continuous Certification Program: This activity has also been designated as SelfAssessment CME credit, which counts towards the ABS' Continuous Certification Program. In order to claim Self Assessment credit, attendees must participate in a post meeting assessment based on Learning Themes which will be available as part of the overall meeting evaluation and CME credit claim. For additional information on the ABS Continuous Certification program and its requirements, visit the ABS website.

Virtual Enduring Activity (to be released November 2021)

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) designates this online enduring activity for a maximum of *139.5 AMA PRA Category 1 Credits ™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SAGES 2020-2021 PROGRAM COMMITTEE

Chair: Robert Fanelli, MD, MHA
Co-Chair: Melissa Phillips, MD
Azure Adkins, MD
Adnan Alseidi, MD, EdM
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Juan Barajas-Gamboa, MD
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Sivamainthan Vithiananthan, MD
Gordon Wisbach, MD
Manabu Yamamoto, MD
Natan Zundel, MD

PROGRAM OUTLINE

2021 Unit Coordinators

Equipment

Chair: Dean Mikami, MD
Co-Chair: Racquel Bueno, MD

Learning Center

Chair: Sara Hennessy, MD
Co-Chair: Meredith Duke, MD, MBA

Posters

Chair: S. Scott Davis Jr., MD
Co-Chair: Maria Altieri, MD

Videos

Chair: David Urbach, MD
Co-Chair: Salvatore Docimo, Jr, DO, MS
Co-Chair: Mihir Shah, MD

TUESDAY, AUGUST 31, 2021

8:00 AM - 7:00 PM SAGES Scientific Sessions & Videos

Accepted Oral & Video Presentations

8:00 AM - 4:30 PM SAGES Military Surgical Symposium

As the modern-day battlefield evolves, our service members rely on a wide breadth of research from basic science to trauma management. These research endeavors, tested and perfected in combat have now been applied to civilian trauma care, improving the outcomes of patients world-wide. Surgeons from all specialties, both military and civilian, can benefit from the far forward thinking of our military leaders and those in direct support of our Armed Forces and Veterans.

At the conclusion of this session, attendees will be able to:

- Apply modern applications of advanced technology in the far forward surgical arena.
- Manage a broad spectrum of surgical patients utilizing evidence-based research from both basic science and clinical research applications.
- Prepare all surgeons, both military and civilian, to manage the acutely traumatized patient.

8:00 AM	Introduction
8:10 AM	General Surgery Presentations
9:40 AM	Break
9:50 AM	Trauma/Critical Care Presentations
11:20 AM	Lunch
1:00 PM	Distinguished Surgeon Lecture
1:50 PM	Q&A
2:00 PM	Break
2:10 PM	SAGES and Combat Surgery: Improving Long-term Outcomes of Trauma Injuries
4:15 PM	Award Presentations

8:00 AM – 12:00 PM GERD Consensus Conference Non-CME

The lack of consensus and undesired variability in the treatment and outcomes of patients with Gastroesophageal Reflux Disease (GERD) is a critical gap impacting millions of patients in the U.S. and many more around the world. This consensus conference will merge a systematic literature review with leading GERD experts and will include participation from at least 150 additional surgeons from across the U.S. and around the world. This project is a collaborative effort between the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), the American Society for Gastrointestinal Endoscopy, the American Society for Metabolic and Bariatric Surgeons, the European Association for Endoscopic Surgeons, and the Society of Thoracic Surgeons. The output from this conference will result in evidence-based recommendations and statements on this topic and we will disseminate strategies and interventions that will enhance patient safety in GERD treatment.

At the conclusion of this session, attendees will be able to:

- Create an algorithm that standardizes the work-up, diagnosis, and treatment of a patient with suspected GERD.
- Integrate and disseminate evidence-based practice guidelines for GERD management.

8:00 AM Introduction and Goals for the Consensus Conference
8:05 AM Discussion of the Lack of Consensus and Undesired Variability in Treatment and Outcomes of Patients with GERD and Aims of GERD Consensus Conference
8:15 AM Description of the Methodology Used to Frame and Answer the Key Questions and Process for Gaining Expert Consensus on the Key Questions for Which There are Poor or Little Data
8:25 AM Pre-Operative GERD Work-Up
Should Ph-Probe vs No Ph-Probe be Used During the Workup Before Antireflux Surgery?
Should Impedance vs No Impedance be Used During the Workup Before Antireflux Surgery?
Should Manometry vs No Manometry be Used During the Workup Before Antireflux Surgery?
Should Endoscopy vs No Endoscopy Be Used During the Workup Before Antireflux Surgery?
9:05 AM Surgery vs Medical/Endoscopic Interventions for GERD
Should Antireflux Surgery Compared to Medical Treatment (PPI) be Used for Adult Patients with GERD Who are Otherwise Candidates for Surgery?
Should Antireflux Surgery Compared to Medical Treatment (PPI) be Used for Adult Patients with Non-Dysplastic Barrett's Esophagus?
Should Antireflux Surgery vs Medical Treatment (PPI) be Used for Adult Patients with Dysplastic Barrett's After Successful Endoscopic Treatment to Minimize Recurrence of Disease?
Should Surgical Treatment with MSA vs Fundoplication be Used for Patients with GERD?
Should Surgical Treatment with MSA vs Medical Treatment (PPI) be Used for Patients with GERD?
Should Endoscopic Treatment (TIF 2.0) vs Fundoplication be Used for Patients with GERD?
Should Endoscopic Treatment (TIF 2.0) vs Medical Treatment (PPI) be Used for Patients with GERD?
Should Endoscopic Treatment (Stretta) vs Fundoplication be Used for Patients with GERD?
Should Endoscopic Treatment (Stretta) vs Medical Treatment (PPI) be Used for Patients with GERD?
10:10 AM Surgical Technique
Should Complete Fundoplication vs Partial Fundoplication be Used in Adults with GERD?
Should Complete Fundoplication vs Partial Fundoplication be Used for Adult Patients with GERD Who on Pre-Operative Manometry Have Esophageal Dysmotility?
Should Robotic vs Laparoscopic Approach be Used for Fundoplication in Adults with GERD?
10:50 AM Concomitant Disease (Obesity) and GERD
Should Morbidly Obese Patients (BMI >35) with GERD Undergo Fundoplication vs Gastric Bypass for Optimal Control of their GERD?
Should Adult Candidate Patients with GERD Refractory to Best Medical Management Undergo Sleeve Gastrectomy?
After Failed Fundoplication Should a Redo Fundoplication vs Gastric Bypass be Performed for Symptom Control in Adults?
11:25 AM Open Panel Discussion with Audience Participation
11:55 AM Closing Remarks

9:00 AM – 11:00 AM SAGES/AHPBA Masters Pancreas: Eat When You Can, Sleep When You Can and Do Distal Pancreas MIS

In this session, masters of minimally invasive pancreatic surgery will describe their techniques for complex distal pancreatectomy procedures. Surgeons looking to advance their practice will gain tips and tricks for accomplishing distal pancreatectomy procedures including splenic preservation and concomitant organ resection as told by forerunners of the field.

At the conclusion of this session, attendees will be able to:

- Describe indications and techniques for splenic preservation in MIS distal pancreatectomy.
- Plan for strategies to safely resect distal pancreas in setting of pancreatitis including management of pancreatic stump.
- Apply oncologic principles for technical considerations in RAMPs procedure.

9:00 AM Introduction
9:05 AM Overview of SAGES Masters Pancreas Pathway
9:10 AM The Queen and the Prince: Patient Selection, Indication and Pre-operative Evaluation for MIS Distal Pancreatectomy
9:20 AM Diving into a Minefield: Approach to MIS Distal Pancreatectomy for Pancreatitis
9:30 AM How I Do It: Patient Positioning, Trocar Placement, Liver and Stomach Retraction During Distal Pancreatectomy
9:40 AM How I Do It: Pancreas Transection
9:50 AM Panel Discussion
10:05 AM Save the Spleen! - Patient Selection and Techniques for Spleen Preserving Distal Pancreatectomy
10:20 AM Master and Commander: Conquering the RAMPS Procedure
10:35 AM Left Upper Quadrantectomy: Too Much for MIS Approach?
10:50 AM Panel Discussion

9:00 AM – 11:00 AM SAGES/AAST/EAST Masters Acute Care: MIS Opportunities Within the Spectrum of Urgent and Emergent Patients

This session will address a number of common scenarios in acute surgery in which Minimally invasive Surgery (MIS) can be employed as a routine approach to practice. Specific scenarios include Small Bowel Obstruction, Complex Cholecystectomy, Perforated Abdominal Viscus, Urgent Colorectal Procedures, and Ventral Hernia Procedures. Expert speakers on individual topics will provide the rationale for an MIS approach and describe how MIS can be employed to achieve the surgical objectives for these common acute care problems.

At the conclusion of this session, attendees will be able to:

- Review common surgical scenarios in Acute Care Surgery (ACS) in which MIS can augment surgical management.
- Describe the technical aspects of specific minimally invasive techniques to selected procedures that are commonly performed in ACS.
- Discuss the appropriate use of MIS versus conventional open surgery for management of surgical procedures.

9:00 AM Introduction
9:02 AM The Big, the Ugly, and the Nasty: Approach to Colorectal Cancer Emergencies
9:14 AM Q&A
9:16 AM Resisting the Hartmann's Temptation for Perforated Diverticulitis: Clinical & Technical Pearls
9:28 AM Q&A
9:30 AM Current Management of Rectal Foreign Bodies
9:42 AM Q&A
9:44 AM The Colon that Ties You Up in Knots: Minimally Invasive Tips & Tricks for Volvulus and Intussusception
9:56 AM Q&A
9:58 AM Managing a Difficult Gallbladder: Getting out of Dodge
10:10 AM Q&A
10:12 AM SBOs: Lap It if You Can!
10:24 AM Q&A
10:26 AM Emergent Ventral Hernia Repair: The Good, the Bad, and the Ugly
10:38 AM Q&A
10:40 AM Free Air and Peritonitis: Current Approaches to Gastric and Duodenal Perforation
10:52 AM Q&A

9:00 AM – 11:00 AM Devil's in the Details: Robotics - Robotic eTEP Ventral Hernia Repair Component Separation

Robotic surgery brought a new perspective to AW surgery for the last years. The possibility to safely and comfortably explore the extraperitoneal spaces for ventral repairs was a tilting point. Robotic eTEP became a common tool for AW reconstruction, but reserved some technical details that may pose a real limitation for its adoption. We will have the rare opportunity to watch an expert group of surgeons presenting and sharing real life expertise and technical pearls.

At the conclusion of this session, attendees will be able to:

- Identify the proper indications and pre-operative steps for robotic eTEP repair.
- Employ safe technical pearls to accomplish an adequate and effective robotic eTEP repair.
- Predict and adequately execute a robotic posterior component separation.

9:00 AM It All Starts Before Skin Cut: Patient Selection and Positioning, System Choices and Port Placement
9:12 AM Proper Access to the Extraperitoneal Space: How to Avoid a Bad Start
9:24 AM Hernia Sac Management and Lysis of Adhesions: Is It Safe to be Blind?
9:36 AM How to be Efficient on Closing Posterior Layers and Anterior Fascia?
9:48 AM eTep or Transabdominal TAR? How to Choose and Execute the Right Option?
10:00 AM Finally the Mesh! Which? How Big? How to Handle? Fixate or Not?
10:12 AM When Bad Things Happen to Good Surgeons - What I Have Learned
10:24 AM Panel Discussion/Q&A

11:00 AM – 12:00 PM ERAS Innovation Post-COVID

This session will address the changes to Enhanced Recovery, which may have been spurred by COVID, to help patients recover faster and safer. All surgeons and trainees should attend this course to see the best practices and how to implement them to improve the quality of the surgical process and move Enhanced Recovery forward.

At the conclusion of this session, attendees will be able to:

- Describe the current best practices and innovations in Enhanced Recovery.
- Employ strategies to educate patients and providers on Enhanced Recovery at all stages of the surgery process.
- Evaluate options to use technology to safely monitor patients after discharge.

11:00 AM All About the Benjamins - The Financial Case for Enhanced Recovery
11:07 AM Who Says You Can't Go Home? Creating a Virtual Surgical Home Using Telemedicine
11:14 AM Tried to Make Me Go to Prehab - What Is Prehabilitation and How Do I Do It?
11:21 AM I Need a New Drug - Opioid-free Alternatives for Multimodal Analgesia
11:28 AM I Always Feel Like Somebody's Watching Me - Using Technology for Post-discharge Monitoring
11:35 AM Should I Stay or Should I Go? The Patient Perspective on ERAS and Early Discharge
11:42 AM Q&A

11:00 AM – 12:00 PM What's New in Colorectal Surgery - New Solutions for Ridiculously Old Problems

Colorectal surgery is in constant evolution. General and colorectal surgeons need to be prepared for the management of known diseases including their dilemmas and complications during surgery, as well as after it. In this session, surgeons can learn how to manage some of the well known problems with new solutions and techniques with a podium of panelists from around the world. A special dedication to Minimally Invasive Surgery techniques is demonstrated.

At the conclusion of this session, attendees will be able to:

- Learn the latest techniques to solve the old problem of parastomal hernia.
- Learn the latest strategies to manage the classic problem of diverticulitis.
- Learn the latest methods to avoid the old dilemma of colorectal anastomotic tension.

11:00 AM Management of a Parastomal Hernia
11:10 AM What's Hot in Diverticulitis in 2021 - Avoiding a Hartmann's Procedure
11:20 AM Management of Colorectal Anastomotic Tension
11:30 AM Management of the Anastomotic Leak
11:40 AM Clinical Case Discussion
11:50 AM Roundtable Discussion

11:00 AM – 12:00 PM Great Debate: Pancreas - MIPR: Robot vs Laparoscope – A Debate of the Technology

Calling all HPB surgeons or MIS lovers. We will debate robotic versus laparoscopic pancreas surgery. This session will be broken into distal and whipple procedures and focus on: safety and implementations, clinical outcomes, cost, and ergonomics.

