

Preliminary Program

Complex Spine Surgery: Innovations in Practice (With Hands-on Bioskills Lab)

November 11 – 12, 2016

Renaissance Las Vegas Hotel
Oquendo Center Bioskills Lab
Las Vegas, Nevada

Register Now! Early registration discount of 20% when you register before September 19, 2016

Led by exceptional AOSpine faculty:

Co-Chairpersons:



Daniel Gelb, MD
Baltimore, Maryland



Laurence Rhines, MD
Houston, Texas

Education Advisor:



Joseph Cheng, MD, MS
New Haven, Connecticut

Complex Spine Surgery: Innovations in Practice (With Hands-on Bioskills Lab)

Modern spinal surgery is constantly evolving and practitioners must develop treatment plans for increasingly complex conditions. Recognizing the complexity of an underlying pathology, analyzing the nature of the problem, and devising a detailed plan for accomplishing surgical goals is challenging for even the most experienced spine surgeon. The decision-making process now includes considerations of the 3-dimensional deformity aspects of complex spinal reconstructive surgery, the options for approaches to pathologies affecting different aspects of the spinal column, and selecting the most appropriate techniques to avoid potential complications associated with various spinal reconstruction techniques.

This intensive course emphasizes the fundamentals of spine surgery, particularly biomechanical considerations, and the decision-making process. Through the hands-on bioskills laboratory utilizing human anatomic specimens and didactic sessions, participants will engage in surgical techniques and strategies for a range of procedures. Complex surgical exposures in various regions of the spine will be emphasized.

Who should attend

Enrollment in this course is open to fellows, attending orthopedic and neurological spine surgeons.

Learning Objectives

By the conclusion of this Course, the participant should be able to:

- Utilize problem-based decision-making to develop logical algorithms for solving complex spine problems
- Assess the patient in terms of natural history, medical limitations, patient concerns, and treatment expectations
- Order and interpret appropriate imaging and use appropriate diagnostic tools to assess spinal balance, flexibility, and spinal cord anomalies
- Use evidence-based decision making when recommending operative and nonoperative interventions
- Describe and demonstrate the AO principles and fixation techniques in spinal surgery for deformities, degenerative spine disease, and inflammatory processes affecting the spine
- Explain relevant spinal anatomy, including regional nuances
- Employ physiological and surgical principles to spinal fusion and instrumentation
- Select and perform appropriate surgical procedures for specific indications
- Recognize the fundamental skills required to perform the most appropriate operation for any given clinical pathology
- Prevent/manage operative and postoperative complications
- Use outcome measures to assess the effectiveness of each intervention

Directly Provided by

CME Mission Statement

The Continuing Medical Education (CME) mission of AO North America (AONA®) is to provide comprehensive multidisciplinary needs-based education to surgeons, fellows, and residents in the specialties of orthopedic, hand, craniomaxillofacial, spine, neurosurgery, and veterinary surgery in the areas of trauma (i.e., operative reduction and fixation), degenerative disorders, deformities, tumors, and reconstruction.

Expected results of AONA's CME activities for surgeons, fellows, and residents are to:

- Increase their knowledge base and surgical skill level
- Improve competence by applying advances of knowledge in patient care in the areas of trauma, degenerative disorders, deformities, tumors, and reconstructive surgical techniques
- Address practice performance gaps by improving management of all aspects of musculoskeletal injuries and disorders (i.e., pre-operative planning to post-operative care)

Accreditation



AO North America is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

AONA has been resurveyed by the Accreditation Council for Continuing Medical Education (ACCME) and awarded **Accreditation with Commendation**.

Designation

AO North America designates this live educational activity for a maximum of 16.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For Canadian Based Physicians Attending AONA Courses

All live conferences or live courses held outside of Canada can be reported as accredited group learning activities under Section 1 of the MOC Program if they are developed by a university, academy, college, academic institution or physician organization.

Courses sponsored by AO North America meet the criteria of the Royal College of Physicians and Surgeons for accredited group learning activities.

CME for Neurosurgeons

The AANS manually tracks credits earned from neurosurgery Category 1 AMA PRA activities not sponsored or joint-sponsored by the AANS. To add these credits to your file, please forward a copy of your certificate of attendance to the AANS for processing. Please allow 4–6 weeks for processing.

Please mail, fax or email copies to:

AANS

Member Services Department
5550 Meadowbrook Drive
Rolling Meadows, IL 6008
Fax: 847-378-0638

Email: cme@aans.org

AO North America
1700 Russell Road
Paoli, Pennsylvania 19301

DATES

November 11 – 12, 2016

VENUE

Renaissance Las Vegas Hotel
Oquendo Center Bioskills Lab
Las Vegas, Nevada

REGISTRATION

Register online at: www.aona.org

Register deadline: October 19, 2016

For Questions, Call customer service: 1-800-769-1391

TUITION

Early bird special pricing through September 19, 2016

Attending: \$1200.00

Pricing after September 19, 2016

Attending: \$1500.00

Friday November 11, 2016

8 am – 5:45 pm includes coffee breaks and lunch

Welcome
Introduction
AOSpine
Pre-Assessment

15m

SESSION 1: CERVICAL PROCEDURES

Cervical Sagittal and Coronal Alignment – The Goals for Surgical Reconstruction
Occipital-C2 Instrumentation and Fusion Techniques
Subaxial Fusion Techniques – Indications for Anterior, Posterior, or Combined Approaches
Complication Management – Vertebral Artery Injury, Esophageal Injury, Tracheal Injury,
Horner's, Recurrent Laryngeal Nerve
Case Discussion (Cervical)

