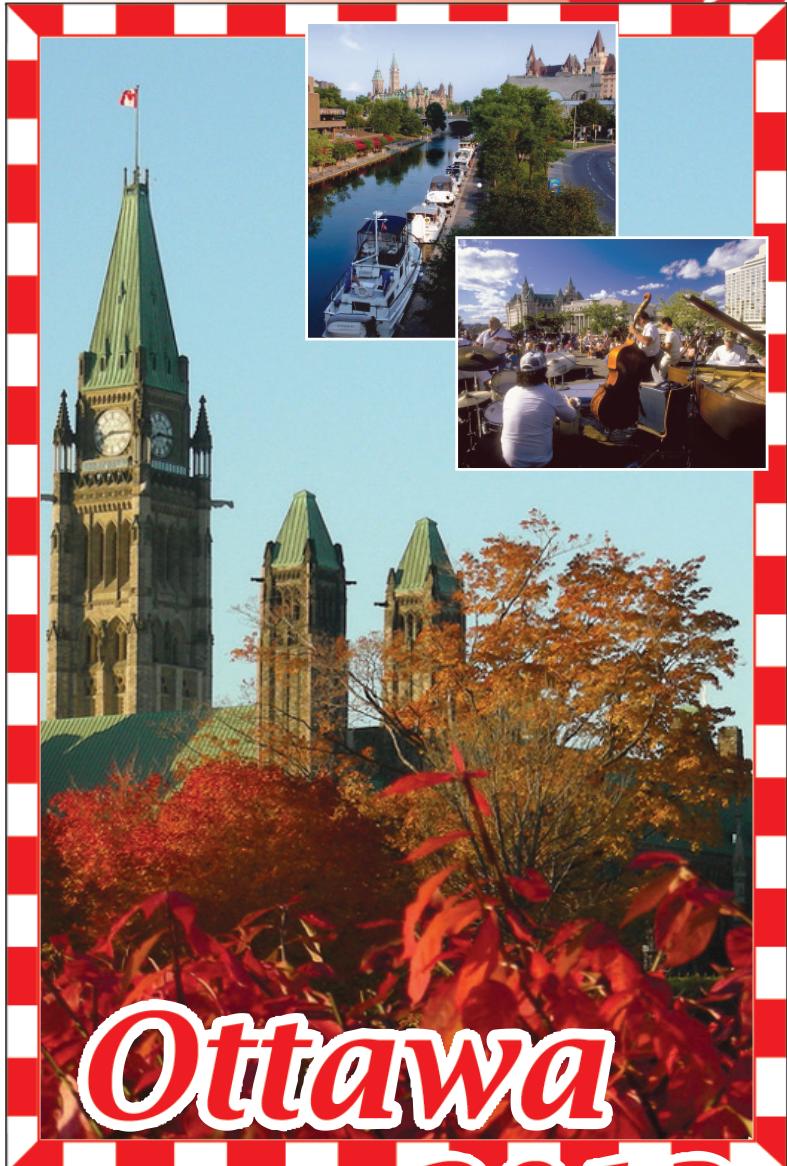


Canadian Surgery forum

canadien de chirurgie



September 19-22
du 19 au 22 septembre 2013

Photos courtesy of Ottawa Tourism

Program Programme



Canadian Association of
General Surgeons



Canadian Society of Colon and
Rectal Surgeons



Société canadienne des chirurgiens
du côlon et du rectum



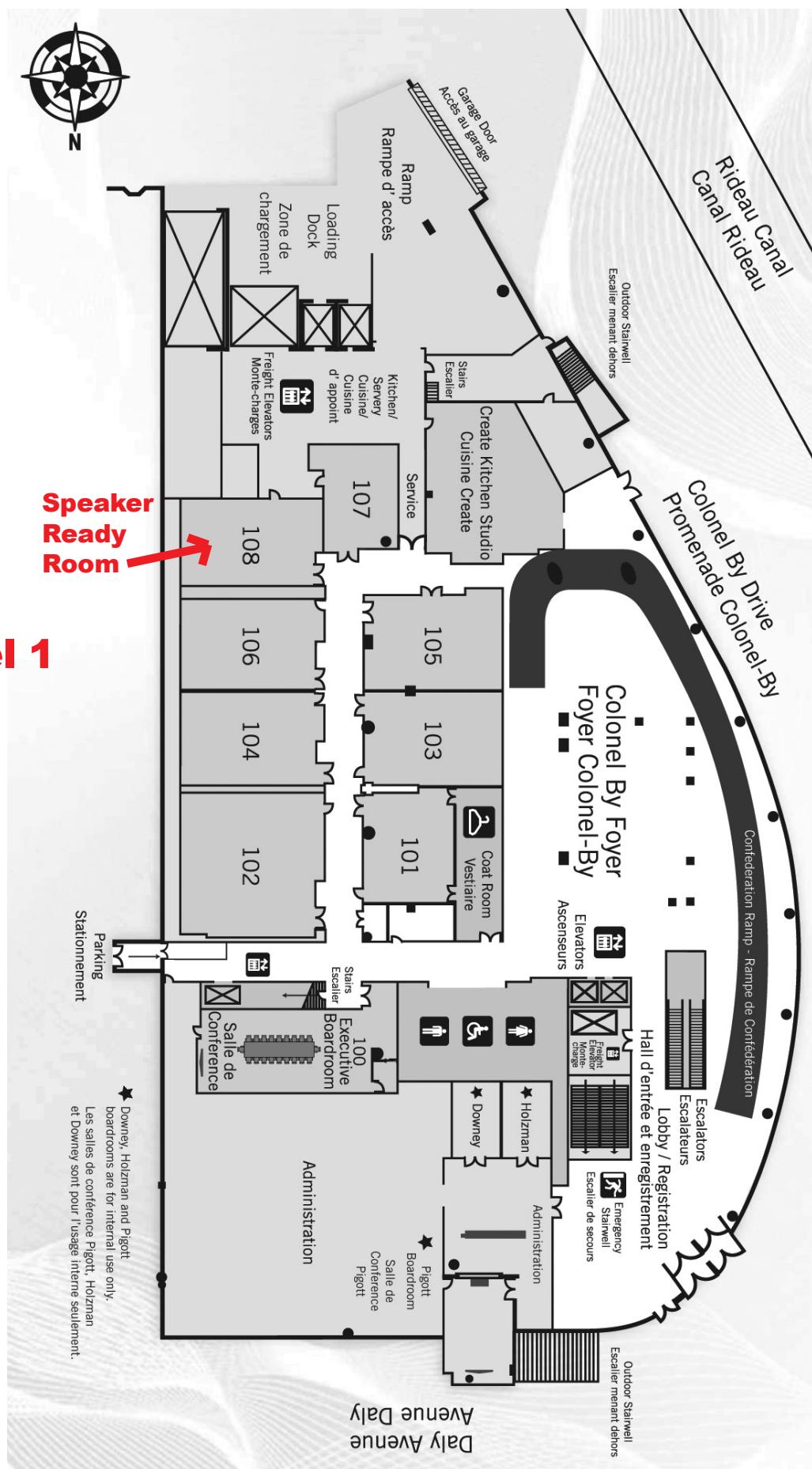
Canadian Association of
Thoracic Surgeons

Association canadienne des
chirurgiens thoraciques

Canadian Society of
Surgical Oncology

Société canadienne
d'oncologie chirurgicale

Ottawa Convention Centre



Level 1

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Canadian Surgery FORUM canadien de chirurgie 2013

*September 19-22 — du 19 au 22 septembre
Ottawa Convention Centre/The Ottawa Westin*

Major participating societies

Canadian Association of General Surgeons (CAGS)
Canadian Society of Colon and Rectal Surgeons (CSCRS)
Canadian Association of Thoracic Surgeons (CATS)
Canadian Society of Surgical Oncology (CSSO)

Other participating societies

American College of Surgeons (ACS)
Canadian Association of Bariatric Physicians and Surgeons (CABPS)
Canadian Association of University Surgeons (CAUS)
Canadian Hepato-Pancreato-Biliary Association (CHPBA)
Canadian Undergraduate Surgical Education Committee (CUSEC)
James IV Association of Surgeons (James IV)
Ontario Association of General Surgeons (OAGS)
Trauma Association of Canada (TAC)



Target audience

The Canadian Surgery Forum is intended for community and academic surgeons, residents in training, researchers, surgical and operating room nurses, surgical Fellows and medical students.

Objectives

The 2013 Canadian Surgery Forum will bring together participating surgical societies, providing accredited continuing professional development, and the opportunity for dialogue on educational and research issues. Scientific and educational sessions will be offered through interactive symposia, panel discussions, postgraduate courses, video sessions, and a self-assessment examination. Business meetings will deal with individual society matters and issues of concern to the practising Canadian surgeon.

Registrants will have the opportunity to (depending on sessions attended):

- Enhance trauma team leadership, communication and teamwork skills by utilizing high-fidelity trauma simulations;
- Improve basic and advanced endoscopic techniques in a lab-setting;
- Learn about the new and latest treatment modalities for thoracic patients in the new millennium;
- Improve practical knowledge in the treatment of lung cancer;
- Review the current management of frequent problems seen in daily practice;
- Obtain hands-on exposure to ultrasound and an introduction to interventional procedures;
- Review the management of colorectal emergencies and the creation and management of ostomies;
- Discuss the principles of managing acute IBD;
- Debate current issues of importance to Canadian general surgeons;
- Learn about surgical approaches to obesity and their complications;
- Describe the advances in the treatment of abdominal wall reconstruction;
- Understand the controversies in colon and hernia surgery;
- Consider the future of surgical endoscopy and understand challenges to endoscopy training in surgical residency;
- Learn about new cutting edge and emerging operating room technologies;
- Learn how to support nurses to innovate and institute positive organizational changes;
- Examine medico-legal issues surrounding common bile duct injuries;
- Hear about colonoscopy for screening and surveillance;
- Describe intraoperative measures to control hemorrhage;
- Hear about enhanced recovery after surgery (ERAS);
- Hear an update on the recent changes in understanding and treating frequent surgical abdominal catastrophes;
- Discuss new concepts in common anorectal disorders;
- Determine whether comparable undergraduate surgical education can be delivered at all the Canadian medical schools;
- Learn how to research and give a great PowerPoint talk in surgery;
- Participate in a “Breakfast with the Professor” session;
- Take part in “Surgical Jeopardy”;
- Directly interact with and question researchers at the poster and paper presentations as well as video sessions;

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Continued from page 2

- See and listen to the distinguished list of invited lecturers and visiting speakers: Peter Brindley, Zane Cohen, Ronald P. DeMatteo, Claude Deschamps, Brian Dunkin, Gary Dunnington, Samir Grover, W. Scott Helton, Matthew D. Kroh, Keith Lillemoe, Patricia Livingston, Robert Martindale, Christine Nadori, Adrian Park, Carlos A. Pellegrini, Glenn Regehr, and Thadeus L. Trus.

There will also be multiple other dedicated time slots covering colorectal surgery, thoracic surgery and surgical oncology.

Abstracts

For paper and poster communications, abstract numbers appear to the left of the titles of the various papers and posters being presented. These numbers refer to the number of the abstract that appears in *The Canadian Journal of Surgery*, Volume 56, Supplement, August 2013. A digital copy is available on the CAGS website.

CAGS self-assessment examination – New time, new place

Saturday, September 21st from 0800-1100

Test your knowledge and skills with colleagues and residents-in-training. Detailed category performance information will be given to each individual.

Registration fee is \$100.

3.4 hours for Royal College credit (MOCOMP)

Continuing professional development

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by the Canadian Association of General Surgeons.

CSF mobile app

Attendees are able to download the 2013 CSF mobile app for free. It has the following functionality: customizable CSF agenda, registration capability, easy-to-read program in the palm of your hand, electronic session evaluations, list of visiting speakers, list of abstracts, schedule of events, list and description of the CSF partners and exhibitors, and much, much more.

CSF Presidents' Dinner, including CSRF silent auction

The CSF Presidents' Dinner is a highlight of the Forum and will be held on Saturday, September 21st in the spectacular Trillium Ballroom (*Level 4, Ottawa Convention Centre*), which features magnificent views of the Parliament Buildings, the Château Laurier and the Rideau Canal – a perfect setting to make the CSF Presidents' Dinner memorable.

Join the Presidents of the CSF participating societies, special guest lecturers and colleagues at this event to celebrate the closing night of the Forum. Guests will be welcomed to a spectacular eco-friendly environment where they will enjoy a cocktail reception, a world-class dinner experience and this year for the first time, an inspiring address by a keynote speaker, Dr. Brian Goldman, CBC's host of *White Coat, Black Art*.

A silent auction at the CSF Presidents' Dinner will help raise funds for the Canadian Surgical Research Fund (CSRF) to further research into general surgery in order to educate health care professionals and enhance the health of Canadians through the advancement of surgical science and technology.

The CSRF supports research projects that advance our understanding of science and practice of transplantation surgery, colorectal surgery, surgical oncology, and breast surgery to name a few disciplines. It also supports health services and public health research in surgery.

The CAGS Residents' Awards will also be presented during the CSF Presidents' Dinner. Come and celebrate the achievements of general surgery residents as they receive the Stevens Norvell Awards for the top scores on the CAGS exam, and Excellence in Teaching Awards chosen by each program director across the country.

We hope that you can join us for an exciting night and an excellent cause. Secure your place at this exclusive evening by purchasing tickets for you and your residents.

Dress: Business/casual

CSF video competition

Members were invited to submit their best **open** and **laparoscopic** videos and the top videos will be presented at the **CAGS Video Session: Show and tell**, Saturday, September 21st from 0800-0930. The session will highlight different surgical techniques and

Continued on page 4

Continued from page 3

approaches, as well as unusual or interesting cases. The audience will vote for the best video presentation during the session using an audience response system and a prize will be awarded to the winner. **We encourage you to come out and vote.**

Disclosure

Before their presentation, all speakers will disclose the existence of any financial interest or other relationships they might have with the manufacturer or any commercial product to be discussed during their presentation (honoraria/expenses, grants, consultant role, speaker's bureau relationship, stock ownership, or any other special relationship).

Evaluation forms

We want to continue to enhance and evolve the Canadian Surgery Forum Conference Program each year to ensure it meets your needs. To help us do this, we will be collecting information on traffic at each session by scanning badges at the door and will be sending out electronic evaluation forms for the sessions you attended. Please be sure your badge is scanned at the door and that you take a few minutes to complete the evaluations. They will be sent to you electronically, based on the sessions you attended.

You can also rate each session using the CSF mobile app. Simply click on **Rate this session** for any session you attend and **Submit**.

This feedback helps us tailor the sessions and refine the Forum each year.

FLS testing available!

Friday, September 20th and Saturday, September 21st.

For more details or to schedule your test, please visit the website <http://www.flspogram.org/news/fls-testing-is-now-offered-at-the-2013-cags-canadian-surgery-forum-september-20-21-2013-in-ottawa/> or contact Inga Brissman at inga@flspogram.org.

National Laparoscopic Suture Challenge

The National Laparoscopic Suture Challenge will be held in Canada Hall 3, Level 3, Ottawa Convention Centre, on Thursday evening from 1900-2000. See poster on page 23.

Posters

Don't forget to view the posters on Friday and Saturday. They can be viewed in Canada Hall 2, Level 3, Ottawa Convention Centre.

Scanners

When you enter any session, the room monitor will scan the bar code on your name badge. The scan records the date and time of your arrival. Please be sure you are scanned in. Your badge will not be scanned upon exiting the session. Please note that the information will not be used for any other purpose than conference evaluation. Thank you for your patience and cooperation.

Social media

Contribute to the discussion on Twitter by using the #2013CSF hashtag.

Speaker ready room

The speaker ready room is located in Room 108, Level 1, Ottawa Convention Centre.

Surgical Jeopardy

The ever popular Surgical Jeopardy will also be held in Canada Hall 3, Level 3, Ottawa Convention Centre, on Friday, September 20th from 1830-1930. Exhibitors/partners are also invited to attend.

Tours

The Canadian Surgery Forum will not host spouse tours. Please contact either your hotel concierge or guest information staff person to get information about local tours. Drop by the hospitality desk located in the registration area at the Ottawa Convention Centre for information on local attractions, tours, restaurants, shopping and other activities in and around Ottawa. The hospitality desk will be staffed Thursday, September 19th to Saturday, September 21st from 0930-1400.

Visit the exhibits!

Kick off your Canadian Surgery Forum experience in Canada Hall 3, Level 3, Ottawa Convention Centre, on Thursday evening, September 19th, at the CSF Welcoming Reception beginning at 1800. Visit the exhibits again on Friday, September 20th and Saturday, September 21st to see what's new and enjoy complimentary refreshments and lunches. Show your support for these important Canadian Surgery Forum partners/exhibitors and enter to win prizes!

Canadian Surgery FORUM canadien de chirurgie 2013

September 19-22—du 19 au 22 septembre

Centre des congrès d'Ottawa / l'hôtel Westin Ottawa

Principales sociétés participantes

Association canadienne des chirurgiens généraux (ACCG)

Société canadienne des chirurgiens du côlon et du rectum (SCCCR)

Association canadienne des chirurgiens thoraciques (ACCT)

Société canadienne d'oncologie chirurgicale (SCOC)



Autres sociétés participantes

Association canadienne de traumatologie (ACT)

American College of Surgeons (ACS)

Association canadienne des médecins et chirurgiens spécialistes de l'obésité (ACMCSO)

Canadian Association of University Surgeons (CAUS)

Canadian Hepato-Pancreato-Biliary Association (CHPBA)

Comité canadien d'éducation chirurgicale pré-graduée (CCECP)

James IV Association of Surgeons (James IV)

Ontario Association of General Surgeons (OAGS)

Auditoire cible

Le Forum canadien de chirurgie s'adresse aux chirurgiens des milieux communautaires et universitaires, aux résidents en chirurgie, aux chercheurs, aux infirmiers à l'unité de chirurgie ou à la salle d'opération, aux Associés de chirurgie et aux étudiants en médecine.

Objectifs

Tribune qui rassemble les sociétés de chirurgie participantes, le Forum canadien de chirurgie 2013 propose des sessions de développement professionnel continu agréées et l'occasion d'échanger des idées sur des sujets ayant trait à l'éducation et à la recherche. Les sessions scientifiques et éducatives prendront la forme de symposiums, de débats d'experts, de cours postdoctoraux marqués au coin de l'interactivité, de sessions vidéo, et d'un examen d'auto-évaluation. Les questions particulières des sociétés participantes et les sujets d'intérêt pour le chirurgien canadien en pratique active seront abordés pendant les réunions administratives.

En fonction des sessions auxquelles elles assistent, les personnes inscrites auront la possibilité de :

- Améliorer les compétences de leadership d'équipe de traumatologie, de communication et de travail d'équipe en utilisant des simulations haute-fidélité en traumatologie;
- Améliorer les techniques endoscopiques de base et avancées dans un laboratoire;
- Connaître les nouvelles et dernières modalités de traitement pour les patients thoraciques du nouveau millénaire;
- Améliorer les connaissances pratiques dans le traitement du cancer du poumon;
- Revoir les mesures actuelles de la gestion des problèmes fréquents en pratique quotidienne;
- Profiter d'une exposition pratique à l'échographie ainsi que d'une introduction aux procédures interventionnelles;
- Revoir la prise en charge des urgences colorectales et de la création et la prise en charge des stomies;
- Discuter des principes de prise en charge de la maladie intestinale inflammatoire aiguë;
- Participer à des débats sur des sujets d'importance pour les chirurgiens généraux canadiens;
- En savoir davantage sur les approches chirurgicales de l'obésité et leurs complications;
- Décrire les progrès dans le traitement de la reconstruction de la paroi abdominale;
- Comprendre les controverses de la chirurgie du côlon et de la hernie;
- Envisager l'avenir de l'endoscopie chirurgicale et comprendre les défis liés à la formation en endoscopie pendant la résidence chirurgicale;
- En apprendre sur les nouvelles technologies de pointe et émergentes pour le bloc opératoire;
- Apprendre comment appuyer les infirmiers de façon à leur permettre d'innover et de mettre en oeuvre des changements organisationnels positifs;
- Examiner les problèmes médico-légaux liés aux lésions du canal cholédoque;
- Se renseigner sur la colonoscopie aux fins de dépistage et de surveillance;
- Décrire les mesures peropératoires pour contrôler l'hémorragie;
- S'informer sur la convalescence améliorée suite à une chirurgie;
- Entendre une mise à jour sur les changements récents dans la compréhension et le traitement de fréquentes catastrophes abdominales chirurgicales;

Suite de la page 5

- Discuter des nouveaux concepts des troubles anorectaux communs;
- Déterminer si toutes les facultés de médecine canadiennes peuvent assurer une formation chirurgicale de premier cycle comparable;
- Apprendre sur l'art de la présentation PowerPoint captivante en chirurgie;
- Participer au « petit-déjeuner avec le professeur »;
- Participer au « péril chirurgical » (*Surgical Jeopardy*);
- Poser des questions aux chercheurs après leur exposé ou à la séance de communications affichées, de même qu'aux sessions vidéo;
- Assister à la conférence des éminents conférenciers invités, dont : Peter Brindley, Zane Cohen, Ronald P. DeMatteo, Claude Deschamps, Brian Dunkin, Gary Dunnington, Samir Grover, W. Scott Helton, Matthew D. Kroh, Keith Lillemoe, Patricia Livingston, Robert Martindale, Christine Nadori, Adrian Park, Carlos A. Pellegrini, Glenn Regehr, et Thadeus L. Trus.

Plusieurs sessions sont également prévues dans les domaines de la chirurgie colorectale, de la chirurgie thoracique, et de la chirurgie oncologique.

App mobile du FCC

Les participants du FCC peuvent télécharger gratuitement l'app mobile du FCC 2013. Cette app a les fonctionnalités suivantes : agenda personnalisable du FCC; capacité d'inscription; programme facile à lire dans la paume de votre main; évaluation électronique des sessions; liste des conférenciers invités; liste des résumés; horaire des événements, listes et descriptions des partenaires et exposants du FCC, et beaucoup, beaucoup plus.

Compétition vidéo du FCC

Les membres ont été invités à soumettre leurs meilleures vidéos d'une chirurgie **ouverte** et **laparoscopique**. Les plus marquantes seront présentées à la **Session éducative vidéo de l'ACCG : Montre et raconte**, le samedi 21 septembre de 0800-0930. La session mettra en relief diverses techniques et approches chirurgicales ainsi que des cas inusités ou présentant un intérêt particulier. L'auditoire choisira la meilleure présentation vidéo à l'aide d'un *système automatisé de répondre à clavier*. *Le gagnant recevra un prix. Nous vous encourageons à venir voter.*

Communications par affiche

N'oubliez pas de venir voir les communications par affiche le vendredi et samedi. Elles peuvent être vues dans la Salle du Canada 2, niveau 1, Centre des congrès d'Ottawa.

Défi canadien de suture laparoscopique

Le Défi canadien de suture laparoscopique se tiendra dans la Salle du Canada 3, niveau 3, Centre des congrès d'Ottawa, le jeudi de 1900-2000. Voir l'affiche sur la page 23.

Dîner des présidents du FCC, incluant la vente aux enchères silencieuse au profit du FCRC

Le Dîner des présidents du FCC est une activité phare du Forum et aura lieu le samedi 21 septembre dans la spectaculaire Salle de bal Trillium (*niveau 4, Centre des congrès d'Ottawa*), qui offre de magnifiques vues des édifices du Parlement, du Château Laurier et du Canal Rideau – un endroit parfait pour faire du Dîner des présidents du FCC une soirée mémorable.

Joignez-vous aux présidents des sociétés qui participent au FCC, aux conférenciers invités et à vos collègues lors de cette activité qui marque la clôture du Forum 2013. Les convives seront accueillis dans un milieu écoresponsable spectaculaire où ils prendront part à un cocktail, à un repas de renommée mondiale et, pour la première fois cette année, à une allocution inspirante donnée par un conférencier d'honneur, le docteur Brian Goldman, hôte de *White Coat, Black Art*, au *CBC*.

La vente aux enchères silencieuse lors du Dîner des présidents 2013 permettra d'amasser des fonds pour le Fonds canadien de recherche en chirurgie (FCRC) qui vise à contribuer à la recherche en chirurgie générale en vue de former les professionnels de la santé et d'améliorer la santé des Canadiens grâce aux progrès de la science et de la technologie chirurgicales.

Le FCRC appuie les projets de recherche qui contribuent à notre compréhension de la science et de la pratique de la chirurgie de transplantation, la chirurgie colorectale, la chirurgie oncologique et la chirurgie du sein, pour nommer quelques disciplines. Il appuie également la recherche en matière de services de santé et de santé publique propres à la chirurgie.

Les Prix des résidents de l'ACCG seront décernés pendant le Dîner des présidents du FCC. Venez célébrer les réalisations des résidents en chirurgie générale lors de la présentation des Prix Stevens Norvell pour les meilleures notes obtenues à l'examen de l'ACCG, ainsi que des Prix d'excellence de l'enseignement, dont les lauréats sont choisis par les directeurs de programme d'un océan à l'autre.

Suite de la page 6

Nous espérons que vous pourrez être des nôtres pour cette belle soirée et cette importante cause. Réservez votre place à cette soirée exclusive en commandant des billets pour vous et pour vos résidents.

Nous espérons que vous pourrez être des nôtres pour cette belle soirée et cette importante cause. Votre présence et votre généreux don sont d'excellentes façons de démontrer votre appui envers le FCRC.

Tenue vestimentaire : d'affaires ou de ville

Divulgation

Avant de commencer leur présentation, les conférenciers divulgueront l'existence de tout intérêt financier ou de tout autre rapport avec le manufacturier de tout produit commercial qui fera l'objet de la présentation (honoraires, dépenses, bourses, rôle d'expert-conseil, bureau des conférenciers, actionnaire ou tout autre genre de relation).

Examen d'auto-évaluation de l'ACCG – Nouvelle heure, nouveau lieu

Le samedi 21 septembre de 0800-1100

Évaluez vos connaissances et vos compétences en présence de collègues et de résidents en formation. Chaque participant recevra des renseignements détaillés sur leur rendement dans chaque catégorie.

Le frais d'inscription est de 100 \$.

3,4 heures aux fins de crédits du Collège royal (MOCOMP)

Examen de FLS disponible !

Le vendredi 20 septembre et le samedi 21 septembre.

Pour de plus amples renseignements ou pour planifier votre examen, veuillez visiter le site Web <http://www.flspogram.org/news/fls-testing-is-now-offered-at-the-2013-cags-canadian-surgery-forum-september-20-21-2013-in-ottawa/> ou communiquer avec Inga Brissman à inga@flspogram.org.

Formulaire d'évaluation

Nous souhaitons améliorer continuellement le programme du Forum canadien de chirurgie afin que, chaque année, il corresponde à vos besoins. Dans cette optique, nous collecterons de l'information sur l'auditoire des sessions selon deux modes : un scanner balaiera l'insigne porte-nom des participants à l'entrée de la pièce et nous vous ferons parvenir par courrier électronique une fiche d'évaluation des sessions auxquelles vous aurez assisté. Nous vous saurions gré de vous prêter à la procédure de balayage de votre insigne porte-nom et de vous donner la peine de remplir les fiches d'évaluation que nous vous aurons transmises.

Vous pouvez également évaluer les sessions auxquelles vous assistez à l'aide de l'application mobile du Forum. Vous n'avez qu'à cliquer sur ***Rate this session*** puis sur ***Submit***.

Cette information nous aide à adapter et peaufiner le contenu du Forum et de l'améliorer à tous les ans.

Média social

Contribuer à la discussion sur Twitter en utilisant le hashtag #2013CSF.

Perfectionnement professionnel continu

Cet événement aspire à la reconnaissance comme activité collective d'apprentissage assortie de crédits aux termes du Programme de maintien du certificat du Collège royal des médecins et chirurgiens du Canada, approuvé par l'Association canadienne de chirurgiens généraux.

Péril surgical

Le très populaire Péril surgical se tiendra dans la Salle du Canada 3, niveau 3, Centre des congrès d'Ottawa, le vendredi de 1830-1930. Les exposants et partenaires sont invités à y assister.

Résumés

Pour les communications libres (communications ou séances d'affichage), les numéros des résumés apparaissent à gauche de tous les documents soumis. Ces numéros correspondent à ceux publiés dans *Le Journal canadien de chirurgie*, Tome 56, supplément, août 2013. Des exemplaires numériques seront à votre disposition sur le site Web de l'ACCG.

Salle de préparation pour conférenciers

La salle de préparation est située dans la Salle 108, niveau 1, Centre des congrès d'Ottawa.

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Scanneurs

Lorsque vous entrez dans n'importe quelle session, les moniteurs vont scanner le code-barre de votre porte-nom. Le scanner enregistrera la date et l'heure de votre arrivée. S'il vous plaît assurez-vous que votre porte-nom soit scanné. Votre porte-nom ne sera pas scanné à la sortie de la session. Veuillez noter que les renseignements ne serviront pas à d'autres fins que l'évaluation du Forum. Nous vous remercions pour votre patience et coopération.

Visites guidées

Le Forum canadien de chirurgie n'anamera pas de visites pour les conjoints. Veuillez communiquer avec le concierge de l'hôtel ou le personnel du service à la clientèle pour obtenir des informations sur les visites guidées locales. Rendez-vous au bureau hospitalité situé dans l'aire d'inscription au Centre des congrès d'Ottawa pour obtenir de l'information sur les attractions locales, les excursions, les restaurants, le magasinage et d'autres activités à Ottawa et dans les environs. Le bureau hospitalité sera ouvert du jeudi au samedi de 0930 à 1400.

Les exposants vous attendent !

Donnez le coup d'envoi à votre Forum canadien de chirurgie en parcourant la Salle du Canada 3, niveau 3, Centre des congrès d'Ottawa, le jeudi en soirée à la réception d'accueil à compter de 1800. Le vendredi et samedi, venez déambuler au salon des exposants pour découvrir des nouveautés et profiter des rafraîchissements et des déjeuners qui vous seront offerts ! Manifestez votre appui à l'égard de ces partenaires importants du Forum canadien de chirurgie et courez la chance de gagner des prix.

2013 Canadian Surgery Forum Steering Committee

Garth L. Warnock, Vancouver – President, Canadian Association of General Surgeons / Chair, Canadian Surgery Forum Steering Committee

W. Donald Buie, Calgary – President, Canadian Society of Colon and Rectal Surgeons

Richard I. Ingle, London – President, Canadian Association of Thoracic Surgeons

Oliver F. Bathe, Calgary – President, Canadian Society of Surgical Oncology

Elijah Dixon, Calgary – President-elect, Canadian Association of General Surgeons

P. Terrance Phang, Vancouver – Vice-president, Canadian Society of Colon and Rectal Surgeons

Drew Bethune, Halifax – Vice-president, Canadian Association of Thoracic Surgeons

Steven Latosinsky, London – President-elect, Canadian Society of Surgical Oncology

Morad S. Hameed, Vancouver – Program Co-chair, Canadian Association of General Surgeons / Co-chair, Canadian Surgery Forum Program Committee

Simon Bergman, Montréal –

Program Co-chair, Canadian

Association of General Surgeons / Co-

chair, Canadian Surgery Forum

Program Committee

David R. Urbach, Toronto –

Treasurer, Canadian Association of

General Surgeons

Jasmin Lidington, Ottawa –

Executive Director, Canadian

Association of General Surgeons /

Executive Director, Canadian Society

of Colon and Rectal Surgeons

Suzanne LeBlanc, Ottawa – Director,

Canadian Surgery Forum

Portfolio. Performance. Value.

[Let us show you]

Let us show you



...the clinical and economic value of our portfolio.