At the conclusion of this session, attendees will be able to:

- Evaluate current literature on best practices for implementation of MIS pancreas surgery.
- Evaluate current literature on current clinical outcomes in robotic versus laparoscopic pancreas surgery.
- Evaluate implications and best practice for optimization of ergonomics and cost during MIS pancreas surgery.

11:00 AM Robot Distal Pancreatectomy Debater
11:08 AM Lap Distal Pancreatectomy Debater
11:16 AM Robot Whipple Debater
11:24 AM Lap Whipple Debater
11:32 AM You're All Crazy - It Should be Open
11:40 AM Q&A

12:00 PM – 1:30 PM The 15th Annual SAGES Foundation Awards Luncheon Non-CME

This annual ticketed event celebrates and honors distinguished leaders in minimally invasive surgery. Proceeds benefit the SAGES Foundation and its mission to advance endoscopic, laparoscopic, and emerging minimal access surgical methods and patient care. The 2021 Awards Luncheon features awards and research grants presented to outstanding surgeons and educators for their work in minimally invasive surgery and raises funds to keep patient safety and surgical innovation in the forefront.

The following Awards will be presented:

- SAGES Career Development Award & Research Grant Awards
- SAGES Early Career Faculty Researcher Award - *Lawrence Lee, MD and Boris Zevin, MD*
- SAGES Researcher in Training Award - *Ivy Haskins, MD; Rebecca Dirks, MD & Richard Garfinkle, MD*

» SAGES IRCAD Traveling Fellowship Award - *Gadi Marom, MD*
SAGES acknowledges a generous grant in support of this award from Karl Storz Endoscopy
» SAGES Brandeis Award - *Christopher Schlachta, MD*
SAGES acknowledges a generous grant in support of this award from the SAGES Foundation
» SAGES Foundation Barbara Berci Memorial Award - *Amy Rosenbluth, MD*
» SAGES Foundation Margrét Oddsdóttir Traveling Fellowship Award - *tba*
» SAGES Foundation Gerald Marks Rectal Cancer Award - *tba*
» SAGES Foundation Excellence in Medical Leadership Award - *Tammy Kindel, MD*
Generously funded through an unrestricted educational grant from W.L. Gore & Associates
» SAGES Foundation Jeffrey L. Ponsky Master Educator in Endoscopy Award - *Vic Velanovich, MD*
» Kenneth Forde Excellence in Humanistic Clinical Care Award - *Adnan Alseidi, MD, EdM*
» SAGES International Ambassador Award - *Andrea Pietrabissa, MD*
» SAGES Pioneer in Surgical Endoscopy Award - *Gerald Fried, MD*
» SAGES Distinguished Service Award - *Paresh Shah, MD*
» SAGES George Berci Lifetime Achievement Award - *Carlos Pellegrini, MD*

How to RSVP: To become an event sponsor, purchase individual tickets, tables, or virtual ads, please contact the Foundation office at (310) 347-0544, ext. 114 or foundation@sages.org. Individual tickets are $175 each and tables of ten are available for $1,300. Since this event benefits the SAGES Foundation, a portion of your purchase is tax-deductible to the extent permitted by law. Note: After July 15, 2021 a late registration fee will apply as follows: individual tickets will be $195 and tables of ten will be $1,325. On-site registration for individual tickets will be $225 and for tables of ten will be $1,375.

1:30 PM – 3:00 PM SAGES/ELSA: The Endoluminal Revolution in Colorectal Surgery

Colon resections are not without risks, and many focal pathologies do not require and do not benefit from a formal resection. Endoluminal surgical interventions (ELSI) have rapidly evolved, not at last with the goal to avoid these unnecessary colon resections when they are oncologically not needed. Organ preservation is highly desirable, organ preservation at any price, however, should be avoided. This session aims at providing an overview of the spectrum of new technologies and techniques and defines their indications and limitations. It further highlights possible complications and their respective management. Last but not least, it provides the global perspective of when such an approach may oncologically be inferior, when it should be avoided in the first place or aborted to convert to or followed up by an oncological bowel resection.

At the conclusion of this session, attendees will be able to:
» Describe and compare technologies/techniques to carry out endoluminal surgical interventions (ELSI).
» Recognize indications and limitations of these approaches when presenting patients with treatment options.
» Identify conditions and circumstances in which the patients' safety asks for a conventional resection rather than a cool approach.

1:30 PM Colonic EMR/ESD
1:40 PM TAMIS/TEMS Via Conventional or Robotic Platform
1:55 PM Newer Endoluminal Platforms
2:05 PM Combined Endoscopic Laparoscopic Surgery (CELS)
2:15 PM Management of Complications from ELSI
2:30 PM Global Perspective on ELSI: When is It Inferior, When Should be Aborted/Converted
2:45 PM Panel Discussion

1:30 PM – 4:00 PM Updates in SAGES Education - FUSE, FES, FLS, Where are We Now and What is the Next Step?

The SAGES Fundamentals Programs have been a marquee offering by the society that has helped to transform surgical education around the world. In this session, we explore the history of the FLS, FES, and FUSE programs, the impact of these programs to date, and share the latest about what the future holds for the next version of these offerings. We will also discuss how the COVID-19 pandemic has affected the fundamentals programs and options to maintain this training and certification in the COVID era.

At the conclusion of this session, attendees will be able to:
» Describe the impact the SAGES Fundamentals programs (FLS, FES, FUSE) have had on surgical education and quality improvement.
» Employ strategies to maintain certification during the COVID-19 pandemic.

1:30 PM Introduction
1:40 PM Fundamentals of Laparoscopic Surgery (FLS) - History, Impact and Next Steps
2:05 PM Fundamentals of Endoscopic Surgery (FES) - How FES Started and Future Directions
2:30 PM Fundamental Use of Surgical Energy (FUSE) - Importance of FUSE for Healthcare Professionals as a Whole
2:55 PM Strategies for Achieving Fundamentals Certification in the COVID Era
3:20 PM Discussion

1:30 PM – 3:30 PM Devil's in the Details: Biliary - Managing Complex Cholecystectomy Problems

This session will utilize a video-based format to discuss surgical management of challenging problems in patients who undergo cholecystectomy for complex biliary conditions. Scenarios to be reviewed will include patients with severe acute cholecystitis, common bile duct stones, morbid obesity, bile duct injury, and others.

At the conclusion of this session, attendees will be able to:

- Discuss the decision process for altering the approach to a bailout procedure when the critical view of safety cannot be obtained.
- Describe techniques for performing subtotal cholecystectomy and managing patients after percutaneous cholecystostomy.
- Identify technical tips and tricks for performing laparoscopic cholecystectomy in the morbidly obese and post gastric bypass patient.
- Recognize options for minimally invasive surgical treatment of patients with common bile duct stones, symptomatic remnant gallbladder, and repair of bile duct injury.

1:30 PM Decision Strategies and Cues for Bailout/Conversion in the Difficult Gallbladder
1:42 PM Subtotal Cholecystectomy – Tips and Tricks
1:54 PM Cholecystectomy After Percutaneous Cholecystostomy: Indications, Timing, Technique
2:06 PM Laparoscopic Cholecystectomy in the High BMI Patient
2:18 PM Indications and Technique for Laparoscopic Approaches to Common Bile Duct Stones
2:30 PM EUS and Endocholecystostomy in High Risk Patients with Severe Acute Cholecystitis
2:42 PM Remnant Laparoscopic Cholecystectomy with Near Infrared Cholangiography
2:54 PM Robotic Minimally Invasive Repair of Bile Duct Injury After Cholecystectomy
3:06 PM Panel Discussion

2:00 PM – 6:00 PM SAGES ADOPT Hands-On: Bothersome Biliary and Galling Gallbladders - Expanding the Surgical Toolbox **Earn Up to 20 CME for this HO Course!*

Surgeons who take call or work in acute care know the feeling: you start out the case thinking things are normal, and then all of a sudden you are thinking, "how am I going to get out of this situation?!" Challenging cases require us to feel confident in all of our surgical options. This course will be personally customized to each learners' goals and experience, and will include the principles of safe chole, CBD exploration, and injury prevention.

This course will follow the SAGES ADOPT curriculum. All participants will complete the Safe Chole modules in advance of the course. We will send at-home simulation kits to the participants and host a webinar teaching session on CBD exploration one week prior to the hands-on course. The on-site hands-on course immersion experience provides our learners with 4 hours of personalized training utilizing porcine models which will simulate gallstones, aberrant CBD and gallbladder anatomy, excess intra abdominal fat, acutely inflamed gallbladder, etc. This individually tailored experience will be based around the learners' goals and skill level. The ratio in the course will be 2:1 attendee:faculty. Prior to the hands-on session, learners will have the opportunity to review videos focused on this topic. After the hands-on session, our mentorship continues through the year long program with ongoing individual and group virtual interactions with assigned mentor and group webinars to share experiences, give advice and improve adoption rates of new procedures with a supportive environment.

At the conclusion of this session, attendees will be able to:

- Identify difficult gall bladder anatomy and achieve the critical view of safety.
- Recognize the need for CBD exploration, evaluate gall bladder anatomy and use MIS techniques for CBD exploration.
- Utilize safe chole principles in practice.

2:30 PM Hands-On Lab

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) designates this other activity for a maximum of 20.0 *AMA PRA Category 1 Credits ™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

2:30 PM – 4:00 PM Devil's in the Details: Flexible Endoscopy - Endoscopic Management of GI Tract Perforations

The evolution of interventional endoscopic techniques has provided less invasive methods to managing gastrointestinal (GI) defects, allowing an alternative to surgery with less morbidity and resource utilization. The therapeutic approach can vary depending on size, location and timing of defect recognition. It is crucial for general surgeons and gastroenterologists to be comfortable with the indications and latest endoscopic closure techniques for GI tract defects.

At the conclusion of this session, attendees will be able to:

- Recognize the indications for endoscopic closure of GI defects.
- Describe decision making around various endoscopic techniques for closure of GI defects.
- Employ techniques for primary and secondary endoscopic closure of GI defects.

2:30 PM Endoscopic Management of Iatrogenic Perforations
2:45 PM Endoscopic Management of Chronic Sleeve Gastrectomy Leak
3:00 PM Endoscopic Management of Colorectal Anastomotic Leak
3:15 PM Endoscopic Management of Upper GI Anastomotic Leak
3:30 PM Endoscopic Management of Ulcer Disease Perforations
3:45 PM Endoscopic Management of Fistulas

3:00 PM – 4:00 PM Pediatric Surgery for the Non-Pediatric Surgeon

General surgeons in practice settings outside larger cities often are asked to manage pediatric surgical disorders. This session will review contemporary management of common pediatric surgical problems along with factors to consider in keeping a patient locally or transferring to a children's center.

At the conclusion of this session, attendees will be able to:

- Choose optimal techniques for repair of pediatric hernias and GERD.
- Select safe perioperative strategies for managing acute pediatric surgical problems, including appendicitis, cholecystitis, pyloric stenosis, and trauma.
- Appraise best practices for the safe surgical care of pediatric patients by non-pediatric surgeons.

3:00 PM Introduction
3:02 PM Pediatric Hernias - No Mesh Required
3:10 PM Fundoplication in Children - Keep It Small
3:15 PM Biliary Disease in Kids - Not Just Smaller
3:25 PM Pyloric Stenosis - Safe Practices
3:30 PM Appendicitis - Smaller Can be Harder
3:38 PM Systems of Safe Surgical Care for Children
3:48 PM Q&A

3:30 PM – 5:00 PM Great Debate: Bariatrics - Weight Regain After Bariatric Surgery: What is the Best Option for Getting the Patient Back on Track

Weight recidivism remains a barrier to bariatric acceptance. Identification of contributing factors is essential to prevent/treat weight regain. Grand debate on this issue will attempt to clarify myths surrounding contribution of patient physiology, lifestyle failure and procedure selection.

At the conclusion of this session, attendees will be able to:

- Define and differentiate procedure specific recidivism rate.
- Discuss and Identify relative role of potential contributors of weight regain.
- Formulate a measurable strategy to reduce recidivism potential of identified variables.

3:30 PM Introduction
3:33 PM Audience Response
3:35 PM Restrictive Procedures Have Higher Weight Regain Rate
3:45 PM Restrictive Procedures Do Not Result in Higher Weight Regain
3:55 PM Rebuttal
3:57 PM Panel Discussion
4:02 PM Introduction
4:04 PM Biology is the Major Driver of a Suboptimal Response to Bariatric Surgery

4:14 PM Biology is not the Major Driver of a Suboptimal Response to Bariatric Surgery
4:24 PM Rebuttal
4:26 PM Panel Discussion
4:31 PM Introduction
4:33 PM Revisional Surgeries are Not Desirable in Most Weight Regain Patients
4:43 PM Revisional Surgeries are Ultimately Required in Most Weight Regain Patients
4:53 PM Rebuttal
4:55 PM Audience Response and Discussion

4:00 PM – 5:00 PM Benign Diseases of the Esophagus

This session will present the latest updates on the diagnosis and management of the most common benign diseases of the esophagus with an emphasis on endoscopic and surgical treatment.

At the conclusion of this session, attendees will be able to:

- Employ new strategies to diagnose and treat GERD, achalasia, esophageal diverticula, and submucosal tumors.
- Interpret diagnostic studies typically ordered for the work up of GERD, achalasia, esophageal diverticula, and submucosal tumors.
- Evaluate new endoscopic and surgical techniques for the management of GERD, achalasia, diverticula, and submucosal tumors.

4:00 PM Introduction
4:03 PM Achalasia: Updates in the Diagnosis and Management of Achalasia
4:13 PM GERD: Interpreting Diagnostic Tests and Selecting the Best Management
4:23 PM Diagnosis and Up to Date Management of Esophageal Diverticula
4:33 PM Management of Benign Submucosal Tumors of the Esophagus
4:43 PM Panel Discussion

4:00 PM – 5:30 PM HPB Tips and Tricks for Disasters

During this session the audience will learn from experts of minimally invasive hepato-pancreato-biliary surgery, how to manage intra-operative complications specific to this field. This includes arterial, venous, biliary injury management, team dynamics during complications, complications during robotic surgery or what considerations should be taken into account after an operation in which a complication occurred. This session will be practical in nature, where experts share concretely on how to respond to various scenarios.