15m

15m

15m

15m

25m

PRACTICAL EXERCISE I

2h 30m

Case Discussions (with Lunch)

1h 20m

SESSION 2: THORACIC ACCESS

Selection of Approach for Complex Thoracic Level Pathology
Techniques for Anterior Approaches (Transthoracic, Sternal Takedown, Clavicle Resection)
Techniques for Posterior Thoracic Reconstruction - Costotransversectomy, Ponte Osteotomy and
Vertebral Column Resection (VCR)
En Bloc Spondylectomy
Case-Based Discussions: Anterior vs. Posterior; Staged vs. Non-Staged;
One Technique vs. Another (Thoracic)

15m

15m

20m

15m

30m

PRACTICAL EXERCISE II

2h 15m

Co-Chairpersons

Daniel Gelb, MD

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University of Maryland School of Medicine
Baltimore, Maryland

Laurence Rhines, MD

Professor
Director, Spine Program
Department of Neurosurgery
University of Texas, M.D. Anderson Cancer Center
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Education Advisor

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Professor and Vice Chair
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Division of Orthopaedic Surgery
University of Nevada School of Medicine
Las Vegas, Nevada

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Vice Chairman and Chief of Spine Surgery
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Director, Division Orthopaedic Surgery
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Birmingham, Alabama

Timothy Witham, MD, FACS

Associate Professor of Neurosurgery
Director, The Johns Hopkins Bayview
Spine Program
Director, The Johns Hopkins Neurosurgery
Spinal Fusion Laboratory
Baltimore, Maryland

Faculty subject to change

Saturday November 12, 2016

8 am – 3:45 pm includes coffee breaks and lunch

SESSION 3: LUMBROSACRAL RECONSTRUCTION

Posterior Lumbar Osteotomies – Smith-Pete, PSO, Vertebral Body Resection – Indications and Technique	25m
Pelvic Fixation – Indications and Technique	20m
Advantages and Disadvantages of Anterior vs. Lateral vs. Posterior	15m
Sacrectomy – Indications and Technique	15m
Case Discussions – T-L Pelvic Pathologies	45m

PRACTICAL EXERCISE III

2h 00m

Case Discussions (with Lunch)

1h 15m

SESSION 4: ADDITIONAL TOPICS

Ventral Craniocervical Junction Approach	15m
Minimally Invasive Techniques – What is their Role?	15m
The Worst Complications I Have Seen/Dealt With from Approaches or Techniques “Gone Bad” and Lessons Learned	30m
Case Discussions	50m
Wrap-Up & Post Assessment Test	15m

Preliminary program subject to modification.



Presentation Information

Faculty Disclosure

It is the policy of AO North America to abide by the Accreditation Council for Continuing Medical Education Standards for Commercial Support. Standard 2: “Disclosures Relevant to Potential Commercial Bias and Relevant Financial Relationships of Those with Control over CME Content,” requires all planners, including course directors, chairs, and faculty, involved in the development of CME content to disclose their relevant financial relationships prior to participating in the activity. Relevant financial relationships will be disclosed to the activity audience. The intent of the disclosure is not to prevent faculty with relevant financial or other relationships from teaching, but to provide participants with information that might be of importance to their evaluation of content. All potential conflicts of interest have been resolved prior to the commencement of this activity.

Conflict of Interest Resolution Statement

When individuals in a position to control or influence the development of the content have reported financial relationships with one or more commercial interests, AO North America utilizes a process to identify and resolve potential conflicts to ensure that the content presented is free of commercial bias.

Off-Label / Experimental Discussions

Some medical devices used for teaching purposes and/or discussed in AO North America’s educational activities may have been cleared by the FDA for specific uses only or may not yet be approved for any purpose. Faculty may discuss off-label, investigational, or experimental uses of products/devices in CME certified educational activities. Faculty have been advised that all recommendations involving clinical medicine in this CME activity are based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients. All scientific research referred to, reported or used in this CME activity in support or justification of a patient care recommendation conforms to the generally accepted standards of experimental design, data collection and analysis.

Liability Statement

AO North America faculty and staff assume no personal liability for the techniques or the use of any equipment and accessories used for teaching purposes in the laboratory. The certificate provided pertains only to the participants’ completion of the course and does not, in any way, attest to the proficiency of the participants’ clinical experience.

Disclaimer

AONA does not endorse nor promote the use of any product/device of commercial entities. Equipment used in this course is for teaching purposes only with the intent to enhance the learning experience.

Laboratory Waiver

To participate in this surgical skills course, you will be required to sign a waiver of liability prior to the course. In order to participate, AONA’s policy mandates that every individual must wear appropriate protective garments provided by AONA during the lab sessions. Participants who do not sign the waiver and wear protective garments will not be allowed to participate in the laboratory sessions.

Human Anatomic Specimens

This course will involve exposure to and contact with human anatomic specimens. These specimens are being utilized for purposes of teaching and learning and are to be treated with the utmost respect. Participants should be familiar with and understand the potential risks involved and will be required to observe all customary safety procedures.

AO North America gratefully acknowledges in-kind support for equipment and/or technical staff from DePuy Synthes.