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COVIDIEN

2013 Canadian Surgery Forum Program Committee

- Morad S. Hameed, Vancouver** – Co-chair, Canadian Surgery Forum Program Committee, Canadian Association of General Surgeons
- Simon Bergman, Montréal** – Co-chair, Canadian Surgery Forum Program Committee, Canadian Association of General Surgeons
- Oliver F. Bathe, Calgary** – Canadian Society of Surgical Oncology
- Drew Bethune, Halifax** – Canadian Association of Thoracic Surgeons
- Daniel W. Birch, Edmonton** – Canadian Association of General Surgeons and Canadian Association of Bariatric Physicians and Surgeons
- W. Donald Buie, Calgary** – Canadian Society of Colon and Rectal Surgeons
- Sami Chadi, Toronto** – Resident Member, Canadian Association of General Surgeons
- Sean P. Cleary, Toronto** – Canadian Association of General Surgeons
- Olivier Court, Montréal** – Canadian Association of General Surgeons
- Christopher J. de Gara, Edmonton** – Canadian Association of University Surgeons
- Christopher J. Decker, Parry Sound** – Canadian Association of General Surgeons
- Gwendolyn Hollaar, Calgary** – Canadian Association of General Surgeons
- Richard I. Ingleton, Ottawa** – Canadian Association of Thoracic Surgeons
- Shiva Jayaraman** – Canadian Hepato-Pancreato-Biliary Association
- Jeff Kolbasnik, Carlisle** – Canadian Association of General Surgeons
- Vivian McAlister, London** – Canadian Association of General Surgeons, Trauma Association of Canada and Canadian Forces Medical Service
- Robin S. McLeod, Toronto** – Canadian Association of General Surgeons
- Adam T. Meneghetti, Vancouver** – Canadian Association of General Surgeons
- Allan Okrainec, Toronto** – Canadian Association of General Surgeons
- Sarah Steigerwald, Winnipeg** – Resident Member, Canadian Association of General Surgeons
- Sandro Rizoli, Toronto** – Trauma Association of Canada
- Debrah Wirtzfeld, Winnipeg** – Canadian Association of General Surgeons, Canadian Society of Surgical Oncology and Canadian Association of University Surgeons
- Jasmin Lidington, Ottawa** – Executive Director, Canadian Association of General Surgeons / Executive Director, Canadian Society of Colon and Rectal Surgeons
- Suzanne LeBlanc, Ottawa** – Director, Canadian Surgery Forum



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President	Steven Latosinsky, London
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Canadian Association of General Surgeons (CAGS)

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2008 Robert Stone	1999 Marcel Rheault	1987 Colin C. Ferguson
2007 Rudolph Danzinger	1999 Edmond Monaghan	1986 E. Bruce Tovee
2007 Robert Thorlakson	1998 John Duff	1985 Allan D. MacKenzie
2007 Garry Fisher	1998 Donald Currie	1985 H. Rocke Robertson
2006 John K. MacFarlane	1997 Ken Atkinson	1984 Robert A. Mustard
2006 Wallace Mydland	1997 Ted Robbins	1983 Ft. Burnell Eaton
2005 Rea A. Brown	1996 Bernard Perey	1982 Paul A. Poliquin
2005 Bernard Langer	1996 Stevens T. Norvell	1981 Angus D. McLachlin
2004 Frederic Graham Inglis	1996 Fred Murphy	1980 John T. MacDougall
2004 E. John Hinckey	1995 Lloyd MacLean	1978 Donald R. Wilson
2003 Walter W. Yakimets	1995 Jean Couture	

CAGS Presidents

2012-2013	Garth L. Warnock	1994-1995	Christopher Heughan
2011-2012	Ralph George	1993-1994	Frederic Inglis
2010-2011	Susan Reid	1992-1993	Marvin Wexler
2009-2010	Christopher G. Jamieson	1991-1992	Frank Turner
2008-2009	Christopher M. Schlachta	1990-1991	John Duff
2007-2008	René Lafrenière	1989-1990	Jean Couture
2006-2007	G. William N. Fitzgerald	1988-1989	Fred Murphy
2005-2006	Paul Belliveau	1987-1988	Bernard Langer
2004-2005	William Mackie	1986-1987	E. John Hinckey
2003-2004	Gerald M. Fried	1985-1986	H. Thomas Williams
2002-2003	Robin S. McLeod	1984-1985	Richard Railton
2001-2002	Michel Nelson Talbot	1983-1984	Jean P. Fauteux
2000-2001	John K. MacFarlane	1982-1983	Donald V. Willoughby
1999-2000	Eric Poulin	1981-1982	Neil Watters
1998-1999	William Pollett	1980-1981	Jacques C. Côté
1997-1998	Roger Keith	1979-1980	N. Tait McPhedran
1996-1997	Ed Monaghan	1978-1979	E. Bruce Tovee
1995-1996	Bryce Taylor	1977-1978	Bernard J. Perey

Canadian Society of Colon and Rectal Surgeons (CSCRS)

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Thomas McLarty
Kenneth G. Atkinson
Denis Bernard
Philip H. Gordon
Peter R. Hawley
Robert Thorlakson
Malcolm Veidenheimer
Walter W. Yakimets

CSCRS Presidents

2010-2013 W. Donald Buie
2007-2010 Clifford S. Yaffe
2004-2007 Marcus J. Burnstein
2001-2004 Wesley J. Stephen
1998-2001 Carol-Ann Vasilevsky
1995-1998 Ernest Wiens
1992-1995 Paul Belliveau
1989-1992 Robert Thorlakson
1986-1989 Zane Cohen
1983-1986 Philip H. Gordon

Canadian Association of Thoracic Surgeons (CATS)

CATS Honorary Members

2013 Claude Deschamps
2012 James Luketich
2011 Thomas A. D'Amico
2010 Alexander Patterson
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2005 John Wong
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CATS Presidents

2012-2014 Richard I. Inciulet
2010-2012 Donna E. Maziak
2008-2010 Gary Gelfand
2006-2008 Farid M. Shamji
2004-2006 Richard I. Finley
2003-2004 Gilles Beauchamp
2003 Gilles Beauchamp (acting president)
2002 Robert Ginsberg (deceased)
2001-2002 Helmut Unruh
2000-2001 André Duranceau
1998-2000 David Mulder

Canadian Society of Surgical Oncology (CSSO)

CSSO Presidents

2013-2014 Steven Latosinsky
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2011-2012 Rona E. Cheifetz
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1997-1999 Audley Bodurtha
1995-1997 Hartley S. Stern
1993-1995 John MacFarlane
1991-1993 Walley J. Temple
1990-1991 Wayne Beecroft
1988-1990 Henry R. Shibata

Tuesday / Wednesday / Thursday – Program at a glance

Mardi / Mercredi / Jeudi – Programme en bref

Ottawa Convention Centre/The Westin Ottawa

Tuesday, September 17 / Le mardi 17 septembre

1200-1800 (Executive Boardroom 100, Level 1, Ottawa Convention Centre)

CAGS Executive Committee Meeting (by invitation) / Réunion du Comité de direction de l'ACCG (par invitation)

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1300-1700 (Room 107, Level 1, Ottawa Convention Centre)

CAGS Provincial Representatives Meeting (by invitation) / Réunion du Comité des représentants provinciaux de l'ACCG (par invitation)

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Wednesday, September 18 / Le mercredi 18 septembre

0800-1600 (University of Ottawa Skills & Simulation Centre, The Ottawa Hospital, Civic Campus, Loeb Research Building, 1st Floor, 725 Parkdale Avenue)

Simulated Trauma and Resuscitation Team Training (S.T.A.R.T.T.) (additional fee required)

Formation par simulation de l'équipe de traumatologie et de réanimation (S.T.A.R.T.T.) (frais d'inscription supplémentaires)

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0800-1600 (Novotel Ottawa Hotel, 33 Nicholas Street)

CAGS Resident Research Retreat (by invitation)

Séance de réflexion des résidents de l'ACCG sur la recherche (par invitation)

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0900-1800 (Room 102, Level 1, Ottawa Convention Centre)

CAGS Board Meeting (by invitation) / Réunion du Conseil de l'ACCG (par invitation)

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Thursday, September 19 / Le jeudi 19 septembre

0745-1630 (Room 215, Level 2, Ottawa Convention Centre)

CAGS Postgraduate Course: Ultrasound for the general surgeon (additional fee required)

Cours postdoctoral de l'ACCG : Échographie pour le chirurgien général (frais d'inscription supplémentaires)

Page 16

0800-1100 (Room 206, Level 2, Ottawa Convention Centre)

CATS Research Meeting (members only) / Réunion de recherche de l'ACCT (membres seulement)

Page 57

0800-1600 (University of Ottawa Skills & Simulation Centre, The Ottawa Hospital, Civic Campus, Loeb Research Building, 1st Floor, 725 Parkdale Avenue)

CAGS Minimally Invasive Surgery Postgraduate Course: Therapeutic endoscopy for general surgeons (additional fee required)

Part 1 – Lectures

Part 2 – Hands-on skills lab

Cours postdoctoral sur la chirurgie à effraction minimale de l'ACCG : L'endoscopie thérapeutique à l'intention des chirurgiens généraux (frais d'inscription supplémentaires)

Partie 1 – Conférences

Partie 2 – Laboratoire de compétences pratiques

0800-1600 (Room 213, Level 2, Ottawa Convention Centre)

CAGS Postgraduate Course: General surgery review (additional fee required)

Cours postdoctoral de l'ACCG : Revue de la chirurgie générale (frais d'inscription supplémentaires)

Page 18

0800-1600 (Room 214, Level 2, Ottawa Convention Centre)

CSCRS Postgraduate Course (additional fee required)

Part 1 – Colorectal emergencies and ostomies

Part 2 – Surgical management of IBD and unexpected findings

Cours postdoctoral de la SCCCR (frais d'inscription supplémentaires)

Partie 1 – Urgences colorectales et stomies

Partie 2 – Prise en charge chirurgicale de la maladie intestinale inflammatoire et des découvertes fortuites

Page 19

0800-1600 (Room 102, Level 1, Ottawa Convention Centre)

HPB CONCEPT Team Meeting (by invitation) / Réunion de l'équipe HPB CONCEPT (par invitation)

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1100-1300 (Room 206, Level 2, Ottawa Convention Centre)

CanMEDS Workshop (CATS Program Directors) (by invitation) / Atelier CanMEDS (Directeurs de programmes de l'ACCT) (par invitation)

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1200-1330 (Room 211, Level 2, Ottawa Convention Centre)

CAUS Lunch and Annual Business Meeting (members only) / Déjeuner et réunion d'affaires annuelle de la CAUS (membres seulement)

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1330-1700 (Room 207, Level 2, Ottawa Convention Centre)

CSSO Postgraduate Course: The laparoscopic approach to the oncologic patient – The options and evidence (additional fee required)

Cours postdoctoral de la SCOC : L'approche laparoscopique pour le patient oncologique – Les options et les éléments de preuve (frais d'inscription supplémentaires)

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1330-1715 (Room 206, Level 2, Ottawa Convention Centre)

CATS Postgraduate Course: Personalized treatment of lung cancer (additional fee required)

Cours postdoctoral de l'ACCT : Traitements personnalisés liés au cancer du poumon (frais d'inscription supplémentaires)

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1400-1700 (Room 205, Level 2, Ottawa Convention Centre)

CAUS Symposium: Foundations of surgery, including the Charles Tator Annual Lecture

Symposium de la CAUS : Compétences en chirurgie, incluant la présentation annuelle de la Conférence Charles Tator

Page 22

1400-1700 (Council Room, Level 2, Royal College of Physicians and Surgeons of Canada)

Royal College Specialty Committee Meeting in General Surgery (by invitation)

Réunion du Comité de spécialité en chirurgie générale du Collège royal (par invitation)

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1400-1800 (Room 104, Level 1, Ottawa Convention Centre)

TAC Executive Committee Meeting (by invitation)

Réunion du Comité de direction de l'ACT (par invitation)

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1600-1800 (Room 211, Level 2, Ottawa Convention Centre)

CUSEC Meeting (by invitation) / Réunion de la CCECP (par invitation)

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1630-1730 (Room 107, Level 1, Ottawa Convention Centre)

CSCRS Executive Committee Meeting (by invitation)

Réunion du Comité de direction de la SCCCR (par invitation)

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1700-1800 (Room 105, Level 1, Ottawa Convention Centre)

University of Toronto, Division of Thoracic Surgery – Meet & Greet Wine and Cheese Reception

University of Toronto, Division of Thoracic Surgery – Réception vins et fromages

Page 57

1800-2000 (Canada Hall 3, Level 3, Ottawa Convention Centre)

CSF Welcoming Reception/Exhibits / Réception d'accueil du FCC/Exposition

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1900-2000 (Canada Hall 3, Level 3, Ottawa Convention Centre)

National Laparoscopic Suture Challenge / Défi canadien de suture laparoscopique

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Wednesday, September 18 / Le mercredi 18 septembre

0800-1600 (*University of Ottawa Skills & Simulation Centre, The Ottawa Hospital, Civic Campus, Loeb Research Building, 1st Floor, 725 Parkdale Avenue*)

Simulated Trauma and Resuscitation Team Training (S.T.A.R.T.T.) (additional fee required)

Description: The course is designed for surgical residents and practising surgeons interested in enhancing trauma team leadership skills. Previous Advanced Trauma Life Support (ATLS) training is ideal though not essential. The ATLS course is the gold standard of trauma care throughout the world. The one-day S.T.A.R.T.T. course builds on the ATLS principles but focuses on grooming an effective and efficient trauma team leader. It highlights trauma team design and organization and the differences between trauma management in a level 1 trauma centre versus ATLS based management designed for a single practitioner in a rural setting. The course focuses on crisis resource management (CRM) training in order to teach participants how to effectively function as a member of a multidisciplinary trauma team. Emphasis will be on communication and leadership skills, effective resource utilization, situational awareness and problem-solving, and how to enhance completion of tasks.

The course will consist of a brief didactic session discussing the principle of CRM training and the history and rationale behind CRM. The remainder of the day will consist of small groups rotating through a number of high-fidelity trauma simulations, allowing each participant to act as trauma team leader. Each will be followed by an extensive debriefing session by experienced trauma team leaders discussing not only the medical content of the scenario but also focusing on communication and leadership skills and applying the CRM principles from the morning session.

Learning objectives:

- Discuss the history of crisis resource management training and the rationale for trauma team member training;
- Describe the principles of crisis resource management including problem-solving approaches, situational awareness, limited resource utilization, leadership and communication skills;
- Highlight the similarities and differences between a sequential ATLS approach to trauma management versus a parallel, simultaneous approach used in level 1 trauma centres;
- Understand the organization of the trauma team and the roles of each of its members;
- Have the opportunity to demonstrate and practice these skills by acting as a trauma team leader during a simulated trauma resuscitation.

Formation par simulation de l'équipe de traumatologie et de réanimation (S.T.A.R.T.T.) (frais d'inscription supplémentaires)

Description: Le cours est conçu à l'intention des résidents en chirurgie et des chirurgiens en pratique active désireux de rehausser leurs compétences de leadership au sein de l'équipe de traumatologie. Bien qu'une formation préalable en soins avancés de réanimation traumatologique (ATLS) soit idéale, elle n'est pas nécessaire. Le cours ATLS est l'étalon des soins de traumatologie à travers le monde. Le cours (S.T.A.R.T.T.) d'une journée fait fond sur les principes de l'ATLS tout en ciblant la formation du leader efficace de l'équipe de traumatologie. Il met l'accent sur la conception et l'organisation de l'équipe de traumatologie et sur les différences entre la prise en charge des traumatismes dans un centre de traumatologie de niveau 1 comparativement à la prise en charge fondée sur l'ATLS par un seul professionnel en milieu rural. Le cours mise sur la formation en gestion des ressources en temps de crise, en vue d'enseigner aux participants un mode de fonctionnement efficace à titre de membre d'une équipe de traumatologie multidisciplinaire. L'accent sera posé sur les habiletés de communication et de leadership, l'utilisation efficace des ressources, la conscience situationnelle et la résolution de problèmes, et sur les moyens de favoriser l'achèvement des tâches.

Le cours consiste d'une brève séance didactique où seront discutés les principes de la formation en gestion des ressources en temps de crise, son historique et sa justification. Pendant le reste de la journée, de petits groupes feront la rotation entre plusieurs simulations haute-fidélité en traumatologie, permettant à chaque participant d'agir à titre de leader de l'équipe de traumatologie. Chaque rotation sera suivie d'une séance exhaustive de débriefing par des leaders chevronnés d'équipes de traumatologie, qui discuteront du contenu médical du scénario, des habiletés de communication et de leadership, et de la mise en pratique des principes de gestion des ressources en temps de crise discutés en matinée.

Objectifs d'apprentissage :

- Discuter de l'historique de la formation en gestion des ressources en temps de crise et de la justification pour la formation destinée aux membres de l'équipe de traumatologie;
- Décrire les principes de la gestion des ressources en temps de crise, notamment les approches à la résolution de problèmes, la conscience situationnelle, l'utilisation de ressources limitées, les habiletés de communication et de leadership;
- Souligner les ressemblances et les différences entre l'approche séquentielle de l'ATLS à la prise en charge des traumatismes comparativement à une approche parallèle, simultanée utilisée dans les centres de traumatologie de niveau 1;
- Comprendre l'organisation de l'équipe de traumatologie et les rôles de chacun de ses membres;
- Avoir l'occasion de démontrer ces habiletés et de les mettre en pratique en agissant à titre de leader de l'équipe de traumatologie dans le cadre d'une réanimation traumatologique simulée.

Co-chaired by: L. Gillman, Winnipeg; S.Q. Widder, Edmonton

Faculty: *P. Brindley, University of Alberta, Edmonton*; P.T. Engels, McMaster University, Hamilton; P. Fata, McGill University, Montréal; M.S. Hameed, University of British Columbia, Vancouver; B.J. Hancock, University of Manitoba, Winnipeg; K. Khwaja, McGill University, Montréal; J.B. Kortbeek, University of Calgary, Calgary; J. Lampron, The Ottawa Hospital, Ottawa; V. McAlister, Canadian Armed Forces Health Services, Western University, London; P.B. McBeth, University of British Columbia, Vancouver; J.D. Paton-Gay, University of Alberta, Edmonton; T. Razek, McGill University, Montréal; M.T. Ziesmann, University of Manitoba, Winnipeg

0715 Shuttle bus departs from The Westin Ottawa to the uOSSC

0730 Registration and continental breakfast

Continued on page 15

Wednesday, September 18 / Le mercredi 18 septembre

Continued from page 14

- 0800** Welcome and introductions: L. Gillman, University of Manitoba, Winnipeg; S.Q. Widder, University of Alberta, Edmonton
- 0815** Introduction to CRM: *P. Brindley, University of Alberta, Edmonton*
- 0845** Trauma team structure: P.T. Engels, McMaster University, Hamilton
- 0915** Refreshment break
- 0945** Simulation scenarios: orientation to SIM lab
- 1000** Scenario 1 – Group C
Scenario 2 – Group D
Scenario 3 – Group A
Scenario 4 – Group B
- 1100** Scenario 1 – Group D
Scenario 2 – Group A
Scenario 3 – Group B
Scenario 4 – Group C
- 1200** Lunch
- 1300** Scenario 1 – Group A
Scenario 2 – Group B
Scenario 3 – Group C
Scenario 4 – Group D
- 1400** Scenario 1 – Group B
Scenario 2 – Group C
Scenario 3 – Group D
Scenario 4 – Group A
- 1500** Refreshment break
- 1530** Wrap up and concluding remarks: L. Gillman, University of Manitoba, Winnipeg; S.Q. Widder, University of Alberta, Edmonton
- 1615** Shuttle bus departs from the uOSCC to The Westin Ottawa

Thursday, September 19 / Le jeudi 19 septembre

0745-1630 (Room 215, Level 2, Ottawa Convention Centre)

CAGS Postgraduate Course: Ultrasound for the general surgeon (additional fee required)

Description: The one-day course is designed for general surgeons and surgical trainees. The use of ultrasound by surgeons to aid in the diagnosis of surgical conditions has had limited uptake in Canada. Using Canadian faculty, we will offer the American College of Surgeons (ACS) ULTRASOUND FOR RESIDENTS course as an introduction to the use of this important diagnostic tool. As per the ACS curriculum, the course will include didactic sessions on the technology, diagnostic techniques and clinical applications of current ultrasound machines. The sessions will be accompanied by practical stations to demonstrate and provide hands-on exposure to ultrasound of the neck, breast, chest, abdomen and an introduction to interventional procedures. Each participant will receive a SKILLS COMPANION CD prior to the course. We would like to thank the American College of Surgeons for allowing us to provide this course.

Learning objectives:

- Describe fundamental ultrasound technology;
- Discuss how it might be used to aid in the diagnosis of surgical conditions;
- Acquire sufficient exposure to this technological aid to decide if, and how it might be integrated in their practices and whether they would wish to pursue more focused training in the use of ultrasound by the surgeon.

Cours postdoctoral de l'ACCG : Échographie pour le chirurgien général (frais d'inscription supplémentaires)

Description : Le cours d'une journée s'adresse aux chirurgiens généraux et aux stagiaires en chirurgie. Au Canada, le recours à l'échographie par les chirurgiens pour faciliter le diagnostic de conditions chirurgicales a fait l'objet d'une acceptation limitée. Des membres du corps professoral d'une faculté de médecine canadienne donneront le cours *ULTRASOUND FOR RESIDENTS* basé sur le programme d'études de l'*American College of Surgeons (ACS)*. Le cours est conçu comme une introduction à l'utilisation de cet outil de diagnostic important. Selon le curriculum de l'*ACS*, le cours comprend des sessions didactiques sur la technologie, les techniques de diagnostic, ainsi que les applications cliniques des appareils à ultrasons actuels. Les sessions prévoient des stations pratiques aux fins de démonstration et d'exposition interactive à l'échographie du cou, du sein, du thorax et de l'abdomen et il présente une introduction aux procédures interventionnelles et aux procédures d'accès. Chaque participant recevra un CD « *SKILLS COMPANION* » avec une inscription au cours. Nous tenons à remercier l'*American College of Surgeons* pour nous permettre d'utiliser le programme d'études pour donner ce cours.

Objectifs d'apprentissage :

- Décrire le fondement de la technologie échographique;
- Discuter comment l'échographie peut être utilisée pour faciliter le diagnostic de conditions chirurgicales;
- Acquérir suffisamment d'exposition à cet outil technologique pour décider si et comment il pourrait être intégré à leur pratique de chirurgie générale et s'ils souhaitent entreprendre une formation davantage ciblée en matière d'utilisation de l'échographie par le chirurgien.

Course director: P.B. McBeth, Vancouver

Faculty: P.T. Engels, McMaster University, Hamilton; R. George, University of Toronto, Toronto; L. Gillman, University of Manitoba, Winnipeg; M.S. Hameed, University of British Columbia, Vancouver; J.D. Paton-Gay, University of Alberta, Edmonton

0700 Registration and continental breakfast

0745 Welcome and introduction

0800 Pre-test

0820 Physics of ultrasound

0840 Knobology

0900 Scanning techniques

0920 Refreshment break

0935 FAST

0955 Thoracic ultrasound

1010 Central line insertion

1025 Thyroid

1040 Breast

1100 Refreshment break

1115 Skills stations

Station 1 – FAST: L. Gillman, University of Manitoba, Winnipeg; J.D. Paton-Gay, University of Alberta, Edmonton

Station 2 – FAST simulator: P. McBeth, University of British Columbia, Vancouver

Station 3 – CVP insertion phantom: P.T. Engels, McMaster University, Hamilton

Station 4 – Breast: R. George, University of Toronto, Toronto

Station 5 – Thyroid

Station 6 – Thoracic: M.S. Hameed, University of British Columbia, Vancouver

1200 Lunch

1230 Skills stations

1615 Post-test/feedback

The “CAGS Postgraduate Course: Ultrasound for the general surgeon” is an educational session which is accredited by the Royal College guidelines and standards at the Canadian Surgery Forum (CSF). Its content was developed entirely by the CAGS faculty and is free from any commercial bias. The “CAGS Postgraduate Course: Ultrasound for the general surgeon” was co-developed with the Canadian Association of General Surgeons and BK Medical and was planned to achieve scientific integrity, objectivity and balance.

Thursday, September 19 / Le jeudi 19 septembre

0800-1600 (*University of Ottawa Skills & Simulation Centre, The Ottawa Hospital, Civic Campus, Loeb Research Building, 1st Floor, 725 Parkdale Avenue*)

CAGS Minimally Invasive Surgery Postgraduate Course: Therapeutic endoscopy for general surgeons (*additional fee required*)

Part 1 – Lectures

Part 2 – Hands-on skills lab

Description: The interactive one-day course is designed for practising surgeons, residents and other health care professionals interested in learning more about endoscopy. The morning will feature a four-hour didactic session. The lectures will provide education on several basic and advanced endoscopic techniques including indications, complications, and practical tips and tricks for basic and advanced endoscopic procedures. The afternoon will feature a four-hour hands-on skills lab. The hands-on lab will provide participants an opportunity to practice basic and advanced endoscopic techniques.

Learning objectives:

- Understand the current and future role of flexible endoscopy in their surgical practice;
- Describe safe techniques for upper endoscopy and colonoscopy, including polypectomy and successful hemostasis;
- Define the indications for EMR, dilatation, and stenting;
- Perform various endoscopic procedures in a lab setting including polypectomy, injection, clipping, dilation and stenting.

Cours postdoctoral sur la chirurgie à effraction minimale de l'ACCG : L'endoscopie thérapeutique à l'intention des chirurgiens généraux (*frais d'inscription supplémentaires*)

Partie 1 – Conférences

Partie 2 – Laboratoire de compétences pratiques

Description: Le cours interactif d'une journée s'adresse aux chirurgiens en pratique active, aux résidents et aux autres professionnels de la santé qui veulent approfondir leurs connaissances en matière d'endoscopie. Une session didactique de quatre heures est prévue en matinée. Les conférences porteront sur de nombreuses techniques d'endoscopie de base et avancées, notamment les indications, les complications et des conseils et trucs pratiques liés aux interventions endoscopiques de base et avancées. L'après-midi consiste d'un laboratoire de compétences pratiques de quatre heures. Dans le cadre du laboratoire, les participants auront l'occasion de mettre en pratique des techniques d'endoscopie de base et avancées.

Objectifs d'apprentissage :

- Comprendre le rôle actuel et futur de l'endoscopie flexible dans leur pratique de chirurgie;
- Décrire les techniques sécuritaires de l'endoscopie supérieure et de la coloscopie, notamment la polypectomie et l'hémostase réussie;
- Définir les indications pour la résection muqueuse endoscopique (RME), la dilatation et la pose de stent;
- Effectuer diverses interventions endoscopiques en milieu de laboratoire, notamment la polypectomie, l'injection, la ligature, la dilation et la pose de stent.

0715 Shuttle bus departs from The Westin Ottawa to the uOSSC

0730 Registration and continental breakfast

Morning course directors: J. Ellsmere, Halifax; A. Okrainec, Toronto

0800 The need for Canadian surgical endoscopists: J. Ellsmere, Dalhousie University, Halifax

0815 Patient preparation and sedation: D.R. Urbach, University of Toronto, Toronto

0830 EGD – Overcoming common challenges: L.E. Ferri, McGill University, Montréal

0845 Colonoscopy – Tips for improving outcomes: C.M. Schlachta, Western University, London

0900 Successful hemostasis: *T.L. Trus, Dartmouth Hitchcock Medical Center GNS, Lebanon, NH*

0915 Discussion

0945 Using endoscopy to improve enteral access: A.T. Meneghetti, University of British Columbia, Vancouver

1015 Polypectomy and endoscopic mucosal resection: *B. Dunkin, Methodist Hospital, Houston, TX*

1030 Endoscopy in the operating room: C. Andrew, University of Manitoba, Winnipeg

1045 Dilatation: S. Karmali, University of Alberta, Edmonton

1100 Stents: *M.D. Kroh, Cleveland Clinic, Cleveland, OH*

1115 Future of flexible endoscopy: *B. Dunkin, Methodist Hospital, Houston, TX*

1130 Discussion

1200 Lunch

Afternoon course director: J. Ellsmere, Halifax

Afternoon course co-director: A. Okrainec, Toronto

1300 Stations (20 minutes)

Difficult colons: C.M. Schlachta, Western University, London

The faculty will teach attendees the techniques used to avoid creating loops during colonoscopy and the approaches used to reduce loops during colonoscopy (torque, scope withdrawal, patient repositioning).

Difficult polyp: T.D. Jackson, University of Toronto, Toronto

The faculty will teach attendees about endoscopic polypectomy.

Energy sources, monopolar & bipolar, APC: C. Andrew, University of Manitoba, Winnipeg

The faculty will teach attendees hemostasis techniques using energy sources.

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Injection therapy: D. Hong, McMaster University, Hamilton

The faculty will teach attendees hemostasis and tattooing techniques using injection therapy.

Foreign body extraction: L.E. Ferri, McGill University, Montréal

The faculty will teach attendees about retrieving large specimens and foreign bodies.

Dilation: S. Karmali, University of Alberta, Edmonton

The faculty will teach attendees about dilation strictures.

Esophageal stenting: M.D. Kroh, *Cleveland Clinic, Cleveland, OH*

The faculty will teach attendees about dilating strictures.

Clipping: D.R. Urbach, University of Toronto, Toronto

The faculty will teach attendees about clipping.

Banding: T.L. Trus, *Dartmouth Hitchcock Medical Center GNS, Lebanon, NH*

The faculty will teach attendees about banding.

PEG: B. Dunkin, *Methodist Hospital, Houston, TX*

The faculty will teach attendees about PEG.

1615 Shuttle bus departs from the uOSCC to The Westin Ottawa

The "CAGS Minimally Invasive Surgery Postgraduate Course: Therapeutic endoscopy for general surgeons" is an educational session which is accredited by the Royal College guidelines and standards at the Canadian Surgery Forum (CSF). Its content was developed entirely by the CAGS faculty and is free from any commercial bias. The "CAGS Minimally Invasive Surgery Postgraduate Course: Therapeutic endoscopy for general surgeons" was co-developed with the Canadian Association of General Surgeons and Olympus Canada Inc. and was planned to achieve scientific integrity, objectivity and balance.



0800-1600 (Room 213, Level 2, Ottawa Convention Centre)

CAGS Postgraduate Course: General surgery review (additional fee required)

Description: The one-day course is designed for practising surgeons looking for a broad-based up-to-date CME experience. Each year on the occasion of the Canadian Surgery Forum (CSF), a one-day review will take place on a regular basis to update practising general surgeons in the current management of frequent problems seen in daily practice. It will be a cycle of topics that will repeat every four years in order to cover the very extensive scope of general surgery. The format for the interactive course will include presentations from expert faculty with case-based scenarios and open discussion. Participants are encouraged to bring cases to be discussed.

Learning objectives:

- Review the current evidence-based management of common general surgical diseases;
- Consolidate your knowledge across a spectrum of selected topics in general surgery.

Cours postdoctoral de l'ACCG : Revue de la chirurgie générale (frais d'inscription supplémentaires)

Description : Le cours d'une journée s'adresse aux chirurgiens en pratique active à la recherche d'une expérience de FMC actualisée et de portée générale. Chaque année à l'occasion du Forum canadien de chirurgie (FCC), une revue d'une journée aura lieu dans le but de parfaire les connaissances des chirurgiens généraux en pratique active au sujet de la prise en charge actuelle de problèmes courants encourus dans la pratique quotidienne. Le cycle de sujets sera répété tous les quatre ans afin de couvrir la portée très large de la chirurgie générale. Le format du cours interactif inclut des présentations de médecins enseignants experts, des scénarios de cas et une discussion ouverte. Les participants sont encouragés à apporter des cas à discuter.

Objectifs d'apprentissage :

- Passer en revue la prise en charge actuelle, fondée sur des données probantes, des maladies communes relevant du domaine de la chirurgie générale;
- Consolider vos connaissances propres à un large spectre de sujets liés à la chirurgie générale.

0700 Registration and continental breakfast

Course director: O. Court, Montréal

0800 Colonoscopy – Guidelines and standards: C.S. Yaffe, St. Boniface Hospital, Winnipeg

0830 Surgical hemostatic agents and sealants: F. Balaa, University of Ottawa, Ottawa

0900 Hernia repair – Review of meshes: D. Klassen, Dalhousie University, Halifax

0930 Refreshment break

1000 Complications of bariatric surgery for the general surgeon: T. D. Jackson, University of Toronto, Toronto

1030 Rectal cancer – Adjuvant and neo-adjuvant treatments: R.A. Auer, University of Ottawa, Ottawa

1100 Update in gastric cancer management: L.E. Ferri, McGill University, Montréal

1130 Lunch

1230 Communication 101 with the patient – Disclosing what and when: L. LeGrand Westfall, Canadian Medical Protective Association, Ottawa

1300 Management of thyroid nodule: R. Tabah, McGill University, Montréal

1330 Guidelines for the management of surgical intraabdominal infections: J. Clément, Université Laval, Québec

1400 Refreshment break

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- 1430** Management of penetrating neck trauma: R. Brisebois, University of Alberta, Edmonton
1500 Investigation of adrenal incidentaloma: E. Mitmaker, McGill University, Montréal
1530 Management of anal incontinence: J.-F. Latulippe, Hôpital Maisonneuve-Rosemont, Montréal

0800-1600 (Room 214, Level 2, Ottawa Convention Centre)

CSCRS Postgraduate Course (additional fee required)

Part 1 – Colorectal emergencies and ostomies

Part 2 – Surgical management of IBD and unexpected findings

Description: The one-day course is designed for practising surgeons, residents and other health care professionals involved in the treatment of colorectal disease. The two morning sessions will review the management of colorectal emergencies and the creation and management of ostomies. The afternoon sessions will review the principles of managing acute IBD. The day will end with a panel case discussion of unexpected findings.

Each interactive session includes a panel of recognized experts. Using a case-oriented approach, the panel will highlight specific decision points in surgical management through an interactive discussion and active audience participation. In addition to a discussion on the management of each case, short talks will be given by each panelist reviewing the current literature on specific management issues.

Learning objectives:

- Understand and apply the principles of managing acute colorectal emergencies including diverticulitis, gastrointestinal bleed, anastomotic leak, bowel obstruction and colonoscopic emergencies;
- Understand and apply the basic principles in creating a perfect stoma and managing common stomal complications;
- Understand the surgical management of IBD in the biologic era;
- Understand and manage unexpected colorectal findings in the operating room.

Cours postdoctoral de la SCCR (frais d'inscription supplémentaires)

Partie 1 – Urgences colorectales et stomies

Partie 2 – Prise en charge chirurgicale de la maladie intestinale inflammatoire et des découvertes fortuites

Description: Le cours d'une journée s'adresse aux chirurgiens en pratique active, aux résidents et aux autres professionnels de la santé qui sont impliqués dans le traitement des maladies colorectales. Les deux sessions en matinée proposent une revue de la prise en charge des urgences colorectales et de la création et la prise en charge des stomies. Celles en après-midi proposent une revue des principes de prise en charge de la maladie intestinale inflammatoire aiguë. En fin de journée, un groupe d'experts discutera de cas de découvertes fortuites.