At the conclusion of this session, attendees will be able to:

- Be able to confidently respond as part of the operative team to intraoperative adverse events during minimally invasive hepato-pancreato-biliary surgery.

4:00 PM Managing Arterial Injury
4:07 PM Managing Venous Injury
4:14 PM Managing Biliary Injury
4:21 PM Managing Liver Parenchymal Bleeding
4:28 PM Managing the Team in Response to Bleeding
4:35 PM Managing Bleeding During Robotic Surgery
4:42 PM Integrating Trainees in Response to Disaster
4:47 PM Adverse Events - What Should I Do Postoperatively?
4:54 PM Acquisition of Competence in Managing Bleeding Robotically
5:01 PM What I Have Learned in Asia that Helps in the West
5:08 PM Laparoscopic Living Liver Donation Disasters
5:15 PM Q&A

4:00 PM – 5:00 PM Devil's in the Details: Running a Practice

Running a practice is no small feat. In this session we will discuss some of the nuts and bolts of running a practice that we as surgeons may face in our world today. This session is for every surgeon but especially those in community practices.

At the conclusion of this session, attendees will be able to:

- Describe strategies for reimbursement for the procedures we do.
- Identify opportunities for enhanced practice branding and marketing.
- Identify key components of building and maintaining a practice.

4:00 PM What Does My Practice Need - Starting and Building a Program
4:10 PM How to Brand and Market Your Practice
4:20 PM How to Get Paid for What You Do
4:30 PM Mid Career Challenges and Unexpected Adversity
4:40 PM Partnering with Hospital Administration
4:50 PM Q&A

5:00 PM – 6:30 PM Controversies in Abdominal Wall Reconstruction

This session is meant for all levels of surgeons and will be an engaging and collegial discussion about controversial topics in general surgery.

At the conclusion of this session, attendees will be able to:

- Articulate some of the most current controversial topics in abdominal wall reconstruction.
- Articulate the contributing factors that make the topics controversial.
- Appraise various approaches to the issues at hand.

5:00 PM Abdominal Core Health: An Emerging Field, or a Crafty
5:15 PM Prehabilitation: The Devil is in the Details
5:30 PM Chemical Component Separation: Can We All Relax Now?
5:45 PM One Size Does Not Fit All: A Call For Sex-Specific Hernia Data
6:00 PM Parastomal Hernia Repair: Is the Treatment Worse Than the Disease?
6:15 PM Panel Discussion

5:00 PM – 6:30 PM GERD After Bariatric Surgery: Who Gets It, When, and Why?

Gastro-esophageal reflux disease can become a problem following bariatric surgery. Questions remain about what the best surgery to offer each patient. This session will focus on who gets reflux and why it occurs to help surgeons understand heartburn after bariatric surgery.

At the conclusion of this session, attendees will be able to:

- Formulate a plan for preoperative evaluation of patients with obesity to minimize postoperative GERD.
- Evaluate different technology used to assess esophageal and stomach physiology and understand how they may assist in evaluating GERD.
- Evaluate best practice to treat GERD after it has developed in the postoperative bariatric patient.

5:00 PM Welcome
5:05 PM Pre-op Assessment: Can Anything Predict Post-op GERD After Bariatric Surgery?
5:17 PM Pre-op Assessment: I Have GERD, Esophagitis, Barrett's - What Surgery Should I be Offered?
5:29 PM New Technologies: Does Endoflip Help with Intraoperative Assessment?
5:41 PM When Does Post-op GERD Present - Current Surveillance Recommendations
5:53 PM Post-op: Now I Have GERD! Why Does This Happen - A Review of Pathophysiology
6:05 PM Now I Have GERD! How Should This be Managed? Medication vs Surgery
6:17 PM Q&A

5:00 PM – 6:30 PM Devil's in the Details: Laparoscopic Common Bile Duct Exploration (Acute Care)

This session will help surgeons gain a better understanding of who, how, and when to perform laparoscopic common bile duct explorations (LCBDE). It will include topics from technology and training to how to proceed with LCBDE in complex and aberrant anatomy.

At the conclusion of this session, attendees will be able to:

- Appropriately select those patients that need a LCBDE and identify anatomical barriers.
- Develop a plan for difficult LCBDE and appropriate bail out maneuvers.
- Identify training and educational components needed to maintain adequate skills to perform a LCBDE.

5:00 PM Clinical Decision Making and Straightforward Transcystic LCBDE
5:20 PM Aberrant Anatomy and Bailout Maneuvers
5:40 PM Advanced Cases: Transcholedochal and Open
6:00 PM Ensuring Success: Implementing Training, Getting a Program Started, and Best Use of Technology
6:20 PM Q&A

5:30 PM – 6:30 PM **High Risk Surgery and Centers of Excellence**

In this session, the impact of centers of excellence accreditation in the care of high-risk surgical patients will be reviewed. Updates on national accreditation programs for revisional bariatric surgery and rectal cancer care will be provided, including principles, process and performance metrics required to achieve and maintain accreditation. The impact of accreditation programs on the regionalization of high-risk surgical care and outcomes will be reviewed. For specialties such as esophageal surgery and hepatopancreaticobiliary surgery where national accreditation pathways are under development, the rationale, obstacles and next steps in establishing accreditation criteria will be explored.

At the conclusion of this session, attendees will be able to:

- Recognize the impact of national accreditation programs on performance improvement and outcomes for complex high-risk surgery.
- Be apprised of the current status of national accreditation program in high-risk revisional bariatrics, HPB, esophageal and rectal cancer surgery.
- Implement strategies to either become a center of excellence/accredited program or refer high-risk patients to accredited programs/centers of excellence.

5:30 PM Quality in High-risk Surgical Care - Why Does It Matter?
5:40 PM MBSAQIP and High-risk Revisional Bariatric Surgery: What Have We Learned?
5:50 PM NAPRC for Rectal Cancer Care: The New Standard
6:00 PM Esophageal Surgery in the US: Time for Accreditation?
6:10 PM As Complex as It Gets: The Path Towards Accreditation in HPB Surgery
6:20 PM Panel Discussion

6:30 PM – 7:00 PM **Opening Session – Welcome Ceremony** **Non-CME**

We encourage everyone to attend the opening session and welcome ceremony where the highlights for the conference and SAGES updates will be presented.

7:00 PM – 8:30 PM **Exhibits Opening Welcome Reception** **Non-CME**

Complimentary to all paid registrants & guests.

WEDNESDAY, SEPTEMBER 1

9:00 AM – 6:30 PM **SAGES Scientific Sessions & Videos**

Accepted Oral & Video Presentations

9:00 AM – 9:45 AM **Gerald Marks Lecture (TBA)**

10:00 AM - 4:00 PM **Exhibits / Learning Center / Video Sessions in Exhibit Hall** **Non-CME**

10:00 AM – 11:00 AM **Devil's in the Details: Managing Complications of Bariatric Surgery for the General Surgeon**

This is a video- and case-based session describing how to approach the more and less common complications of bariatric surgery. Intended for new bariatric surgeons in practice or for covering general surgeons, this course will help prepare surgeons for on-call surprises.

At the conclusion of this session, attendees will be able to:

- Describe different types of bariatric procedures and their more common complications.
- Employ new strategies to diagnose and treat leaks, obstruction, bleeding and nutritional complications after bariatric procedures.
- Apply knowledge of bariatric emergencies to pregnant patients.

10:00 AM Introduction
10:05 AM Early Leaks after Bariatric Surgery
10:13 AM Obstruction after Bariatric Surgery
10:21 AM Bleeding after Bariatric Surgery

10:29 AM Emergencies after Endoscopic Bariatric Procedures
10:37 AM General Surgical Emergencies in Pregnant Bariatric Patients
10:45 AM Panel Discussion

10:00 AM – 12:00 PM Great Debate: Hernia - Management of GI Emergencies in the Abdominal Wall Reconstruction Patient

Surgeons are increasingly faced with the challenging scenario of managing gastrointestinal emergencies in the patient with concurrent complex abdominal walls. Many surgeons have greater expertise in one or the other of these areas (EGS vs AWR) and this session will bring together experts to debate management of patients whose presentation necessitates the balancing of these two priorities.

At the conclusion of this session, attendees will be able to:

- Articulate the factors influencing the decision to perform definitive or primary repair of a complex hernia when managing a GI emergency.
- Identify options available for management of a small bowel obstruction in a patient with prior complex abdominal wall reconstruction.
- Evaluate the risks and benefits of delaying intervention for patients with GI emergency diagnoses and recurrent complex hernia.

10:00 AM Introduction
10:05 AM Debate Topic 1: Management of Complex Abdominal Wall Hernia in the Setting of Perforated Bowel
10:08 AM Debate Topic 1: Definitive Hernia Management
10:15 AM Debate Topic 1: Primary Repair and Delayed Definitive Repair
10:22 AM Debate Topic 1: Counterpoint to Primary Repair
10:25 AM Debate Topic 1: Counterpoint to Definitive Repair
10:28 AM Debate Topic 2: Management of a Small Bowel Obstruction s/p Abdominal Wall Reconstruction
10:31 AM Debate Topic 2: Early Operative Intervention
10:38 AM Debate Topic 2: Wait It Out
10:45 AM Debate Topic 2: Counterpoint to Wait It Out
10:48 AM Debate Topic 2: Counterpoint to Early Intervention
10:51 AM Debate Topic 3: Management of Patient with Recurrent SBO and Complex Hernia
10:54 AM Debate Topic 3: Operate Before it Becomes an Emergency
11:01 AM Debate Topic 3: Wait Until Your Hand is Forced
11:08 AM Debate Topic 3: Counterpoint to Wait
11:11 AM Debate Topic 3: Counterpoint to Operate
11:14 AM Debate Topic 4: Management of Ischemic Bowel in Inguinal Hernia
11:17 AM Debate Topic 4: Resect and Place Permanent Mesh
11:24 AM Debate Topic 4: Resect and Do Non-mesh Repair
11:31 AM Debate Topic 4: Counterpoint to Primary Repair
11:34 AM Debate Topic 4: Counterpoint to Mesh
11:37 AM Case Presentation #1
11:40 AM Panel Discussion
11:48 AM Case Presentation #2
11:51 AM Panel Discussion

10:00 AM – 12:00 PM SAGES/ILLS/KSELS Masters Liver - Making the Leap from MIS Wedge Resection to MIS Major Hepatectomy

In this session, experts from around the globe will offer insights into safe and effective transition from MIS minor to MIS major hepatectomy. In addition to technical pearls from world leaders, attendees can expect to learn how to support a robust MIS liver program. Specific emphasis will be placed on setup, operative technique, and damage control.

At the conclusion of this session, attendees will be able to:

- Describe indications for, risks and benefits of, and techniques for MIS major hepatectomy.
- Understand what is required in terms of infrastructure, equipment, and assistance to support a robust MIS Liver program.
- Evaluate best practices for an MIS liver program, and have tools to avert program-ending disasters.

10:00 AM 'The Setup' - Infrastructure, Support, and Experience Needed to Start an MIS Liver Program
10:10 AM 'The Warmup' - MIS Experience Required Prior to Attempting Major Hepatectomy
10:20 AM 'The Guardrails' - Contraindications to Minimally Invasive Surgery
10:30 AM 'The Laparoscopic Main Event' - Hemi-Hepatectomy: How I do It

10:40 AM 'The Main Event - Robot' - Hemi-Hepatectomy: How I do It
10:50 AM Pushing the Envelope Laparoscopically
11:00 AM Pushing the Envelope Robotically
11:10 AM Panel Discussion
11:30 AM Case Presentations: 'Masters Disasters'
11:40 AM Panel Discussion on Experiences Escaping Challenging Operative Situations

10:00 AM – 11:00 AM Management of Reflux Pre- and Post-Bariatric Surgery

Gastroesophageal reflux disease and its sequelae are common for patients with severe obesity. In addition, patients who present with symptoms of GERD after bariatric surgery can pose a significant challenge. This session will provide tools for bariatric, foregut and general surgeons to manage this patient population effectively.

At the conclusion of this session, attendees will be able to:

- Describe the role of different diagnostic modalities for GERD in patients before and after bariatric surgery.
- Evaluate the role of revisional anastomotic procedures for GERD after bariatric surgery.
- Employ new therapeutic non-anastomotic options for GERD after bariatric surgery.

10:00 AM Introduction
10:05 AM Workup of GERD Before and After Bariatric Surgery
10:15 AM GERD After Sleeve: Diagnostics and Conversion to Bypass
10:25 AM GERD After Sleeve: Options Beyond Gastric Bypass
10:35 AM GERD After Bypass: Diagnostic Pearls and Treatment Options
10:45 AM Panel Discussion

10:00 AM – 11:00 AM SAGES/ASCRS: Colorectal Emergencies for the General Surgeon

Colorectal emergencies are a frequent consult for the on-call gastrointestinal surgeon. This session will cover a number of common, yet complex, colorectal emergencies and provide best practices for management. These talks are applicable for all surgeons who take general surgery or colorectal calls.

At the conclusion of this session, attendees will be able to:

- Describe different colon and rectal clinical emergencies.
- Apply techniques to manage colon and rectal surgical emergencies.
- Evaluate new technologies and approaches to emergent colon and rectal operations.

10:00 AM Perforated Diverticulitis: Is it Time to Bid Farewell to our Old Friends Laparoscopic Lavage and the Hartmann's Procedure?
10:08 AM What Goes Up, Must Come Down: Rectal Foreign Bodies and Associated Trauma
10:16 AM Plugging the Hole: Management of Colorectal Leaks
10:24 AM Under Pressure: Abscesses and How to Drain Them
10:32 AM Turning Off the Tap: Management of Lower GI Bleeds
10:40 AM Panel Discussion

10:00 AM – 12:00 PM Next Big Thing (Formerly Emerging Technology) Non-CME

Formerly known as Emerging Technology, this session will highlight new and exciting technology from across the world. Come see the 'Next Big Thing' in surgery.

At the conclusion of this session, attendees will be able to:

- Identify new technology and potentially apply in their practice in the future.

10:00 AM Technology Readiness Levels
10:30 AM Augmented Reality/3D Models/Image Guided Surgery
11:00 AM Abstract Presentations

10:00 AM – 11:30 AM Pioneers of Foregut

In this special session, recognized pioneers in the development and diffusion of minimally invasive foregut surgery will describe how they refined their techniques in the early days and taught the next generation. The pioneers will be interviewed by their previous trainees who will also provide their insights into how innovations are developed, perfected and adopted. The speakers will also provide tips and tricks for optimizing operative outcomes in benign foregut surgery.

At the conclusion of this session, attendees will be able to:

- Describe the development of techniques in minimally invasive foregut surgery.
- Use strategies to improve patient safety during introduction of new procedures.
- Apply techniques described by the pioneers to improve results in antireflux surgery.

10:00 AM Introduction
10:05 AM Bernard Dallemagne Introduction
10:10 AM Bernard Dallemagne Interview
10:25 AM Carlos Pellegrini Introduction
10:30 AM Carlos Pellegrini Interview
10:45 AM C Daniel Smith Introduction
10:50 AM C Daniel Smith Interview
11:05 AM Gerald Fried Introduction
11:10 AM Gerald Fried Interview

11:00 AM – 12:00 PM HPB Surgery for the Global Community

Geared to provide insight on current HPB practices in global communities. Intended audience are faculty/staff surgeons, trainees -fellows, residents, medical students & ancillary staff.

At the conclusion of this session, attendees will be able to:

- Identify standards for proper education and training for delivering quality HPB care.
- Develop a standard quality curriculum to create a quality HPB program.
- Identify elements of impediment for accessing quality HPB practices in the community.

11:00 AM HPB Surgery in Global Communities
11:03 AM Key Issues HPB Fellows Should be Aware of in Starting a HPB Practice in a Non Academic Community or Rural Settin
11:11 AM The Need to Establish Standard Training Curricula for HPB Fellowship Training Globally
11:19 AM Do Complex HPB Surgeries in the American Community Meet the Standards of Academia
11:27 AM Challenges and Plans to Improve HPB Surgery in Africa
11:35 AM Challenges and Opportunities in Access to Quality Standard HPB Practices in Provincial Canada Alongside Transplantation and ERCP
11:42 AM Q&A

11:00 AM – 12:00 PM Outcomes from Around the World

At the end of this session participants will be able to see how through mentoring and surgical education, countries around the world have been able to overcome their limitations and improve surgical skills. People who should attend are those who are involved in surgical education for residents.

At the conclusion of this session, attendees will be able to:

- Utilize simulation to acquire surgical skills required in the operating room.

11:00 AM Lessons Learned from Education to Implementation: GLAP Program in Mexico
11:12 AM Limitations to Outcomes Reporting: Costa Rica
11:24 AM Changing a Nation: Mongolia's Path to Laparoscopy
11:36 AM Technology Limitations in LMIC: Zimbabwe
11:48 AM Q&A

12:00 PM - 1:30 PM Complimentary Eat & Greet Lunch in the Exhibit Hall for All Attendees

Enjoy lunch while you explore latest products and technologies offered by our exhibits.

1:30 PM – 5:30 PM ADOPT Hands-On Course: Roux-en-Y to the Rescue **Earn Up to 20 CME for this HO Course!*

Surgeons continue to see more patients who require revisional bariatric surgery like a gastric bypass after sleeve gastrectomy or for salvage operations for recurrent hiatal hernia. Bariatric surgeons who completed their fellowship within the previous 5 or 10 years may not have had as much opportunity to learn the subtle techniques and elements that lead to a safe gastric bypass. This course will follow the SAGES ADOPT curriculum with a personalized 4 hour hand-on course with a 2:1 attendee:faculty ratio, followed by a year long mentorship with ongoing individual and group virtual interactions to improve adoption of the learned procedure.

At the conclusion of this session, attendees will be able to:

- Review best practices on how to safely perform a laparoscopic gastric bypass.
- Utilize a year-long mentor-mentee relationship with an expert gastric bypass surgeon for continued guidance.
- Review different techniques to perform a gastrojejunostomy.
- Employ various strategies to safely perform gastric bypass in revisional foregut surgery.

1:30 PM Introduction
1:40 PM Lab Details
1:50 PM Hands-On Lab

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) designates this other activity for a maximum of 20.0 *AMA PRA Category 1 Credits ™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

1:30 PM – 3:30 PM SAGES/JSES/ISFGS: Update on Fluorescent Image Guided Surgery Non-CME

Fluorescent image guided surgery is a novel intraoperative imaging modality that enables surgeons to identify anatomical structures that are otherwise not visible to the human eye when shining white light alone. Near infrared or alternative energy sources in combination with special dyes such as indocyanine green are the most common modalities utilized to identify perfusion, excretion, vascular, neural, lymphatic and tumoral structures.

At the conclusion of this session, attendees will be able to:

- Learn the basic principles of fluorescent imaging modalities.
- Identify the different approaches to visualize anatomical structures that are otherwise invisible to the human eye with white light alone.
- Prioritize indications based on reported outcomes.

1:30 PM Fluorescent Image Guided Decision Making in Colorectal Surgery
1:40 PM Use of Fluorescent Imaging Angiography in the Management of Intestinal Isschemia
1:50 PM Use of Fluorescent Angiography in Primary and Reoperative Bariatric Surgery
2:00 PM Indications of Fluorescent Image Guided Surgery During Ivor Lewis Esophagectomy
2:10 PM NIR Fluorescence Imaging Approaches to Visualize Ureters During Pelvic Procedures
2:20 PM Update on Imaging Technology of Neural Structures in Surgery
2:30 PM Nearifrared Fluorescent Cholangiography - Routine or Selective?
2:40 PM Fluorescence Guided Surgery of the Liver
2:50 PM Fluorescent Guided Surgery as a Teaching Tool
3:00 PM Fluorescent Imaging in Endocrine Surgery
3:10 PM Q&A

1:30 PM – 3:30 PM Masters Biliary: Bile Duct Injury Prevention, Management, and Impact

A safe cholecystectomy is one that is safe for both the patient (no bile duct/hollow viscus/vascular injury) and for the operating surgeon (no or minimal scope for litigation). An economic health care burden of nearly one billion dollars is associated with these catastrophic complications. The best way to avoid this health care cost is investing in educating surgeons to adopt a safe, reproducible technique surgical designed to minimize BDI possibilities. The Critical View of Safety (CVS) approach has been recognized as the most effective method of preventing BDI as reported in many recent studies, but surgeons have not been using it frequently. Surgeons best interest should be incorporating the CVS in the routine practice of laparoscopic cholecystectomy. At the conclusion of this session participants should be able to identify the importance of immediate morbidity, higher mortality, decreased quality of life, and decreased long term survival associated with Bile Duct Injuries (BDI), and that the importance of performing a Safe Cholecystectomy cannot be underemphasized.

At the conclusion of this session, attendees will be able to:

- Recognize the health care and socio-economical relevance of bile duct injuries.
- Implement operative and preoperative strategies to perform a safe cholecystectomy.
- Prioritize the adoption of a culture of safe cholecystectomy and implement the Critical View of Safety technique when performing laparoscopic cholecystectomy.

1:30 PM Impact of Bile Duct Injuries and Prevalence
1:40 PM Human Factors and Bile Duct Injuries
1:50 PM Train to Prevent
2:00 PM Acute Cholecystitis, Risk of Bile Duct Injury, Strategies for Risk Mitigation
2:10 PM Can I Predict the 'Difficult Cholecystectomy'? I am in Trouble: Exit Strategies
2:20 PM Global and Community Considerations Regarding Bile Duct Injury Prevention
2:30 PM Intra-operative Imaging Modalities for Bile Duct Injury Prevention (Contrast Cholangiography and ICG? When?)
2:40 PM The Safe Technique for Cholecystectomy: Intra-operative Strategies if a Bile Duct Injury is Suspected – I Think there is a Bile Duct Injury – Now What?
2:50 PM Management of Bile Duct Injuries (Pre-op and Operative Planning): Endoscopic Management Re-do Surgery, How to Diagnose a CBD Injury in the Post-op, How to Expedite Safe Management
3:00 PM Panel Discussion, Q&A

1:30 PM – 3:30 PM Reimagining Surgery Through AI and Deep Learning - from Video to Big Data

It is undeniable that Artificial Intelligence (AI) will be an integral part of surgery and healthcare in general. This session is designed by surgeons for surgeons, to introduce us to AI basics and beyond. Surgeons in all practice settings will find immense value in the informative talks given by academic experts and industry leaders. Attending the entire session from beginning to end will keep you up to date on how our lives as surgeons will be altered and improved due to AI innovations.

At the conclusion of this session, attendees will be able to:

- Introduce artificial intelligence basic concepts and its current applications in medicine and surgery to the practicing physician.
- Provide a thorough overview of the AI disruptive possibilities that might change the way surgery will be practiced in the near future.

1:30 PM Introduction
1:35 PM AI Overview (Introduction and Basic Topics)
1:50 PM DATA Structure and Governance
2:05 PM Surgical Video Annotation
2:20 PM Current Applications of AI in Surgery
2:35 PM Training, Education, and Credentialing
2:50 PM Ethics and AI - The Benevolence Principle and Accountability (Human vs Machine)
3:05 PM Lessons from the Tech Industry

1:30 PM – 2:30 PM Great Debate: Flexible Endoscopy - What is the Right Way to Endoscopically Manage this Sleeve Leak?

Despite the morbidity associated with leaks following sleeve gastrectomy, the majority can undergo successful endoscopic management. This session will provide an overview of endoscopic leak management options and highlight an algorithmic approach to these methods utilizing case based discussion. The content is appropriate for all levels of training and practice for the bariatric, foregut and endoscopic surgeon.

At the conclusion of this session, attendees will be able to:

- Recognize the options available for the endoscopic management of sleeve leaks.
- Select the appropriate endoscopic option based on chronicity and leak size.
- Evaluate the chosen endoscopic therapy for efficacy and implement new therapy as indicated.
- Identify failures and complications of endoscopic leak management strategies.

1:30 PM Introduction to the Debate/Case Presentation
1:35 PM This Patient Needs an Endoluminal Stent
1:43 PM Internal Drainage and Septotomy is the Way to Go
1:51 PM Endoluminal Vacuum Therapy is the Best Approach
1:59 PM Leaks Like This Should be Endoscopically Closed
2:07 PM Q&A

1:30 PM - 3:30 PM Residents & Fellows Session

In this session, residents and fellows representing the next generation of SAGES members will present their best research to a panel of expert faculty. A selection of the top submitted abstracts will ensure top quality research with a broad range of current topics.

After each presentation, expert panelists/judges will rank each resident/fellow presenter with regards to study contents, significance in clinical surgery, originality, study designs/methodology, interpretation and analysis of study findings/results, appropriate use of statistical tests, and overall presentation skills (including slides, clarity of presentation, and audience engagement).

Awards will be given to two (2) top presenters at the conclusion of the session.

2:00 PM – 5:30 PM The Surgical Entrepreneur: Innovation and Investment Strategies Non-CME

**Separate Registration Fee Applies*

For practicing surgeons, trainees, students and innovators of any background, this course will provide insight, advice and instruction on how to bring your ideas and inventions into meaningful clinical practice, advise means of obtaining necessary financial support for product development, and reinforce the perseverance required for success. In addition, attendees will learn about investment strategies used by venture capitalists to identify promising opportunities both for those seeking investment capital and those seeking investment opportunities. Finally, course attendees will be the first to receive instruction on the SAGES Investment Network Collaborative (SINC), an opportunity to actually invest in developing technology.

As an added bonus, course attendees will receive a ticket to be exclusive audience voters for the SAGES Shark Tank competition and exclusive reserved seating for that event (RSVP required). Additionally, course attendees will be given access to Varia Ventures investment opportunities.

At the conclusion of this session, attendees will be able to:

- Organize device commercialization opportunities into successful enterprise for the benefit of patient care.
- Recognize opportunities to move intellectual property into the clinical realm.
- Appraising opportunities for the purpose of harnessing resources for development.

2:00 PM	Introduction and Objectives
2:05 PM	Owning your Idea: Developing and Protecting Your Intellectual Property
2:20 PM	How to Get Companies to Build Your Ideas
2:35 PM	Selling Your Product: How to Pitch Your Company to a Business Competition
2:50 PM	Panel Discussion
3:00 PM	Failing Forward - Innovation Requires Perseverance
3:30 PM	Break
4:00 PM	Monetizing Your Innovation
4:20 PM	Investing like a Venture Capitalist: A Nuts and Bolts Introduction
4:40 PM	An Introduction to the SAGES Investment Network: What? Why? And How?
5:00 PM	Panel Discussion

3:30 PM – 4:00 PM Refreshment Break/Happy 1/2 Hour in Exhibit Hall

4:00 PM – 5:00 PM SAGES/CAGS Educators Session: Reimagining Skill Development and Assessment for the Surgical Trainee

This session will look at how evolving technology and assessment science will influence the assessment of surgical trainees in the future. Specific elements to be explored will include video based assessment of surgical skill and its relation to outcomes, artificial intelligence and its promise and potential impact on skill acquisition and assessment, video-based coaching strategies to foster lifelong learning for surgeons, and entrustable professional activities and their application in gastrointestinal surgery training.

At the conclusion of this session, attendees will be able to:

- Articulate the current iteration of, lessons learned about, and best practices with competency based educational strategies and specifically EPAs as a piece thereof, including as being promulgated through the work of the RCPS of Canada's Competency by Design project and the Fellowship Council.
- Appraise the current status of video based assessment and coaching strategies as a tool in training residents, fellows, and established practitioners in the area of technical skill and related operative outcomes.
- Prepare for the impact and potential promise of artificial intelligence on the future surgical training environment.