Chacune des sessions interactives prévoit un groupe d'experts reconnus. À l'aide d'une approche par cas, ces derniers feront ressortir des points de décision spécifiques dans la prise en charge chirurgicale par le biais d'une discussion interactive et de la participation active de l'auditoire. Outre la discussion sur la prise en charge de chacun des cas, chaque expert donnera un bref exposé, passant en revue la littérature courante sur des sujets de prise en charge spécifiques.

Objectifs d'apprentissage :

- Comprendre et appliquer les principes de prise en charge des urgences colorectales aigües, notamment la diverticulite, le saignement gastrointestinal, la fuite anastomotique, l'obstruction intestinale et les urgences liées à la coloscopie;
- Comprendre et appliquer les principes de base liés à la création d'une stomie parfaite et à la prise en charge de complications courantes liées aux stomies;
- Comprendre la prise en charge chirurgicale de la maladie intestinale inflammatoire dans l'ère biologique;
- Comprendre et prendre en charge les découvertes colorectales fortuites au bloc opératoire.

0700 Registration and breakfast

Course director: W.D. Buie, Calgary

Part 1 – Colorectal emergencies and ostomies

Moderator: W.D. Buie, Calgary

0800 Welcome and introductions: W.D. Buie, University of Calgary, Calgary

Session I – Colorectal emergencies

0805 Acute diverticulitis: H. Moloo, University of Ottawa, Ottawa

0825 GI bleed: L. Williams, Dalhousie University, Halifax

0845 Anastomotic leak: I. Datta, University of Calgary

0905 Bowel obstruction: S. Drolet, Centre hospitalier universitaire de Québec, Québec

0925 Colonoscopic emergencies: D. Hochman, University of Manitoba, Winnipeg

0945 Panel/case discussion – Getting out of trouble: I. Datta, University of Calgary, Calgary; S. Drolet, Centre hospitalier universitaire de Québec, Québec; D. Hochman, University of Manitoba, Winnipeg; H. Moloo, University of Ottawa, Ottawa; L. Williams, Dalhousie University, Halifax

1000 Refreshment break

Session II – Ostomies – The good, the bad and the ugly

Moderator: C. Richard, Montréal

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1020	Constructing the perfect stoma: H.A. Redstone, Fredericton
1040	Medical management of common stomal problems: A.S. Liberman, McGill University, Montréal
1100	Parastoma hernia and prolapse: J. Heppell, Mayo Clinic, Scottsdale, AZ
1120	Management of stomal problems – Ischemia, retraction, stenosis, and high output: J.-F. Latulippe, Hôpital Maisonneuve-Rosemont, Montréal; H.A. Redstone, Fredericton
1140	Case/panel discussion: J. Heppell, Mayo Clinic, Scottsdale, AZ; J.-F. Latulippe, Hôpital Maisonneuve-Rosemont, Montréal; A.S. Liberman, McGill University, Montréal
1200	Lunch
	Part 2 – Surgical management of IBD and unexpected findings
	Moderator: A.R. MacLean, Calgary
	Session III – Surgical management of IBD in the biologic era
1300	Medical management of UC and complicated Crohn's disease: R. Sy, The Ottawa Hospital, Ottawa
1320	Acute colitis – Surgical intervention – When and what?: J.A. Heine, University of Calgary, Calgary
1340	Fistulizing disease: P. Charlebois, McGill University, Montréal
1400	Dysplasia and cancer in the IBD patient: E.D. Kennedy, Mount Sinai Hospital, Toronto
1420	Cases/panel discussion: P. Charlebois, McGill University, Montréal; J.A. Heine, University of Calgary, Calgary
1440	Refreshment break
	Session IV – Unexpected intraoperative findings – What do I do now?
	Moderator: P.M. Johnson, Halifax
1500	Panel discussion: P. Belliveau, Queen's University, Kingston; W.D. Buie, University of Calgary, Calgary; J. Heppell, Mayo Clinic, Scottsdale, AZ; M.C. Ott, London Health Science Centre, London; C.S. Yaffe, St. Boniface Hospital, Winnipeg

A computerized audience response system will be used during the course. / Un système automatisé de répondre à clavier sera utilisé durant le cours.

The “CSCRS Postgraduate Course: Part 1 – Colorectal emergencies and ostomies; Part 2 – Surgical management of IBD and unexpected findings” is an educational session which is accredited by the Royal College guidelines and standards at the Canadian Surgery Forum (CSF). Its content was developed entirely by the CSCRS faculty and is free from any commercial bias. The “CSCRS Postgraduate Course: Part 1 – Colorectal emergencies and ostomies; Part 2 – Surgical management of IBD and unexpected findings” was co-developed with the Canadian Society of Colon and Rectal Surgeons and Covidien and was planned to achieve scientific integrity, objectivity and balance.



1330-1700 (Room 207, Level 2, Ottawa Convention Centre)

CSSO Postgraduate Course: The laparoscopic approach to the oncologic patient – The options and evidence (additional fee required)

Description: The half-day course is designed for practising community and academic surgeons, and surgical trainees. The course material will cover the surgical approaches for open and laparoscopic oncologic abdominal surgery. Speakers will provide the standards for which we measure oncologic surgery and the evidence supporting open versus laparoscopic approach. The benefits of each surgical approach will also be discussed. Finally the acquisition of laparoscopic skills and integrating them into a surgical practice and hospital will be discussed. Panel members have been chosen to provide representation from both the laparoscopic and oncologic surgical communities. A lively discussion is expected regarding pros and cons of both techniques.

Learning objectives:

- Discuss the role and goals of resection via an open incision versus laparoscopic approach of malignancies of the stomach, pancreas, liver, small bowel, appendix, colon and rectum as well as spleen and adrenal;
- Describe standards to be achieved with oncologic surgery of the stomach, pancreas, liver, small bowel, appendix, colon and rectum as well as spleen and adrenal;
- Discuss the acquisition of new laparoscopic skills and the implementation of such in a surgical practice;
- Debate the benefits of laparoscopic surgery and the open technique as well as the adverse effects.

Cours postdoctoral de la SCOC : L'approche laparoscopique pour le patient oncologique – Les options et les éléments de preuve (frais d'inscription supplémentaires)

Description: Le cours d'une demi-journée s'adresse aux chirurgiens communautaires en pratique active, aux chirurgiens académiques, et aux stagiaires en chirurgie. La matière du cours portera sur l'approche chirurgicale pour la chirurgie abdominale oncologique ouverte et laparoscopique. Les conférenciers fourniront les normes dont nous mesurons la chirurgie oncologique et les preuves à l'appui de l'approche ouverte plutôt que de l'approche laparoscopique. Les avantages de chaque approche chirurgicale seront également discutés. Enfin l'acquisition de compétences laparoscopiques et leurs intégrations dans un hôpital et une pratique chirurgicale sera discutée. Les membres du panel ont été choisis pour assurer la représentation des deux communautés laparoscopiques et oncologiques chirurgicales. Une discussion animée est prévue concernant les avantages et les désavantages des deux techniques.

Objectifs d'apprentissage :

- Examiner le rôle et les objectifs de résection par une incision ouverte plutôt qu'une approche laparoscopique des tumeurs malignes de l'estomac, du pancréas, du foie, de l'intestin grêle, de l'appendice, du côlon et du rectum ainsi que de la rate et de la surrenale;

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- Décrire les normes à atteindre pour les chirurgies oncologiques de l'estomac, du pancréas, du foie, de l'intestin grêle, de l'appendice, du côlon et du rectum ainsi que de la rate et de la surrénale;
- Discuter de l'acquisition de nouvelles compétences par laparoscopie et la mise en œuvre de ces compétences dans une pratique chirurgicale;
- Débat sur les avantages de la chirurgie laparoscopique et de la technique ouverte ainsi que les effets indésirables.

1230 Registration and lunch

Course director: S. Latosinsky, London

1330 Opening remarks: S. Latosinsky, London Health Sciences Centre, London

1345 The stomach: N.G. Coburn, University of Toronto, Toronto

1405 The small bowel and appendix: E. Haase, University of Alberta, Edmonton

1425 The colon and rectum: R.A. Auer, University of Ottawa, Ottawa

1445 The liver: Guillaume Martel, University of Ottawa, Ottawa

1505 Refreshment break

1530 The pancreas: A.C. Wei, University of Toronto, Toronto

1550 The gall bladder: C.H. Law, Sunnybrook Health Sciences Centre, Toronto

1610 The spleen and adrenal: D. Klassen, Dalhousie University, Halifax

1630 How to implement and acquire these skills: C.M. Schlachta, Western University, London

1330-1715 (Room 206, Level 2, Ottawa Convention Centre)

CATS Postgraduate Course: Personalized treatment of lung cancer (additional fee required)

Description: The half-day course is designed for thoracic surgeons who wish to improve their practical knowledge in the treatment of lung cancer. The interactive course on personalized medicine for NSCLC will offer practical tips to thoracic surgeons on the new and latest treatment modalities for patients in the new millennium. With new biomarkers and drugs, as well as new pathological staging and descriptors, this will empower surgeons to direct therapy against specific gene rearrangements and hopefully translate into improved survival. This as well may direct their surgical approach in patients.

Learning objectives:

- Understand the paradigm shift in treatment of patients with NSCLC and the importance of molecular testing in their treatment;
- Recognize that the need for sufficient tissue for biomarker assessments is important for further progress in personalized medicine;
- Describe how EGFR and ALK markers are prime examples of personalized medicine in NSCLC thus far;
- Comprehend the role for personalized surgery in the treatment of NSCLC.

Cours postdoctoral de l'ACCT : Traitements personnalisés liés au cancer du poumon (frais d'inscription supplémentaires)

Description: Le cours d'une demi-journée est conçu à l'intention des chirurgiens thoraciques qui souhaitent rehausser leurs connaissances pratiques liées au traitement du cancer du poumon. Le cours interactif sur la médecine personnalisée pour le carcinome pulmonaire non à petites cellules (NSCLC) fournira aux chirurgiens thoraciques des conseils pratiques liés aux nouvelles et dernières modalités de traitement pour les patients du nouveau millénaire. Grâce aux nouveaux bio marqueurs et médicaments, et aux nouvelles méthodes de classification par stades et descriptions pathologiques, les chirurgiens seront outillés de façon à orienter la thérapie vers des réarrangements génétiques spécifiques, ce qui, on l'espère, se traduira par des taux de survie améliorés. Le tout peut également orienter leur approche chirurgicale chez les patients.

Objectifs d'apprentissage :

- Comprendre le changement de paradigme dans le traitement de patients atteints de NSCLC et l'importance des tests moléculaires vis-à-vis leur traitement;
- Reconnaître que la nécessité d'une quantité suffisante de tissu aux fins d'évaluation des bio marqueurs est importante pour réaliser des progrès futurs dans le domaine de la médecine personnalisée;
- Décrire comment les marqueurs des récepteurs EGF et de la kinase lymphome anaplasique (ALK) constituent des exemples parfaits de la médecine personnalisée dans les cas de NSCLC jusqu'ici;
- Comprendre le rôle de la chirurgie personnalisée dans le traitement du NSCLC.

Course director: D.E. Maziak, Ottawa

1300 Registration and lunch

1330 Welcome: D.E. Maziak, The Ottawa Hospital, Ottawa

1340 Molecular profiling of lung cancer: D. Banerjee, The Ottawa Hospital, Ottawa

1420 EGFR: S. Laurie, The Ottawa Hospital Cancer Centre, Ottawa

1500 Refreshment break

1520 Pathology of lung cancer: H. Sekhon, The Ottawa Hospital, Ottawa

1600 ALK treatment: P. Wheatley-Price, The Ottawa Hospital Cancer Centre, Ottawa

1630 Sublobar v. lobar – BRC5: R.S. Sundaresan, The Ottawa Hospital, Ottawa

The "CATS Postgraduate Course: Personalized treatment of lung cancer" is an educational session which is accredited by the Royal College guidelines and standards at the Canadian Surgery Forum (CSF). Its content was developed entirely by the CATS faculty and is free from any commercial bias. The "CATS Postgraduate Course: Personalized treatment of lung cancer" was co-developed with the Canadian Association of Thoracic Surgeons and Pfizer Oncology and was planned to achieve scientific integrity, objectivity and balance.



Thursday, September 19 / Le jeudi 19 septembre

1400-1700 (*Room 205, Level 2, Ottawa Convention Centre*)

CAUS Symposium: Foundations of surgery, including the Charles Tator Annual Lecture

Learning objectives: The session is designed for practising surgeons and surgical trainees. At the end of the session, participants will have gained a greater understanding surrounding the future of surgical training. Internationally, a 2-year foundation-training period prior to specializing is becoming increasingly common. How these changes will impact the future landscape of Canadian surgery will be discussed.

Symposium de la CAUS : Compétences en chirurgie, incluant la présentation annuelle de la Conférence Charles Tator

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux stagiaires en chirurgie. Au terme de la session, les participants auront acquis une compréhension plus profonde de la base de formation et d'éducation, comment les organismes de réglementation provinciaux évaluent les compétences cliniques et comment les compétences sont liées à l'expérience.

Co-chaired by: D. Boone, St. John's; S. Meterissian, Montréal

1400 Charles Tator Annual Lecture: Measuring performance in surgical training: *G. Dunnington, Indiana University School of Medicine, Indiana, IN*

1445 Foundation training from within: S. Meterissian, McGill University, Montréal

1515 Work hours: K. Imrie, Sunnybrook Regional Cancer Centre, Toronto

1545 Panel discussion: D. Boone, Memorial University of Newfoundland, St. John's; *G. Dunnington, Indiana University School of Medicine, Indiana, IN*; K. Imrie, Sunnybrook Regional Cancer Centre, Toronto; S. Meterissian, McGill University, Montréal

1800-2000 (*Canada Hall 3, Level 3, Ottawa Convention Centre*)

CSF Welcoming Reception/Exhibits

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will have had an opportunity to network with friends and colleagues; visit the exhibits to see what is new during this opening event.

Réception d'accueil du FCC/Exposition

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux résidents en chirurgie et aux chercheurs en chirurgie. Au terme de la session, les participants auront l'occasion de réseauter avec des amis et des collègues; visiter les exposants pour découvrir des nouveautés lors de cet événement d'ouverture.

1900-2000 (*Canada Hall 3, Level 3, Ottawa Convention Centre*)

National Laparoscopic Suture Challenge

Learning objectives: The challenge is designed for practising surgeons, surgical residents, medical students and other health professionals who have an interest in technical skills training. The residents representing programs across Canada will participate in this friendly challenge to crown the “Canada’s National Champion” in laparoscopic suturing. The challenge is designed to promote interest in technical skills training through simulation across Canada.

Défi canadien de suture laparoscopique

Objectifs d'apprentissage : Le défi s'adresse aux chirurgiens en pratique active, aux résidents en chirurgie, aux étudiants en médecine et aux autres professionnels en soins de santé qui s'intéressent à une formation en aptitudes techniques. Des résidents représentatifs de programmes de partout au Canada participeront à ce défi amical afin de couronner un « Champion national du Canada » de la pose de suture laparoscopique. Le défi cherche à stimuler de l'intérêt en regard d'une formation en aptitudes techniques par l'entremise de la simulation.

Chaired by: S. Karmali, Edmonton

Coordinated by: P. Kaneva, Montréal

Judges: C. de Gara, Edmonton; C.M. Schlachta, London

Competitors: M. Bral, McMaster University, Thunder Bay; J. Bailey, Dalhousie University, Halifax; T. Chan, University of British Columbia, Vancouver; M. Dakermanji, McGill University, Montréal; J. Gu, University of Saskatchewan, Saskatoon; E. Joy, McMaster University, Hamilton; R. Kholdebarin, University of Manitoba, Winnipeg; D. Ko, University of Alberta, Edmonton; S. Koubi, Memorial University of Newfoundland, St. John's; Y. Leblanc, University of Ottawa, Ottawa; S. Patel, Western University, London; C. Robertson-More, University of Calgary, Calgary; M. Strickland, University of Toronto, Toronto; J. Villamere, Queen's University, Kingston



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NATIONAL LAPAROSCOPIC
SUTURE CHALLENGE!!
AN IMMMOVABLE OBJECT VS.
AN IRRESISTIBLE FORCE

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Don't miss the battle

Thurs, Sept. 19, 2013

1900

Live event, no replay available

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CANADIAN SURGERY FORUM

Just show up in Canada Hall 3,
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(refreshments served)

Evening of Skills

Friday – Program at a glance

Vendredi – Programme en bref

Ottawa Convention Centre/The Westin Ottawa

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0700-0800 (Room 105, Level 1, Ottawa Convention Centre) CSSO Executive Committee Meeting (by invitation) / Réunion du Comité de direction de la SCOC (par invitation)	Page 58			
0730-0930 (Room 101, Level 1, Ottawa Convention Centre) TAC International/Disaster Management Committee Meeting (by invitation) Réunion du Comité international/de gestion des opérations en cas de catastrophes de l'ACT (par invitation)	Page 58			
0800-1000 (Room 102, Level 1, Ottawa Convention Centre) TAC/AC Steering Committee Meeting (by invitation) / Réunion du Comité de direction de SA/ACT (par invitation)	Page 58			
0800-0930 (Canada Hall 1, Level 3, Ottawa Convention Centre) CSF Welcoming Remarks/CAGS Debates: 1. Older surgeons should face mandatory retirement (pro/con) 2. HIV, Hep B and Hep C testing and disclosure is mandatory for surgeons (pro/con) Mot d'ouverture du FCC/Débats de l'ACCG : 1. Les anciens chirurgiens doivent faire face à la retraite obligatoire (pour/contre) 2. Le dépistage et la déclaration du VIH, de l'hépatite B et de l'hépatite C sont obligatoires pour les chirurgiens (pour/contre)	Page 26			
0800-1700 (Room 106, Level 1, Ottawa Convention Centre) FLS Testing (Additional fee required) / Examen de FLS (frais d'inscription supplémentaires)	Page 58			
0830-0930 (Room 103, Level 1, Ottawa Convention Centre) CAGS Professionalism Committee Meeting (by invitation) Réunion du Comité sur le professionalism de l'ACCG (par invitation)	0830-1000 (Room 206, Level 2, Ottawa Convention Centre) CATS Welcoming Remarks/Opening Session: Strategic planning (members only) Mot d'ouverture de l'ACCT/Session d'ouverture de l'ACCT : Planification stratégique (membres seulement)	Page 26		
0930-1000 (Canada Hall 3, Level 3, Ottawa Convention Centre) Refreshment break/Visit the exhibits / Pause rafraîchissements/Visitez l'exposition				
1000-1040 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Langer Lecture: The evolution of managing colorectal cancer liver metastases (CRCLM) from 1990 to 2013 and beyond Conférence Langer de l'ACCG : L'évolution de la prise en charge des métastases hépatiques du cancer colorectal entre 1990 et 2013 et au-delà	Page 26			
1040-1120 (Canada Hall 1, Level 3, Ottawa Convention Centre) Royal College Gallie Lecture: The surgeon as a leader – What does it take? Conférence Gallie du Collège royal : Le chirurgien comme chef de file – Qu'est-ce que ça prend?	Page 27			
1120-1200 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Presidential Address: With wisdom and skillful hands / Allocution du président de l'ACCG : Muni de sagesse et de mains habiles	Page 28			
1200-1330 (Canada Hall 3, Level 3, Ottawa Convention Centre) Lunch/Visit the exhibits / Déjeuner/Visitez l'exposition				
1200-1330 (Canada Hall 2, Level 3, Ottawa Convention Centre) CAGS/CATS Poster Session / Séance d'affichage de l'ACCG et de l'ACCT	Page 28			
1200-1330 (Room 206, Level 2, Ottawa Convention Centre) CATS Executive Committee Meeting (by invitation) / Réunion du Comité de direction de l'ACCT (par invitation)	Page 58			
1330-1430 (Room 206, Level 2, Ottawa Convention Centre) CATS Presidential Address / Allocution du président de l'ACCT	Page 31			
1330-1450 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Symposium: Evidence based reviews in surgery – Let's do Journal Club – Does antibiotic lavage decrease surgical site infections? Symposium de l'ACCG : Examens fondés sur des preuves en chirurgie – Qu'en dit le club de lecture? – Le lavage antibiotique réduit-il les infections suite à la chirurgie colorectale?	1330-1450 (Room 208, Level 2, Ottawa Convention Centre) CAGS Debates in Minimally Invasive Surgery: Controversies in colon and hernia surgery Débats de l'ACCG sur la chirurgie à effraction minimale : Controverses en chirurgie du côlon et de la hernie	1330-1450 (Room 203, Level 2, Ottawa Convention Centre) CABPS/CAGS Bariatric Working Group Symposium: Approaching failed bariatric surgery – The revisionist's guide to the galaxy Symposium de l'ACMCB et du groupe de travail bariatrique de l'ACCG : Faire face à l'échec de la chirurgie bariatrique – Le guide de la galaxie à l'intention du révisionniste	1330-1450 (Room 210, Level 2, Ottawa Convention Centre) Canadian Interest Group: Hernia and abdominal wall reconstruction Groupe d'intérêt canadien : La hernie et la reconstruction de la paroi abdominale	Page 31
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Friday – Program at a glance / Vendredi – Programme en bref

Friday, September 20 (continued) / Le vendredi 20 septembre (suite)

1330-1500 (Room 205, Level 2, Ottawa Convention Centre) CAGS International Surgery Symposium: The work of Canadian professional societies in international surgery Symposium de l'ACCG sur la chirurgie internationale : Des associations professionnelles canadiennes à l'œuvre				
				Page 33
1430-1630 (Room 206, Level 2, Ottawa Convention Centre) CATS Symposium: Management of small lung cancers / Symposium de l'ACCT : La gestion des petits cancers du poumon				
1500-1620 (Room 203, Level 2, Ottawa Convention Centre) CAGS: Highlights from the Canadian Surgical Research Fund L'ACCG : Faits saillants de la recherche subventionnée par le FCRC	1500-1620 (Room 208, Level 2, Ottawa Convention Centre) CAGS Paper Session – Basic science Communications de l'ACCG – Science fondamentale	1500-1620 (Room 215, Level 2, Ottawa Convention Centre) CAGS Resident Education Symposium: The battle for endoscopy – Preserving the general surgeon's scope of practice in residency training Symposium de l'ACCG sur la formation des résidents : La lutte pour l'endoscopie – Maintien du champ d'exercice du chirurgien général pendant la formation en résidence	1500-1620 (Room 205, Level 2, Ottawa Convention Centre) CAGS Symposium: Advanced operating room technologies 2013 Symposium de l'ACCG : Technologies avancées de salle d'opération en 2013	1500-1620 (Room 210, Level 2, Ottawa Convention Centre) CAGS Symposium: Abdominal wall reconstruction Symposium de l'ACCG : Reconstruction de la paroi abdominale
Page 33	Page 34	Page 34	Page 35	Page 35
1500-1620 (Room 214, Level 2, Ottawa Convention Centre) CSCRS Annual Business Meeting (members only) / Réunion d'affaires annuelle de la SCCR (membres seulement)				
				Page 58
1620-1700 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS H. Thomas G. Williams Lecture: "Kids these days" – Reshaping our conversations about generation ME Conférence H. Thomas G. Williams de l'ACCG : « Les enfants d'aujourd'hui » – Reformuler nos conversations au sujet de la génération MOI				
				Page 36
1700-1800 (Room 209, Level 2, Ottawa Convention Centre) Royal College Specialty Committee Meeting in Thoracic Surgery (by invitation) Réunion du Comité de spécialité en chirurgie thoracique du Collège royal (par invitation)				
				Page 58
1700-1830 (Room 205, Level 2, Ottawa Convention Centre) CHPBA Hot Topic: Are bile duct injuries at laparoscopic cholecystectomy defensible? La question de l'heure de CHPBA : Les lésions de la voie biliaire principale à la cholécystectomie laparoscopique sont-elles justifiables?	1700-1830 (Room 215, Level 2, Ottawa Convention Centre) CAGS Symposium: Acute care surgery – Clinical updates Symposium de l'ACCG : La chirurgie en soins actifs – Mise à jour clinique	1700-1830 (Room 208, Level 2, Ottawa Convention Centre) OAGS/CAGS Symposium: Colonoscopy for screening and surveillance – Why, when, where, how often and by whom Symposium de l'OAGS et de l'ACCG : Colonoscopie de dépistage et de surveillance – Pourquoi, quand, où, à quelle fréquence et par qui	1700-1830 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Instructional Video Session: Endocrine surgery Session éducative vidéo de l'ACCG : Chirurgie endocrinienne	1700-1830 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Instructional Video Session: Endocrine surgery Session éducative vidéo de l'ACCG : Chirurgie endocrinienne
Page 36	Page 37	Page 37	Page 37	Page 37
1830-1930 (Canada Hall 3, Level 3, Ottawa Convention Centre) CAGS Symposium: Surgical jeopardy / Symposium de l'ACCG : Le péril chirurgical				
				Page 38
1900 (Restaurant 18, 18 York Street) CATS Annual Dinner (members only) (additional fee required) Dîner annuel de l'ACCT (membres seulement) (frais d'inscription supplémentaires)				
				Page 58
2000 (Sidedoor Contemporary Kitchen and Bar, 18B York Street) CAGS Residents' Dinner (members only) Dîner des résidents de l'ACCG (membres seulement)				
				Page 58

Visit the Exhibits! / Les exposants vous attendent !

Friday, September 20 / Le vendredi 20 septembre

0800-0930 (*Canada Hall 1, Level 3, Ottawa Convention Centre*)

CSF Welcoming Remarks/CAGS Debates:

1. Older surgeons should face mandatory retirement (pro/con)

2. HIV, Hep B and Hep C testing and disclosure is mandatory for surgeons (pro/con)

Learning objectives: The session is designed for surgeons, surgical residents, nurses, hospital administrators and all health care workers. At the end of the first debate, participants will be able to describe the evidence for and against mandatory retirement, physiologic and cognitive changes, strategies for assuring ongoing competence in surgery and the law on arbitrary age discrimination. At the end of the second debate, participants will be able to describe the evidence, current rationale and policy on mandatory screening, assess true occupational risk, understand outcomes of physicians who test positive and define population who should be screened.

Mot d'ouverture du FCC/Débats de l'ACCG :

1. Les anciens chirurgiens doivent faire face à la retraite obligatoire (pour/contre)

2. Le dépistage et la déclaration du VIH, de l'hépatite B et de l'hépatite C sont obligatoires pour les chirurgiens (pour/contre)

Objectifs d'apprentissage : La session s'adresse aux chirurgiens, aux résidents en chirurgie, aux infirmiers, aux administrateurs d'hôpital et à tous les professionnels de la santé. Au terme du premier débat, les participants seront en mesure de décrire les faits probants qui penchent pour la retraite obligatoire et ceux qui s'y opposent, l'évolution physiologique et cognitive avec l'âge, des stratégies de maintien des compétences chirurgicales et la législation à propos de la discrimination arbitraire fondée sur l'âge. Au terme du deuxième débat, les participants seront en mesure de décrire les données probantes et la justification et la politique actuelle sur le dépistage obligatoire, d'évaluer le véritable risque professionnel, de préciser ce qui attend le chirurgien séropositif et de circonscrire le groupe devant être soumis au dépistage.

Chaired by: P. Fata, Montréal

0810 Introduction: P. Fata, McGill University, Montréal

Debate 1 – Older surgeons should face mandatory retirement

0815 Pro: R. George, University of Toronto, Toronto

0825 Con: G.M. Fried, McGill University, Montréal

0835 Rebuttal and questions

Debate 2 – HIV, Hep B and Hep C testing and disclosure is mandatory for surgeons

0850 Pro: J. Watters, The Ottawa Hospital, Ottawa

0900 Con: A. McFadden, Gordon & Leslie Diamond Health Care Centre, Vancouver

0910 Rebuttal and questions

A computerized audience response system will be used during the debates. / Un système automatisé de répondeur à clavier sera utilisé durant les débats.

0830-1000 (*Room 206, Level 2, Ottawa Convention Centre*)

CATS Welcoming Remarks/Opening Session: Strategic planning (members only)

Learning objectives: The session is designed for all thoracic surgeons and residents. At the end of the session, participants will be able to identify issues related to the strategic planning for thoracic surgeons in Canada and for the Canadian Association of Thoracic Surgeons.

Mot d'ouverture de l'ACCT/Session d'ouverture de l'ACCT : Planification stratégique (membres seulement)

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens thoraciques et aux résidents. Au terme de la session, les participants seront en mesure d'identifier les questions liées à la planification stratégique des chirurgiens thoraciques au Canada et de l'Association canadienne de chirurgiens thoraciques.

Chaired by: R.I. Inculet, London

0830 History of CATS: R.I. Finley, University of British Columbia/Vancouver General Hospital, Vancouver

0848 Website to CATS: D. Fortin, London Health Science Centre, London

0906 Research: A.J.E. Seely, The Ottawa Hospital, Ottawa

0924 Education/CME: S.C. Grondin, Foothills Hospital, Calgary

0942 Standards of care: R.S. Sundaresan, The Ottawa Hospital, Ottawa

0930-1000 (*Canada Hall 3, Level 3, Ottawa Convention Centre*)

Refreshment break/Visit the exhibits / Pause rafraîchissements/Visitez l'exposition

1000-1040 (*Canada Hall 1, Level 3, Ottawa Convention Centre*)

CAGS Langer Lecture: The evolution of managing colorectal cancer liver metastases (CRCLM) from 1990 to 2013 and beyond

Description: The overall survival of patients with CRCLM, who receive "best therapy" has more than doubled since 1990. Improved outcomes can be ascribed to advances in four main areas of medicine: 1) advances in radiology that improve earlier detection and provide more accurate and detailed assessment of surgical resectability; 2) the development of more effective systemic chemotherapy and biologic agent combination

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regimens; 3) increased knowledge about liver anatomy, physiology and regeneration coupled with new processes of care that have enabled surgeons to perform more radical liver resection with less morbidity and mortality; and 4) the evolution of multidisciplinary care models. The lecturer will discuss seminal advances in each of these four areas. At the end of the lecture, the lecturer will discuss the unfortunate fact that knowledge transfer and implementation of best practice has not kept pace with rapid discovery and advances in care. Future solutions to this problem will be discussed including the importance of international consensus conferences and government and payer-sponsored quality and value-based initiatives.

Learning objectives: The session is designed for surgeons, oncologists, radiologists, and any other health care providers involved in the management of patients with CRCLM. At the end of the lecture the audience will have an appreciation for the key changes in pharmacotherapy, radiology, and surgery over the past 25 years that have collectively improved the outcomes of patients with CRCLM. They will understand how and why current best practice has evolved from a physician and specialty-centric system to a multidisciplinary approach. Finally, the attendees will appreciate how new knowledge and knowledge transfer about consensus best practice is more important than the development and dissemination of new technology as a means to further improve clinical outcomes.

Conférence Langer de l'ACCG : L'évolution de la prise en charge des métastases hépatiques du cancer colorectal entre 1990 et 2013 et au-delà

Description : La survie des patients présentant des métastases hépatiques d'un cancer colorectal, traités selon le « protocole optimal », a plus que doublé depuis 1990. Cette amélioration peut être attribuée aux percées dans quatre grands secteurs de la médecine : (1) les avancées de la radiologie grâce auxquelles il est possible de détecter les métastases au stade précoce et d'évaluer avec une précision accrue la possibilité de résection; (2) la mise au point de régimes de chimiothérapie systémique et d'associations de biomédicaments d'efficacité augmentée; (3) le perfectionnement des connaissances sur l'anatomie, la physiologie et la régénération hépatiques couplé à l'adoption de nouvelles techniques de soins permettant au chirurgien de pratiquer une résection hépatique étendue tout en réduisant au minimum la morbidité et la mortalité; (4) l'évolution des modèles de soins multidisciplinaires. Le conférencier examinera les percées marquantes dans chacun de ces secteurs, fera le point sur la lenteur du transfert des connaissances et de l'adoption des pratiques optimales par rapport au rythme des découvertes et des avancées dans le domaine des soins de santé et proposera des solutions à ce problème, notamment les conférences de consensus à l'échelle internationale et les initiatives d'évaluation de la qualité et de la valeur thérapeutique parrainées par le gouvernement et les bailleurs de fonds.

Objectifs d'apprentissage : La session s'adresse aux chirurgiens, aux oncologues, aux radiologues et aux professionnels de la santé qui participent à la prise en charge du patient aux prises avec des métastases hépatiques d'un cancer colorectal. Au terme de la session, les participants seront en mesure de cerner l'importance des percées majeures de la pharmacothérapie, de la radiologie et de la chirurgie grâce auxquelles l'évolution de l'état des patients s'est améliorée dans les 25 dernières années. Ils pourront préciser les avantages de la prestation de soins en multidisciplinarité par rapport à l'ancien mode de pratique cloisonné par médecin et spécialité. Enfin, ils verront en quoi l'acquisition et le transfert de connaissances sur les pratiques optimales consensuelles sont plus importants que le développement et la diffusion de nouvelles technologies dans l'amélioration des résultats cliniques.

Chaired by: L.E. Rotstein, Toronto

Introduction: A.J. Smith, Toronto

Speaker: *W.S. Helton, Virginia Mason Medical Center, Seattle, WA*

1040-1120 (Canada Hall 1, Level 3, Ottawa Convention Centre)

Royal College Gallie Lecture: The surgeon as a leader – What does it take?

Learning objectives: The session is designed for all surgeons in training and in practice. At the end of the session, participants will have an appreciation for the importance that developing leadership traits and knowledge plays in the life of ALL surgeons; have an appreciation of how those traits are acquired, and of the different styles of leadership; realize the importance of mastering several styles and that of selecting styles according to the circumstances; be able to describe the way to develop a vision, the importance of articulating and communicating effectively that vision to the followers and the importance that trust plays on the way leaders relate to followers.