4:00 PM Introduction: Reimagining Assessment and the Future of Surgical Education
4:05 PM EPAs and the Fellowship Council: Making Assessment Real in the Workplace
4:15 PM Video Based Assessment of Surgical Skill: What Do We Know, and What Should We Do with It?
4:25 PM Video Based Assessment as a Foundation for Coaching and Skill Improvement
4:35 PM Artificial Intelligence and Video Based Learning Strategies: What's Here, and What's Coming
4:45 PM Panel Discussion

4:00 PM – 5:30 PM Masters Colorectal: Right Colectomy for Malignancy

This is a SAGES Mastery-level session for oncologic right colectomy. In particular, this session will focus on MIS approaches to the hepatic flexure/transverse colon tumors, and complete mesocolic excision.

At the conclusion of this session, attendees will be able to:

- Describe MIS approaches to the lesions in the hepatic flexure and proximal transverse colon and identify the common pitfalls for middle colic ligation.
- Understand the indications for complete mesocolic excision and the variations in vascular anatomy that are relevant for this procedure.

4:00 PM Right Branch or Middle Colic? Appropriate Vascular Ligation for Proximal Transverse Tumors
4:07 PM Danger Danger! MIS Approaches & Pitfalls to the Middle Colics
4:14 PM The Obese Patient - Benefit of HALS for Right Colectomy
4:21 PM Laparoscopic Resection of T4 Tumors
4:28 PM Panel Discussion
4:38 PM Complete Mesocolic Excision: What Does the Data Say?
4:45 PM How I do It: Complete Mesocolic Excision
4:52 PM Same But Different: Defining CME Anatomy & Their Variations
4:59 PM Soil Your Pants: CME Complications & How to Fix Them
5:06 PM Debate - PRO: CME Should be Performed for Right Colon Tumors
5:13 PM Debate - CON: CME Should be Performed for Right Colon Tumors
5:20 PM Panel Discussion

4:00 PM – 5:00 PM Devil's in the Details: Foregut - Choosing the Right Procedure for the Right Patient: Wraps vs Magnets vs Transoral

There is a shift in the management of patients with PPI-dependent and refractory GERD towards consideration for endoscopic and surgical antireflux procedures. It is important for surgeons and gastroenterologists to understand the technical nuances of each procedure that are critical to optimizing outcomes and durability. This session will review key operative details presented by experts of various anti-reflux procedures.

At the conclusion of this session, attendees will be able to:

- Identify which patients would not be a good candidate for a specific antireflux procedure based on preoperative testing and size of hiatal hernia.
- Integrate and apply the technical nuances involved with each antireflux procedure into practice.
- Recognize and manage recurrent symptoms and patterns of failures of specific antireflux procedures.

4:00 PM Introduction
4:05 PM Nissen Fundoplication
4:15 PM Toupet Fundoplication
4:25 PM Transoral Incisionless Fundoplication (TIF)
4:35 PM Magnetic Sphincter Augmentation
4:45 PM Q&A

4:00 PM – 5:00 PM Fellowship Council Session: Fellowship Challenges in the Time of COVID - Interviews, Finances, Job Search

The COVID pandemic has had a major impact on many aspects of advanced surgical and fellowship training from the applicant/interview process, to finances, to case experience, to the job market. This session will address these issues and discuss strategies for programs, fellows, and applicants for fellowship to better manage these challenges during this unprecedented time.

At the conclusion of this session, attendees will be able to:

- Describe strategies for fellows and programs to manage program information, virtual interviews, and the application process for fellowships in the current COVID-19 environment.
- Discuss ways in which programs can maintain the financial viability of their fellowship programs during the current challenging economic time.
- Review the current job market for fellowship trained surgeons and strategies to enhance one's candidacy for practice opportunities.

4:00 PM Background and Introduction
4:03 PM Optimizing the Virtual Fellowship Interview Experience
4:15 PM How to Ensure the Financial Viability of the Fellowship Training Year
4:27 PM Will There Be a Job for Me After My Fellowship?
4:39 PM Panel Discussion

4:00 PM – 5:30 PM Masters Bariatrics: Bariatric Endoscopy - From Managing Complications to Therapeutic Interventions in 2021

Bariatric endoscopy is an effective minimally invasive technique to treat these complications of surgery, and it is also a less invasive intervention that can provide both primary endoluminal as well as revisional procedures after previous surgery, to treat obesity and metabolic disease. This session focuses on the latest, cutting-edge endoscopic treatments for complications of bariatric surgery and promising techniques for primary and revisional intervention for patients who cannot, or choose not to undergo surgery. The topics should appeal to bariatric surgeons, bariatric endoscopists, interventional endoscopists, and general surgeons who treat patients with previous bariatric surgery.

At the conclusion of this session, attendees will be able to:

- Discuss the 2021 surveillance guidelines prior to and after sleeve gastrectomy.
- Employ new endoscopic strategies for revision after previous bariatric surgery and leak management.
- Articulate new endoluminal therapies and global endoscopic advances.

4:00 PM 2021 Surveillance Guidelines/Recommendations Before and After Sleeve Gastrectomy
4:15 PM Worldwide Focus on Bariatric Endoscopy: Different Therapies and Practices from Around the Globe
4:30 PM Update on Leak Management - Stents, EVAC, Septotomy and Beyond
4:45 PM Endoscopic Revision After Previous Bariatric Surgery: Why and Why?
5:00 PM New Vistas in Primary Endoluminal Therapies: ESG, Space Fillers Liners, Duodenal Mucosal Resurfacing, and Magnetic Anastomoses
5:15 PM Q&A

4:00 PM – 5:30 PM SAGES/EAES: Lessons Learned from the Pandemic

This session will discuss the development of SAGES and EAES COVID support statements and documents through the COVID-19 pandemic. We will update on current status and management of COVID-19. Live Polling will be used to understand participants current practices.

At the conclusion of this session, attendees will be able to:

- Recommend best practices and strategies for optimal care during a pandemic.
- Drive research on educational gaps during pandemics.
- Implement best practices rapidly in the time of a pandemic.

4:00 PM Introduction
4:05 PM Live Voting
4:10 PM SAGES' COVID Rapid Response Team
4:18 PM Implementation of Telehealth into Surgical Practice
4:26 PM Critical Care of COVID
4:34 PM Lessons Learned from Ground Zero
4:42 PM Aerosol Generation and Management in Surgery
4:50 PM Learning from our Global Colleagues (the CVGSC)
4:58 PM Rapid Delivery of Collaborative Statements on COVID
5:06 PM Final Live Polling Session
5:11 PM Panel Discussion

5:00 PM – 6:30 PM Devil's in the Details: Liver - This is How You Divide the Liver

This session will dissect the technical components of liver transection for hepatectomy in a variety of scenarios. Difficult cases will be discussed with panelists and participants in an interactive session to illustrate the techniques presented.

At the conclusion of this session, attendees will be able to:

- Assess the benefits of the glissonean and hilar approaches for liver division and scenarios in which one approach may be beneficial over the other.
- Assess the benefits of the anterior and the conventional approaches for liver division and scenarios in which one approach may be beneficial over the other.
- Understand the tools available for division of the liver parenchyma and how they can be applied.
- Understand the approach to division of the liver in patients with cirrhosis.

5:00 PM Divide the Hepatic Pedicles: Glissonean or Hilar Approach?
5:15 PM Divide the Parenchyma: Anterior or Conventional Approach?
5:30 PM Divide and be Bloodless: Tools of the Trade
5:45 PM Divide Hostile Parenchyma: The Cirrhotic Liver
6:00 PM Divide the Liver: Challenging Case #1
6:15 PM Divide the Liver: Challenging Case #2

5:30 PM – 6:30 PM Medical Legal Issues - The Dreaded Malpractice Lawsuit

Medical school and residency prepares you to take care of patients, but we rarely are exposed to the legal side of medicine. More than 1 in 3 physicians have had a medical liability suit filed against them during some point in their careers. Surgeons rarely are taught how to handle and protect themselves from the pitfalls that can occur during a malpractice case, this session is designed to give you the basics on how to be prepared if and when you are part of a medical liability suit.

At the conclusion of this session, attendees will be able to:

- Recognize the appropriate ways to handle questions during a deposition.
- Employ strategies in which to accurately and appropriately document to withstand significant review.

5:30 PM Introduction
5:35 PM An Overview of the Deposition
5:45 PM The Deposition Experience - A Surgeon's Perspective
5:55 PM The Malpractice Lawsuit - The Role of the Medical Board
6:05 PM Live Mock Depositions
6:25 PM Q&A

5:30 PM – 6:30 PM Program of the Americas - Strategies to Maintain Safety in the Operating Room

During the session, presenters will discuss different ideas and strategies to make surgery safer. Emphasis will be also placed on training the next generation of minimally invasive surgeons in a safe yet educational environment.

At the conclusion of this session, attendees will be able to:

- Describe the strategies to maintain safety through the entire operation.
- Address opportunities to limit the number of potential complications intraoperatively.
- Evaluate mechanisms of standard of care currently being performed in Latin America to train the next generation of surgeons.

5:30 PM Optimizing Simulation Strategies for Safer Operations
5:40 PM How do We Train Residents in Latin America to Become Safe Laparoscopic Surgeons
5:50 PM Maximizing Preoperative Care to Reduce Postoperative Complications in Bariatric Surgery
6:00 PM The Importance of Time-outs and Debriefs
6:10 PM Q&A

THURSDAY, SEPTEMBER 2

9:00 AM – 7:00 PM SAGES Scientific Sessions & Videos

Accepted Oral & Video Presentations

9:00 AM - 9:45 AM **Keynote: Presidential Address**

Speaker: Horacio Asbun, MD

Horacio Asbun, M.D., FACS, is Chief of Hepatobiliary and Pancreatic Surgery at Miami Cancer Institute and Professor of Surgery at Mayo Clinic College of Medicine and Science. Prior to this role, he served as Chairman of General Surgery at Mayo Clinic in Jacksonville, Fla. (2008-2018). He is a surgical oncologist specializing in the treatment of cancers and diseases of the liver, gallbladder, biliary system and pancreas.

Dr. Asbun is the current President of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and Executive Member of the Board of Governors. He is a founding Board Member of the International Laparoscopic Liver Society and the International Minimally Invasive Pancreas Surgery consortium. He has also served as a member of the Executive Council of the American Hepato-Pancreatic Biliary Association (AHPBA), Chairman of the Video-Based Education of the American College of Surgeons. He has been a founder Board Member of the G4 Alliance. He has served as a member on the National Comprehensive Cancer Network (NCCN) guidelines for pancreatic cancer and is a member of 25 Medical Societies. He has been, and currently is a member, Chair or Co-Chair of various Committees on several major US surgical societies.

Dr Asbun is also a member of several international expert's surgical initiatives and expert study groups. Among them, International Study Group of Pancreas Surgery (ISGPS), Tokyo Guidelines (TG 18), European Guidelines on Laparoscopic Liver Surgery (EGMLLS), International Consensus on Laparoscopic Liver Resection (ICLLR), International Consensus on Prevention of Bile Duct Injury. He has served as the Chair of the Evidence-Based, International Guidelines in Minimally Invasive Pancreas Resection (IG-MIPR), and is a member of the Coronavirus Global Surgical Collaborative (CVGSC).

Dr. Asbun has published more than 150 peered-reviewed scientific articles and 110 peer-reviewed surgical videos. He is author of over 35 book chapters and editor of 6 Surgical Books. Dr. Asbun is the Editor-in-Chief of the American College of Surgeons Multimedia Atlas of Surgery and has been on the Editorial Board of Surgical Endoscopy. He serves as a reviewer for numerous scientific journals. He directs and teaches national and international courses on surgery and speaks frequently at scientific conferences around the world, with, to-date, more than 240 presentations in the US and over 530 invited presentations in Europe, Asia, Africa, Oceania, Central and South America. He is an Honorary Fellow of several International Surgical Societies and has received multiple awards.

Dr. Asbun conducts collaborative clinical research to improve treatment efficacy and patient outcomes. His publications are in the areas of liver, pancreas, biliary and endocrine surgery, minimal invasive surgery, surgical oncology, as well as basic science research in the field of surgical oncology.

9:45 AM – 1:30 PM **Exhibits / Learning Center / Video Sessions in Exhibit Hall** **Non-CME**

9:45 AM - 10:15 AM **Refreshment Break/Morning Mimosas in Exhibit Hall**

10:15 AM – 11:15 AM **Presidential Plenary: Reimagining the Practice of Surgery**

SAGES reimagines the practice of surgery from various perspectives to build a future that supports thriving at work, reconnecting with the joy of surgical practice and continuing to attract, engage and support the best and the brightest to our profession. In this session, the future of surgical culture and leadership, the operating room and training will be reimagined.

At the conclusion of this session, attendees will be able to:

- Identify strategies that institutions can take to promote wellness in surgical practice.
- Describe what the operating room of the future will look like.
- List emerging changes in surgical education and continuous professional development.

10:15 AM Introduction
10:17 AM Reimagining Surgical Culture and Leadership
10:32 AM Reimagining the OR
10:47 AM Reimagining Surgical Training
11:02 AM Panel Discussion

11:15 AM – 12:00 PM **Keynote: Karl Storz Lecture (TBA)**

12:00 PM - 1:30 PM **Complimentary Eat & Greet Lunch in the Exhibit Hall for All Attendees**

Enjoy lunch while you explore latest products and technologies offered by our exhibits.

1:30 PM – 3:00 PM **Scientific Session: Plenary 1**

3:00 PM – 4:30 PM **SAGES/EAES Masters Flexible Endoscopy: Endoscopic Options for Feeding Access, You Should Know More than Just PEG**

Enteral access is vital in patients requiring enteral nutrition and decompression. While percutaneous endoscopic gastrostomy (PEG) tube is the most common form of enteral access, it may not always be the most appropriate form of enteral access. This session will review the various equipment, access points and techniques to enteral access beyond the PEG. Special considerations will be given to anatomical limitations, altered anatomy and disease states.

At the conclusion of this session, attendees will be able to:

- Compare the types, techniques and access options for standard percutaneous gastrostomy tube placement in normal and altered anatomy.
- Describe options for enteral jejunal access and articulate the step by step procedure.
- Learn how to employ the concept of a percutaneous endoscopic gastrostomy tube for uses other than enteral access.