Conférence Gallie du Collège royal : Le chirurgien comme chef de file – Qu'est-ce que ça prend?

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux chirurgiens en formation. Au terme de la session, les participants auront une appréciation de l'importance de l'acquisition et du perfectionnement des qualités de chef pour TOUS les chirurgiens; une appréciation du mode d'acquisition de ces qualités et des divers styles de direction; de meilleures connaissances sur l'importance de maîtriser plus d'un style de direction et d'adapter son style en fonction des circonstances; seront capable de décrire la manière de concevoir une vision, de l'importance de la formulation et de la communication efficace de cette vision au groupe et de la confiance que devrait savoir inspirer le chef au groupe.

Chaired by: G.L. Warnock, Vancouver

Introduced by: J.T. Rutka, Toronto

Speaker: *C.A. Pellegrini, University of Washington, Seattle, WA*

Friday, September 20 / Le vendredi 20 septembre

1120-1200 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Presidential Address: With wisdom and skillful hands

Learning objectives: The session is designed for general surgeons and residents. The focus of the address is to examine capacity of the specialty of general surgery to maintain qualities described in the CAGS motto *Sapientia Manuque Apta*. The session will review contemporary challenges and opportunities to maintain these qualities. At the end of the session, participants will recognize challenges for future generations of general surgeons, the imperative for reform of education pathways to prepare for diverse practice settings and to sustain research that optimizes care provided by the specialty. The audience will be challenged to consider strategies that address these challenges so that general surgery adapts to remain a meaningful 21st century specialty.

Allocution du président de l'ACCG : Muni de sagesse et de mains habiles

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et aux résidents. Dans son allocution, le président se penchera sur la question de savoir si la spécialité de la chirurgie générale entretient les qualités dont il est question dans la devise de l'Association *sapientia manuque apta*. Il passera en revue les défis et les possibilités dans le maintien de ces qualités de nos jours. Au terme de la session, les participants auront eu un aperçu des défis qu'auront à affronter les futures générations de chirurgiens généraux, du bien-fondé d'une réforme de l'éducation afin de préparer le chirurgien à l'exercice de sa profession dans divers milieux et de soutenir la recherche afin de pouvoir optimiser les soins prodigués par la spécialité. Ils auront à examiner des stratégies destinées à promouvoir l'adaptation de la chirurgie générale à son temps, afin qu'elle sache répondre aux besoins de ce XXI^e siècle.

Chaired by: R. George, Toronto

Speaker: G.L. Warnock, University of British Columbia, Vancouver

1200-1330 (Canada Hall 3, Level 3, Ottawa Convention Centre)

Lunch/Visit the exhibits / Déjeuner/Visitez l'exposition

1200-1330 (Canada Hall 2, Level 3, Ottawa Convention Centre)

CAGS/CATS Poster Session

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will leave with an understanding of what others are doing across Canada; a preview of what is on the research horizon; an opportunity to have discussed posters with their authors.

Séance d'affichage de l'ACCG et de l'ACCT

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, résidents en chirurgie et chercheurs en chirurgie. Au terme de la session, les participants seront en mesure de comprendre ce qui se fait partout au Canada. Ils auront un aperçu des recherches futures. Ils auront eu l'occasion d'en discuter avec les auteurs.

CAGS judges: C.G. Ball, Calgary; C.J. Decker, Parry Sound; S. Demyttenaere, Montréal; A. Meneghetti, Vancouver; S. Minor, Halifax; J. Park, Winnipeg; A. Reso, Calgary; S.Q. Widder, Edmonton

CATS judges: A. Ashrafi, Surrey; R.S. Sundaresan, Ottawa

- 1210 0086** Thoracic outlet syndrome (TOS) seen from a complexity perspective: the role of sub-cutaneous lidocaine infusions and stellate ganglion blocks. *B. Nelems, S. Sharam, W. Senner, M. Humer*. From the University of British Columbia, Interior Health Authority, Kelowna
- 0095** Smoking cessation counseling by surgical and non-surgical residents: opportunities for health advocacy education. *S.R. Turner, H. Lai, E.L.R. Bédard*. From the University of Alberta, Edmonton
- 1216 0031** How do you diagnose appendicitis? An international evaluation of methods. *Y. Alfraih, R. Postuma, R. Keijzer*. From the Department of Surgery, Division of Pediatric Surgery, Departments of Pediatrics and Child Health, Physiology (adjunct) and the Manitoba Institute of Child Health, University of Manitoba, Winnipeg
- 0042** Unexpected intraoperative findings in thyroid and parathyroid surgery: a survey of patient preferences for decision-making. *K. Devon, P. Angelos*. From the University of Toronto, Toronto, the University of Chicago, Chicago, IL
- 0053** Would implementing a screening sigmoidoscopy model miss right-sided colon cancer?: a risk analysis. *X. Kang*. From the Department of General Surgery, McMaster University, Hamilton
- 0064** Early experience with robotic pancreatic surgery. *S. Piedimonte, Y. Wang, T. Vanounou, S. Bergman*. From the Jewish General Hospital, Montréal
- 0087** Development of thoracic surgery quality indicators using modified Delphi process. *G.E. Darling, R.A. Malthaner, A.J. Dickie, L. McKnight, C. Nhan, A.R. Gagliardi, R.S. McLeod*. From the Toronto General Hospital, University of Toronto, Toronto, the London Health Sciences Centre, Western University, London, the Lakeridge Health, Oshawa, the Cancer Care Ontario and the Amber Hunter Cancer Care Ontario, Toronto, the Mount Sinai Hospital, Toronto
- 0096** Trans-tracheal thoracic natural orifice translumenal endoscopic surgery (NOTES) in a swine model. *M. Khereba, E. Goudie, M. Tahiri, V. Thiffault, H. Heon, R. Hadjeres, M. Razmipoosh, P. Ferraro, M. Liberman*. From the CHUM Endoscopic Tracheobronchial and Oesophageal Centre (CETOC), Division of Thoracic Surgery, University of Montréal, Montréal
- 1222 0032** An acute care surgery service facilitates the timely treatment of emergency colorectal cancer patients. *R.V. Anantha, N. Parry*. From the Western University, London

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- 0043** Does size matter? A retrospective study comparing adult versus pediatric colonoscopes. *V. Falk, D. Pace, N. Hickey, M. O'Leary, D. Boone, M. Bongaonkar*. From the Memorial University of Newfoundland, St. John's
- 0054** Acute care surgical resident views on duty hour restrictions in Ontario. *A. Kayssi, S.A. Chadi, G. Daoust-Lafond, M. Schellenberg, P. Farrugia, A.B. Nathens*. From the Division of General Surgery, Western University, London, the Division of General Surgery, University of Ottawa, Ottawa, the Division of General Surgery, Queen's University, Kingston, the Division of Orthopaedic Surgery, McMaster University, Hamilton, the Division of General Surgery, University of Toronto, and the Department of Surgery, Sunnybrook Health Sciences Centre, Toronto
- 0065** Initial assessment of patient handoff in accredited general surgery residency programs in the United States and Canada: a cross-sectional study. *A. Saleem, M.C. Vassiliou, S. Parsons, J. Paulus*. From the McGill University, Montréal, the Tufts University, Boston, MA
- 0088 WITHDRAWN**
- 0097** Severity of complications following minimally invasive and open esophagectomy: a propensity-matched comparison. *S. Gilbert, A. Martel, A. Alain, D.E. Maziak, A.J.E. Seely, F.M. Shamji, P.J. Villeneuve, R.S. Sundaresan*. From The Ottawa Hospital Research Institute, Ottawa
- 1228** **0033** Outcomes reporting in surgical journals: what are we measuring? *I. Antonescu, C. Mueller, G.M. Fried, M.C. Vassiliou, N. Mayo, L.S. Feldman*. From the Division of General Surgery, the Department of Epidemiology, Biostatistics & Occupational Health, McGill University Health Centre, Montréal
- 0044** Development and evaluation of a web-based CanMEDS (WEBCAM) resident portfolio. *P. Glen, F. Balaa, F. Momoli, D. Found, L. Martin-Houlton, A. Arnaout*. From the University of Ottawa, The Ottawa Hospital, The Ottawa Hospital Research Institute, Ottawa
- 0055** Local resection compared to radical resection in the treatment of T1N0M0 rectal adenocarcinoma: a systematic review and meta-analysis. *B. Kidane, S.A. Chadi, S. Kanders, E. Boyce, B.M. Taylor, P.H. Colquhoun, M.C. Ott*. From the Western University, London, the Simon Fraser University, Vancouver, the London Health Sciences Centre, London
- 0066** Treatment and outcomes of small bowel obstruction in elderly patients. *J.E. Springer, J.G. Bailey, P.J.B. Davis, P.M. Johnson*. From the Dalhousie University, Faculty of Medicine, Department of General Surgery, Halifax
- 0089** Predicting malignancy using echographic lymph node characteristics during endoluminal ultrasound. *E. Goudie, J. Kazakov, M. Khereba, M. Tahiri, P. Ferraro, V. Thiffault, M. Liberman*. From the Centre hospitalier de l'Université de Montréal, the CHUM Endoscopic Tracheobronchial and Oesophageal Centre (CETOC), the Division of Thoracic Surgery, Université de Montréal, Montréal
- 0098** The 18F-FDG PET features of pulmonary sclerosing hemangioma. *R. Razzak, J. Veenstra, K.C. Stewart, J. Abele, E.L.R. Bédard*. From the Division of Thoracic Surgery, Department of Surgery, Royal Alexandra Hospital, the Department of Radiology & Diagnostic Imaging, University of Alberta, Edmonton
- 1234** **0034** Application of Acute Physiology and Chronic Health Evaluation (APACHE) 4-predicted mortality rate in a surgical abdominal sepsis (SABS) cohort. *M.S. Bleszynski, M.S. Hameed, A. Mui, J. Ronco, A.K. Buczkowski*. From the Department of General Surgery, Intensive Care Unit, Transplant Research, Vancouver General Hospital, Vancouver
- 0045** Determining the optimal configuration of surgical expertise for the 21st century. *L. Gorman, E. Webber, K. Eady, S. Taber, J.R. Frank, K.A. Harris*. From the Faculty of Medicine, Department of Surgery, University of British Columbia, Vancouver, the Clinical Research Unit, Children's Hospital of Eastern Ontario, Ottawa, the Royal College of Physicians and Surgeons of Canada, for the Task Force on the Future of General Surgery, Ottawa
- 0056** Identification and evaluation of post cholecystectomy bile duct injuries: a single-centre experience. *S.H.H. Kim, E.Y. Lee, J. D'Souza, F. Farrokhyar, M.J. Marcaccio, L. Ruo*. From the McMaster University, Hamilton
- 0067** Retrospective review of the modified early warning score (MEWS) in critically ill surgical inpatients at a Canadian hospital. *A. Tessier, A. Fox-Robichaud, H. MacLeod*. From the Northern Ontario School of Medicine, Thunder Bay, the Hamilton General Hospital, Hamilton, the Thunder Bay Regional Health Sciences Centre, Thunder Bay
- 0090** Initial implementation of a multidisciplinary lung cancer screening program within a Canadian community hospital. *K. Irshad, M. Ossip, N. Ganguli, J. Singh, P. Chiasson, D. Jones, W. Gregory, A. Dance, J. Fairbrother*. From the William Osler Health System, Brampton
- 0099** Updated evaluation of epidermal growth factor receptor targeted gold nanoparticles for the in vivo radiation treatment of non-small cell lung cancer. *R. Razzak, R. Löbenberg, A. McEwan, L. Guo, W. Roa, E.L.R. Bédard*. From the Division of Thoracic Surgery, Department of Surgery, University of Alberta, the Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, the Department of Oncology, Cross Cancer Institute, University of Alberta, the Division of Thoracic Surgery, Department of Surgery, Royal Alexandra Hospital, Edmonton
- 1240** **0035** Choice of biomaterials for abdominal wall reconstruction in complex cases might impact on overall cost of care. *M.S. Bleszynski, M.S. Hameed, O.N.M. Panton, A.K. Buczkowski*. From the Division of General Surgery, University of British Columbia, Vancouver
- 0046** An exploration of the research strategies of small to midsized Canadian surgical departments. *G. Groot, N. Muhajarine*. From the University of Saskatchewan, Saskatoon
- 0057** A 20-year single centre analysis of cholecystectomy associated bile duct injuries. *E.Y. Lee, S.H.H. Kim, J. D'Souza, F. Farrokhyar, M.J. Marcaccio, L. Ruo*. From the McMaster University, Hamilton
- 0068** Does increased time on the Emergency OR booking board make a difference in laparoscopic cholecystectomy? *W. Tu, D.R. Gill, M.A.J. Moser, J.M. Shaw*. From the College of Medicine, University of Saskatchewan, Saskatoon, the Department of Surgery, University of Saskatchewan, Saskatoon
- 0091** Lung and liver resection for colorectal metastases: a survival analysis. *S.M. Coughlin, K.P. Croome, R.A. Malthaner, R. Hernandez-Alejandro*. From the Western University, London

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- 0100** Video-assisted lobectomy is safe and associated with a decreased length of stay: experience with 100 consecutive cases from a community teaching hospital in East Toronto. *W. Chung, A. Kayssi, C. Simone, R. Zeldin, N. Safieddine*. From the University of Toronto, Toronto
- 1246 0036** Assessment of communication gaps during transfer to definitive care in a provincial trauma system. *N. Bradley, R.K. Simons, T. Taulu, H. Wong, N. Bell, B. Heidary, M.S. Hameed*. From the Trauma Services, Vancouver General Hospital, Vancouver
- 0047** 16-hour limitation to in-house duty hours: Québec on the right path? No improvement in resident or patient safety but decreased trainees satisfaction on General Surgery rotations. *J. Hallet, E. Desrosiers, A.-S. Laliberté, I. Raïche, M.C. Rousseau, C. Thibault, G. Brochu*. From the Department of Surgery, Faculty of Medicine, Université Laval, Québec, the Department of Surgery, Faculty of Medicine, McGill University, Montréal, the Department of Surgery, CHU de Québec – Hôpital Saint-François d'Assise, Québec, the Department of Surgery, CHU de Québec – CHUL, Québec
- 0058** Variability in the diagnosis and management of acute appendicitis calls for creation of standardized best practice protocols. *D. Li, J. Lee, R.S. McLeod, A.B. Nathens*. From the University of Toronto, Toronto
- 0069** Bridging the gap between open and minimally invasive pancreaticoduodenectomy: the hybrid approach. *Y. Wang, S. Piedimonte, S. Bergman, T. Vanounou*. From the Department of General Surgery, Jewish General Hospital, Montréal
- 0092** Implementation and verification of a synoptic operative report for lung cancer. *M. Alabdulmohsin, F. Farrokhyar, F. Schneider, C. Schieman, Y. Shargall, J. Goffin, P. Ellis, C. Finley*. From the McMaster University, Hamilton
- 0101** Novel dynamic swallowing computed tomography versus water-soluble contrast swallow in the detection of esophageal perforation or anastomotic leak complicating esophagogastrectomy. *W. Chung, A. Kayssi, C. Simone, R. Zeldin, N. Safieddine*. From the University of Toronto, Toronto
- 1252 0037** Early colonoscopic surveillance is warranted following colorectal cancer resection. *M.S. Brar, K.R. Klingbeil, M. Kwan, J. Arminan, I. Datta, J.A. Heine, W.D. Buie, A.R. MacLean*. From the University of Calgary, Calgary
- 0048** New resident duty hours limitation in Québec: have all stakeholders' input been considered? Analysis of a province-wide survey of General Surgery physicians. *J. Hallet, M.C. Rousseau, I. Raïche, A.-S. Laliberté, E. Desrosiers, C. Thibault, G. Brochu*. From the Department of Surgery, Faculty of Medicine, McGill University, Montréal, the Department of Surgery, Faculty of Medicine, University of Ottawa, Ottawa, the Department of Surgery, Faculty of Medicine, Université Laval, Québec, the Department of Surgery, CHU de Québec – Hôpital Saint-François d'Assise, Québec, the Department of Surgery, CHU de Québec – CHUL, Québec
- 0059** Outcomes of surgical management of gallbladder disease in a tertiary care center: predicting postoperative complications. *S. Malik, J. Hopkins, S. Takahashi, C. Hall, A. Hayashi, A.A. Karimuddin*. From the Department of Surgery, University of British Columbia, Vancouver, the Department of Emergency Medicine, University of British Columbia, Vancouver, the Island Medical Program, Victoria General Hospital, Victoria
- 0070** Quality of thyroid referrals in Saskatchewan. *K. Wanis, J. Oucharek, G. Groot*. From the University of Saskatchewan College of Medicine, the Department of Surgery, University of Saskatchewan, Saskatoon
- 0093** Use of intraoperative steroids reduces major respiratory complications after pneumonectomy. *B. Kidane, M. Plourde, F. Manji, B. Ellis, S.A. Chadi, D. Fortin, R.I. Inculet, R.A. Malthaner*. From the Western University, the London Health Sciences Centre, London
- 0102** Evolution of approach to esophagectomy. *B. Kidane, C. Russell, A.F. Pierre, S. Keshavjee, T.K. Waddell, M.E. de Perrot, K. Yasufuku, M. Cypel, G.E. Darling*. From the University of Toronto, Toronto
- 1258 0038** Is frailty associated with morbidity and mortality in older adults presenting for non-elective abdominal surgery? *P.J.B. Davis, J.G. Bailey, M. Molinari, J. Hayden, P.M. Johnson*. From the Dalhousie University, Halifax
- 0049** The integration of minimally invasive surgery in surgical practice in a Canadian setting: results from two consecutive province-wide practice surveys of general surgeons over a 5-year period. *J. Hallet, O. Mailloux, M. Chhiv, R.C. Grégoire, J.-P. Gagné*. From the Department of Surgery, Faculty of Medicine, Université Laval, the Department of Surgery, CHU de Québec, the Québec Centre for Minimally Invasive Surgery, the Department of Surgery, CHU de Québec – Hôpital Saint-François d'Assise, Québec
- 0060** Injury profile caused by the anti-personnel improvised explosive device. *V. McAlister*. From the Canadian Armed Forces Health Services, the Western University, London
- 0071** Autologous fat grafting as a novel approach to parastomal soft tissue volume deficiencies. *R.C. Wu, I. Yang, I. Maxwell, M.B. Jarmuske, R.P. Boushey*. From The Ottawa Hospital, University of Ottawa, Ottawa
- 0094** Closed video-assisted thoracoscopic surgery (VATS) is a viable alternative to thoracotomy to resect pulmonary metastases: nine years of experience at a single institution. *R.V. Anantha, D.A. Bottini, D. Fortin, R.I. Inculet, R.A. Malthaner*. From the Western University, London
- 0179** A completely closed VATS technique appears to be superior to thoracotomy for the resection of primary lung cancers – A single-institution experience. *J. Choi, R.V. Anantha, D.A. Bottini, D. Fortin, R.I. Inculet, R.A. Malthaner*. From the Western University, London
- 1304 0039** Correlation of CT grading of small bowel obstruction with the need for surgical intervention. *P. Dawe, A. Barzak, J. Mottola, B. Henderson, R. Saadia*. From the University of Manitoba, the Health Sciences Centre, Winnipeg
- 0050** Retrospective chart review on the efficacy of conservative management of microperforated diverticulitis. *D.A. Isa, D. Terterov, N. Ditskofski, A. Kwan*. From the Memorial University of Newfoundland, St. John's
- 0061** Career plans and perceptions in readiness to practice of graduating general surgery residents in Canada. *A. Nadler, S.M. Ashamalla, J. Escallon, F. Wright*. From the University of Toronto, Sunnybrook Health Sciences Centre, Mount Sinai Hospital, the University Health Network, Toronto
- 0072** Severity of distal disease as a risk factor for ileo-anal anastomotic leak post pelvic pouch procedure. *S. Zerhouni, R. Kirsch, A. Bakonyi, B. O'Connor, H. Huang, R.S. McLeod, Z. Cohen*. From the University of British Columbia, Vancouver, the Department of Surgery, Mount Sinai Hospital, University of Toronto, Toronto, the Zane Cohen Centre for Digestive Diseases, Mount Sinai Hospital, Toronto, the Department of Pathology, Mount Sinai Hospital, University of Toronto, Toronto

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1310 0040 WITHDRAWN

0051 The appropriateness of abdominal x-ray requests in surgical emergencies: an audit and re-audit following implementation of a local guideline. *J. Jhaj, S. Sinha, S. Patil, M. Puckett*. From the Torbay Hospital, Torquay, Devon, England, United Kingdom

0062 A systematic review of enhanced recovery after surgery pathways: how are we measuring "recovery"? *A. Neville, L. Lee, I.*

Antonescu, N. Mayo, M.C. Vassiliou, G.M. Fried, L.S. Feldman. From the Steinberg-Bernstein Centre for Minimally Invasive Surgery, McGill University Health Centre, the Department of Surgery, McGill University, the Division of Clinical Epidemiology, McGill University Health Centre, and the School of Physical and Occupational Therapy, McGill University, Montréal

0073 Cost estimates of operating room supplies by nurses, residents, and surgeons. *T. Zwiep, K. Leslie, C. Vinden*. From the Western University, London

1316 0041 Evaluation of preoperative MRI for breast cancer patients at The Ottawa Hospital. *V. Deslauriers, S. Duhaime, F. Haggard, J. Watters, A. Arnaout*. From the University of Ottawa, The Ottawa Hospital, Ottawa

0063 Are we meeting clinical practice guidelines for gallstone pancreatitis?: an institutional practice evaluation. *D.D. Paskar, J. Racz, A. Nensi, T.S. Mele*. From the Western University, London

0074 Trainee and staff knowledge and attitudes towards the teaching of professionalism in Canadian residency programs. *A. Di Labio, S.A. Chadi, K. Leslie, M.C. Ott*. From the Western University, London

1322 0075 Implementation and evaluation of the American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP) at a Canadian academic hospital. *T.D. Jackson, D.R. Urbach, F.A. Quereshy, L.E. Rotstein, A. Okrainec*. From the University of Toronto, Toronto

0076 Identification of inferior quality of surgical care of elderly patients in the emergent setting: a pilot study. *H. Zakrzewski, M.Y. Li, N. Sourial, M. Monette, F. Hamadani, D. Teasdale, S. Bergman, S.A. Fraser*. From the Department of General Surgery, Division of Gastroenterology, Jewish General Hospital, McGill University, the Solidge-McGill University/Université de Montréal Research Group on Frailty and Aging, Centre for Clinical Epidemiology and Community Studies, Lady Davis Institute for Medical Research, Jewish General Hospital, McGill University, Montréal

1330-1430 (Room 206, Level 2, Ottawa Convention Centre)

CATS Presidential Address

Learning objectives: The session is designed for thoracic surgeons and residents. At the end of the session, participants will have gained an insight from the president of the association.

Allocution du président de l'ACCT

Objectifs d'apprentissage : La session s'adresse aux chirurgiens thoraciques et aux résidents. Au terme de la session, les participants auront acquis un aperçu du président de l'association.

Chaired by: D.E. Maziak, Ottawa

Speaker: R.I. Inculet, London Health Sciences Centre, London

Concurrent sessions / Sessions concomitantes

1330-1450 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Symposium: Evidence based reviews in surgery – Let's do Journal Club – Does antibiotic lavage decrease surgical site infections?

Learning objectives: The session is designed for all general and colorectal surgeons, and residents with an interest in evidence based reviews in surgery (EBRS). At the end of the session, participants will be able to discuss the current status of EBRS; understand how EBRS can be incorporated into training programs as well as clinical practice; understand whether intraabdominal irrigation of wounds with clindamycin and gentamicin decreases surgical site infection.

Symposium de l'ACCG : Examens fondés sur des preuves en chirurgie – Qu'en dit le club de lecture? – Le lavage antibiotique réduit-il les infections suite à la chirurgie colorectale?

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et colorectaux, et aux résidents ayant un intérêt dans les examens fondés sur des preuves en chirurgie. Au terme de la session, les participants seront en mesure de discuter de la situation actuelle du programme d'examens fondés sur des preuves en chirurgie; de comprendre comment il peut être incorporé aux programmes de formation ainsi qu'à la pratique clinique; de répondre à la question de savoir si le lavage intraabdominal à l'aide de clindamycine et de gentamicine diminue les infections du champ opératoire.

Chaired by: R.S. McLeod, Toronto

1330 Introduction and overview of EBRS: R.S. McLeod, University of Toronto, Toronto

1340 Navigation of EBRS website: R.S. McLeod, University of Toronto, Toronto

1345 Poll the audience of their practice: R.S. McLeod, University of Toronto, Toronto

1350 Presentation of salient points of article: M.S. Hameed, University of British Columbia, Vancouver

1400 Methodological critique: P.H. Chaudhury, McGill University, Montreal

1410 Expert panel with audience discussion: M.-A. Aarts, University of Toronto, Toronto; P.M. Johnson, Dalhousie University, Halifax; G.W. Rose, The Ottawa Hospital, Ottawa

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- 1440** Summary of experts' remarks: P.H. Chaudhury, McGill University, Montréal
1445 Concluding remarks: R.S. McLeod University of Toronto, Toronto

A computerized audience response system will be used during the symposium. / Un système automatisé de répondre à clavier sera utilisé durant le symposium.

1330-1450 (Room 208, Level 2, Ottawa Convention Centre)

CAGS Debates in Minimally Invasive Surgery: Controversies in colon and hernia surgery

Learning objectives: The session is designed for surgeons, surgical residents and other health professionals interested in learning about current controversies in colon and hernia surgery. At the end of the session, participants will have a better understanding of the current evidence for laparoscopic colectomy and whether this should be the standard of care in Canada; be able to describe the surgical options for managing complex hernias in a contaminated field and whether biologic mesh should be the standard of care in this setting.

Débats de l'ACCG sur la chirurgie à effraction minimale : Controverses en chirurgie du côlon et de la hernie

Objectifs d'apprentissage : La session s'adresse aux chirurgiens, aux résidents en chirurgie et aux autres professionnels en soin de santé qui s'intéressent aux controverses actuelles dans la chirurgie du côlon et de la hernie. Au terme de la session, les participants auront une meilleure compréhension des preuves pour une colectomie laparoscopique et si cela devrait être la norme de diligence au Canada; être capable de décrire les options chirurgicales pour des hernies complexes dans un champ contaminé et savoir si la maille biologique devrait être la norme de diligence dans un cadre de gestion.

Chaired by: A. Okrainec, Toronto

- 1330** Opening remarks: A. Okrainec, University of Toronto, Toronto
Debate 1: Biologic mesh should be used routinely in complex hernias and contaminated fields
1340 Pro: F. Brenneman, University of Toronto, Toronto
1350 Con: C.G. Ball, University of Calgary, Calgary
1400 Rebuttal and questions
Debate 2: Laparoscopic colectomy should be the standard of care in Canada
1415 R.P. Boushey, University of Ottawa, Ottawa
1425 Con: C.J. Swallow, University of Toronto, Toronto
1435 Rebuttal and questions

A computerized audience response system will be used during the debates. / Un système automatisé de répondre à clavier sera utilisé durant les débats.

1330-1450 (Room 203, Level 2, Ottawa Convention Centre)

CABPS/CAGS Bariatric Working Group Symposium: Approaching failed bariatric surgery – The revisionist's guide to the galaxy

Learning objectives: The session is designed for practising surgeons and residents. At the end of the session, participants will be able to develop a systematic approach in managing the patient experiencing weight recidivism after surgery; understand surgical techniques to revise failed adjustable gastric banding, Roux-en-Y bypass, sleeve gastrectomy; have been introduced to new endoscopic/endoluminal solutions to weight recidivism.

Symposium de l'ACMCB et du groupe de travail bariatrique de l'ACCG : Faire face à l'échec de la chirurgie bariatrique – Le guide de la galaxie à l'intention du révisionniste

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux résidents. Au terme de la session, les participants seront en mesure d'élaborer une approche systématique à la prise en charge du patient qui fait face à une reprise de poids suite à une chirurgie; de comprendre les techniques visant la révision chirurgicale suite à l'échec du cerclage gastrique ajustable, de la dérivation Roux-en-Y et de la gastrectomie longitudinale; et ils auront été exposés à de nouvelles solutions endoscopiques/endoluminales à la reprise de poids.

Co-chaired by: D.W. Birch, Edmonton; S. Gmora, Hamilton

- 1330** A systematic approach to a patient with weight regain: S. Karmali, University of Alberta, Edmonton
1342 Anatomy of a weight recidivism program: C. de Gara, University of Alberta, Edmonton
1347 Endoscopic options to managing weight regain: M.D. Kroh, Cleveland Clinic, Cleveland, OH
1359 Adjustable band revision: T.D. Jackson, University of Toronto, Toronto
1411 Roux-en-Y revision: D. Hong, McMaster University, Hamilton
1423 Sleeve revision: M. Gagner, Hôpital du Sacré-Cœur, Montréal
1435 Panel review/questions

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1330-1450 (*Room 210, Level 2, Ottawa Convention Centre*)

Canadian Interest Group: Hernia and abdominal wall reconstruction

Learning objectives: This session is designed for all surgeons with an interest in the management of patients with a hernia of the abdominal wall. At the end of the session, participants will be able to better understand the purpose of the genesis of an interest group consisting of Canadian surgeons interested in the support of the hernias of the abdominal wall; discuss the possibility of conducting research trials in this area; generate a profile for the Canadian surgeons in North America on hernia and abdominal wall reconstruction.

Groupe d'intérêt canadien : La hernie et la reconstruction de la paroi abdominale

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens ayant un intérêt à la prise en charge de patient présentant une hernie de la paroi abdominale. Au terme de la session, les participants seront en mesure de mieux comprendre le but de fonder un groupe d'intérêt constitué de chirurgiens canadiens intéressés par la prise en charge des hernies de la paroi abdominale; de discuter de la possibilité pour les essais de recherches dans ce domaine; de générer un profil pour les chirurgiens canadiens en Amérique du Nord pour la hernie et la reconstruction de la paroi abdominale.

Chaired by: G. Brochu, Québec

1330-1500 (*Room 205, Level 2, Ottawa Convention Centre*)

CAGS International Surgery Symposium: The work of Canadian professional societies in international surgery

Learning objectives: The session is designed for surgeons and general surgery residents interested in international surgery. At the end of the session participants will be aware of the activities that Canadian professional societies are doing in international surgery. Participants will also have a better understanding of the challenges faced in engaging or involving society members, have opportunity to provide suggestions on how members within the society can be better engaged, and gain insight into the lessons that these societies have learned in their international surgery work.

Symposium de l'ACCG sur la chirurgie internationale : Des associations professionnelles canadiennes à l'œuvre dans le domaine de la chirurgie sur la scène internationale

Objectifs d'apprentissage : La session s'adresse aux chirurgiens et aux résidents en chirurgie générale intéressés par la chirurgie internationale. Au terme de la session, les participants connaîtront les activités d'associations professionnelles canadiennes dans le domaine de la chirurgie sur la scène internationale, auront eu un aperçu des défis que comporte le recrutement ou la participation de membres d'une association, auront la possibilité d'offrir des suggestions pour améliorer l'expérience d'exercice de la chirurgie à l'étranger et de profiter des enseignements sur l'exercice de la chirurgie dans le monde tirés par ces associations professionnelles.

Chaired by: G. Hollaar, Calgary

1330 The CASIEF – National University of Rwanda Partnership for Anesthesia Resident Education: *P. Livingston, Canadian Anesthesiologists' Society International Education Foundation, Dalhousie University, Halifax*

1350 The Society of Obstetricians and Gynaecologists of Canada in the field of international maternal health: *C. Nadori, The Society of Obstetricians and Gynaecologists of Canada, Ottawa*

1410 CAGS surgeons go global: B. Cameron, McMaster University, Hamilton

1430 Panel discussion/questions

1430-1630 (*Room 206, Level 2, Ottawa Convention Centre*)

CATS Symposium: Management of small lung cancers

Learning objectives: The session is designed for all thoracic surgeons and residents. At the end of the session, participants will have knowledge and understanding of the management of small lung cancers.

Symposium de l'ACCT : La gestion des petits cancers du poumon

Objectifs d'apprentissage : La session s'adresse aux chirurgiens thoraciques et aux résidents. Au terme de la session, les participants auront acquis des connaissances et une compréhension de la gestion des petits cancers du poumon.

Chaired by: D.E. Maziak, Ottawa

1430 Radiology: J. Seely, The Ottawa Hospital, Ottawa

1500 Pathology: M. Gomes, University of Ottawa, Ottawa

1530 Stereotactic body radiation therapy: J. Pantarotto, The Ottawa Hospital, Ottawa

1600 Operative treatment: *C. Deschamps, Mayo Clinic, Rochester, MN*

Concurrent sessions / Sessions concomitantes

1500-1620 (*Room 203, Level 2, Ottawa Convention Centre*)

CAGS: Highlights from the Canadian Surgical Research Fund

Learning objectives: The session is designed for all general surgeons and residents. At the end of the session participants will have a better understanding of the latest advances in clinical and translational surgical research from CSRF Research Award recipients.

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L'ACCG : Faits saillants de la recherche subventionnée par le FCRC

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens généraux et à tous les résidents. Au terme de la session, les participants seront en mesure de mieux comprendre les progrès récents réalisés en recherche chirurgicale clinique et translationnelle grâce aux travaux des chercheurs qui ont bénéficié d'une subvention du FCRC.