3:00 PM Percutaneous Endoscopic Gastrostomy Tubes - Types, Techniques and Access
3:10 PM PEG Tube Adjuncts: Jejunal Extension Technique and Percutaneous Transesophageal Gastrostomy/Jejunostomy
3:20 PM PEG in Altered Anatomy
3:30 PM Direct Percutaneous Endoscopic Jejunostomy: Step by Step
3:40 PM Odds & Ends: Fistulas, Adjuncts to PEG Placement, Alternative Uses for PEG
3:50 PM Alternatives to Percutaneous Enteral Access: Nasoenteric Tubes
4:00 PM PEG in Pediatrics: Indications and Special Considerations to Avoid Surgical Gastrostomy Tube Placement
4:10 PM Panel Q&A

3:00 PM – 4:00 PM **Which Procedure is Best? Bariatric Nuts and Bolts in 2021**

The number and types of bariatric surgeries performed each year increase as we improve our clinical understanding of obesity as a disease and we increase our knowledge of procedure specific outcomes and safety profiles. This session will provide a comparison of more widely accepted surgical techniques, including the sleeve gastrectomy, the gastric bypass, and the duodenal switch, with surgical techniques that are increasingly being adopted in the US and worldwide, including the mini-gastric bypass and the SADI/SIPS procedure.

At the conclusion of this session, attendees will be able to:

- Identify key steps of more common procedures and newer bariatric procedures being performed in the US and worldwide.
- Integrate a surgeon's understanding of newer bariatric procedures with the more commonly performed surgeries.
- Determine which surgery would be best for a patient interested in bariatric surgery.

3:00 PM Sleeve or Bypass?
3:10 PM Gastric Bypass: One or Two Anastomoses? One
3:20 PM Gastric Bypass: One or Two Anastomoses? Two
3:30 PM Duodenal Switch: One or Two Anastomoses? One
3:40 PM Duodenal Switch One or Two Anastomoses? Two
3:50 PM Q&A

3:00 PM – 4:30 PM **Robot Wars - Are There Any True Contenders to the Throne?** **Non-CME**

Robotic assisted surgery has become more and more present in ORs around the world and there continues to be growing enthusiasm for its use in general and subspecialty surgery. Until now, the world of robotic surgery has been a virtual monopoly dominated by a single vendor and platform, the Intuitive Surgical DaVinci systems. There are currently close to 6000 Da Vinci platforms around the world. Given its massive presence, marketshare and widespread use, many clinicians may not be aware of other robotic platforms currently available or in development. In preparation for battle, the marketplace is now opening to a number of new platforms with different approaches all with the goal of enhancing surgical performance using computer and mechanical assistive technology. Alongside the platforms for use for general surgical procedures, there has been rapid development of robotics in other fields such as orthopedics and neurosurgery as well. All of these forces are converging and competing for access to our operating rooms, and the race to marketshare is just starting. We are entering an exciting and potentially tumultuous time for surgeons as we face the opening salvos in the coming ROBOT WARS.

At the conclusion of this session, attendees will be able to:

- Review the current robotic marketplace and to identify the 'other' robotic platforms competing for their share.
- Compare these platforms to the current 'leader' and evaluate their strengths and weaknesses.
- Choose contenders and when put to a head-to-head battle with each other and/or the champ, hypothesize a winner.

3:00 PM Introduction
3:03 PM The Robotic Marketplace - Investor Perspective
3:18 PM DaVinci - Past to Present - What's the Future
3:33 PM Light Infantry - Endoluminal Robotics
3:41 PM Light Infantry - Human Extensions
3:48 PM Heavy Armored Divisions - FDA and CE Approved Platforms
3:55 PM Heavy Armored Division - Waiting to Launch
4:03 PM All is not Quiet on the Western Front: Robots in Other Fields
4:18 PM Panel Discussion

3:00 PM – 4:00 PM Great Debate: Acute Care - Laparoscopy During the Next Pandemic

The COVID-19 pandemic challenged our routines, preferences, and dogma regarding the use of laparoscopy in the care of acute surgical patients. Our understanding of viral transmission in the operative setting is still evolving, and beliefs regarding best practices have often diverged. With this Great Debate, however, you will decide which recommendations will reign as our experts on both sides of the controversy duke it out - gloves off.

At the conclusion of this session, attendees will be able to:

- Prioritize safety goals in the care of the acute surgical patient during global pandemic scenarios.
- Navigate resource shortages during a pandemic in a way that maximizes safety to patients and surgical staff.
- Employ algorithms for deciding on the laparoscopic management of acute surgical diseases during a pandemic.

3:00 PM Introduction
3:06 PM For: Elective Surgeries Should Be Halted When Pandemic Cases Are Rising
3:08 PM Against: Elective Surgeries Should Be Halted When Pandemic Cases Are Rising
3:10 PM Rebuttals
3:14 PM Panel Discussion and Conclusion
3:30 PM For: Appendicitis and Cholecystitis Should Be Non-Operatively Managed Whenever Possible During a Pandemic
3:32 PM Against: Appendicitis and Cholecystitis Should Be Non-Operatively Managed Whenever Possible During a Pandemic
3:34 PM Rebuttals
3:38 PM Panel Discussion and Conclusion
3:44 PM For: Surgeries Should Be Done Open In Covid-Positive/Suspected Patients
3:46 PM Against: Surgeries Should Be Done Open In Covid-Positive/Suspected Patients
3:48 PM Rebuttals
3:52 PM Panel Discussion and Conclusion
3:58 PM Closing Statements

3:00 PM – 4:00 PM Great Debate: Robotics - Why are We Performing Robotic Cholecystectomy?

This session discusses the merits of robotic cholecystectomy and experts will debate two controversial topics. We will debate the utility of Firefly immunofluorescence imaging compared to traditional intra-operative cholangiogram, as well as the cost associated with using the robotic platform versus the traditional laparoscopic approach. This session is geared towards residents, fellows, surgeons, and advanced practitioners who already perform or are considering adopting the use of robotics into their practice.

At the conclusion of this session, attendees will be able to:

- Appraise the value of the robotic platform for cholecystectomy, both in patient outcomes and cost.
- Employ new strategies for patient selection regarding the use of the robotic technology in cholecystectomy.
- Analyze cost data across robotic-assisted and traditional laparoscopic techniques.

3:00 PM Introduction
3:04 PM Pro ICG: Has ICG Replaced IOC?
3:14 PM Pro IOC: Has ICG Replaced IOC?
3:24 PM Discussion
3:32 PM Pro Robot: Is Robotic Cholecystectomy Safer than Laparoscopic? Does Cost Matter?
3:42 PM Pro Lap: Is Robotic Cholecystectomy Safer than Laparoscopic? Does Cost Matter?
3:52 PM Discussion

3:00 PM – 4:30 PM SAGES Stories: Challenging Bariatric Problems You're Glad Weren't Yours to Solve

Master surgeons train for 3 month in order to become Master storytellers. They tell the tale of some of their most challenging cases. These stories highlight the complexity of a challenge found in the care of the bariatric patient. Stories will be told in a talk show format with opportunities of the hosts as well as the audience to include the speakers. You will be both educated and entertained.

At the conclusion of this session, attendees will be able to:

- Prepare to employ an endoscopic management plan in order to treat suitable complex bariatric complications.
- Formulate a care plan for patients who develop cancer or precancer following bariatric procedures.
- Organize strategy in patients with failed bariatric procedures who present massive hernia.

3:00 PM Introduction to SAGES Stories
3:03 PM Doing It from the Inside
3:18 PM Q&A
3:32 PM Big Hernia, Big Patient, Big Problem After a Failed Bypass
3:47 PM Q&A
4:01 PM What Are My Choices if My Patient Develops Barrett's or Cancer
4:16 PM Q&A

3:00 PM – 5:00 PM Masters Hernia: Inguinal Hernia through the Years, from Infants through Adolescence to Adulthood

Approximately 600,000 inguinal repair operations are performed annually in the United States. There are significant variations in techniques for surgical repair as well as considerations for different age groups including infants, adolescents, and elderly patients. This session is designed to discuss these aspects for all surgeons performing inguinal hernia repairs.

At the conclusion of this session, attendees will be able to:

- Understand the specific issues surrounding inguinal hernia repair in the infant, adolescent, adult, and elderly patient.
- Appreciate the different surgical techniques for inguinal hernia repair.
- Evaluate best practices for optimal inguinal hernia repair in different circumstances.

3:00 PM Introduction
3:05 PM Laparoscopic Techniques for Inguinal Hernia Repair in Infants
3:15 PM Laparoscopic Techniques for Inguinal Hernia Repair in Infants
3:25 PM Difficult Cases in the Pediatric Population
3:35 PM Q&A
3:45 PM Inguinal Hernia Repair in Adolescent - What is the Best Way to Repair?
4:05 PM Laparoscopic vs Open vs Robotic in Adult Hernia Repair
4:25 PM Mesh or No Mesh for Adult Inguinal Hernia Repair
4:40 PM Inguinal Hernia Repair in the Elderly
4:50 PM Q&A

4:00 PM – 5:00 PM SAGES/AHS: Mesh Past, Present, and Future

The use of mesh has become commonplace in hernia repairs and while advances have improved the types of mesh available, the variety of available products has added complexity to the process of mesh selection. The session will review available mesh products and some of the science behind mesh types and factors involved in the mesh selection process.

At the conclusion of this session, attendees will be able to:

- Identify the common types of synthetic and biologic mesh with description of important qualities of the mesh (eg., porosity, material, cross linkage, etc.) and indications/contraindications for use.
- Review and prioritize the major randomized controlled trials for the various types of mesh highlighting indications and outcomes.
- Discuss recent developments and advancements in mesh products and the benefits of these for the future.
- Describe mesh complications and the management of those complications in various types of hernia repairs.

4:00 PM Know Your Mesh!
4:12 PM Which Mesh - What Does the Evidence Say?
4:24 PM What's Coming in Mesh?
4:36 PM When Mesh Goes Awry
4:48 PM Discussion/Q&A

4:45 PM – 5:45 PM Advocacy and Community Practice

Join us for an overview and introduction to Surgical Health Policy Advocacy, from both the academic and community perspective. After an introduction to the complex world of advocacy we will delve into how to be an effective leader in your community and beyond as well as how to handle conflicts of interest ranging from your institution to your patients. Touching on additional topics from professionalism to the benefits and pitfalls of social media presence we hope to have ample time for a great Q&A session.

At the conclusion of this session, attendees will be able to:

- Develop an understanding of the importance and scope of Surgical Health Policy Advocacy.
- Evaluate the benefits of engagement on SHPA to you, your practice, and your patients.
- Identify one or two current SPHA topics that you will seek out further information on and upon which you will take salient grassroots action.

4:45 PM The Many Facets of Surgical Advocacy
4:55 PM Leadership Opportunities in Advocacy at a Local, State and National Perspective
5:05 PM Social Media and Advocacy
5:15 PM Advocacy During the Pandemic
5:25 PM Discussion/Q&A

4:30 PM – 6:00 PM Anastomosis in Colorectal Surgery

With the recent explosion in minimally invasive laparoscopic and robotic techniques, new methods of stapled and sutured intracorporeal colorectal anastomoses have been developed and employed. This session aims to review the multiple methods of colorectal anastomosis and provide an overview of safe and effective anastomotic techniques, making it useful to anyone looking to expand their armamentarium of minimally invasive techniques.

At the conclusion of this session, attendees will be able to:

- Employ anastomotic strategies for minimally invasive colectomy and intracorporeal anastomosis.
- Recognize anastomotic problems and address them intraoperatively.
- Articulate benefits of intracorporeal anastomosis in colorectal surgery.

4:30 PM Intracorporeal Anastomosis in Right Colectomy
4:40 PM Intracorporeal Anastomosis in Left Sided Colectomy
4:50 PM Discussion
5:00 PM Robotic Intracorporeal Anastomosis: What Does it Add?
5:10 PM Minimally Invasive Low Rectal Anastomosis
5:20 PM Discussion
5:30 PM Benefits of Intracorporeal Anastomosis
5:40 PM Imagine a World Without Leaks
5:50 PM Discussion

5:00 PM – 7:00 PM Masters Leadership and Development: Failing Forward into Leadership

This session will combine two main themes related to leadership development: 1) Leadership during a crisis; and 2) Failure as a crucible to fuel leadership growth. The session will harvest personal stories from leaders at different levels to stress the importance of embracing personal vulnerability and overcoming failure as a strategy for intentional leadership development.

At the conclusion of this session, attendees will be able to:

- Create a shared understanding of the importance of failure in developing as a leader.
- Demonstrate how leaders at different levels embrace vulnerability as a leader.
- Discuss silver linings that emerge from struggling as a leader.

5:00 PM Introduction to Leadership During Crisis
5:05 PM How to Lead When the Job Changes (or 'Wait, This isn't What I Signed Up For!')
5:15 PM Challenges of Leading During a Crisis/Pandemic
5:25 PM Challenges of Leading as You Emerge from a Crisis/Pandemic
5:35 PM Challenges of Leadership When Your Team is Burning Out
5:45 PM Introduction to Failure as a Crucible for Developing Leadership Skills
5:50 PM Rebooting the Surgical Personality: Why it's Hard for Surgeons to Fail
6:00 PM Failing by Design: The Importance of a Failure Mindset in Innovation

6:10 PM Learning to Harness Vulnerability as a Leadership Strength
6:20 PM Framing Failure as Opportunity for Growth and Resilience
6:30 PM Moderated Discussion and 'Silver Linings'

5:00 PM – 6:00 PM Opportunities for Surgeons in Social Media - Improve Your Quality

This session will focus on what social media can do for you and your practice. It will provide tools and methods regarding BEST use of social media.

At the conclusion of this session, attendees will be able to:
- » Understand the benefits of social media.
- » Distinguish between good and bad use of social media.
- » Know how to use social media for marketing and patient education.