- Chaired by: L.E. Ferri, Montréal
- 1500** Local immunosuppression in the gut post-ileocolic resection: Implications for Crohn's disease recurrence: T. Perry, University of Alberta, Edmonton
- 1515** Morbid obesity and renal transplantation: A prospective study of pre-transplantation bariatric surgery: G. Chan, University of Montréal, Montréal
- 1530** Unraveling the genetics of pancreas cancer: G. Zogopoulos, McGill University, Montréal
- 1545** Identifying molecular markers for prognostication and treatment in patients with hepatocellular carcinoma: S. Nanji, Queen's University, Kingston
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1500-1620 (Room 208, Level 2, Ottawa Convention Centre)

CAGS Paper Session – Basic science

Learning objectives: The session is designed for general surgeons, colorectal surgeons and trainees in these specialties. At the end of the session, participants will be able to understand and appreciate the current and future direction of colorectal diseases and their management in an evidence-based format.

Communications de l'ACCG – Science fondamentale

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens du côlon et du rectum, et aux résidents dans ces domaines. Au terme de la session, les participants seront en mesure de comprendre et de préciser les orientations actuelles et futures des maladies colorectales et de leur prise en charge fondée sur des données probantes.

- Co-chaired by: G. Ghitulescu, Montréal; F.A. Quereshy, Toronto
- 1500 0009 (CAGS Basic Science Award)** A novel model for measuring surgeons' visual perception of tissue planes. *S.T. Ali, C.M. Schlachta, R. Eagleson*. From the Canadian Surgical Technology and Advanced Robotics, the Department of Surgery, London Health Sciences Centre, the Faculty of Engineering, Western University, London
- 1511 0010** MicroRNA profiling of pulmonary hypoplasia associated with congenital diaphragmatic hernia. *R. Kholdebarin, N. Khoshgoo, B.M. Iwasiew, R. Keijzer*. From the University of Manitoba, Winnipeg
- 1522 0011** The role of Oncostatin M in macrophage activation. *P.Y. Young, Q.N. Mian, C.A. Compston, T.A. Churchill, T.F. Mueller, R.G. Khadaroo*. From the Department of Surgery, University of Alberta, the Department of Medicine, University of Alberta, Edmonton
- 1533 0012** Initial validation of force and torque measures during direct laryngoscopy and endotracheal intubation. *P. Dawe, B. Unger, L. Gillman, A. Colwell, A. Vergis, J. Park*. From the University of Manitoba, the Health Sciences Centre, the St. Boniface Hospital, Winnipeg
- 1544 0013** Ileocolic resection recruits CD11c+ CD103+ dendritic cells to the gut and suppresses the inflammatory response in a surgical mouse model. *T. Perry, B. Dicken, R. Fedorak, K. Madsen*. From the University of Alberta, Edmonton
- 1555 0014** Associating liver partition with portal vein ligation for staged hepatectomy (ALPPS) versus conventional two stage hepatectomy with portal vein occlusion: results of a multicentre analysis. *R. Hernandez-Alejandro, K.P. Croome, E. Schadde, V. Ardiles, C. Tschar, J. Baumgart, H. Lang, E. de Santibanes, P.-A. Clavien*. From the Western University, London, the University Hospital Zurich, Switzerland, the Italian Hospital, Buenos Aires, Argentina, the University of Mainz, Germany
- 1606 0015** Polarizing invariant natural killer t cells towards a Th2 phenotype reduce disease severity in intraabdominal sepsis. *R.V. Anantha, D.M. Mazzuca, T.S. Mele, D.D. Fraser, C.M. Martin, S.M.M. Haeryfar, J.K. McCormick*. From the Western University, Children's Health Research Institute, Lawson Health Research Institute, London
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1500-1620 (Room 215, Level 2, Ottawa Convention Centre)

CAGS Resident Education Symposium: The battle for endoscopy – Preserving the general surgeon's scope of practice in residency training

Learning objectives: The session is designed for all general surgeons and residents. At the end of the session, participants will have gained an appreciation of the challenges facing residents and attending surgeons involved in training general surgery residents in endoscopy; considered different approaches to endoscopy training in residency; heard the opinions of some surgeons in our field on the different approaches to training and some of the challenges faced; heard the opinion of a gastroenterologist involved with training both GI Fellows and general surgery residents; heard the opinion of a program director, and the specific challenges faced while setting up training for residents in endoscopy.

Symposium de l'ACCG sur la formation des résidents : La lutte pour l'endoscopie – Maintien du champ d'exercice du chirurgien général pendant la formation en résidence

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et aux résidents. Au terme de la session, les participants pourront soulever les défis qui attendent les résidents et les chirurgiens traitants dans la formation des résidents en chirurgie générale à propos de

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l'endoscopie; auront examiné diverses méthodes d'apprentissage; sauront ce que pensent des chirurgiens sur les diverses méthodes d'enseignement de l'endoscopie et les défis que pose cet enseignement; auront une idée de l'opinion d'un gastroentérologue enseignant à des Associés en gastroentérologie et à des résidents en chirurgie générale; connaîtront le point de vue d'un directeur de programme et les défis particuliers que pose la mise sur pied d'un programme de formation en endoscope.

Co-chaired by: S.A. Chadi, London; S. Steigerwald, Manitoba

1500 Introduction: S.A. Chadi, Western University, London; S. Steigerwald, University of Manitoba, Winnipeg

1505 Results of the CAGS Resident Committee Endoscopy Survey: N. Bradley, Vancouver General Hospital, Vancouver

1515 General surgery residents versus GI Fellows – Apples versus oranges: C. Andrew, University of Manitoba, Winnipeg

1530 Endoscopic training in general surgery – An opinion from gastroenterology: *S. Grover, University of Toronto, Toronto*

1545 Outsourcing endoscopy training – A failing paradigm: C. Vinden, Western University, London

1600 *Panel discussion:* C. Andrew, University of Manitoba, Winnipeg; *S. Grover, University of Toronto, Toronto;* C. Vinden, Western University, London

1500-1620 (Room 205, Level 2, Ottawa Convention Centre)

CAGS Symposium: Advanced operating room technologies 2013

Learning objectives: The session is designed for all practising surgeons and residents. At the end of the session, participants will be able to understand how technology in the surgical environment will support surgical intervention over the next decade and beyond; develop an informed understanding of the current use of surgical robots and the issues that determine widespread implementation; analyze the changes in the operating theatre over the past two decades and discuss the evidence supporting or challenging this evolution.

Symposium de l'ACCG : Technologies avancées de salle d'opération en 2013

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux résidents. Au terme de la session, les participants seront en mesure de cerner l'importance des percées technologiques dans la pratique chirurgicale de la prochaine décennie, voire au-delà; de préciser la place et l'utilité des robots chirurgicaux à l'heure actuelle et de relever les aspects qui influent sur leur implantation à grande échelle; d'analyser l'évolution du bloc opératoire dans les 20 dernières années et d'examiner les données probantes appuyant ou remettant en question cette évolution.

Chaired by: D.W. Birch, Edmonton

1500 Welcome and introduction: D.W. Birch, University of Alberta, Edmonton

1505 The advanced operating theatre – A vision for 2020: *A. Park, Anne Arundel Health System, Annapolis, MD*

1530 The surgical robot – Friend or foe to the gastrointestinal surgeon?: C.M. Schlachta, Western University, London

1545 A critical analysis of the contemporary OR and its team: A. Okrainec, University of Toronto, Toronto

1600 *Panel discussion:* A. Okrainec, University of Toronto, Toronto; *A. Park, Anne Arundel Health System, Annapolis, MD;* C.M. Schlachta, Western University, London

1615 Wrap-up: D.W. Birch, University of Alberta, Edmonton

1500-1620 (Room 210, Level 2, Ottawa Convention Centre)

CAGS Symposium: Abdominal wall reconstruction

Learning objectives: This session is designed for general surgeons and surgical residents, nurses, hospital administrators and policy leaders. At the end of the session, participants will understand the key determinants, pathophysiology and prevention of abdominal wall failure; summarize the technical principles of abdominal wall reconstruction (AWR); define the physiological properties and indications for use of synthetic mesh and tissue matrix products; discuss economic considerations in AWR; outline strategies for developing multidisciplinary programs to optimize outcomes in AWR; identify research and policy development priorities in AWR.

Symposium de l'ACCG : Reconstruction de la paroi abdominale

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et aux résidents en chirurgie, aux infirmières et aux infirmiers, aux administrateurs d'hôpital, aux décideurs et aux responsables des orientations politiques. Au terme de la session, les participants seront en mesure de préciser les déterminants clés et la physiopathologie de l'insuffisance de la paroi abdominale et de cerner des moyens de la prévenir; de résumer les principes techniques de la reconstruction de la paroi abdominale; d'énumérer les propriétés physiologiques et les indications des tissus et matrices synthétiques; de soulever les aspects économiques de l'intervention; d'établir une stratégie d'élaboration d'un programme multidisciplinaire destiné à optimiser les résultats cliniques de l'intervention; d'indiquer les priorités en matière de recherche et de lignes directrices dans le domaine de la reconstruction de la paroi abdominale.

Chaired by: *R. Martindale, Oregon Health & Science University, Portland, OR*

1500 Introduction – Drafting a Canadian consensus for AWR: M.S. Hameed, University of British Columbia, Vancouver

1502 Abdominal wall failure – Definitions and pathophysiology: C.G. Ball, University of Calgary, Calgary

1512 Technical principles in abdominal wall reconstruction: F. Brenneman, University of Toronto, Toronto

1522 The biology of synthetic mesh and tissue matrices: A.K. Buczkowski, University of British Columbia, Vancouver

1532 Multidisciplinary approaches to optimizing outcomes in abdominal wall reconstruction: *R. Martindale, Oregon Health & Science University, Portland, OR*

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Continued from page 35

- 1542 Measuring cost effectiveness in AWR
1552 A proposal for a national AWR registry: A. Kirkpatrick, University of Calgary, Calgary
1557 Setting up an AWR Program: F. Brenneman, University of Toronto, Toronto
1602 Educational issues in AWR: N. Fry, University of British Columbia, Vancouver
1607 Panel discussion and introduction of a national research group: G. Brochu, Université Laval; M.S. Hameed, University of British Columbia, Vancouver; *R. Martindale, Oregon Health & Science University, Portland, OR*

The “CAGS Symposium: Abdominal wall reconstruction” is an educational session which is accredited by the Royal College guidelines and standards at the Canadian Surgery Forum (CSF). Its content was developed entirely by the CAGS faculty and is free from any commercial bias. The “CAGS Symposium: Abdominal wall reconstruction” was co-developed with the Canadian Association of General Surgeons and was planned to achieve scientific integrity, objectivity and balance.



1620-1700 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS H. Thomas G. Williams Lecture: “Kids these days” – Reshaping our conversations about generation ME

Description: The goal of the session is to promote and enable productive conversations between generations about professional behaviours and values.

Learning objectives: The session is designed for clinicians who are engaged in training the next generation of physicians and surgeons. At the end of the session, participants will be able to describe and discuss the social forces that shape the characteristics of successive generations; the role of successive generations in promoting the evolution of the profession; the difference between the enduring core values of the profession and the ever changing practices that express those core values.

Conférence H. Thomas G. Williams de l'ACCG : « Les enfants d'aujourd'hui » – Reformuler nos conversations au sujet de la génération MOI

Description : La session vise à promouvoir et à activer des conversations entre les générations sur les comportements et valeurs professionnels.

Objectifs d'apprentissage : La session s'adresse aux cliniciens qui sont engagés dans la formation de la prochaine génération de médecins et de chirurgiens. Au terme de la session, les participants seront en mesure de décrire et discuter les forces sociales qui déterminent les caractéristiques des générations successives; le rôle des générations successives dans la promotion de l'évolution de la profession; la différence entre les valeurs durables de la base de la profession et les pratiques en constante évolution qui expriment ces valeurs fondamentales.

Chaired by: G.L. Warnock, Vancouver

Speaker: *G. Regehr, University of British Columbia, Vancouver*

Concurrent sessions / Sessions concomitantes

1700-1830 (Room 205, Level 2, Ottawa Convention Centre)

CHPBA Hot Topic: Are bile duct injuries at laparoscopic cholecystectomy defensible?

Learning objectives: The session is designed for general and HPB surgeons, residents and Fellows and medical students. At the end of the session, participants will be able to understand the legal history and statistics related to bile duct injury law suits in Canada; the legal and medical considerations in lawsuits related to bile duct injuries; the rationale for defensibility or settlement in bile duct injuries.

La question de l'heure de CHPBA : Les lésions de la voie biliaire principale à la cholécystectomie laparoscopique sont-elles justifiables?

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et hépatobiliaires, aux résidents et Associés, et aux étudiants en médecine. Au terme de la session, les participants seront en mesure de comprendre l'historique des poursuites intentées au Canada pour cause de lésion de la voie biliaire principale sous les angles juridique et statistique; de préciser les considérations d'ordre juridique et d'ordre médical dans le cadre d'une poursuite de cette nature; d'examiner le bien-fondé de la conduite à tenir, soit justifier le geste chirurgical, soit régler le différend d'un commun accord.

Chaired by: S. Jayaraman, Toronto

1700 Opening remarks: S. Jayaraman, University of Toronto, Toronto

1705 The Canadian legal system and bile duct injuries – What does the data show?: L. LeGrand Westfall, Canadian Medical Protective Association, Ottawa

1715 Discussion of bile duct injury cases from a medical and legal perspective: M.K. O'Brien, Gowling Lafleur Henderson LLP, Ottawa; *K. Lillemoe, Massachusetts General Hospital, Boston, MA*

1805 Audience interaction/discussion

Friday, September 20 / Le vendredi 20 septembre

1700-1830 (Room 215, Level 2, Ottawa Convention Centre)

CAGS Symposium: Acute care surgery – Clinical updates

Learning objectives: The session is designed for all general surgeons, trauma surgeons, acute care surgeons, intensivists and trainees. At the end of the session, the participants will be able to describe the current options in the management of patients with diverticulitis; discuss the operative management of abdominal sepsis; understand the management of patients with emergency complications following bariatric surgery; explain the current management of perforated peptic ulcer disease.

Symposium de l'ACCG : La chirurgie en soins actifs – Mise à jour clinique

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens traumatologues, aux chirurgiens en soins de courte durée, aux intensivistes et aux résidents. Au terme de la session, les participants seront en mesure de décrire les options actuelles pour la prise en charge de patients souffrant de diverticulite; de déterminer la prise en charge opératoire de la sepsie abdominale; d'établir la prise en charge en urgence des complications de la chirurgie bariatrique; d'énoncer les modalités actuelles de la prise en charge de l'ulcère gastroduodénal perforant.

Chaired by: F. Brenneman, Toronto

- 1700** Current management of diverticulitis: S.M. Ashamalla, Sunnybrook Health Sciences Centre, Toronto
1715 Operative management of abdominal sepsis: A.K. Buczkowski, University of British Columbia, Vancouver
1730 Post-bariatric surgery emergencies for the non-bariatric surgeon: J. Hagen, University of Toronto, Toronto
1745 Perforated gastric/duodenal ulcer management in 2013: N. Parry, London Health Sciences Centre, London
1800 Panel discussion and questions from the audience
-

1700-1830 (Room 208, Level 2, Ottawa Convention Centre)

OAGS/CAGS Symposium: Colonoscopy for screening and surveillance – Why, when, where, how often and by whom

Learning objectives: The session is designed for general surgeons and general surgery residents. At the end of the round table discussion of current issues in colonoscopy, participants will understand the evidence regarding endoscopic versus other methods of surveillance of the colon; be able to describe appropriate timing and intervals for screening; learn the appropriate training necessary to acquire competence in colonoscopy; understand technical issues and learn appropriate methods to address factors which can challenge successful screening; appreciate the need for high quality examination of the right colon, and be able to identify quality markers for external and self-evaluation.

Symposium de l'OAGS et de l'ACCG : Colonoscopie de dépistage et de surveillance – Pourquoi, quand, où, à quelle fréquence et par qui

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et aux résidents en chirurgie générale. Au terme de la table ronde sur les questions d'actualité en colonoscopie, les participants seront en mesure de cerner la place respective de l'endoscopie et d'autres modes de surveillance du côlon d'après les données probantes; de déterminer le moment et la fréquence du dépistage; de choisir la formation nécessaire pour perfectionner leurs aptitudes en colonoscopie; de tenir compte des aspects techniques et des facteurs qui entrent en jeu dans le dépistage; de cerner l'importance de l'examen rigoureux du côlon droit et de préciser des indicateurs de qualité pour les besoins de l'évaluation externe et de l'autoévaluation.

Chaired by: A. Maciver, Stratford

- 1700** Welcoming remarks, overview and introductions: A. Maciver, Stratford
1710 Colonic screening and surveillance in 2013 – What are the options?: C. Vinden, Western University, London
1725 Technical obstacles to a successful colonoscopy: S.M. Feinberg, North York General Hospital, University of Toronto, Toronto
1740 The right colon – How can we do better? How do we measure our performance?: D.R. Urbach, University Health Network, University of Toronto, Toronto
1755 Discussion

A computerized audience response system will be used during the symposium. / Un système automatisé de répondeur à clavier sera utilisé durant le symposium.

1700-1830 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Instructional Video Session: Endocrine surgery

Learning objectives: The session is designed for practising surgeons, residents and other health care professionals who have an interest in endocrine surgery (thyroid, parathyroid, adrenal and neuroendocrine tumours). The session will demonstrate through the use of videos solicited from expert endocrine surgeons the approach to the management of thyroid tumours, parathyroid disease, adrenal tumours as well as the management of small bowel and pancreatic neuroendocrine tumours. The format for the session includes video presentations followed by a discussion period to analyze the presented videos. At the end of the session, participants will have reviewed current techniques for the intraoperative management of thyroid and parathyroid tumours; laparoscopic approaches for functional adrenal tumours; and intraoperative decision making for small bowel neuroendocrine tumours.

Session éducative vidéo de l'ACCG : Chirurgie endocrinienne

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux résidents et aux autres professionnels de la santé qui ont un intérêt en chirurgie endocrinienne (tumeurs thyroïdiennes, parathyroïdiennes, surrénales ou neuroendocrines). La session fera la

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démonstration, par l'utilisation de vidéos sollicitées d'experts chirurgiens endocriniens, de l'approche de la gestion des tumeurs thyroïdiennes, parathyroïdiennes ou surrénales et de la prise en charge des tumeurs neuroendocrines de l'intestin grêle et du pancréas. Le format pour cette session comprend des présentations vidéo, suivies de périodes de discussion pour analyser les vidéos présentées. Au terme de la session, les participants auront examiné les techniques actuelles de prise en charge peropératoire des tumeurs thyroïdiennes ou parathyroïdiennes, la méthode d'intervention laparoscopique en cas de tumeur surrénales active et la prise de décisions peropératoires en présence d'une tumeur neuroendocrine de l'intestin grêle.

	Chaired by: E. Mitmaker, Montréal
1700	Thyroidectomy – Highlighting intraoperative nerve monitoring and vessel-sealing devices: K. Devon, Women's College Hospital and University Health Network; P. Angelos; The University of Chicago, Chicago, Ill.; J. Tan, University of Toronto, Toronto
1715	Minimally invasive parathyroidectomy: R. Tabah, McGill University Health Centre, Montréal
1730	Laparoscopic adrenalectomy for pheochromocytoma: R. Grogan, The University of Chicago, Medicine & Biological Sciences, Chicago, IL
1745	Laparoscopic adrenalectomy in the context of ectopic kidney: C. Mueller, McGill University Health Centre, Montréal
1800	Small bowel and regional disease resections in SB NETs: J. Pasieka, University of Calgary, Calgary
1815	Laparoscopic spleen preserving distal pancreatectomy: A.T. Meneghetti, University of British Columbia, Vancouver

1830-1930 (Canada Hall 3, Level 3, Ottawa Convention Centre)

CAGS Symposium: Surgical jeopardy

Description: Surgical Jeopardy is a good-natured, informal competition in which contestants match wits about surgical disease, surgical history and a host of related and unrelated topics. The competition will be organized into teams of three and will be region based. We encourage all attendees to watch the game and root the participants on to victory! Trophies will be awarded to the top team. Suitable refreshments will be supplied free of charge in keeping with the *spirit* of the competition. So come on out, test yourself against the quiz master and competitors and enjoy the competition.

Learning objectives: The session is designed for all practising surgeons and surgical residents. At the end of the session, participants will be able to review common surgical disease, important events in surgical history and general knowledge of Canadian history, sports, geography and the arts.

Symposium de l'ACCG : Le péril chirurgical

Description : Le péril chirurgical est un concours bon enfant où les concurrents composent un mot d'esprit sur la chirurgie, maladie ou histoire, et une gamme de sujets connexes ou étrangers. Les équipes regrouperont trois personnes et l'affrontement sera régional. Tous sont invités à assister au jeu et à encourager les concurrents de leur choix. L'équipe victorieuse remportera un trophée. Des rafraîchissements seront gracieusement offerts, dans *l'esprit* du concours. Venez nombreux vous mesurer au présentateur de jeu et aux concurrents !

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux résidents en chirurgie. Au terme de la session, les participants seront en mesure d'énumérer les maladies chirurgicales courantes, de retracer les événements marquants de l'histoire de la chirurgie et d'acquérir des connaissances générales sur l'histoire, les sports, la géographie et les arts au Canada.

Chaired by: W.D. Buie, Calgary

Saturday and Sunday – Program at a glance

Samedi et dimanche – Programme en bref

Ottawa Convention Centre/The Westin Ottawa

Saturday, September 21 / Le samedi 21 septembre

0700-0750 (Trillium Ballroom, Level 4, Ottawa Convention Centre)

CSF Breakfast with the Professor (additional fee required) / Petit-déjeuner du FCC avec le professeur (frais d'inscription supplémentaires)

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0700-0900 (Room 105, Level 1, Ottawa Convention Centre)

James IV Breakfast and Business Meeting (members only) / Petit-déjeuner et réunion d'affaires du James IV (membres seulement)

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0800-0920 (Room 201, Level 2, Ottawa Convention Centre)

CAGS Paper Session –

Education

Communications de l'ACCG –
Éducation

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0800-0920 (Room 206, Level 2, Ottawa Convention Centre)

CATS Paper Session

Communications de

l'ACCT Page 42

0800-0930 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Video Session: Show and tell
Session éducative vidéo de l'ACCG :
Montre et raconte

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0800-0930 (Room 208, Level 2, Ottawa Convention Centre)

CHPBA Paper Session

Communications de la

CHPBA Page 43

0800-0930 (Room 214, Level 2, Ottawa Convention Centre)

CSCRS Paper Session

Communications de la

SCCCR Page 44

0800-0930 (Room 103, Level 1, Ottawa Convention Centre)

CAGS International Surgery Committee Meeting (by invitation)

Réunion du Comité de la chirurgie internationale de l'ACCG (par invitation)

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0800-0930 (Room 102, Level 1, Ottawa Convention Centre)

CAGS Residents' Committee Meeting (by invitation)

Réunion du Comité des résidents de l'ACCG (par invitation)

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0800-1000 (Room 209, Level 2, Ottawa Convention Centre)

Royal College Specialty Committee Meeting in General Surgical Oncology (by invitation)

Réunion du Comité de spécialité en chirurgie générale oncologie du Collège royal (par invitation)

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0800-1100 (Room 205, Level 2, Ottawa Convention Centre)

CAGS Self-assessment Exam (written) (additional fee required) / Examen d'auto-évaluation de l'ACCG (écrit) (frais d'inscription supplémentaires)

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0800-1130 (Room 203, Level 2, Ottawa Convention Centre)

2013 Resident Trauma Paper Competition of the Trauma Association of Canada and Committee on Trauma/American College of Surgeons

Concours 2013 d'exposés sur la traumatologie de résidents de l'Association canadienne de traumatologie et du Comité sur la traumatologie/American College of Surgeons

0800-1200 (Room 211, Level 2, Ottawa Convention Centre)

CAGS Allied Health Care Symposium: Empowering nurses to create change

Symposium de l'ACCG des professionnels de la santé paramédicaux: Habiliter les infirmiers à façonner le changement

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0800-1700 (Room 106, Level 1, Ottawa Convention Centre)

FLS Testing (additional fee required) / Examen FLS (frais d'inscription supplémentaires)

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0830-0930 (Room 104, Level 1, Ottawa Convention Centre)

CAGS Continuing Professional Development Committee Meeting (by invitation)

Réunion du Comité de formation professionnelle continue de l'ACCG (par invitation)

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0930-1000 (Canada Hall 3, Level 3, Ottawa Convention Centre)

Refreshment break/Visit the exhibits / Pause rafraîchissements/Visitez l'exposition

0930-1100 (Room 101, Level 1, Ottawa Convention Centre)

CAGS Endoscopic and Laparoscopic Surgery Committee Meeting (by invitation)

Réunion du Comité de chirurgie en endoscopie et laparoscopie de l'ACCG (par invitation)

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1000-1100 (Room 206, Level 2, Ottawa Convention Centre)

CATS Paper

Session Communications de l'ACCT

1000-1120 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Symposium:

Control of hemorrhage Symposium de l'ACCG : Contrôle d'hémorragie

1000-1120 (Room 208, Level 2, Ottawa Convention Centre)

CAGS Symposium:

Common problems in general surgery Symposium de l'ACCG : Problèmes courants en chirurgie générale

1000-1130 (Room 214, Level 2, Ottawa Convention Centre)

CSCRS Paper Session

Communications de la SCCCR

1000-1130 (Room 201, Level 2, Ottawa Convention Centre)

CAGS Paper Session –

Clinical research Communications de l'ACCG – Recherche en science clinique

1000-1130 (Room 215, Level 2, Ottawa Convention Centre)

CSSO Symposium:

Cancer on call Symposium de la SCOC : Cancer sur appel

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1100-1200 (Room 206, Level 2, Ottawa Convention Centre)

CATS F.G. Pearson Lectureship: Quality and safety in the surgical practice at the Mayo Clinic

Conférence F.G. Pearson de l'ACCT : Qualité et sécurité de la pratique chirurgicale à la Mayo Clinic

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1130-1215 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CSCRS Philip H. Gordon Lecture: Hereditary cancer – A personal story

Conférence Philip H. Gordon de la SCCCR : Cancer héréditaire – Une histoire personnelle

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1130-1215 (Room 215, Level 2, Ottawa Convention Centre)

CSSO Henry Shibata Lecture: Surgery in the era of targeted therapy

Conférence Henry Shibata de la SCOC : La chirurgie et la thérapie ciblée

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1200-1400 (location to be confirmed)

CATS Residents and Fellows Lunch with Dr. F.G. Pearson and Dr. C. Deschamps (by invitation)

Déjeuner des résidents et Associés de l'ACCT avec le Dr F.G. Pearson et le Dr C. Deschamps (par invitation)

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1215-1330 (Canada Hall 3, Level 3, Ottawa Convention Centre)

Lunch/Visit the exhibits / Déjeuner/Visitez l'exposition

Saturday and Sunday – Program at a glance / Samedi et dimanche – Programme en bref – continued on page 40

Saturday and Sunday – Program at a glance / Samedi et dimanche – Programme en bref

Saturday, September 21 (continued) / Le samedi 21 septembre (suite)

1215-1330 (Canada Hall 2, Level 3, Ottawa Convention Centre) CABPS/CSCRS/CSSO/CHPBA Poster Session / Séance d'affichage de l'ACMBC, la SCCR, la SCOC, la CHPBA	Page 49		
1300-1400 (Room 206, Level 2, Ottawa Convention Centre) CATS Annual Business Meeting (members only) / Réunion d'affaires annuelle de l'ACCT (membres seulement)	Page 59		
1330-1430 (Room 105, Level 1, Ottawa Convention Centre) CAGS Membership Committee Meeting (by invitation) / Réunion du Comité des membres de l'ACCG (par invitation)	Page 59		
1330-1520 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Instructional Video Session: How I do it Session éducative vidéo de l'ACCG – Comment je fais Page 51	1330-1520 (Room 205, Level 2, Ottawa Convention Centre) CAGS/TAC Symposium: Abdominal catastrophes in the ICU – An update on their surgical management Symposium de l'ACT et de l'ACCG : Les catastrophes abdominales aux soins intensifs – Le point sur leur prise en charge chirurgicale Page 52		
1330-1530 (Room 208, Level 2, Ottawa Convention Centre) CAGS Symposium: Enhanced recovery after surgery (ERAS) – Organizing care for better outcomes Symposium de l'ACCG : Convalescence améliorée suite à une chirurgie – Organiser les soins en vue d'obtenir de meilleurs résultats	Page 52		
1330-1530 (Room 104, Level 1, Ottawa Convention Centre) CAGS Hepatobiliary Transplantation Committee Meeting (by invitation) Réunion du Comité de chirurgie hépato-biliaire et de transplantation de l'ACCG (par invitation)	Page 59		
1330-1600 (Room 214, Level 2, Ottawa Convention Centre) CSCRS Symposium: New concepts in common anorectal disorders Symposium de la SCCR : Nouvelles notions liées aux troubles anorrectaux courants Page 53	1330-1600 (Room 215, Level 2, Ottawa Convention Centre) CSSO Paper Session Communications de la SCOC Page 53		
1330-1630 (Room 103, Level 1, Ottawa Convention Centre) CAGS Postgraduate Education Committee Meeting (by invitation) / Réunion du Comité de l'éducation – Cours supérieur de l'ACCG (par invitation)	Page 59		
1400-1415 (Room 206, Level 2, Ottawa Convention Centre) CATS Presentation: Robert J. Ginsberg Resident Research Award (members only) Présentation de l'ACCT : Prix d'excellence en recherche Robert J. Ginsberg (membres seulement)	Page 59		
1415-1615 (Room 206, Level 2, Ottawa Convention Centre) CATS Symposium: CATS Cup / Symposium de l'ACCT : Coupe de l'ACCT	Page 54		
1515-1630 (Room 203, Level 2, Ottawa Convention Centre) CABPS Paper Session / Communications de l'ACMBC	Page 54		
1530-1630 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Symposium: Advanced therapeutic endoscopy Symposium de l'ACCG : Endoscopie thérapeutique avancée Page 55	1530-1630 (Room 211, Level 2, Ottawa Convention Centre) Canadian Undergraduate Surgical Education Committee Symposium: Who we are and our work Symposium du Comité canadien d'éducation chirurgicale pré-graduée : Qui sommes-nous et notre travail Page 55	1530-1630 (Room 205, Level 2, Ottawa Convention Centre) CAGS Symposium: How to research and give a great PowerPoint talk in surgery – Advice from The Masters Symposium de l'ACCG : L'art de la présentation PowerPoint captivante en chirurgie – Conseils de maîtres Page 56	1530-1630 (Room 208, Level 2, Ottawa Convention Centre) CHPBA Symposium: Pancreatic cysts Symposium de la CHPBA : Kystes du pancréas Page 56
1630-1730 (Canada Hall 1, Level 3, Ottawa Convention Centre) CAGS Annual Business Meeting (members only) / Réunion d'affaires annuelle de l'ACCG (membres seulement)	Page 59		
1900-2300 (Trillium Ballroom, Level 4, Ottawa Convention Centre) CSF Presidents' Dinner, including CSRF fundraising silent auction (additional fee required) Dîner des présidents du FCC, incluant la vente aux enchères silencieuse au profit du FCRC (frais d'inscription supplémentaires)	Page 59		
2000-2015 (Trillium Ballroom, Level 4, Ottawa Convention Centre) CAGS Residents' Awards (additional fee required – will be presented at the CSF Presidents' Dinner) Prix de l'ACCG décernés à des résidents (frais d'inscription supplémentaires – seront présentés au Dîner des présidents du FCC)	Page 59		

Sunday, September 22 / Le dimanche 22 septembre

0730-0900 (Saskatchewan, 3 rd Floor, The Westin Ottawa) CSF Steering Committee and CSF Program Committee Meeting (by invitation) Réunion du Comité de direction du FCC et du Comité du programme du FCC (par invitation)	Page 59
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Visit the Exhibits! / Les exposants vous attendent !

Saturday, September 21 / Le samedi 21 septembre

0700-0750 (*Trillium Ballroom, Level 4, Ottawa Convention Centre*)

CSF Breakfast with the Professor (*additional fee required*)

Learning objectives: The session is designed for practising surgeons and surgical residents. At the end of the session, participants will be able to identify a practical approach to common surgical problems in the subject area of each assigned table. Case study method will be used for small group interactive sessions.

Petit-déjeuner du FCC avec le professeur (*frais d'inscription supplémentaires*)

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux résidents en chirurgie. Au terme de la session, les participants seront en mesure d'indiquer une solution pratique à des problèmes chirurgicaux courants dans le domaine attribué à chacun des groupes. La session interactive a recours à la méthode de l'étude de cas en groupes restreints.

- Art and science of outpatient local anesthetic surgery: C. Decker, West Parry Sound Health Centre, Parry Sound, A. Maciver, Stratford
- Breast cancer – Interesting cases and controversies: R. George, University of Toronto, Toronto
- Case studies in penetrating trauma: L. Gillman, University of Manitoba, Winnipeg
- Challenging cases in abdominal wall reconstruction: *R. Martindale, Oregon Health & Science University, Portland, OR*
- Colorectal cancer and dysplasia in IBD: M. Friedlich, The Ottawa Hospital, Ottawa
- Diverticulitis: P.T. Phang, University of British Columbia, Vancouver
- Dysphagia: F.M. Shamji, The Ottawa Hospital, Ottawa
- Emergencies in pediatric surgery: J. Bass, Children's Hospital of Eastern Ontario, Ottawa
- Exam preparation and time management for senior surgical residents: P. Fata, McGill University, Montréal
- Humanitarian crises – Roles for the international surgical community: D.W. Deckelbaum, Montréal General Hospital, Montréal
- Intraoperative emergencies: S. Minor, Dalhousie University, Halifax
- Management of common bile duct injuries: *K. Lillemoe, Massachusetts General Hospital, Boston, MA*
- Metastatic colorectal cancer: *R.P. DeMatteo, Memorial Sloan-Kettering Cancer Center, New York, NY*
- Operative tricks in bariatric surgery: *M.D. Kroh, Cleveland Clinic, Cleveland, OH*
- Perianal Crohn's disease: *Z. Cohen, Mount Sinai Hospital, Toronto*
- Thoracic emergencies – Esophageal perforation, incarcerated paraesophageal hiatus hernia, thoracic trauma: R. Finley, University of British Columbia, Vancouver

0800-0920 (*Room 201, Level 2, Ottawa Convention Centre*)

CAGS Paper Session – Education

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will leave with an understanding of what others are doing across Canada; a preview of what is on the research horizon; an opportunity to have discussed papers with their authors.

Communications de l'ACCG – Éducation

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux résidents en chirurgie et aux chercheurs en chirurgie. Au terme de la session, les participants seront en mesure de comprendre ce qui se fait partout au Canada; ils auront un aperçu des recherches futures; ils auront eu l'occasion d'en discuter avec les auteurs.

0800	Co-chaired by: D.W. Birch, Edmonton; S. Demyttenaere, Montréal 0016 (CAGS Education Award) Gender and surgical education: exploring the role of gender for women in surgery. <i>T. Cil, N. Baxter, C.-A. Moulton, F. Webster</i> . From the Department of Surgery, University of Toronto, the Department of Family Medicine, University of Toronto, the Wilson Centre for Research in Education, Toronto General Hospital, Toronto
0811	0017 Pressures to measure up in surgical training. <i>P. Patel, M.A. Martinianakis, S. Kitto, L.M. Murnaghan, N. Zilbert, C.-A. Moulton</i> . From the University of Toronto, The Wilson Centre, Toronto
0822	0018 Abolishment of 24-hour continuous medical call duty in Québec: a quality of life survey of general surgical residents following implementation of the new work-hour restrictions. <i>F. Hamadani, A. Sauvé, D.L. Deckelbaum, K. Khwaja, T. Razek, P. Fata</i> . From the McGill University, the Montréal University Health Centre, Montréal
0833	0019 A scoping review of resident duty hour (RDH) changes in surgery: what these mean for resident wellness, training and patient safety. <i>N. Ahmed, K.S. Devitt, I. Keshet, J. Spicer, N. Lipsman, A. Kayssi, T. Mainprize, L.S. Feldman, P. Fata, M. Elmi, J. Cools-Lartigue, C. Wallace, S. Gorman, B. Muir, S.M. Feinberg, J.T. Rutka</i> . From the St. Michael's Hospital, the Department of Surgery, University of Toronto, Toronto
0844	0020 The impact of physician assistants on patient and resident based outcomes on a general surgery service. <i>N. Dies, S. Rashid, C.J. Swallow, M. Shandling, A.M. Easson, E.D. Kennedy</i> . From the Mount Sinai Hospital, Toronto
0855	0021 Learning lessons from success: defining excellence in surgery. <i>M. Cocks, C.-A. Moulton, N. Roberts, T. Cil</i> . From the University of Toronto, Toronto, the Southern Illinois University School of Medicine, Springfield, IL
0906	0022 Improving residency training in end-of-life care: a survey of Canadian general surgical faculty and trainees. <i>A. Kayssi, S.A. Chadi, S. Merani, S. Steigerwald, R. Snelgrove, W. Davies, D.E. Schiller, A. Vergis, L.A. Mack, J. Downar, A.M. Easson</i> . From the

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Saturday, September 21 / Le samedi 21 septembre

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Division of General Surgery, Western University, London, the Department of Surgery, Faculty of Medicine and Dentistry University of Alberta, Edmonton, the Department of Surgery, University of Manitoba, Winnipeg, the Department of Oncology and Surgery, University of Calgary, Calgary, the Department of Medicine, University of Toronto, Toronto, Department of Surgery, University of Toronto, Toronto

0800-0920 (Room 206, Level 2, Ottawa Convention Centre)

CATS Paper Session

Learning objectives: The session is designed for all thoracic surgeons and residents. At the end of the session, participants will gain an understanding of the types of research being conducted in thoracic surgery and be able to identify potential areas of collaboration.

Communications de l'ACCT

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens thoraciques et aux résidents de la spécialité. Au terme de la session, les participants connaîtront les axes de recherche actuels en chirurgie thoracique et pourront préciser des domaines qui se prêteraient à la recherche en collaboration.

Chaired by: D. Bethune, Halifax

- 0800** **0077** A novel approach to thoracic surgery workforce planning: are we training too many or too few? *J. Edwards, I. Datta, J.D. Hunt, K.J. Stefan, C.G. Ball, E. Dixon, S.C. Grondin.* From the University of Calgary, the Department of Civil Engineering, University of Calgary, the HBA Specto Incorporated, Calgary
- 0815** **0078** Impact of short neoadjuvant hemithoracic intensity modulated radiation therapy (IMRT) followed by extrapleural pneumonectomy (EPP) on survival in malignant pleural mesothelioma (MPM). *M.E. de Perrot, R. Feld, N.B. Leighl, A. Hope, B.C.J. Cho.* From the Toronto General Hospital, the Princess Margaret Hospital, Toronto
- 0830** **0079** Is VATS too expensive?: a single institution cost-analysis of thoracoscopic versus open lobectomy. *D. French, D. Bethune, H. Henteleff, M. Johnston, G. Buduhan.* From the Dalhousie University, Halifax
- 0845** **0080** The management of dysphagia in esophageal adenocarcinoma patients undergoing neoadjuvant chemotherapy: can invasive tube feeding be avoided? *J. Cools-Lartigue, D. Jones, T. Zourikian, M.C. Rousseau, J. Spicer, E. Eckert, T. Alcindor, L.E. Ferri.* From the McGill University Health Centre, the Department of Surgery, McGill University, Montréal
- 0900** **0081** Functional outcomes and quality of life after proximal gastrectomy for tumours of the cardia and proximal stomach. *S. Gowing, U. Ronellenfitsch, A. Andalib, R. Perera, M.C. Rousseau, D.S. Mulder, L.E. Ferri.* From the McGill University Health Centre, Department of Thoracic Surgery, Montréal
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0800-0930 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Video Session: Show and tell

Description: Welcome to the first annual CSF Video Competition. All of our members were invited to submit their best **open** and **laparoscopic** videos and the top videos will be presented. The session will highlight different surgical techniques and approaches, as well as unusual or interesting cases. The audience will vote for the best video presentation during the session using an audience response system and a prize will be awarded to the winner. **We encourage you to bring your supporters to come out and vote.**

Learning objectives: The session is designed for residents or practising surgeons interested in seeing what Canadian surgeons have caught on tape in the past year. At the end of the session, the participants will be able to identify the technical aspects necessary to achieve successful outcomes for a variety of surgical procedures; appreciate how video editing of cases can be a useful educational tool; decide to record and edit their future cases and compete in next year's competition.

Session éducative vidéo de l'ACCG : Montre et raconte

Description : Voici l'édition inaugurale du concours vidéo annuel du FCC ! Nous avons invité les membres à nous présenter leurs meilleures vidéos d'une intervention **ouverte** et d'une intervention **laparoscopique**. Nous avons sélectionné les plus marquantes. La session mettra en relief diverses techniques et approches chirurgicales ainsi que des cas inusités ou présentant un intérêt particulier. L'auditoire utilisera un système de répondeur à clavier pour choisir qui, à ses yeux, se démarque de toutes les autres. L'auteur se verra récompensé par un lot. **Invitez vos fervents partisans à venir voter pour vous.**

Objectifs d'apprentissage : La session s'adresse aux résidents et aux chirurgiens en pratique active désireux de voir ce que des chirurgiens canadiens ont à leur montrer ! Au terme de la session, les participants seront en mesure d'identifier les aspects techniques à maîtriser pour obtenir de bons résultats dans diverses interventions chirurgicales; de préciser l'utilité de la vidéo comme outil éducatif; d'enregistrer une intervention et de participer au concours l'an prochain.

Co-chaired by: S. Bergman, Montréal; T.D. Jackson, Toronto

- 0800** **0180** Penetrating cardiac trauma: the pericardial window: *J. Kwan, I. Antonescu, P. Fata, T.S. Chughtai, K. Khwaja, D.S. Mulder, T. Razek, D.L. Deckelbaum.* From the McGill University Health Centre, Montréal
- 0809** **0181** Management of common bile duct stones after gastric bypass using transgastric ERCP: *N. Gawad, J. Hagen.* From the Humber River Hospital, University of Toronto, Toronto

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Saturday, September 21 / Le samedi 21 septembre

Continued from page 42

- 0818** **0182** Petersen's space hernia after gastric bypass in a pregnant patient: utility of emergency laparoscopy during pregnancy: *M. Ernjakovic*. From the Humber River Hospital, Toronto
- 0827** **0183** Robotic low anterior resection for rectal cancer: *F. Quereshy, C. O'Brien, D.R. Urbach*. From the University Health Network, Toronto
- 0836** **0184** Hepatomegaly complicating gastric bypass: the role for very low energy diets: *S. Cassie, Q. Huynh, J. Hagen*. From the University of Toronto, Toronto
- 0845** **0185** Formal resection of hepatic segments 6 and 7 for hepatocellular carcinoma in a cirrhotic liver: *J. Seal, A. Fung, P. Kim, P. Kelly, L. Hotoyan, G. Tait, P.D. Greig, I. McGilvray*. From the Toronto General Hospital, Toronto
- 0854** **0186** VATS assisted sleeve right upper lobectomy: *M.J. Kearns, A. Ashrafi*. From the University of British Columbia, Vancouver
- 0903** **0187** Transanal endoscopic microsurgery (TEM) for rectal adenoma: *A. Lebrun, A. Bouchard*. From the Centre Hospitalier Universitaire de Québec, Québec
- 0912** **0188** Laparoscopic component separation: *S. Temple*. University of Toronto, Toronto
- 0921** **0189** MIS Esophagectomy: *M.J. Kearns, A. Ashrafi*. From the University of British Columbia, Vancouver

A computerized audience response system will be used during the session. / Un système automatisé de répondre à clavier sera utilisé durant la session.

0800-0930 (Room 208, Level 2, Ottawa Convention Centre)

CHPBA Paper Session

Learning objectives: The session is designed for general surgeons, hepatobiliary-pancreatic surgeons and trainees in these specialties. At the end of the session, participants will be able to understand and appreciate the current and future directions of HPB and their management in an evidence-based format.

Communications de la CHPBA

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens du système hépatobiliaire ou du pancréas et aux résidents dans ces disciplines. Au terme de la session, les participants seront en mesure de préciser les recommandations actuelles et futures sur les problèmes chirurgicaux hépatobiliaires et de leur prise en charge fondée sur des données probantes.

- Chaired by: S. Jayaraman, Toronto
- 0800** **0103** Initial experience with associating liver partition and portal vein ligation for stages hepatectomy (ALPPS) in a Canadian centre: a new approach in liver resections. *K.A. Bertens, K.P. Croome, L. VanHouwelingen*. From the Division of General Surgery, Western University, London
- 0811** **0104** Towards an assessment of preoperative planning: consistency among expert surgeons. *N. Zilbert, L. St-Martin, G. Regehr, S. Gallinger, C.-A. Moulton*. From the Wilson Centre, University of Toronto, Toronto, The Centre for Health Education Scholarship, University of British Columbia, Vancouver, the Department of Surgery, University of Toronto, Toronto
- 0822** **0105** Does selective use of intraoperative radiofrequency ablation as an adjunct to hepatic resection affect the pattern of recurrence in patients undergoing hepatic resection for metastatic colorectal cancer. *K. Eltawil, N. Boame, H. Aloabaid, R. Mimeaull, R. Fairfull-Smith, T. Asmith, D. Jonker, F. Balaa, G. Martel*. From the Division of Medical Oncology, The Ottawa Hospital, University of Ottawa, the Liver and Pancreas Unit, The Ottawa Hospital, University of Ottawa, Ottawa
- 0833** **0106** Initial experience and outcomes with a novel technique of analgesia following open liver resection: medial, open transversus abdominis plane (MOTAP) catheters. *R. Behman, P. McHardy, J. Sawyer, P. Karanicolas*. From the Sunnybrook Health Sciences Centre, Toronto
- 0844** **0107** Loss of heterozygosity as a molecular "second hit" in familial pancreatic cancer: integrative genomics and gene discovery. *Z. Kanji, S. Serra, A. Borgida, S. Holter, T. McPherson, H. Kim, A. Smith, R. Grant, G. Zogopoulos*. From the University of British Columbia, Vancouver, Toronto General Hospital, Toronto, the Zane Cohen Centre for Digestive Diseases, Toronto, the Samuel Lunenfeld Research Institute of Mount Sinai Hospital, Toronto, the McGill University, Montréal
- 0855** **0108** Comparison of techniques for volumetric analysis of the future liver remnant: implications for major hepatic resections. *G. Martel, R. Huang, A. Belblidia, M. Dagenais, R. Lapointe*. From the CHUM - Hôpital Saint-Luc, Université de Montréal, Montréal
- 0906** **0109** Outcomes of pancreatico-enteric anastomosis at pancreatico-duodenectomy: a quasi-experimental propensity-score matched analysis. *J. Abou Khalil, S. Dumitru, M. Jamal, P. Metrakos, P. Chaudhury, J. Barkun*. From the McGill University Health Centre, Montréal
- 0917** **0110** Quality of life after resection of intra- and extra-hepatic metastases from colorectal adenocarcinoma in a multi-centre prospective phase II trial. *P.E. Serrano, N.G. Coburn, K.S. Devitt, C.-A. Moulton, S.P. Cleary, C.H. Law, P.D. Greig, S. Gallinger, A.C. Wei*. From the Toronto General Research Institute, University Health Network, University of Toronto, Toronto, the Sunnybrook Research Institute, Sunnybrook Health Sciences Centre, Toronto

Saturday, September 21 / Le samedi 21 septembre

0800-0930 (*Room 214, Level 2, Ottawa Convention Centre*)

CSCRS Paper Session

Learning objectives: The session is designed for general surgeons, colorectal surgeons and trainees in these specialties. At the end of the session, participants will be able to apply current principles in the management of colorectal diseases; highlight current controversies; understand the direction of future investigations.

Communications de la SCCR

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens du côlon et du rectum, et aux résidents dans ces domaines. Au terme de la session, les participants seront en mesure d'appliquer les principes actuels de la gestion des maladies colorectales; de mettre en évidence les controverses actuelles; de comprendre la direction des enquêtes futures.

Chaired by: W.D. Buie, Calgary

Paper judges: P. Belliveau, Kingston; C.S. Yaffe, Winnipeg

- 0800** **0149** Tissue factor pathway inhibitor 1 gene polymorphism 33TàC predicts improved disease-free survival in colorectal cancer. *A. Bazzarelli, A.S. Scheer, L.-H. Tai, R. Seth, C. Tanese de Souza, D. Jonker, J. Maroun, M. Carrier, R.A. Auer*. From the University of Ottawa, The Ottawa Hospital Research Institute, Ottawa
- 0815** **0150** Rectal cancer surgery by high volume surgeons results in improved oncologic outcomes and sphincter preservation. *K.R. Klingbeil, M.S. Brar, I. Datta, J.A. Heine, A.R. MacLean, W.D. Buie*. From the University of Calgary, Calgary
- 0830** **0151** Feasibility of using MRI based outcomes for quality indicators (QI) for rectal cancer multidisciplinary cancer conference (MCC). *J. Subendran, H. Huang, B. O'Connor, S. Thippavong, B. Cummings, J. Brierley, K. Jhaveri, R. Kirsch, R.S. McLeod, E.D. Kennedy*. From the Mount Sinai Hospital, the University Health Network, the Princess Margaret Hospital, Toronto
- 0845** **0152** Delays in rectal cancer treatment: a growing multidisciplinary problem. *K. Klingbeil, M.S. Brar, I. Datta, J.A. Heine, A.R. MacLean, W.D. Buie*. From the University of Calgary, Calgary
- 0900** **0153** Delays in diagnosis of anal cancer. *S. Chiu, K. Joseph, D.E. Schiller*. From the University of Alberta, Cross Cancer Institute, Edmonton
- 0915** **0154** Wait times for colorectal cancer surgery: does the specialty performing the colonoscopy matter? *S. Rieder, R.V. Anantha, K. Leslie*. From the Western University, London
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0800-1130 (*Room 203, Level 2, Ottawa Convention Centre*)

2013 Resident Trauma Paper Competition of the Trauma Association of Canada and Committee on Trauma/American College of Surgeons

Description: Research papers in clinical and basic science in the fields of trauma, sepsis and critical care will be presented by trauma Fellows and residents from Trauma programs from throughout Canada. Two best clinical and basic science papers from Eastern Canada and Western Canada will be selected. The winners may be invited to present their work at an international trauma resident papers competition in the spring of 2014 where, if selected, they will represent Canada at the Annual meeting of the American College of Surgeons, Committee on Trauma.

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will leave with an understanding and increased awareness of trauma related research by young investigators throughout Canada.

Concours 2013 d'exposés sur la traumatologie de résidents de l'Association canadienne de traumatologie et du Comité sur la traumatologie/American College of Surgeons

Description : Des Associés et des résidents en traumatologie des programmes de formation dans ce domaine de tout le Canada présenteront des exposés de recherche en science clinique ou en science fondamentale. Les deux meilleurs exposés de l'Est et de l'Ouest du Canada, l'un en science clinique, l'autre en science fondamentale seront choisis. Les gagnants peuvent être invités à présenter leur travail au printemps 2014 au concours international annuel d'exposés sur la traumatologie, où, s'ils sont sélectionnés, ils représenteront le Canada lors de la réunion annuelle de l'*American College of Surgeons*, et du Comité sur les traumatismes.

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux résidents en chirurgie et aux chercheurs en chirurgie. Au terme de la session, les participants seront en mesure de comprendre et auront eu une vue d'ensemble de la recherche dans le domaine de la traumatologie effectuée par des chercheurs en début de carrière de tout le Canada.

Co-chaired by: S. Rizoli, Toronto; M. vanWijngaarden-Stephens, Edmonton

0800-1200 (*Room 211, Level 2, Ottawa Convention Centre*)

CAGS Allied Health Care Symposium: Empowering nurses to create change

Learning objectives: The session is designed for nurses who work on surgery floors or in the operating room. At the end of the session, the participants will have gained a better understanding on how to get more involved in the area they work in and how to overcome potential obstacles to improving nursing care units; realize that both frontline nurses as well as nursing managers can make a big impact on patient care beyond the individual patient.

Continued on page 45

Saturday, September 15 / Le samedi 15 septembre

Continued from page 44

Symposium de l'ACCG des professionnels de la santé paramédicaux: Habiliter les infirmiers à façonner le changement

Objectifs d'apprentissage : La session s'adresse aux infirmiers qui travaillent à l'unité de chirurgie ou en salle d'opération. Au terme de la session, les participants auront les moyens et les connaissances nécessaires pour participer activement à l'avancement de leur secteur de soins et surmonter les obstacles qui pourraient freiner l'amélioration des soins infirmiers; seront en mesure d'influer sur la qualité des soins en général que ce soit en tant qu'infirmiers de première ligne ou comme gestionnaires de soins infirmiers.

Chaired by: H. Moloo, Ottawa

- 0800** Introduction and interdisciplinary care – Engaging physicians to empower nurses: H. Moloo, The Ottawa Hospital, Ottawa
0820 Generating ideas and creating improved patient care – Finding our way together: A. Kacikanis, University Health Network, Toronto
0840 Engaging interdisciplinary teams to innovate in order to improve patient care: A. Pavreal, Jewish General Hospital, Montréal
0900 Panel discussion: A. Kacikanis, University Health Network, Toronto; H. Moloo, The Ottawa Hospital, Ottawa; A. Pavreal, Jewish General Hospital, Montréal
0930 Refreshment break
0945 From a multidisciplinary to interdisciplinary team approach – Focusing on common goals: D. Stanbridge, McGill University Health Centre, Montréal
1015 Innovation – A way to empower surgical nurses?: K. Woodhall, The Ottawa Hospital, Ottawa
1045 Empowering nurses in a financially challenging health care environment: P. Doering, The Ottawa Hospital, Ottawa
1115 Empowered nurses create their environment – The Ottawa Hospital journey: G. Rodger, The Ottawa Hospital, Ottawa
1145 Closing remarks: H. Moloo, The Ottawa Hospital, Ottawa

0930-1000 (Canada Hall 3, Level 3, Ottawa Convention Centre)

Refreshment break/Visit the exhibits / Pause rafraîchissements/Visitez l'exposition

1000-1100 (Room 206, Level 2, Ottawa Convention Centre)

CATS Paper Session

Learning objectives: The session is designed for all thoracic surgeons and residents. At the end of the session, participants will gain an understanding of the types of research being conducted in thoracic surgery and be able to identify potential areas of collaboration.

Communications de l'ACCT

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens thoraciques et aux résidents de la spécialité. Au terme de la session, les participants connaîtront les axes de recherche actuels en chirurgie thoracique et pourront préciser des domaines qui se prêteraient à la recherche en collaboration.

Chaired by: D. Bethune, Halifax

- 1000** **0082** Esophagectomy in esophageal perforations: a necessary therapeutic option in selected cases: a statistical analysis. *S. Abu-Daff, J. Ivanovic, P.J. Villeneuve, S. Gilbert, D.E. Maziak, R.S. Sundaresan, A.J.E. Seely, F.M. Shamji.* From the Thoracic Surgery Unit, The Ottawa Hospital, Ottawa
1015 **0083** Neadjuvant chemoradiation and surgery compared to definitive chemoradiation in the treatment of Stage IIIA N2 non-small cell lung cancer. *F. Li, D. Patsios, A.G. Wallis, C. Massey, G.E. Darling.* From the Division of Thoracic Surgery, Department of Surgery, Faculty of Medicine, University of Toronto, the Department of Medical Imaging, Faculty of Medicine, University of Toronto, the Division of Thoracic Surgery, Department of Surgery, University Health Network, University of Toronto, Toronto
1030 **0084** A rapid access and management program for lung cancer patients enhances the quality of thoracic surgery services. *W.C. Hanna, A. Salvarrey, K. Yasufuku, S. Keshavjee, G.E. Darling, M.E. de Perrot, M. Cypel, T.K. Waddell.* From the Division of Thoracic Surgery, University of Toronto, Toronto
1045 **0085** Long-term outcome after en-bloc resection of non-small cell lung cancer invading the pulmonary sulcus and spine. *S. Collaud, T.K. Waddell, K. Yasufuku, A.F. Pierre, G.E. Darling, M. Cypel, Y.R. Rampersaud, S.J. Lewis, F.A. Shepherd, N.B. Leighl, J. Cho, A. Bezjak, M. Tsao, S. Keshavjee, M.E. de Perrot.* From the Divisions of Thoracic Surgery, Orthopedic Surgery, Medical Oncology, Radiation Oncology and Pathology, University Health Network, University of Toronto, Toronto

1000-1120 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Symposium: Control of hemorrhage

Description: Surgeons are often challenged with bleeding preoperatively, intraoperatively or postoperatively. They should have the knowledge on how to minimize the risk of hemorrhage and have the skill set to manage significant bleeding if it occurs.

Learning objectives: The session is designed for all surgeons in training and in practice. At the end of the session, participants will be able to understand the impact of novel anticoagulants on the surgical patient population; describe the current practice of 'Damage Control Resuscitation'; understand the mechanism of action of hemostatic agents, the indications of use, and be familiar with the appropriate technique of application; appreciate the multidisciplinary approach to hemorrhage with the appropriate use of minimally invasive technology; review the surgical techniques for control of intraoperative hemorrhage in trauma and general surgery patients.

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Saturday, September 21/ Le samedi 21 septembre

Continued from page 45

Symposium de l'ACCG : Contrôle d'hémorragie

Description : Il est fréquent que le chirurgien ait à composer avec un saignement périopératoire, péropératoire et postopératoire. Il devrait donc savoir réduire au minimum le risque hémorragique et juguler le saignement majeur le cas échéant.

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux chirurgiens en formation. Au terme de la session, les participants seront en mesure d'indiquer l'effet des nouveaux anticoagulants dans la perspective d'une intervention chirurgicale; de décrire la stratégie de « *Damage Control Resuscitation* » (prise en charge du choc hémorragique centrée sur une chirurgie de sauvetage minimaliste associée à une réanimation périopératoire); de préciser le mécanisme d'action et les indications des hémostatiques et de savoir les utiliser; de cerner l'importance de la démarche multidisciplinaire et de l'utilisation appropriée de la technologie non effractive dans la prise en charge du choc hémorragique; de relever les techniques chirurgicales de maîtrise de l'hémorragie peropératoire en cas de traumatisme ou à l'intervention chirurgicale en général.

Chaired by: K. Khwaja, Montréal

1000 Introduction: K. Khwaja, McGill University, Montréal

1005 Managing our patients on novel anticoagulants: What every surgeon needs to know!: P. Wells, The Ottawa Hospital, Ottawa

1020 Damage control resuscitation: S. Rizoli, University of Toronto, Toronto

1035 “Hemostatic agents: When to use what?”: V. Trottier, Québec City

1050 The role of minimally invasive technology: When (and when not to) call the interventional radiologists...: D.L. Deckelbaum, Montréal General Hospital, Montréal

1105 Vascular exposure for control of intraoperative hemorrhage: N. Parry, London Health Sciences Centre, London

The “CAGS Symposium: Control of hemorrhage” is an educational session which is accredited by the Royal College guidelines and standards at the Canadian Surgery Forum (CSF). Its content was developed entirely by the CAGS faculty and is free from any commercial bias. The “CAGS Symposium: Control of hemorrhage” was co-developed with the Canadian Association of General Surgeons and Baxter and was planned to achieve scientific integrity, objectivity and balance.



1000-1120 (Room 208, Level 2, Ottawa Convention Centre)

CAGS Symposium: Common problems in general surgery

Description: Clinical scenarios highlighting common problems encountered by general surgeons will be presented and discussed by an expert panel. The audience will be encouraged to make comments and ask questions. At the end of the interactive session, a summary of the relevant evidence will be presented.

Learning objectives: The session is designed for all general surgeons and residents. At the end of the session, participants will be able to understand the role of antibiotics, laparoscopic washout and surgery in patients with acute diverticulitis; evaluate the role and timing of various treatments for acute biliary disease; understand the options available for abdominal wall coverage in the acute situation and the options for ventral hernia repair.

Symposium de l'ACCG : Problèmes courants en chirurgie générale

Description : Un groupe d'experts examineront des scénarios cliniques illustrant des problèmes courants en chirurgie générale. Les membres de l'auditoire auront le loisir de faire part de leurs observations et de poser des questions. Pour clôturer la session interactive, les experts présenteront les données probantes pertinentes en résumé.

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens généraux et les résidents. Au terme de la session, les participants seront en mesure de préciser la place de l'antibiothérapie, du lavage laparoscopique et de la chirurgie dans la prise en charge de la diverticulite aiguë; d'évaluer la place et le choix du moment de divers traitements de l'affection biliaire aiguë; d'énumérer les options offertes dans la reconstruction de la paroi abdominale en phase aiguë et les options indiquées dans le traitement chirurgical de la hernie ventrale.

Chaired by: R.S. McLeod, Toronto

Panel members: J. Barkun, McGill University Health Centre, Montréal; A.R. MacLean, University of Calgary, Calgary; L. Mikula, Peterborough; N. Parry, London Health Sciences Centre, London

A computerized audience response system will be used during the session. / Un système automatisé de répondre à clavier sera utilisé durant la session.

1000-1130 (Room 214, Level 2, Ottawa Convention Centre)

CSCRS Paper Session

Learning objectives: The session is designed for general surgeons, colorectal surgeons and trainees in these specialties. At the end of the session, participants will be able to apply current principles in the management of colorectal diseases; highlight current controversies; understand the direction of future investigations.

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Saturday, September 21 / Le samedi 21 septembre

Continued from page 46

Communications de la SCCCR

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens du côlon et du rectum, et aux résidents dans ces domaines. Au terme de la session, les participants seront en mesure d'appliquer les principes actuels de la gestion des maladies colorectales; de mettre en évidence les controverses actuelles; de comprendre la direction des enquêtes futures.

Chaired by: A.R. MacLean, Calgary

Paper judges: P. Belliveau, Kingston; C.S. Yaffe, Winnipeg

- 1000** **0155** Anastomotic leakage and perioperative non-steroidal anti-inflammatory drug (NSAID) use after colorectal surgery. *F. Saleh, T.D. Jackson, L. Ambrosini, J.J. Gnanasegaram, J. Kwong, F.A. Quereshy, A. Okrainec.* From the Division of General Surgery, University Health Network, University of Toronto, Toronto
- 1015** **0156** Redefining colorectal cancer care: a novel patient-centred diagnostic assessment and treatment program. *S.M. Ashamalla, B.-A. Maier, D.S. Fenech, S.M. Feinberg, P.K. Stotland, A.J. Smith.* From the Sunnybrook Health Sciences Centre, the North York General Hospital, Toronto
- 1030** **0157** Can administrative healthcare data predict unplanned emergency room visits in seniors undergoing colon cancer surgery? *A. Ramjaun, S. Krotneva, H. Alabbas, A.N. Meguerditchian.* From the McGill Clinical and Health Informatics, Montréal
- 1045** **0158** Radiation exposure from computed tomography in Crohn's disease patients undergoing ileocolic resection. *H. Wang, F. Bellolio, J. Bardsley, C. Brace, N. Jaffer, K. Jhaveri, J.C. Victor, R.S. McLeod, E.D. Kennedy.* From the University of Toronto, Toronto
- 1100** **0159** Combined endoscopic-laparoscopic surgery for complex colonic polyps: are good outcomes maintained with an aggressive therapeutic endoscopy program? *A. Crawford, I. Yang, R.C. Wu, H. Moloo, R.P. Boushey.* From the University of Ottawa, The Ottawa Hospital, Ottawa
- 1115** **0160** Factors affecting compliance with endoscopic surveillance guidelines following colorectal cancer resection. *M.S. Brar, K.R. Klingbeil, J.A. Heine, I. Datta, W.D. Buie, A.R. MacLean.* From the University of Calgary, Calgary

1000-1130 (Room 201, Level 2, Ottawa Convention Centre)

CAGS Paper Session – Clinical research

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will leave with an understanding of what others are doing across Canada; a preview of what is on the research horizon; an opportunity to have discussed papers with their authors.

Communications de l'ACCG – Recherche en science clinique

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux résidents en chirurgie et aux chercheurs en chirurgie. Au terme de la session, les participants seront en mesure de comprendre ce qui se fait partout au Canada; ils auront un aperçu des recherches futures; ils auront eu l'occasion d'en discuter avec les auteurs.

Co-chaired by: P. Chaudhury, Montréal; S. Gmora, Hamilton

- 1000** **0027** Use of chewing gum to alleviate postoperative ileus following intraperitoneal surgery: an updated systematic review and meta-analysis. *D.D. Paskar, N. Poonai, I. Ghaderi, R. Hernandez-Alejandro, T.S. Mele.* From the Western University, London
- 1011** **0024** Disparities in referral for colorectal cancer screening. *M.S. Brar, R. Hilsden, P. Peller, K.R. Klingbeil, J.A. Heine, W.D. Buie, A.R. MacLean, I. Datta.* From the University of Calgary, Calgary
- 1022** **0025** The association between perioperative factors and healthcare costs in older adults undergoing non-elective abdominal surgery. *J.G. Bailey, P.J.B. Davis, A. Levy, M. Molinari, P.M. Johnson.* From the Division of General Surgery and the Department of Community Health and Epidemiology, Dalhousie University, Halifax
- 1033** **0026** Right colectomies: risk factors associated with anastomotic leakage. *I. Jetté-Côté, J.-F. Latulippe, Y. Bendavid, S. Dubé, M. Poirier, F. Heyen, M. Henri.* From the Hôpital Maisonneuve-Rosemont, Department of Surgery, University of Montréal, Montréal
- 1044** **0030** Comparative operative outcomes of early and delayed cholecystectomy for acute cholecystitis: a population-based propensity score analysis. *C. de Mestral, O.D. Rotstein, A. Laupacis, J.S. Hoch, B. Zagorksi, A. Alali, A.B. Nathens.* From the St. Michael's Hospital, the Institute for Clinical Evaluative Sciences, the Sunnybrook Health Sciences Centre, Toronto
- 1055** **0028** Management of umbilical hernias in patients with ascites: development of a nomogram to predict mortality. *F. Saleh, A. Okrainec, S.P. Cleary, T.D. Jackson.* From the University Health Network, University of Toronto, Toronto
- 1106** **0029** Outcomes from an enhanced recovery program for laparoscopic gastric surgery. *N. Wong-Chong, H. Kehlet, T.P. Grantcharov.* From the University of Toronto, Toronto, the Section for Surgical Pathophysiology, Rigshospitalet, Copenhagen University, Copenhagen, Denmark.
- 1117** **0023 (CAGS Clinical Research Award)**
Cost-utility analysis comparing alternative timeframes of surgery for acute cholecystitis. *C. de Mestral, J.S. Hoch, A. Laupacis, H. Wijeyesundara, O.D. Rotstein, A. Alali, A.B. Nathens.* From the St. Michael's Hospital, the Sunnybrook Health Sciences Centre, Toronto

1000-1130 (Room 215, Level 2, Ottawa Convention Centre)

CSSO Symposium: Cancer on call

Learning objectives: The session is designed for all general surgeons and residents involved in the management of patients with an acute abdomen. At the end of the session, the participants will be able to manage unexpected intraoperative findings of a liver mass, pseudomyxoma,

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carcinomatosis and obstruction of the upper GI tract. Participants will also be able to discuss the options for managing bleeding from the upper GI tract from a malignant lesion. Attendees will be invited to present management challenges they have encountered in their practice.