5:00 PM Why Should Surgeons Engage in Social Media?
5:10 PM Social Media (ie. Facebook and YouTube) Use in Collaboration Groups, Patient Education, Professional Development, and Marketing
5:20 PM How to Effectively Utilize Twitter and LinkedIn Platforms: Livechats, Public Health Messaging and Education, and Hashtags for Professionals Development and Marketing Purposes
5:30 PM The Art of Pictures and Video Clips as Educational and Marketing Tools On Instagram and Tik Tok
5:40 PM Q&A

5:45 PM – 7:15 PM Global Surgery: Priorities in Reimagining Surgery Across the Globe

Current technology has made the world a much smaller place; surgery and surgical education can now be made more readily available to all surgeons and surgical trainees across the globe. SAGES has responded to this opportunity to create partnerships in many resource-challenged countries and has been able to bring standardized surgery education in MIS to these countries. Attend this session to see what has been accomplished, what more needs to be done, and how you can be part of this dynamic and life-changing effort.

At the conclusion of this session, attendees will be able to:
- » Identify and understand the practice gaps in MIS across Low and Middle Income Countries (LMIC) and MIS education.
- » Identify resources to increase involvement in SAGES based educational efforts in LMICs for MIS.
- » Advocate for the need for increased MIS education to enhance patient safety in other countries.

5:45 PM The MIS Access Gap Across the Globe
5:51 PM Go Global to GLAP - Leveraging our Position as Educators
5:59 PM GLAP in Mexico - The Home Country Perspective: Asociación Mexicana de Cirugía General (AMCG)
6:07 PM GLAP Manual for MIS Education Across the Globe
6:15 PM Association of Academic Global Surgery Programs - How to Involve your Program in Global Surgical Education
6:23 PM TeleSim and Low-Cost Simulation Models for Global Education
6:31 PM Laparoscopic Surgery in Uganda - Training and Setting Up a Long-Term Solution
6:39 PM Global Surgical Education MIS - A Call to Arms
6:51 PM Q&A

5:30 PM – 7:00 PM Shark Tank Non-CME

The Shark Tank forum is meant to be an opportunity for innovators and companies to be able to showcase non-marketed innovative ideas and concepts. This venue will allow for feedback from an expert panel of innovators, investors, and larger companies in a safe environment so concepts can get refined and pitches can reach maximum effectiveness.

6:00 PM – 7:00 PM Optimizing the Surgical Patient

In this session, we will review the evidence for preoperative optimization of the elective surgical patient. We will discuss the data behind BMI cut-offs, smoking cessation, frailty assessments, and other modifiable risk factors and their impact on postoperative outcomes. We will also review best practices for individual surgeons and institutional protocols regarding preoperative optimization.

At the conclusion of this session, attendees will be able to:
- » Identify clear relationships, using current data, between modifiable patient risk factors (such as weight, smoking status, diabetes) and postoperative outcomes.
- » Describe best practices for effective pre-operative optimization for modifiable risk factors.
- » Evaluate the role for institutional involvement in the implementation of preoperative optimization strategies in your practice.

6:00 PM Prehabilitation in Colorectal Cancer Surgery
6:12 PM Developing a National Guideline for Preoperative Optimization
6:24 PM Preoperative Strategies to Mitigate Infection Risk in Surgery
6:36 PM Frailty in the Surgical Patient
6:48 PM Q&A

6:00 PM – 7:00 PM Great Debate: Foregut - POEM Controversies

This is a debate-style session that will feature experts in the management of achalasia, both POEM and Heller myotomy, as they debate controversial topics in POEM. A must-see for all foregut surgeons!

At the conclusion of this session, attendees will be able to:
- » Recognize the limitations of POEM and Heller myotomy.
- » Implement a decision-making strategy for the treatment of achalasia.
- » Identify strategies for management of the complications of POEM and Heller myotomy.

6:00 PM Efficacy and Results: Heller is Stellar
6:10 PM Efficacy and Results: POEM is the Future
6:20 PM Post-Myotomy Reflux: Heller
6:30 PM Post-Myotomy Reflux: POEM
6:40 PM Panel Discussion/Q&A

7:30 PM - Midnight SAGES Gala The Main Event & International Sing-Off

Join us on a new date, location yet to be determined, but just as fun as where we left off in 2019!

FRIDAY, SEPTEMBER 3

9:00 AM – 3:30 PM SAGES Scientific Sessions & Videos

Accepted Oral & Video Presentations

8:00 AM – 4:00 PM Hands-On Course: Laparoscopic Liver Resection and Ablation Non-CME

Laparoscopic liver resection is still very difficult and challenging to most liver surgeons or to-be liver surgeons. This course will provide an opportunity to learn the details on how to perform a state-of-art parenchymal transection and experience in hand different techniques of transection using animal models. Direct hands-on experience on how to perform a laparoscopic microwave ablation using ultrasound and how to control bleeding vessels with sutures will be provided as well.

At the conclusion of this session, attendees will be able to:
- » Develop surgical skills to perform bloodless parenchymal transection.
- » Learn to manage and control major bleeding events.
- » Plan and perform a laparoscopic ablation using ultrasound.

8:00 AM Preparation and Introduction
8:10 AM How to Perform Parenchymal Transection - CUSA
8:20 AM How to Perform Parenchymal Transection - Ultrasonic Device
8:30 AM How to Perform Parenchymal Transection - Cush Clamp
8:40 AM Discussion
8:50 AM How to Control Bleeding
9:00 AM How to Perform MWA with USG
9:10 AM Discussion
9:20 AM Hands-on Lab
11:30 AM Lunch
12:00 PM Hands-on Lab
3:50 PM Closing Remarks

9:00 AM – 10:30 AM Scientific Session: Plenary 2

10:30 AM – 11:30 AM SAGES/ASMBS: Revisional Bariatric Surgery

This session highlights available options when facing the need for Revisional bariatric surgery. The participant will learn indications and best options for a variety of situations.

At the conclusion of this session, attendees will be able to:

- Describe indications for revision of both the sleeve and the RGB.
- Prepare the team for new techniques in revisions.
- Recognize the need for postoperative surveillance in the Revisional bariatric patient.

10:30 AM Introduction
10:32 AM Sleeve and GERD
10:44 AM Sleeve and Weight Regain
10:56 AM Bypass and Weight Regain
11:08 AM OAGB and Loop DS as Sleeve Revision: Compare and Contrast
11:20 AM Q&A

10:30 AM – 12:00 PM Devil's in the Details: Tips and Tricks for Success in Challenging Colorectal Cases

Colorectal surgery can be challenging, especially when performed minimally invasively. In this session we will be discussing commonly encountered difficult situations, with some "tips" from the experts.

At the conclusion of this session, attendees will be able to:

- Learn MIS management of complicated benign diseases (diverticulitis, Crohn's, Hartmann's reversal).
- Apply different maneuvers for colon or ileal J pouch reach.
- Employ strategies for successful MIS surgery in obese patients.
- Manage intraoperative complications by other specialties.
- Learn potential areas of harm and maneuvers to navigate through a narrow pelvis.

10:30 AM MIS Crohn's Disease: It is Worth It
10:37 AM Minimally Invasive Redo Surgery: You Got This
10:44 AM Complicated Diverticulitis: How to Handle the Big One
10:51 AM MIS in the Obese Patient: Don't Sweat It
10:58 AM Navigating Through: The Pelvis and Beyond
11:05 AM Combined Surgery: Keeping it MIS When the Specialist Calls
11:12 AM Hartmann's Reversal: Where is My Stump?
11:19 AM The Colon or the J Pouch Don't Reach: Don't Take No for an Answer
11:26 AM Panel Discussion/Q&A

10:30 AM – 12:00 PM Great Debate: Biliary - Controversies in Cholecystectomy

This session is designed for the general, acute care, hepatobiliary, or oncology surgeon seeking to improve their approach to gallbladder surgery. Topics such as cholangiography, robotic platform use, and subtotal cholecystectomy will be discussed.

At the conclusion of this session, attendees will be able to:

- Describe various strategies for addressing the difficult gallbladder.
- Employ new strategies for ductal imaging and clearance.
- Recognize the benefits and limitations of different surgical techniques such as laparoscopy, robotics, and open surgery in addressing biliary surgery.

10:30 AM The Difficult Gallbladder: Just Put a Tube in It!
10:37 AM The Difficult Gallbladder: Open and Do the Whole Case!
10:44 AM The Difficult Gallbladder: Subtotal is Safe and Sufficient
10:51 AM The Difficult Gallbladder: Debate!
10:56 AM Stone Management: ERCP is Ideal
11:03 AM Stone Management: Surgical CBD Exploration is Ideal
11:10 AM Stone Management: Debate!
11:15 AM Choosing the Best Platform: Laparoscopy is Sufficient
11:22 AM Choosing the Best Platform: Robotics is Better
11:29 AM Choosing the Best Platform: Debate!

11:34 AM Cholangiography: Routine Cholangiography is Best
11:41 AM Cholangiography: Selective Cholangiography is Best
11:48 AM Cholangiography: New Techniques are Best
11:55 AM Cholangiography: Debate!

10:30 AM – 12:30 PM Masters Robotics: Robot Surgery for the General Surgeon

General surgeons started exploring the use of robotic technology in elective and emergency settings. There are many pitfalls and potential complications; thus a detailed description of the step by step and management is crucial and impactful for surgeons.

At the conclusion of this session, attendees will be able to:

- Apply and implement the step by step (how I do it) robotic colectomy including lymphadenectomy, ICA, and natural orifice extraction.
- Distinguish and compare between different techniques in robotic hernia repair.
- Articulate the role of robotics in acute care surgery and relate how to establish 24/7 access.
- Demonstrate the value of hand sewn anastomoses and four-arm control in upper GI surgery.
- Diagnose robotic surgery technical errors, complications and articulate a plan for improvement.

10:30 AM Robotic Sigmoidectomy - Natural Orifice Extraction and Intracorporeal Anastomosis in the Management of Diverticulitis
10:40 AM Robotic Right Colectomy: The Critical View and the Standard of Care Approach
10:50 AM Robotic Approach for Complex Inguinal Hernia: What is the Best Practice?
11:00 AM The Difficult Gallbladder: Debate!
11:10 AM The Journey of Placing the Mesh Outside the Peritoneal Cavity in Robotic Ventral Hernia: Lessons Learnt from 3000 Robotic Cases
11:20 AM Robotic Gastrectomy for Gastric Cancer: What is the Standard Approach?
11:30 AM How to Set Up a 24/7 Robotic Program and What is the Impact on Acute Care Surgery?
11:40 AM Does the Robot Bring Value to Complex Foregut Surgery?
11:50 AM The Pros and Cons of the Four-arm Robot and Hand Sewn Anastomosis in Upper GI Surgery
12:00 PM Management of Complications in Robotic General Surgery: When, What and How?
12:10 PM How to Structure an Academic Robotic General Surgery Program Based on Clinical Outcomes
12:20 PM Q&A

10:30 AM – 12:30 PM Innovation in MIS Oncology: Doing More With Less

Data and descriptions of MIS techniques will be presented highlighting innovative care using flexible robotic endoscopy, immunofluorescent surgery and others in minimally invasive oncologic surgery. Emphasis will be placed on the hurdles to adoption and their solutions in the MIS care of a variety of cancers. From thyroid and pseudomyxoma, to pancreatic, gastric, hepatic and rectal cancer. The session will appeal to any surgeon involved in GI cancer surgery.

At the conclusion of this session, attendees will be able to:

- Identify and implement safe MIS approaches for pancreatic and hepatic cancer.
- Apply MIS techniques to extend sphincter preservation surgery for rectal cancer.
- Choose appropriate patient strategies to integrate MIS approaches in the care of gastric cancer patients.

10:30 AM Flexible Endoscopic Approaches in Oncology - From Robotics to AI: New Solutions to Old Problems
10:43 AM Sentinel Lymph Node Biopsy and ESD in Gastric Cancer
10:56 AM ICG Role in Oncology - Lymphadenectomy
11:09 AM Robotic and Laparoscopic Approach for Whipple Resections - Anastomotic and other Technical Solutions
11:22 AM Innovative Approaches to MIS Hepatic Resection
11:35 AM Transanal TME and other Approaches for Low Rectal Cancer
11:48 AM Thyroid Cancer - Robotic and Laparoscopic Innovations
12:01 PM Laparoscopic Cytoreductive Surgery and HIPEC - New Approaches for Pseudomyxoma Peritonei
12:14 PM Q&A

10:30 AM – 11:30 AM Devil's in the Details: Pancreas - Oops, I Did it Again: Management and Mitigation of Post-Op Complications

How to avoid, recognize and manage the most common and problematic pancreatectomy related complications. This session will include an overview of post operative pancreatic fistula, delayed gastric emptying, bleeding encountered during minimally invasive pancreatectomy and post operative hemorrhage. Attendees should be general surgeons, surgical oncologists, HPB surgeons of all levels of training.

At the conclusion of this session, attendees will be able to:

- Describe the most common and problematic complications during and after pancreatic surgery.
- Employ new strategies to diagnose and treat post pancreatectomy complications.
- Develop confidence and knowledge in management of intra-operative bleeding.

10:30 AM Introduction
10:32 AM Management of Post Operative Pancreatic Fistula
10:42 AM Management of Delayed Gastric Emptying
10:52 AM MIS Pancreas - Intra-operative Hemorrhage
11:02 AM Management of Post-operative Hemorrhage
11:12 AM Q&A

11:30 AM – 12:30 PM GERD, Obesity, and Hiatal Hernias

Hiatal hernias in a population with obesity pose a therapeutic dilemma for the foregut surgeon. Is there a BMI above which a hernia repair should be deferred? Is there a role for a concomitant bariatric surgery during a hiatal hernia repair and, if so, what operation? What's the ideal procedure for a recurrent hiatal hernia in an obese patient? This session will address the unique complexities of the pre- and post-op care as well as intra-operative decision making of managing a hiatal hernia in patients with obesity.

At the conclusion of this session, attendees will be able to:

- Address the unique intra-operative complexities involved in reconstructing the hiatus in populations with morbid obesity.
- Identify the role of bariatric surgery in the treatment of hiatal hernias.
- Manage the recurrent hiatal hernia in an obese population.

11:30 AM Tip of the Iceberg: Pre-operative Evaluation of Hiatal Hernia and Reflux in Patients with Obesity
11:40 AM Fundoplication vs Bariatric Procedures for Hiatal Hernia and Reflux: What's the Data?
11:50 AM Addressing a Hiatal Hernia when Performing Bypass and Sleeve: Technique/Pitfalls & Perils
12:00 PM Addressing the Failed Fundoplication in Patients with Obesity: Evaluation, Operative Strategy, Pitfalls and Perils
12:10 PM Management of the Recurrent Hiatal Hernia after Bariatric Surgery
12:20 PM Q&A

12:00 PM – 1:00 PM Great Debate: Leadership - My Practice is Better Than Yours

These Town Hall debates will explore the differences, strengths and weaknesses of different practice environments. Discussants will compare and contrast practice in a single-payer health care system (e.g. Canada) with a multi-payer health care system (e.g., the U.S.), and academic surgery practice with community surgery practice. Audience participation will be encouraged. This session is suitable for surgeons, learners, and anyone interested in the diversity of surgical practice in different care environments.

At the conclusion of this session, attendees will be able to:

- Compare the strengths, weaknesses, and important differences between the Canadian single-payer health care system and the American healthcare system, with respect to surgical practice.
- Illustrate the strengths, weaknesses, and important differences between academic surgical practice and community surgical practice.
- Articulate the diverse types of surgical practice that exist in contemporary health care systems.

12:00 PM Introduction
12:05 PM Surgical Practice in a Single-player Healthcare System
12:12 PM Surgical Practice in a Multi-player Healthcare System
12:19 PM Q&A
12:29 PM Academic Surgical Practice
12:36 PM Community Surgical Practice
12:43 PM Q&A

12:00 PM – 1:00 PM SAGES/SSAT Great Debate: Liver - Meds, Knife or Fire for CRLM?

This session will be a case-based debate that focuses on the evidence and key clinical controversies in the management of colorectal cancer liver metastases.

At the conclusion of this session, attendees will be able to:

- Describe the treatment modalities for colorectal liver metastases.
- Evaluate treatment sequencing and management of CRLM.
- Appraise the available evidence supporting CRLM management strategies.

12:00 PM Case Presentation #1
12:05 PM Resection for Colorectal Liver Metastases
12:15 PM Ablation for Colorectal Liver Metastases
12:25 PM Case Presentation #2
12:30 PM Perioperative Chemotherapy for Colorectal Liver Metastases
12:40 PM Upfront Surgery/Treatment of Colorectal Liver Metastases
12:50 PM Panel Discussion/Q&A

12:30 PM – 2:00 PM Biology Meets Technique: to Operate or Not to Operate in Pancreatic Cancer

For this session, we will evaluate the different treatment paradigms and their evolution. We will explore the most recent advances in pancreatic cancer treatment and focus on the impact of patient and tumor biology on the different therapeutic options. Chemotherapy, radiation therapy, prehabilitation and surgical strategies will be explored. This session is intended for HPB and surgical oncology specialists, and general surgeons treating pancreatic diseases.

At the conclusion of this session, attendees will be able to:

- Identify patients who may benefit from preoperative oncologic treatment for pancreatic cancer.
- Select the most appropriate strategy in patients with borderline resectable and locally advanced pancreatic cancer after oncologic treatment.
- Recognize patient or tumor factors impacting on treatment outcomes for pancreatic cancer.

12:30 PM Preoperative Chemotherapy: Patient Selection and Regimen Options
12:45 PM Prehabilitation Pathways: Who, How and When?
1:00 PM Vascular Resection and Reconstruction During Pancreatic Resection: Tips and Tricks
1:15 PM Ablation Therapy for Locally Advanced Pancreatic Cancer: Trials and Perspectives
1:30 PM Clinical Case Presentation
1:45 PM Discussion and Q&A

12:30 PM – 1:30 PM Video Based Education and Coaching

Video is a powerful educational tool that is currently underutilized in medicine and surgery. Expansion of social media, advances in technology, and growing interest in coaching have all driven interest in using video for clinical improvement. Education as a means for improvement encompasses not only use of video for instruction and coaching, but also for assessing achievement of competence. The combination of surgical video and social media has expanded the boundaries of traditional education across institutional, political, and cultural lines. In this session we examine and discuss the current and future status of video in surgical education.

At the conclusion of this session, attendees will be able to:

- Describe the current benefits and limitations of video based assessment utilizing expert raters, crowdsourced human raters, and machine learning/AI.
- Identify strategies for effective surgical coaching using video review.
- Discuss the current impact of video education shared through social media.

12:30 PM Welcome and Session Overview
12:35 PM Video Based Assessment in Surgery
12:50 PM Video Based Coaching in Surgery
1:05 PM Video Based Education with Social Media
1:20 PM Discussion and Q&A

12:30 PM – 1:30 PM Great Debate: Same-Day Colectomy - Advancing ERAS Forward or Off a Cliff?

Participants in this interactive session with live audience polling and lively debate will learn about the essential ingredients in ERAS pathways needed in preparation for earlier implementation of home recovery following major abdominal, minimally invasive, colorectal surgery. The debates will reveal the creation, development, and validation process of a new GI Recovery and early outcome prediction and assessment tool, the iFEED Scoring System. Lastly, the audience will learn about appropriate patient selection and surrogates for hospitalization following minimally invasive major abdominal colorectal surgery. Live polling following each debate will highlight any changes in participants approach to ERAS, early outcome and GI Recovery assessment, and home recovery readiness.

At the conclusion of this session, attendees will be able to:

- Identify a new and validated metric for measuring PO tolerance and gastrointestinal recovery following GI surgery.
- Convey new strategies and surrogates for hospitalization and traditional monitoring following GI surgery.

12:30 PM Introduction and Audience Poll
12:34 PM Alvimopan Data in Open/MIS/Ostomy Reversal Cases
12:36 PM TAP/Regional Block Data
12:38 PM Panel Debate and Poll
12:42 PM Key Anesthesia Data of Ambulatory Surgery
12:45 PM Key Surgery Data of Ambulatory Surgery
12:48 PM Panel Debate and Poll
12:51 PM Define GI-2/GI-3 and Pros/Cons of These Instruments
12:54 PM Introduce i-FEED Score, Validation Data, and PO Tolerance as an Early Indicator of GI Function Compared to Flatus/BM
12:57 PM Panel Debate and Poll
1:01 PM Right vs Left ICA: the Impact of No Extraction Site on Pain Management
1:03 PM Pro Right ICA, But More Difficult to do Natural Orifice Extraction
1:05 PM Panel Debate and Poll
1:07 PM Telephone/Video Visit Demos
1:09 PM App Demos
1:11 PM Panel Debate and Poll
1:13 PM Home Recovery: Patient Selection Factors and Billing Issues
1:16 PM Home Recovery: High-Risk Cases
1:19 PM Panel Debate and Poll
1:23 PM Safe Implementation of Same-Day Discharge for Colectomy
1:25 PM Q&A

1:30 PM – 2:30 PM SAGES/STS Devil's in the Details: Controversies in Hiatal Hernia Repairs

This session will focus on the most important issues foregut surgeons are currently facing when repairing large hiatal hernias. This expert panel will discuss the impact of obesity on hiatal hernias, how to approach the closure of massive crural defects, and strategies to address reflux with so many new options available.

At the conclusion of this session, attendees will be able to:

- Assess the candidacy for hiatal hernia repair in patients with varying levels of obesity and advise patients on the appropriate surgical options.
- Implement strategies to successfully complete a difficult crural closure.
- Compare the various options for reinforcing the reflux barrier after hiatal hernia repair.

1:30 PM Impact of Obesity on Surgical Options for Hiatal Hernia Repair
1:45 PM How to Approach a Difficult Crural Closure
2:00 PM Handling the Reflux Barrier After Large Hernia Repair
2:15 PM Panel Discussion

2021 LEARNING CENTER (NON-CME)

1. Advanced Laparoscopic Suturing of Anastomoses (ALSA)

Coordinators: Julian Varas, MD & Catalina Ortiz, MD

The ALSA station allows the participants to acquire advanced laparoscopic suturing skills to perform permeable and leak-free anastomosis of different sizes and positions. Participants will practice on validated real-tissue simulation models in high definition endotrainers. The main goal is to learn how to safely perform hand-sewn and mechanical small bowel anastomosis and the principles to perform small duct-to-mucosa anastomosis. Instructors will give tips and feedback and also an iOS App with video tutorials will guide participants through the training. Each exercise has a time goal and all anastomoses performed are tested for permeability and leakage.

Objectives:

- Understand the principles of laparoscopic anastomosis in different sizes and positions
- Perform various laparoscopic anastomoses in real-tissue simulation models inside an HD endotrainer (jejuno-jejunostomy, hepatico-jejunostomy and pancreatico-jejunostomy)
- Practice laparoscopic intracorporeal suturing with 3-0, 4-0 and 6-0 needles

2. Endoscopy Station

Coordinators: Salvadore Docimo, MD & Katelin Mirkin, MD

Flexible Endoscopy continues to be an important component to a General Surgeons practice. Endoscopy requirements in residency training have increased over the past few years and simulation is now a requirement. This station will showcase the newly developed Flexible Endoscopy training models. These models allow training in scope navigation, tissue targeting, retroflexion and loop reduction.

Objectives:

- Practice valuable endoscopic skills in a reproducible model
- Perform various endoscopic tasks in a virtual reality simulator
- Evaluate the SAGES endoscopic curriculum

3. Laparoscopic Common Bile Duct Exploration and Safe Cholecystectomy

Coordinators: B. Fernando Santos, MD & Jessica Koller-Gorham, MD

The LCBDE/Safe Chole station will allow participants to gain cognitive knowledge and hands-on experience with the technique and instruments used for transcystic common bile duct exploration, and gain familiarity with principles of safe cholecystectomy. The station will feature several hands-on stations where participants will utilize instruments and choledochoscopes for LCBDE on a validated LCBDE simulator, with coaching from experienced proctors. There will also be an option for participants to perform a competitive LCBDE time trial and qualify for an LCBDE competition to be held in collaboration with Dr. Rosser's Top Gun Station. The station will also allow participants to review and learn from interactive multi-media didactic modules on LCBDE and Safe Cholecystectomy.

Objectives:

- To gain a greater understanding of bile duct injuries (BDI) in laparoscopic cholecystectomy, and learn how to minimize this risk in clinical practice.
- To gain the cognitive knowledge and technical skills necessary to perform transcystic common bile duct exploration.
- Compete in a LCBDE time-trial and quality for a final competition at the Top Gun station.

Safe Cholecystectomy Group Modules

Laparoscopic cholecystectomy remains one of the most common surgical procedures performed annually. The SAFE Cholecystectomy Didactic Modules have recently been released by SAGES. The purpose of the booth is to introduce the modules to practicing surgeons and those in training.

Objectives:

- Introduce the SAFE Cholecystectomy Didactic Modules

4. Trauma Skills for Battlefield Injuries and Disaster Situations

Coordinator: Imad Haque, MD

A surgeon can be called upon to operate effectively well beyond their current practice and training in combat and austere conditions. Familiarity with current field care and hospital setting concepts and technical skills is relevant for the military and civilian surgeons. This 'Trauma Lane' will involve practicing different trauma skills including: hemorrhage control ranging from proper tourniquet placement per B-CON to application of REBOA as an alternative to an emergent resuscitative thoracotomy during hemorrhagic shock.

Objectives:

- Demonstrate hands-on performance of cutting-edge hemorrhage control procedures in the field and hospital setting
- Gain confidence in performing technical skills to manage injured and acutely ill surgical patients.
- Describe issues and challenges that confront surgeons in austere environments
- Identify common trauma training courses available

5. Top Gun

Coordinators: James "Butch" Rosser, MD, Yana Wirengard, MD & Gabrielle Yee, MD

The Top Gun Laparoscopic Skill Shootout Station will allow participants of all training levels to develop and improve their laparoscopic skills. The station will feature the validated "Rosser TOP GUN" skill development stations developed by Dr. Rosser and made famous at Yale. To date, over 6000 surgeons have participated around the world. Instructors will show tactics and techniques that will transfer readily into the clinical environment. Participants will compete for slots in the Top Gun Shoot Out; crowning one SAGES 2021 TOP GUN.

Objectives:

- Review the Rosser suturing algorithm
- Perform dexterity skills and suturing exercises using the "Rosser TOP GUN" training stations
- Compete with other surgeons in the Top Gun Shoot Out

6. Bariatric Station: Learn from the Experts

Coordinators: Matthew Kroh, MD & Farah Husain, MD

As bariatric surgery continues to grow, new advanced technology and complex cases will be seen. The Bariatric station allows participants to learn from the experts in a variety of ways. Bariatric surgeon expert will be available for complex case discussions. Surgeon will review tips and tricks for the most challenging situations. The BE-SAFE didactic course modules, created to help surgeons master techniques for safe laparoscopic surgery, will be available for members to complete or review. The station will also have hands-on exposure to endoscopic bariatric techniques such as stents. Experts will be available to coach about the technique and answer questions about pros/cons of the devices and how to best utilize each device.

Objectives:

- Understand the principles of endoscopic balloons and other interventions
- Expose the learner to BE-SAFE curriculum and offer the first step to certification
- Discuss complex cases with an expert

7. Fluorescence Imaging

Coordinators: Domenach Asbun, MD & Christy Chai, MD

The use of immunofluorescence is a highly useful and a safe adjunct to surgery in many realms to include bowel perfusion, biliary anatomy, vascular anatomy, ureter location, malignancy resection margins, and nodal drainage basins. This learning center station will teach and demonstrate proper use of fluorescence for intraoperative imaging. The station will also showcase the SAGES video abstracts that use fluorescence, both the historical ones and the ones submitted for 2021 SAGES meeting.

Objectives:

- To educate surgeons on the current uses of fluorescence
- To educate surgeons on the proper usage and interpretation of fluorescence
- To show surgeons the possible uses fluorescence
- To have surgeons become familiar with the many commercial options of fluorescence

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★ **SAGES 2022**
March 16 – 19
Denver, Colorado

★ **SAGES 2023**
March 29 – April 2
Montreal, QC Canada

★ **SAGES 2024**
April 17 – 20
Cleveland, OH