Symposium de la SCOC : Cancer sur appel

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux et aux résidents qui participent à la prise en charge de patients présentant un abdomen aigu. Au terme de la session, les participants seront en mesure de gérer des constatations peropératoires inattendues comme une tumeur hépatique, le pseudomyxome du péritoine, une carcinomatose ou une occlusion des voies digestives hautes. Les participants seront également en mesure de discuter des options pour gérer le saignement digestif haut provoqué par une tumeur maligne. Ils auront l'occasion d'exposer des prises en charge difficiles auxquelles ils ont participé.

	Chaired by: L.K. Helyer, Halifax
1000	Jelly in the belly and carcinomatosis – What should we know for a sugarbaker referral: C.A. Giacomantonio, Dalhousie University, QEII Health Sciences Centre, Halifax
1020	The unexpected liver mass: A. McKay, University of Manitoba, Winnipeg
1040	Bleeding and obstruction in the upper GI tract – To operate or not: A. McFadden, Gordon & Leslie Diamond Health Care Centre, Vancouver
1100	Discussion and case presentation
1120	Closing remarks: L.K. Helyer, Dalhousie University, QEII Health Sciences Centre, Halifax

1100-1200 (Room 206, Level 2, Ottawa Convention Centre)

CATS F.G. Pearson Lectureship: Quality and safety in the surgical practice at the Mayo Clinic

Learning objectives: The session is designed for all thoracic surgeons and residents. At the end of the session, participants will understand the issues relating to the quality and safety of surgical practices at the Mayo Clinic; learn and discuss how these issues can relate to their own practices.

Conférence F.G. Pearson de l'ACCT : Qualité et sécurité de la pratique chirurgicale à la Mayo Clinic

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens thoraciques et aux résidents de la spécialité. Au terme de la session, les participants comprendront les questions relatives à la qualité et la sécurité des pratiques chirurgicales à la *Mayo Clinic*; découvrez et discutez comment ces problèmes peuvent se rapporter à leurs propres pratiques.

Chaired by: D. Bethune, Halifax

Speaker: *C. Deschamps, Mayo Clinic, Rochester, MN*

1130-1215 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CSCRS Philip H. Gordon Lecture: Hereditary cancer – A personal story

Learning objectives: The session is designed for general surgeons, colorectal surgeons and trainees in both specialties. At the end of the session, participants will be able to understand the depth of information required for proper family history; describe the process of testing for genetic disorders related to colorectal cancer; explain the controversy surrounding the accurate diagnoses of hereditary colorectal cancers.

Conférence Philip H. Gordon de la SCCR : Cancer héréditaire – Une histoire personnelle

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens du côlon et du rectum et aux résidents dans ces domaines. Au terme de la session, les participants seront en mesure de comprendre l'étendue de l'information nécessaire pour établir les antécédents familiaux; de décrire le processus de dépistage des troubles génétiques liés au cancer colorectal; d'offrir une vue d'ensemble de la controverse qui fait rage à propos du diagnostic des cancers colorectaux héréditaires.

Chaired by: W.D. Buie, Calgary

Speaker: *Z. Cohen, Mount Sinai Hospital, Toronto*

1130-1215 (Room 215, Level 2, Ottawa Convention Centre)

CSSO Henry Shibata Lecture: Surgery in the era of targeted therapy

Learning objectives: The session is designed for general surgeons, surgical oncologists, other surgical subspecialists with an interest in treating cancer and allied health professionals with an interest in oncology. At the end of the session, the participants will appreciate the success and limitations of targeted therapy; understand the integration of targeted therapy and surgery.

Conférence Henry Shibata de la SCOC : La chirurgie et la thérapie ciblée

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux oncologues chirurgicaux, aux autres surspécialistes chirurgicaux ayant un intérêt dans le traitement du cancer et les professionnels de la santé qui s'intéressent à l'oncologie. Au terme de la session, les participants seront en mesure de cerner les atouts et les lacunes du traitement ciblé; de relever les avantages de l'association du traitement ciblé et de la chirurgie.

Chaired by: O.F. Bathe, Calgary

Speaker: *R.P. DeMatteo, Memorial Sloan-Kettering Cancer Center, New York, NY*

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1215-1330 (Canada Hall 3, Level 3, Ottawa Convention Centre)

Lunch/Visit the exhibits / Déjeuner/Visitez l'exposition

1215-1330 (Canada Hall 2, Level 3, Ottawa Convention Centre)

CABPS/CSCRS/CSSO/CHPBA Poster Session

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will leave with an understanding of what others are doing across Canada; a preview of what is on the research horizon; an opportunity to have discussed posters with their authors.

Séance d'affichage de l'ACMBC, la SCCR, la SCOC, la CHPBA

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux résidents en chirurgie et aux chercheurs en chirurgie. Au terme de la session, les participants seront en mesure de comprendre ce qui se fait partout au Canada. Ils auront un aperçu des recherches futures. Ils auront eu l'occasion d'en discuter avec les auteurs.

CABPS judges: K. Hardy, Winnipeg; A. Okrainec, Toronto

CSCRS judges: P.M. Johnson, Halifax; M. Ott, London

CSSO judges: C. Baliski, Vancouver; C. Desbiens, Québec

CHPBA judges: R. Hernandez-Alejandro, London; S. Nanji, Kingston

- 1215** **0006** The impact of laparoscopic sleeve gastrectomy on plasma ghrelin levels: a systematic review. *B. Anderson, N.J. Switzer, A. Almamar, X. Shi, D.W. Birch, S. Karmali*. From the Department of Surgery, University of Alberta, Edmonton, the Centre for the Advancement of Minimally Invasive Surgery (CAMIS), Royal Alexandra Hospital, Edmonton
- 0161** Preoperative repeat endoscopy rate in colorectal cancer patients: an institutional experience and analysis of influencing factors. *T. Al Abbasi, F. Saleh, T.D. Jackson, A. Okrainec, F.A. Quereshy*. From the University Health Network, University of Toronto, Toronto
- 0170** Development of an evidence-based technical skills and cognitive knowledge curriculum for colorectal surgery: lessons learned from implementation. *V. Palter, T.P. Grantcharov, N. Ahmed, A. Ryzynski, A.J. Smith, S.M. Ashamalla*. From the St. Michael's Hospital, University of Toronto, the Sunnybrook Hospital, University of Toronto, Toronto
- 0134** "Getting my life back": complex abdominal wall hernias as a barrier to quality of life in cancer survivors. *R. Nenshi, C. Bensimon, F. Wright, A.J. Smith, F. Brenneman*. From the University of Toronto, the Sunnybrook Health Sciences Centre, Toronto
- 0111** Do patients' symptoms improve after hepatic resection for focal nodular hyperplasia? *K. DeGirolamo, S.W. Chung*. From the Department of Surgery, University of British Columbia, Vancouver
- 1220** **0007** The impact of bariatric surgery on obstructive sleep apnea: a systematic review. *N.J. Switzer, K. Sarkhosh, M. El-Hadi, D.W. Birch, X. Shi, S. Karmali*. From the Department of Surgery, University of Alberta, Edmonton, the Centre for the Advancement of Minimally Invasive Surgery, the Royal Alexandra Hospital, Edmonton
- 0162** A retrospective review of open versus Da Vinci assisted robotic proctectomy with coloanal anastomosis. *S.T. Ali, B.M. Taylor, C.M. Schlachta*. From the Department of Surgery, London Health Sciences Centre, the Canadian Surgical Technology and Advanced Robotics, London
- 0171** Transanal endoscopic microsurgery for rectal lesions: is it safe to use fast track protocol for early discharge? *M. Paquin-Gobeil, S. Duhaime, I. Yang, R.A. Auer, I. Raîche, J. Mamazza, R.P. Boushey, H. Moloo*. From The Ottawa Hospital, University of Ottawa, Ottawa
- 0135** Economic evaluations in surgical oncology: a systematic review. *S. Brar, I. Datta, F.A. Quereshy*. From the University of Calgary, Calgary, the University of Toronto, Toronto
- 0112** The development of a classification system for biliary complications following orthotopic liver transplantation (OLT). *A. Neville, M. Boutros, E. Rahme, J. Barkun*. From the Division of General Surgery, McGill University Health Centre, the Department of Surgery, McGill University, the Division of Clinical Epidemiology, McGill University Health Centre, and the School of Physical and Occupational Therapy, McGill University, Montréal
- 1225** **0008** Perception and awareness of bariatric surgery in Canada: a national survey of general surgeons. *T.D. Jackson, S. Sockalingam, F.A. Quereshy, J. Kwong, F. Saleh, A. Okrainec*. From the University of Toronto, Toronto
- 0163** Laparoscopic enterocolostomy is a viable and safe option in patients with malignant small bowel obstruction with incurable disease. *N. Chima, J. Hopkins, A.A. Karimuddin, A. Hayashi, S. Malik*. From the University of British Columbia, Department of Surgery, Island Medical Program, Victoria General Hospital, Victoria
- 0172** Emergency surgery for colorectal cancer is associated with increased rate of recurrence, compared with elective surgery. *S. Patel, S.V.B. Patel, M. Brackstone*. From the London Health Sciences Centre, London
- 0136** Comparison of survival between patients with peritoneal carcinomatosis from colon and rectal origin treated with cytoreduction and heated intraperitoneal chemotherapy. *J. Rivard, Y.J. McConnell, W.J. Temple, L.A. Mack*. From the University of Calgary, Calgary
- 0113** Transfusion requirements in orthotopic liver transplantation. *T. Chan, M. Segedi, A.K. Buczkowski*. From the University of British Columbia, Vancouver, the University of Toronto, Toronto
- 1230** **0164** Failing to reverse a temporary diverting stoma after low anterior resection. *A. Chiu, C.J. Brown, A.A. Karimuddin, M.J. Raval, P.T. Phang*. From the St. Paul's Hospital, Vancouver
- 0173** Emergency surgery for colorectal cancer does not result in nodal understaging, compared with elective surgery. *S.V.B. Patel, S. Patel, M. Brackstone*. From the London Health Sciences Centre, London
- 0137** Prognosis and survival of operative breast cancer in Saudi Arabia. *B. Alabdulkarim, H. Alkarji, H. Alzuhair, D. Alkarji, R. Alruqiae, N. Alruqiae, A. Alsaif, A. Bokhari, M. Hassanain*. From the King Saud University, the King Khalid University Hospital, Riyadh, Saudi Arabia

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- 0114** Liver resection after chemotherapy and tumour downsizing in patients with initially non-resectable colorectal cancer liver metastases. *Z. Kanji, N. Devaud, N. Dhani, R. Grant, H. Shoushtari, P.E. Serrano, S. Nanji, P.D. Greig, I. McGilvray, C.-A. Moulton, A.C. Wei, S.P. Cleary.* From the University of British Columbia, Vancouver, the Toronto General Hospital, Toronto, the Princess Margaret Hospital, Toronto, the Queen's University, Kingston
- 1235 0165** Oral metronidazole for the prevention of post-hemorrhoidectomy pain: a systematic review and meta-analysis. *H.M.A. Emmerton-Coughlin, S.M. Coughlin, C. Vinden.* From the Western University, London
- 0174 WITHDRAWN**
- 0138** Value of positron emission tomography (PET) scan in stage III cutaneous melanoma: a systematic review and meta-analysis. *H. Alabbas, A.M.R. Rivera, A. Ramjaun, A.N. Meguerditchian.* From the McGill University, Montréal
- 0115** Impact of epidural analgesia and fluid resuscitation on major adverse events following pancreaticoduodenectomy. *R. Behman, S. Hanna, N.G. Coburn, C.H. Law, D. Cyr, J. Truong, J. Lam-McCulloch, P. McHardy, J. Sawyer, C. Idestrup, P. Karanicolas.* From the Sunnybrook Health Sciences Centre, Toronto
- 1240 0166** Multimodality treatment of locally recurrent adherent colon cancer with neo-adjuvant chemoradiotherapy to optimize the achievement of R0 resection. *J. Hallet, M. Cukier, H. Soliman, A.J. Smith, C.S. Wong.* From the Division of Surgical Oncology, University of Toronto, Toronto, Division of Surgical Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto, the Department of Radiation Oncology, Odette Cancer Centre, Sunnybrook Health Sciences Centre, University of Toronto, Toronto,
- 0175** Nonsteroidal anti-inflammatory drug (NSAID) use and anastomotic leak following elective colorectal surgery. *J. Subendran, N. Siddiqui, J.C. Victor, R.S. McLeod, A. Govindarajan.* From the Mount Sinai Hospital, University of Toronto, Toronto, the Institute of Health Policy Management and Evaluation, University of Toronto, Toronto
- 0139** The number of lymph nodes retrieved as a quality indicator for axillary and inguinal lymph node dissections for clinically palpable disease in melanoma. *D. Berger-Richardson, M. Ernjakovic, D.R. McCready, W.L. Leong, M. Reedijk, A.M. Easson.* From the University of Toronto, Toronto
- 0116** Patient attitudes regarding surveillance following resection of pancreatic adenocarcinoma: a qualitative study. *E. Cheng, R. Deobald, Y.-J. Ko, F. Wright, P. Karanicolas.* From the Department of Surgery, University of Toronto, the Department of Medicine, University of Toronto, the Division of Surgical Oncology and Medical Oncology, Sunnybrook Health Sciences Centre, Toronto
- 1245 0167** Improved health related quality of life after surgical management of severe refractory constipation-dominant IBS. *J.Y. Lam, B. Kidane, F. Manji, B.M. Taylor.* From the University of Calgary, Calgary, the Western University, London
- 0176** Complete response versus partial response post neoadjuvant chemoradiation in locally advanced rectal cancer: does the degree of response influence the outcome. *J.T. Groom, J.-F. Latulippe, M. Poirier, J. Gaboriault, S. Dubé, M. Henri.* From the Department of Surgery, University of Montréal, Montréal
- 0140** Oncolytic vaccinia virus and irinotecan synergize to improve treatment of colorectal carcinomatosis. *K. Ottolino-Perry, N. Tang, S.A. Acuna, F.A. Angarita, S. Zerhouni, J.A. McCart.* From the Institute of Medical Science, the Division of Experimental Therapeutics, Toronto General Research Institute, University Health Network, University of Toronto, the Division of General Surgery, Department of Surgery, University of Toronto, Toronto
- 0117** Minimally invasive versus open liver resection: a comparative analysis of short-term outcomes. *Y. Wang, S. Piedimonte, S. Bergman, T. Vanounou.* From the Department of General Surgery, Jewish General Hospital, Montréal
- 1250 0168** Transanal endoscopic microsurgery for benign and malignant rectal tumour: single institution results in first 114 patients. *A. Lebrun, S. Drolet, P. Bouchard.* From the Centre hospitalier universitaire de Québec (Saint-François d'Assise), Québec
- 0141** Oncolytic vaccinia virus as an adjuvant treatment to cytoreductive surgery for malignant peritoneal mesothelioma. *S.A. Acuna, K. Ottolino-Perry, B. Çako, N. Tang, F.A. Angarita, J.A. McCart.* From the Division of Experimental Therapeutics, Toronto General Research Institute, University Health Network, the Institute of Medical Science, University of Toronto, the Division of General Surgery, Department of Surgery, University of Toronto, the Division of General Surgery, Department of Surgery, Mount Sinai Hospital, Toronto
- 0118** Current practices of liver-related surgery in Canada: a survey. *J. Truong, D. Cyr, S.P. Cleary, J. Lam-McCulloch, P. Karanicolas.* From the Western University, London, the University of Toronto, Toronto, the University Health Network, Toronto, Sunnybrook Health Sciences Centre, Toronto
- 1255 0142** Prognostic significance of symptoms in patients with metastatic gastric cancer: do type or number of symptoms at presentations predict survival? *A.L. Mahar, M. Dixon, J. Vasilevska-Ristovska, C.H. Law, L.K. Helyer, R. Viola, N.G. Coburn.* From the Department of Community Health & Epidemiology, Queen's University, Kingston, the Department of Surgery, Maimonides Medical Center, Brooklyn, New York, the Sunnybrook Research Institute, Sunnybrook Health Sciences Centre, Toronto, the Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto, the Department of Surgery, Dalhousie University, Halifax, the Palliative Care Medicine Program, Queen's University, Kingston
- 0119** Implementing an evidence based clinical pathway for patients undergoing pancreaticoduodenectomy: outcomes of a pilot project. *A.C. Wei, K.S. Devitt, M. Ahmed, S. McCluskey, S.S.J. Ladak, B. Barretto, A. Kacikanis, J. De Romkana, S. Gallinger.* From the Division of General Surgery, University Health Network, Toronto, the Division of Anesthesia, University Health Network, University of Toronto, Toronto
- 1300 0143** Taking control of cancer: why women are choosing mastectomy. *A.M. Covelli, N. Baxter, M. Fitch, F. Wright.* From the Institute of Health Policy, Management and Evaluation, University of Toronto, the Li Ka Shing Knowledge Institute, St. Michael's Hospital, the Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto

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- 0120** Clinical factors associated with perioperative mortality after pancreaticoduodenectomy: a decade in review at a high-volume tertiary care hepatobiliary centre. *P.E. Serrano, K. Leung, S.P. Cleary, P. Kim, P.D. Greig, I. McGilvray, M. Cattral, B. Langer, D.R. Grant, C.-A. Moulton, S. Gallinger, A.C. Wei.* From the University of Toronto, Toronto
- 1305** **0144** Assessment of a Canadian breast cancer centre against European and American quality standards. *J.-S. Pao, U. Kuusk, A. Cheema, C. Dingee, E. McKevitt.* From the Mount Saint Joseph Hospital, Vancouver
- 0121** Population-based study of pancreatic cancer referral rates and outcomes in Nova Scotia. *S. Hurton, G. Porter, R. Urquhart, C. Kendell, M. Jorgenson, M. Cox, M. Molinari.* From the Dalhousie University, Halifax, Cancer Outcomes Research Program, Cancer Care Nova Scotia, Halifax
- 1310** **0145** Discordance in estrogen receptor, progesterone receptor and Her-2/neu status between primary and metastatic breast cancer: a systematic review. *I.C. Yeung, M. Clemons, F. Haggard, C. Addison, B. Hutton, I. Kuchuk, X. Zhu, S. Mazzarello, A. Arnaout.* From the Department of General Surgery, The Ottawa Hospital, University of Ottawa, the Division of Medical Oncology, Department of Medicine, University of Ottawa, The Ottawa Hospital Research Institute, Ottawa
- 0122** Multispecialty liver tumour rounds (LTR) facilitate access to treatment pathways at domain expert consensus (DEC) point of care. *A.K. Buczkowski, M.S. Bleszynski, S.W. Chung, C.H. Scudamore, Z. Erb, A. Harris, D. Liu, D. Klass, S. Ho.* From the Department of Surgery, Division of HPB and Liver Transplantation, Division of Hepatology, Department of Radiology, Interventional Radiology, Vancouver General Hospital, BC Cancer Agency, University of British Columbia, Vancouver
- 1315** **0146** Persistence and adherence to anti-estrogen therapy in seniors: are we selecting the right candidates for radiotherapy omission after breast conserving surgery? *S. Krotneva, A. Ramjaun, K. Reidel, T. Egualé, N. Trabulsi, N. Mayo, R. Tamblyn, A.N. Meguerditchian.* From the Clinical and Health Informatics Research Group, McGill University, Montréal
- 0123** Intraoperative ultrasound during resection of colorectal liver metastases: impact on surgical strategy, negative resection margins and perioperative blood loss. *S. Knowles, K.P. Croome, R. Hernandez-Alejandro.* From the Division of General Surgery, Western University, London
- 1320** **0147** Toll-like receptor activation in bacterial pneumonia increases cancer cell adhesion and metastasis formation. *S. Gowing, S. Chow, J. Cools-Lartigue, C. Chen, B. Giannias, F. Bourdeau, S. Rousseau, S. Qureshi, L.E. Ferri.* From the LD MacLean Surgical Research Laboratories, McGill University Health Centre, the Meakins-Christie Laboratories, McGill University Health Centre, the Montréal General Hospital, McGill University Health Centre, Montréal
- 1325** **0148** Analysis of human peritoneal carcinomatosis samples infected with a panel of oncolytic viruses. *S. Zerhouni, N. Tang, F.A. Angarita, A. Cannell, C. Lefebvre, K.L. Mossman, D.F. Stojdl, R. Kirsch, J.A. McCart.* From the University of British Columbia, Vancouver, the Division of Experimental Therapeutics, Toronto General Research Institute, University Health Network, Toronto, the Institute of Medical Science, University of Toronto, Toronto, the Department of Surgery, Mount Sinai Hospital, Toronto, the Apoptosis Research Centre, CHEO Research Institute, Ottawa, the Department of Pathology and Molecular Medicine, McMaster University, Hamilton, the Department of Pathology, Mount Sinai Hospital, Toronto, the Department of Surgery, University of Toronto, Toronto
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1330-1520 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Instructional Video Session: How I do it

Learning objectives: The session is designed for general surgeons, MIS Surgeons, residents, Fellows and medical students. At the end of the session, participants will be able to compare and consider novel strategies in minimally invasive general surgery; encouraged to incorporate novel laparoscopic skills into their surgical approach.

Session éducative vidéo de l'ACCG – Comment je fais

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, chirurgiens en chirurgie à effraction minimale, aux résidents, aux Associés et aux étudiants en médecine. Au terme de la session, les participants seront en mesure de comparer et d'envisager de nouvelles stratégies en chirurgie à effraction minimale; encouragés à intégrer de nouvelles compétences laparoscopiques dans leur approche chirurgicale.

Co-chaired by: S. Jayaraman, Toronto; A.T. Meneghetti, Vancouver

Anastomotic techniques

- 1330** Laparoscopic gastric bypass – Orvil technique: *D.W. Birch, University of Alberta, Edmonton*
- 1340** Intracorporeal side to side anastomosis: *S.M. Ashamalla, Sunnybrook Health Sciences Centre, Toronto*

1350 Discussion

Colorectal

- 1405** Combined laparoscopic and endoscopic removal of large polyps: *R.P. Boushey, University of Ottawa*
- 1415** Medial approach to the splenic flexure: *C.M. Schlachta, Western University, London*

1425 Discussion

Biliary

- 1440** Robotic hepaticojejunostomy: *T. Vanounou, McGill University, Montréal*
- 1450** Common bile duct exploration: *S. Cassie, University of Calgary, Calgary*
- 1500** Discussion

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1330-1520 (Room 205, Level 2, Ottawa Convention Centre)

CAGS/TAC Symposium: Abdominal catastrophes in the ICU – An update on their surgical management

Description: General surgeons are frequently called to manage catastrophic abdominal problems in the Critical Care Unit. The understandings of how these conditions arise (underlying mechanisms) and their treatment have changed significantly in recent years. This symposium will present an update on the recent changes in understanding and treating these frequent surgical abdominal catastrophes. The presentations are designed for the practising community surgeon and include topics such as: acalculous cholecystitis, cholangitis, diverticulitis, acute vascular issues, abdominal compartment syndrome and fulminant colitis.

Learning objectives: The session is designed for practising surgeons and critical care specialists and trainees in surgery and critical care medicine. At the end of the session, participants will understand the recent changes in the mechanisms underlying these critical conditions; be able to evaluate the evidence behind novel surgical management of these conditions; be able to discuss the best practices for the treatment of these patients.

Symposium l'ACCG et de l'ACT : Les catastrophes abdominales aux soins intensifs – Le point sur leur prise en charge chirurgicale

Description : On fait souvent appel au chirurgien général pour prendre en charge la catastrophe abdominale à l'unité des soins intensifs. Les connaissances sur l'origine de ces catastrophes, plus précisément sur les mécanismes en cause, et sur leur traitement ont grandement évolué ces dernières années. Le symposium fera le point sur cette évolution récente en abordant ce sujet des catastrophes abdominales chirurgicales fréquentes et de leur traitement. Le symposium s'adresse aux chirurgiens de pratique communautaire; il portera sur la cholécystite alithiasique, l'angiocholite, la diverticulite, le problème vasculaire aigu, le syndrome du compartiment abdominal et la colite fulminante.

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, aux spécialistes des soins intensifs et aux résidents en chirurgie ou en médecine de soins intensifs. Au terme de la session, les participants seront en mesure de préciser les mécanismes en jeu dans la survenue de ces catastrophes, d'évaluer les données probantes à l'appui des nouveaux modes de prise en charge chirurgicale de ces affections et de déterminer les pratiques exemplaires dans le traitement de ces malades.

Chaired by: S. Rizoli, Toronto

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| 1330 | Introduction: S. Rizoli, University of Toronto, Toronto |
| 1335 | Biliary tree catastrophes, including acalculous, acalculous cholecystitis and cholangitis: C.G. Ball, University of Calgary, Calgary |
| 1350 | Necrotizing pancreatitis: O.D. Rotstein, University of Toronto, Toronto |
| 1405 | Ischemic colitis and acute mesenteric ischemia: T. Razek, McGill University, Montréal |
| 1420 | Abdominal compartment syndrome: J. Rezende-Neto, University of Toronto, Toronto |
| 1435 | Fulminant C. difficile colitis: S. Rizoli, University of Toronto, Toronto |
| 1450 | Questions and answers |

1330-1530 (Room 208, Level 2, Ottawa Convention Centre)

CAGS Symposium: Enhanced recovery after surgery (ERAS) – Organizing care for better outcomes

Description: Enhanced recovery after surgery (ERAS) pathways are standardized, coordinated, multidisciplinary perioperative care plans that incorporate evidenced-based interventions to minimize surgical stress, improve physiologic and functional recovery, reduce complications, and facilitate earlier discharge from the hospital. Despite evidence for their benefits in decreasing length of stay and complications in colorectal surgery and other areas, uptake has been slow. Successful implementation of a formal ERP program involves resources and an organized effort on the part of a motivated multidisciplinary team. This represents a shift from conventional surgical practice, in which perioperative management is primarily dictated by surgeon's preference. The symposium is designed to provide insight into how successful programs are organized and which elements may be most important for this success.

Learning objectives: The session is designed for surgeons, surgeons in training, nurses, anesthesiologists and hospital administration. At the end of the session, participants will be able to define the goals of an ERAS program; identify the key elements of an ERAS program; discuss strategies to implement an ERAS program.

Symposium de l'ACCG : Convalescence améliorée suite à une chirurgie – Organiser les soins en vue d'obtenir de meilleurs résultats

Description : Le concept d'une convalescence améliorée suite à une chirurgie est mis en application dans le cadre de plans de soins périopératoires normalisés, coordonnés et multidisciplinaires prévoyant des interventions fondées sur des données probantes destinées à atténuer le plus possible les effets de l'agression chirurgicale, à améliorer le rétablissement physiologique et fonctionnel, à réduire les complications et à favoriser la sortie rapide de l'hôpital. Même si des données probantes démontrent les avantages de la méthode, notamment le raccourcissement du séjour hospitalier et la diminution des complications par suite de chirurgie colorectale entre autres, les adeptes sont encore peu nombreux. La réussite de la mise en œuvre d'un programme de convalescence améliorée suite à une chirurgie en bonne et due forme repose sur la mobilisation de ressources et le déploiement d'efforts coordonnés par une équipe multidisciplinaire motivée. En outre, elle nécessitera vraisemblablement un changement du mode de pratique chirurgicale habituelle voulant que la prise en charge périopératoire soit surtout l'affaire du chirurgien. Le symposium présente des programmes réussis, leur structure, leur mode de fonctionnement et les éléments les plus importants, garants du succès de l'entreprise.

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Objectifs d'apprentissage : La session s'adresse aux chirurgiens, aux chirurgiens en formation, aux infirmiers, aux anesthésiologistes et au personnel administratif de l'hôpital. Au terme de la session, les participants seront en mesure de déterminer les buts d'un programme de convalescence améliorée suite à une chirurgie, de préciser les éléments essentiels d'un tel programme et d'établir une stratégie de mise en œuvre.

- Chaired by: L.S. Feldman, Montréal
- 1330** ERAS – An overview: L.S. Feldman, McGill University, Montréal
- 1345** The surgeon's role in ERAS pathways: A. Okrainec, University of Toronto, Toronto
- 1400** The anesthesiologist's role in ERAS pathways: R. Collins, Kelowna General Hospital, Kelowna
- 1415** The nurse's role in ERAS pathways: D. Watson, McGill University Health Centre, Montréal
- 1430** Panel discussion: R. Collins, Kelowna General Hospital, Kelowna; L.S. Feldman, McGill University, Montréal; A. Okrainec, University of Toronto, Toronto; D. Watson, McGill University Health Centre, Montréal
- 1440** Making the business case – The economics of ERAS: L. Lee, McGill University, Montréal
- 1455** Implementation of ERAS in Ontario: R.S. McLeod, University of Toronto, Toronto
- 1510** Setting up your program – What works: R. Collins, Kelowna General Hospital, Kelowna; L.S. Feldman, McGill University, Montréal; L. Lee, McGill University, Montréal; R.S. McLeod, University of Toronto, Toronto; A. Okrainec, University of Toronto, Toronto
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1330-1600 (Room 214, Level 2, Ottawa Convention Centre)

CSCRS Symposium: New concepts in common anorectal disorders

Learning objectives: The symposium is designed for general surgeons, colorectal surgeons and trainees who manage patients with common anorectal disorders. At the end of the session, participants will understand and be able to apply the principles of operative management of hemorrhoidal problems; medical versus surgical treatment of anal fissure and anal stenosis; the management of fistula in ano; the management of prevention of anal condyloma, AIN and anal cancer.

Symposium de la SCCCR : Nouvelles notions liées aux troubles anorectaux courants

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens colorectaux et aux stagiaires qui gèrent les patients atteints de troubles anorectaux courants. Au terme de la session, les participants comprendront et seront en mesure d'appliquer les principes de la prise en charge chirurgicale des problèmes liés aux hémorroïdes; d'un traitement médical et/ou chirurgical de la fissure anale et de la sténose anale; la prise en charge de la fistule anale; la gestion de la prévention du condylome anal, du néoplasie intraépithéliale anale (NIA) et du cancer anal.

- Chaired by: P.T. Phang, Vancouver
- 1330** Hemorrhoids – Cold steel, heat seal, sonic seal or rubber bands: S. Forbes, McMaster University, Hamilton
- 1400** Anal condyloma, AIN and cancer – Treatment and prevention: B. Paun, Kitchener
- 1430** Fistula in ano – LIFT, flap, glue or plug – When and what is the question: P. Tawadros, University of Minnesota, MN and Credit Valley Hospital, Mississauga
- 1500** Anal fissure and stenosis – Medical versus surgical treatment: R.P. Boushey, University of Ottawa, Ottawa
- 1530** Case presentations – Difficult anorectal problems – What do I do now?: S. Forbes, McMaster University, Hamilton; B. Paun, Kitchener; P. Tawadros, University of Minnesota, MN and Credit Valley Hospital, Mississauga
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1330-1600 (Room 215, Level 2, Ottawa Convention Centre)

CSSO Paper Session

Learning objectives: The session is designed for general surgeons, surgical oncologists, and trainees in these specialties. At the end of the session, participants will be able to understand and appreciate the current and future directions of surgical oncology problems and their management in an evidence-based format.

Communications de la SCOC

Objectifs d'apprentissage : La session s'adresse aux chirurgiens généraux, aux chirurgiens oncologues et aux résidents dans ces disciplines. Au terme de la session, les participants seront en mesure de préciser les recommandations actuelles et futures sur les problèmes chirurgicaux oncologiques et de leur prise en charge fondée sur des données probantes.

- Chaired by: A.N. Meguerditchian, Montréal
- 1330** **0124** Using oncolytic virus therapy against colonic dysplasia. *F.A. Angarita, H. El-Zimaity, S. Zerhouni, K. Ottolino-Perry, N. Tang, S.A. Acuna, J.A. McCart*. From the Division of Experimental Therapeutics, Toronto General Research Institute, University Health Network, the Institute of Medical Science, University of Toronto, the Division of Pathology, Toronto General Hospital, University Health Network, the Division of General Surgery, Department of Surgery, Mount Sinai Hospital and University of Toronto, Toronto
- 1345** **0125** Practice patterns in the management of patients with thyroid cancer in Ontario Canada 2000-2008. *S. Hall, J. Irish, P. Groome, D.R. Urbach*. From the University of Health Network, Toronto, the Division of Cancer Care & Epidemiology, Queen's Cancer Research Institute, Kingston
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Saturday, September 21 / Le samedi 21 septembre

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- 1400 **0126** Surgical stress attenuates pre-existing anti-tumour immunity resulting in postoperative metastases and local recurrence in a murine model. *A.A. Ananth, L.-H. Tai, K.A. Parato, C. Tanese de Souza, J. Pol, B. Bridle, D.F. Stojdl, H.L. Atkins, B.D. Lichty, J.C. Bell, R.A. Auer*. From the Department of Biochemistry, Microbiology and Immunology, University of Ottawa, Ottawa, the Centre for Innovative Cancer Research, Ottawa Hospital Research Institute, Ottawa, the Department of Pathology and Molecular Medicine, Centre for Gene Therapeutics, McMaster University, Hamilton, the Department of Pathobiology, Pathobiology Animal Health Laboratory, University of Guelph, Guelph, the Apoptosis Research Centre, Children's Hospital of Eastern Ontario, Ottawa, the Department of Medicine, Division of Hematology, University of Ottawa, Ottawa, the Department of Surgery, Division of General Surgery, University of Ottawa, Ottawa
- 1415 **0127** Combination of gastrectomy, radiation and chemotherapy improves survival for metastatic gastric cancer: results of a population-based study. *M. Dixon, A.L. Mahar, L.K. Helyer, J. Vasilevska-Ristovska, C.H. Law*. From the Department of Surgery, Maimonides Medical Centre, Toronto, the Department of Community Health and Epidemiology, Queen's University, Kingston, the Department of Surgery, Dalhousie University, Halifax, the Sunnybrook Research Institute, Toronto, the Odette Cancer Centre, Sunnybrook Health Sciences Centre, Toronto
- 1430 **0128** Do visible lymph nodes on preoperative staging abdominal CT scans predict metastatic nodal disease in patients undergoing colonic resection for colon cancer? *A.R. Lehr, J.-F. Latulippe, M. Poirier, Y. Bendavid, F. Heyen, M. Henri*. From the Department of Surgery, University of Montréal, Montréal
- 1445 **0129** An internet-based 2-step multidisciplinary conference (MDC) for rectal cancer greatly influences surgeon treatment plans. *V. Francescutti, A. Coates, M. Cadeddu, S. Forbes, V. Grubac, S. Kelly, W.J. Stephen, S. Tsai, M. Simunovic*. From the Department of Surgery, McMaster University, the Department of Radiology, McMaster University, Hamilton
- 1500 **0130** Diagnosis of venous thromboembolism post-discharge for major abdominal and pelvic oncologic surgery: implications for a change in practice. *H. AlSubaie, A. McKay*. From the University of Manitoba, Winnipeg
- 1515 **0131** Pathological and psychosocial outcomes in patients undergoing prophylactic total gastrectomy for hereditary diffuse gastric cancer syndrome. *J. Muir, M. Aronson, M.-J. Esplen, A. Pollett, C.J. Swallow*. From the Mount Sinai Hospital, the Familial Gastrointestinal Cancer Registry, the Toronto General Research Institute, Toronto
- 1530 **0132** Cytoreductive surgery for adenocarcinoma of colorectal or appendiceal origin: survival difference between mitomycin C versus oxaliplatin for hyperthermic intraperitoneal chemotherapy. *J.Y. Lam, Y.J. McConnell, L.A. Mack, W.J. Temple*. From the University of Calgary, Calgary
- 1545 **0133** The video feedback module: a novel approach to teaching the clinical breast exam. *K. Kulasegaram, N. Woods, F. Wright, K. Knicke, T. Cil*. From the University of Toronto, Toronto
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1415-1615 (Room 206, Level 2, Ottawa Convention Centre)

CATS Symposium: CATS Cup

Description: The CATS Cup will pit teams from across Canada against one another in a fun and educational “Jeopardy like” competition to crown the most knowledgeable thoracic surgeons in Canada. Participants will be asked a series of questions relating to the history of thoracic surgery in Canada and a series of clinical case scenarios in General Thoracic Surgery to test their skill and knowledge. Audience members will also be able to participate and cheer on their favourite teams.

Learning objectives: The session is designed for all thoracic surgeons and residents. At the end of the session, participants will have had an opportunity to learn, discuss and test the skill and knowledge of issues relating to the history of thoracic surgery in Canada and various clinical case scenarios.

Symposium de l'ACCT : Coupe de l'ACCT

Description : La Coupe de l'ACCT est une compétition enlevante sous la forme d'un jeu-questionnaire mettant à l'épreuve les connaissances de chirurgiens thoraciques en provenance de tout le Canada. La Coupe reviendra à l'équipe qui saura l'emporter par l'étendue de son savoir et sa vivacité d'esprit. Les questions porteront sur l'histoire de la chirurgie thoracique au pays et sur des cas cliniques dans le domaine de la chirurgie thoracique générale. Les membres de l'auditoire pourront participer également et appuyer leur équipe favorite.

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens thoraciques et aux résidents de la spécialité. Au terme de la session, les participants auront eu l'occasion d'apprendre, de discuter et de mesurer les compétences et les connaissances des questions relatives à l'histoire de la chirurgie thoracique au Canada et divers scénarios de cas cliniques.

Chaired by: S.C. Grondin, Calgary

1515-1630 (Room 203, Level 2, Ottawa Convention Centre)

CABPS Paper Session

Learning objectives: The session is designed for practising surgeons, surgical residents and surgical researchers. At the end of the session, participants will leave with an understanding of bariatric surgical management and care across Canada; a preview of what is on the research horizon; an opportunity to have discussed papers with their authors.

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Communications de l'ACMBC

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active, résidents en chirurgie et chercheurs en chirurgie. Au terme de la session, les participants seront en mesure de comprendre la prise en charge et les soins liés à la chirurgie au baryum au Canada. Ils auront un aperçu des recherches futures. Ils auront eu l'occasion d'en discuter avec les auteurs.

- Co-chaired by: D.W. Birch, Edmonton; C. de Gara, Edmonton
- 1515** **0001** Revisional weight loss surgery after failed laparoscopic gastric banding: an institutional experience. *T. Tran, E. Pauli, J. Lyn-Sue, R. Haluck, A. Rogers*. From the Penn State Hershey Medical Center, Hershey, PA
- 1530** **0002** Predictors of post-bariatric surgery appointment attendance: the role of psychosocial factors. *S. Sockalingam, S. Cassin, R. Hawa, A. Khan, S. Wnuk, T.D. Jackson, A. Okrainec*. From the Toronto Western Bariatric Surgery Program, University of Toronto, the Ryerson University, the University Health Network, the Toronto Western Hospital, University of Toronto
- 1545** **0003** Bariatric surgery for obesity: a systematic review and network meta-analysis. *H. Aloabid, G. Wells*. From The Ottawa Hospital, the Cardiovascular Research Methods Centre, University of Ottawa Heart Institute, Ottawa
- 1600** **0004** Longitudinal versus transverse gastrojejunostomy during RYGB for morbid obesity: impact on marginal ulcer rate and excess weight loss. *F. Saleh, L. Ambrosini, S. Cassie, J.J. Gnanasegaram, C. Mueller, T.D. Jackson, A. Okrainec*. From the Division of General Surgery, University Health Network, University of Toronto, Toronto
- 1615** **0005** High rates of gastric band removal in Ontario: a population-based analysis. *T.D. Jackson, R. Saskin, A. Okrainec, C.M. Bell, D.R. Urbach*. From the Department of Surgery, University of Toronto, the Institute for Clinical Evaluative Sciences of Ontario, the Department of Medicine, University of Toronto, Toronto
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1530-1630 (Canada Hall 1, Level 3, Ottawa Convention Centre)

CAGS Symposium: Advanced therapeutic endoscopy

Learning objectives: The session is designed for all surgeons involved in the treatment of GI malignancies and the acute management of GI emergencies. At the end of the session, the participants will leave with an understanding of the techniques and indication for endoscopic treatment of early malignancies of the GI tract; comprehend the indications and approaches for the management of intestinal perforations, both spontaneous and iatrogenic; understand the tools and techniques of controlling of intestinal bleeding in both the upper and lower GI tract.

Symposium de l'ACCG : Endoscopie thérapeutique avancée

Objectifs d'apprentissage : La session s'adresse à tous les chirurgiens qui traitent des patients atteints de tumeurs digestives malignes et qui veillent à la prise en charge immédiate d'urgences gastro-intestinales. Au terme de la session, les participants seront en mesure de préciser les techniques et les indications du traitement endoscopique de la tumeur digestive maligne de stade précoce; de déterminer les méthodes de prise en charge de la perforation intestinale, spontanée ou iatrogène, et leurs indications; d'indiquer les outils et les techniques utilisés pour maîtriser le saignement digestif haut ou bas.

- Chaired by: L.E. Ferri, Montréal
- 1530** Endoscopic resection and ablation of early GI malignancies: L.E. Ferri, McGill University, Montréal
- 1545** Endoscopic management of perforations and postoperative leaks: S. Gilbert, University of Ottawa, Ottawa
- 1600** Endoscopic control of upper and lower GI bleeding: J. Ellsmere, Dalhousie University, Halifax
- 1615** Panel discussion: J. Ellsmere, Dalhousie University, Halifax; L.E. Ferri, McGill University, Montréal; S. Gilbert, University of Ottawa, Ottawa
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1530-1630 (Room 211, Level 2, Ottawa Convention Centre)

Canadian Undergraduate Surgical Education Committee Symposium: Who we are and our work

Learning objectives: The session is designed for surgeons, residents, curriculum developers, educators, faculty development and administrators. At the end of the session, participants will have gained a better understanding of the evolving curriculum in surgical clerkship design and objectives. Core competencies of practising surgeons that needed to be incorporated into the medical school programs across Canada are now well developed and being evaluated. CUSEC has played a significant role in leadership and stewardship since 1986 and continues to this day with a network across disciplines of surgery.

Symposium du Comité canadien d'éducation chirurgicale pré-graduée : Qui sommes-nous et notre travail

Objectifs d'apprentissage : La session s'adresse aux chirurgiens, aux résidents, aux concepteurs de programmes d'études, aux éducateurs, aux pédagogues et aux administrateurs. Au terme de la session, les participants seront en mesure de cerner l'évolution du curriculum des stages en chirurgie des points de vue de la conception et des objectifs de la formation. Les compétences essentielles du chirurgien en pratique active qui doivent être incorporées aux programmes d'études médicales au Canada sont en cours d'évaluation. Le CCECP dirige la détermination et l'intégration de ces compétences au programme d'études depuis 1986, et il poursuit ses activités dans le cadre d'un réseau des disciplines chirurgicales.

- Chaired by: F.M. Shamji, Ottawa
- 1530** CUSEC – Who we are and things we care about: P. Belliveau, Queen's University, Kingston
- 1545** CUSEC National Project – Competency-based undergraduate surgical education curriculum: K. Joughin, University of British Columbia, Vancouver

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- 1600 Stress in undergraduate medical education: C. Hutchinson, University of Calgary, Calgary
1615 Discussion
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1530-1630 (Room 205, Level 2, Ottawa Convention Centre)

CAGS Symposium: How to research and give a great PowerPoint talk in surgery – Advice from The Masters

Description: Do you ever come to a meeting and are WOWED by a marvellous, well researched, well presented talk. Two of the best discuss educational theory and how to research and present a really good PowerPoint talk.

Learning objectives: The session is designed for all practising surgeons and surgical trainees. At the end of the session, participants will have acquired a set of practical, proven steps that will guide them to research and create an effective presentation.

Symposium de l'ACCG : L'art de la présentation PowerPoint captivante en chirurgie – Conseils de maîtres

Description : Avez-vous déjà été bâti d'admiration devant une présentation claire, précise, approfondie et dynamique? À la session seront abordées deux théories de l'éducation éprouvées ainsi que la préparation et la présentation d'un exposé PowerPoint captivant.

Objectifs d'apprentissage : La session s'adresse aux chirurgiens en pratique active et aux stagiaires en chirurgie. Au terme de la session, les participants seront en mesure de mettre en application une méthode structurée de recherche et de création d'une présentation convaincante.

Chaired by: C.J. Decker, Parry Sound

- 1530 Educational theory: R. George, University of Toronto, Toronto
1550 Nuts and bolts of putting together a talk: C. de Gara, University of Alberta, Edmonton
1610 Discussion
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1530-1630 (Room 208, Level 2, Ottawa Convention Centre)

CHPBA Symposium: Pancreatic cysts

Learning objectives: The session is designed for HPB and general surgeons, surgical oncologists, residents and Fellows, and medical students. At the end of the session, participants will be able to describe the surgical and non-surgical approach to pancreatic cysts; to identify the criteria for selecting patients for surgery.

Symposium de la CHPBA : Kystes du pancréas

Objectifs d'apprentissage : La session s'adresse aux chirurgiens hépatobiliaires et généraux, oncologues chirurgicales, aux résidents et Associés, et aux étudiants en médecine. Au terme de la session, les participants seront en mesure de décrire l'approche chirurgicale et non-chirurgicale pour les kystes du pancréas; d'identifier les critères de sélection des patients pour la chirurgie.

Chaired by: S. Jayaraman, Toronto

Administrative Meetings/Associated Events *Réunions administratives et activités connexes*

Except where indicated, the following meetings/events are by invitation only
Sauf indication contraire, les réunions ou activités suivantes se tiennent par invitation seulement

Tuesday, September 17 / Le mardi 17 septembre

1200-1800 (*Executive Boardroom 100, Level 1, Ottawa Convention Centre*)

CAGS Executive Committee Meeting

Réunion du Comité de direction de l'ACCG

1300-1700 (*Room 107, Level 1, Ottawa Convention Centre*)

CAGS Provincial Representatives Meeting

Réunion du Comité des représentants provinciaux de l'ACCG

Wednesday, September 18 / Le mercredi 18 septembre

0800-1600 (*Novotel Ottawa Hotel, 33 Nicholas Street*)

CAGS Resident Research Retreat

Séance de réflexion des résidents de l'ACCG sur la recherche

0900-1800 (*Room 102, Level 1, Ottawa Convention Centre*)

CAGS Board Meeting

Réunion du Conseil de l'ACCG

Thursday, September 19 / Le jeudi 19 septembre

0800-1100 (*Room 206, Level 2, Ottawa Convention Centre*)

CATS Research Meeting (members only) / Réunion de recherche de l'ACCT (membres seulement)

0800-1600 (*Room 102, Level 1, Ottawa Convention Centre*)

HPB CONCEPT Team Meeting / Réunion de l'équipe HPB CONCEPT

1100-1300 (*Room 206, Level 2, Ottawa Convention Centre*)

CanMEDS Workshop (CATS Program Directors) / Atelier CanMEDS (Directeurs de programmes de l'ACCT)

1200-1330 (*Room 211, Level 2, Ottawa Convention Centre*)

CAUS Lunch and Annual Business Meeting (members only)

Déjeuner et réunion d'affaires annuelle de la CAUS (membres seulement)

1400-1700 (*Council Room, Level 2, Royal College of Physicians and Surgeons of Canada*)

Royal College Specialty Committee Meeting in General Surgery

Réunion du Comité de spécialité en chirurgie générale du Collège royal

1400-1800 (*Room 104, Level 1, Ottawa Convention Centre*)

TAC Executive Committee Meeting / Réunion du Comité de direction de l'ACT

1600-1800 (*Room 211, Level 2, Ottawa Convention Centre*)

CUSEC Meeting / Réunion de la CCECP

1630-1730 (*Room 107, Level 1, Ottawa Convention Centre*)

CSCRS Executive Committee Meeting / Réunion du Comité de direction de la SCCR

1700-1800 (*Room 105, Level 1, Ottawa Convention Centre*)

University of Toronto, Division of Thoracic Surgery – Meet & Greet Wine and Cheese Reception

University of Toronto, Division of Thoracic Surgery – Réception vins et fromages

Friday, September 20 / Le vendredi 20 septembre

0700-0800 (*Room 105, Level 1, Ottawa Convention Centre*)

CSSO Executive Committee Meeting / Réunion du Comité de direction de la SCOC

0730-0930 (*Room 101, Level 1, Ottawa Convention Centre*)

TAC International/Disaster Management Committee Meeting

Réunion du Comité international/de gestion des opérations en cas de catastrophes de l'ACT

0800-1000 (*Room 102, Level 1, Ottawa Convention Centre*)

TAC/AC Steering Committee Meeting / Réunion du Comité de direction de SA/ACT

0800-1700 (*Room 106, Level 1, Ottawa Convention Centre*)

FLS Testing (additional fee required) / Examen FLS (frais d'inscription supplémentaires)

0830-0930 (*Room 103, Level 1, Ottawa Convention Centre*)

CAGS Professionalism Committee Meeting / Réunion du Comité sur le professionnalisme de l'ACCG

1200-1330 (*Room 206, Level 2, Ottawa Convention Centre*)

CATS Executive Committee Meeting / Réunion du Comité de direction de l'ACCT

1500-1620 (*Room 214, Level 2, Ottawa Convention Centre*)

CSCRS Annual Business Meeting (members only) / Réunion d'affaires annuelle de la SCCR (membres seulement)

1700-1800 (*Room 209, Level 2, Ottawa Convention Centre*)

Royal College Specialty Committee Meeting in Thoracic Surgery

Réunion du Comité de spécialité en chirurgie thoracique du Collège royal

1900 (*Restaurant 18, 18 York Street*)

CATS Annual Dinner (members only) (additional fee required)

Dîner annuel de l'ACCT (membres seulement) (frais d'inscription supplémentaires)

2000 (*Sidedoor Contemporary Kitchen and Bar, 18B York Street*)

CAGS Residents' Dinner (members only)

Dîner des résidents de l'ACCG (membres seulement)

Saturday, September 21 / Le samedi 21 septembre

0700-0900 (*Room 105, Level 1, Ottawa Convention Centre*)

James IV Breakfast and Business Meeting (members only)

Petit-déjeuner et réunion d'affaires du James IV (membres seulement)

0800-0930 (*Room 103, Level 1, Ottawa Convention Centre*)

CAGS International Surgery Committee Meeting / Réunion du Comité de la chirurgie internationale de l'ACCG

0800-0930 (*Room 102, Level 1, Ottawa Convention Centre*)

CAGS Residents' Committee Meeting / Réunion du Comité des résidents de l'ACCG

0800-1000 (*Room 209, Level 2, Ottawa Convention Centre*)

Royal College Specialty Committee Meeting in General Surgical Oncology

Réunion du Comité de spécialité en chirurgie générale oncologie du Collège royal

Administrative Meetings/Associated Events (continued) / Réunions administratives et activités connexes (suite)

0800-1100 (*Room 205, Level 2, Ottawa Convention Centre*)

CAGS Self-assessment Exam (*written*) (*additional fee required*)

Examen d'auto-évaluation de l'ACCG (*écrit*) (*frais d'inscription supplémentaires*)

0800-1700 (*Room 106, Level 1, Ottawa Convention Centre*)

FLS Testing (*additional fee required*) / **Examen FLS** (*frais d'inscription supplémentaires*)

0830-0930 (*Room 104, Level 1, Ottawa Convention Centre*)

CAGS Continuing Professional Development Committee Meeting

Réunion du Comité de formation professionnelle continue de l'ACCG

0930-1100 (*Room 101, Level 1, Ottawa Convention Centre*)

CAGS Endoscopic and Laparoscopic Surgery Committee Meeting

Réunion du Comité de chirurgie en endoscopie et laparoscopie de l'ACCG

1200-1400 (*Daly's Restaurant, The Westin Ottawa*)

CATS Residents and Fellows Lunch with Dr. F.G. Pearson and Dr. C. Deschamps

Déjeuner des résidents et Associés de l'ACCT avec le Dr F.G. Pearson et le Dr C. Deschamps

1300-1400 (*Room 206, Level 2, Ottawa Convention Centre*)

CATS Annual Business Meeting (*members only*) / **Réunion d'affaires annuelle de l'ACCT** (*membres seulement*)

1330-1430 (*Room 105, Level 1, Ottawa Convention Centre*)

CAGS Membership Committee Meeting / Réunion du Comité des membres de l'ACCG

1330-1530 (*Room 104, Level 1, Ottawa Convention Centre*)

CAGS Hepatobiliary Transplantation Committee Meeting

Réunion du Comité de chirurgie hépato-biliaire et de transplantation de l'ACCG

1330-1630 (*Room 103, Level 1, Ottawa Convention Centre*)

CAGS Postgraduate Education Committee Meeting / Réunion du Comité de l'éducation – Cours supérieur de l'ACCG

1400-1415 (*Room 206, Level 2, Ottawa Convention Centre*)

CATS Presentation: Robert J. Ginsberg Resident Research Award (*members only*)

Présentation de l'ACCT : Prix d'excellence en recherche Robert J. Ginsberg (*membres seulement*)

1630-1730 (*Canada Hall 1, Level 3, Ottawa Convention Centre*)

CAGS Annual Business Meeting (*members only*) / **Réunion d'affaires annuelle de l'ACCG** (*membres seulement*)

1900-2300 (*Trillium Ballroom, Level 4, Ottawa Convention Centre*)

CSF Presidents' Dinner, including CSRF fundraising silent auction (*additional fee required*)

Dîner des présidents du FCC, incluant la vente aux enchères silencieuse au profit du FCRC (*frais d'inscription supplémentaires*)

2000-2015 (*Trillium Ballroom, Level 4, Ottawa Convention Centre*)

CAGS Residents' Awards (*additional fee required – will be presented during the CSF Presidents' Dinner*)

Prix de l'ACCG décernés à des résidents (*frais d'inscription supplémentaires – seront présentés au Dîner des présidents du FCC*)

Sunday, September 22 / Le dimanche 22 septembre

0730-0900 (*Saskatchewan, 3rd Floor, The Westin Ottawa*)

CSF Steering Committee and CSF Program Committee Meeting

Réunion du Comité de direction du FCC et du Comité du programme du FCC



CAGS Induction of 2013 Honorary Members

(held in conjunction with the CAGS Annual Business Meeting)

Présentation des membres honoraires 2013 de l'ACCG

(en parallèle avec la réunion d'affaires annuelle de l'ACCG)

Saturday, September 21, 2013 at 1630

Roger G Keith, MD, FRCSC, FRCS, FACS

Born in Calgary, Dr. Keith graduated in Medicine from the University of Alberta in 1964. He trained in General Surgery at the University of Toronto, and completed pancreatic and biliary surgery fellowships at the University of Washington, UCLA and London, UK. He joined the faculty of the Department of Surgery at the University of Toronto in 1973. He established his academic practice in HPB surgery at Sunnybrook Medical Centre from 1973-1986, following which he moved to St.

Michael's Hospital as Head of General Surgery. In 1990 he accepted an appointment as Professor and Chairman of the Department of Surgery at the University of Saskatchewan. He also served as Head of the Department of Surgery at the College of Graduate Studies and Research at the University of Saskatchewan. Dr. Keith held both of these offices until 2005. He also served on the Deanery of the College of Medicine from 1997-2002. While in Saskatoon, Dr. Keith served as Co-Editor of the Canadian Journal of Surgery from 1992-1996.

Dr. Keith has been involved with the Canadian Association of General Surgeons for over three decades. He served as a member of the Board of Directors from 1981-2010. He has chaired numerous CAGS Committees, was Secretary from 1989-1995 and President from 1997-1998. During his administrative career with CAGS he played a role in defining specialty qualifications in gastrointestinal endoscopy for general surgeons; sustaining CAGS affiliation with the Canadian Journal of Surgery; initiating the independent CAGS annual meetings from the Royal College; formatting the CAGS Corporate Council; forming CAGS federation membership with Surgical Endoscopic Societies; and, coordinating national surgery resident in training evaluations.



In parallel, Dr. Keith served the Royal College on various Committees from 1976-2007. He was involved for over ten years with Royal College maintenance of competence programs. He was a member of Board of Examiners in General Surgery from 1976-1986, and Chairman from 1987-1989. He was reappointed as Chairman of Examination Committee in General Surgery from 2001-2004, when the Royal College introduced the condensed final examination. From 1996-2002 Dr. Keith served as the Royal College Chairman of the Specialty Committee in General Surgery.

Currently, Roger Keith practices at the Royal University Hospital in Saskatoon and is a Professor of Surgery at the University of Saskatchewan.

Richard K. Reznick, MD, MEd, FRCSC, FACS, FRCSEd (hon), FRCR (hon)

Born in Montréal, Dr. Reznick received his undergraduate university education and medical degree from McGill University, followed by a general surgical residency at the University of Toronto. He spent two years in fellowship training, first obtaining a Masters' degree in medical education from Southern Illinois University, followed by a fellowship in colorectal surgery at the University of Texas in Houston, Texas. Since his first faculty appointment at the University of Toronto in 1987, Dr. Reznick has been active in both colorectal surgery and research in medical education. He was instrumental in developing a performance based examination, which is now used for medical licensure in Canada.



At the University of Toronto Faculty of Medicine, he was the inaugural Director of the Faculty's Centre for Research in Education at University Health Network (The Wilson Centre) from 1997-2002. In 1999 he was appointed Vice President of Education at the University Health Network. He served eight years as the R.S. McLaughlin Professor and Chairman of the Department of Surgery at the University of Toronto from 2002-2010. In July 2010, Dr. Reznick assumed the position of Dean, Faculty of Health Sciences at Queen's University and Chief Executive Officer of the Southeastern Ontario Academic Medical Organization (SEAMO). Dr. Reznick has received numerous awards for his work in education, including the 2013 Royal College of Physicians and Surgeons of Canada James H. Graham Award of Merit. Dr. Reznick is married to Cheryl, and they have three children: Joanna, Josh and Gabe.



CSCRS Induction of 2013 Emeritus Member
(held in conjunction with the CSCRS Annual Business Meeting)
Présentation du membre émérite 2013 de la SCCR
(en parallèle avec la réunion d'affaires annuelle de la SCCR)

Friday, September 20, 2013 at 1500

(Room 214, Level 2, Ottawa Convention Centre)

Hartley Stern, MD, FRCSC, FACS

Dr. Hartley Stern was appointed Chief Executive Director of the Jewish General Hospital in Montréal in March 2008. Prior to this, he was Vice President of *The Ottawa Hospital Regional Cancer Centre* and the Provincial Head of Surgical Oncology with Cancer Care Ontario. He is originally from Toronto, having completed his undergraduate medical education and surgical training at the University of Toronto, followed by a Research Training Fellowship at the London Hospital Medical College, London, England. Dr. Stern moved his practice to Ottawa in June 1994, to undertake the new roles of Surgeon-in-Chief at the Ottawa Civic Hospital, and subsequently *The Ottawa Hospital* (amalgamation-1998) and as Chairman of the Department of Surgery at the University of Ottawa. In August 2000, Dr. Stern began a new challenge as the CEO of the Ottawa Regional Cancer Centre, which in January 2004 became a large integrated program in *The Ottawa Hospital* of the full spectrum of Cancer Services, Research and Education.

Dr. Stern's clinical focus is colorectal cancer, and he continues to be actively involved, as a Professor of Surgery at McGill University, in teaching students and treating patients.



In addition, Dr. Stern had the opportunity to work with and preside over the Canadian Oncology Society, the Canadian Society of Surgical Oncology and the Integration Group of the Canadian Strategy for Cancer Control as it developed into a National Council, and he lead the surgical oncology program for Cancer Care Ontario.



2014
Canadian Surgery Forum

Plan to participate in next year's Canadian Surgery Forum (CSF), September 18 to 21, 2014 at The Fairmont Waterfront/Vancouver Convention Centre. Check the CAGS website regularly for updated information (<http://www.cags-accg.ca>).



Forum canadien de chirurgie 2014

Prévoyez être présent au Forum canadien de chirurgie (FCC) l'an prochain, du 18 au 21 septembre, 2014 au *The Fairmont Waterfront* et au *Vancouver Convention Centre*. Visitez le site Web de l'ACCG régulièrement afin d'obtenir plus de détails (<http://www.cags-accg.ca>).

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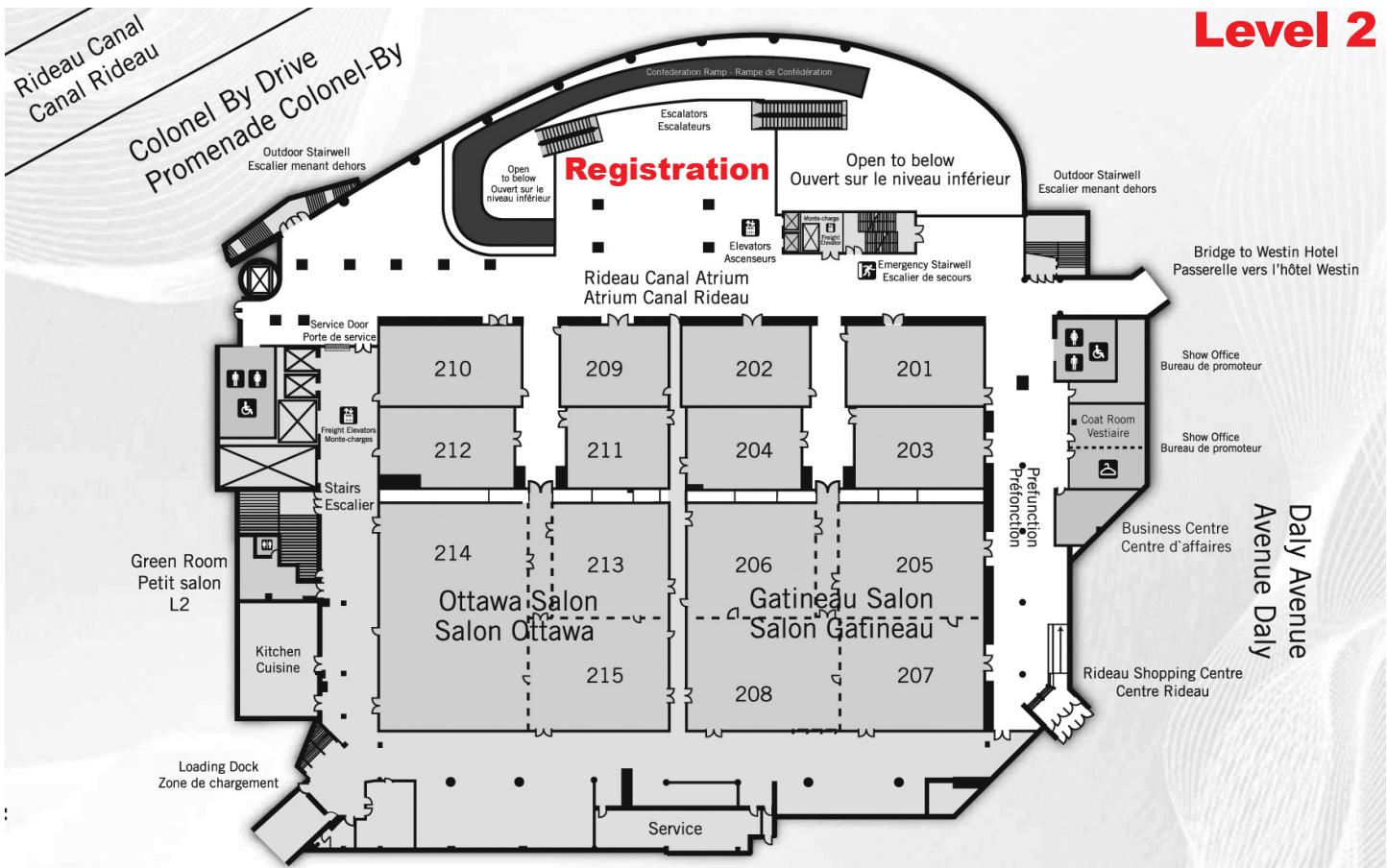
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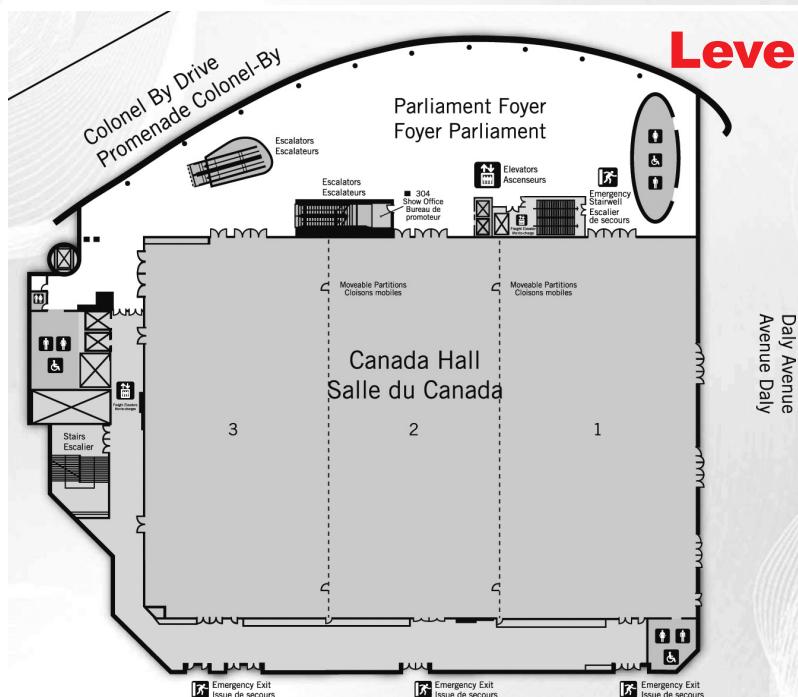
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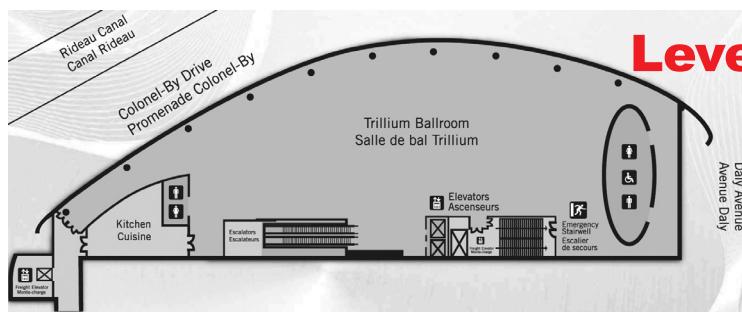
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