Thank you to our Exhibitors & Sponsors

PLATINUM
Covidien
Olympus

GOLD
Frankenman International Ltd
Johnson & Johnson Medical

SILVER
Karl Storz Endoscopy China Ltd

EXHIBITING COMPANIES
Baxter Health Ltd
Chindex Medical Ltd

*Additional support provided by Cook Medical
Dear Colleagues,

On behalf of the International Society of Laparoscopic Colorectal Surgery, we are very pleased and honored to invite you to the 7th Annual Congress to be held at the Faculty of Medicine, The University of Hong Kong on 2-4 November 2012. With the first congress outside the United States, the meeting last year at Colchester, United Kingdom was a great success. This year the Annual Congress will be held for the first time in an Asian city.

Hong Kong is known as the ‘Pearl of the Orient’. Nestled in the Pearl River delta on the shores of the South China Sea, Hong Kong boasts an iconic skyline along the Victoria Harbor, relaxing outlying islands and ancient walled villages along with British colonial charm. This colorful, ever-changing city exhilarates visitors with the East-meets-West cultural fusion, famed shopping, dining and exciting nightlife.

The 3-day congress will consist of live demonstrations, lectures, videos, abstracts and poster presentations. A pre-congress workshop on single incision laparoscopic and transanal surgery is also organized. We are excited to have luncheon symposia sponsored by the key industry leaders to show their new technologies. We are honored to have an international faculty of experts in minimally invasive colorectal surgery. The Congress will offer a high quality program of interest to both surgeons and residents.

We look forward to your active participation and interaction during the meeting.

Professor WL Law
Program Director
The International Society of Laparoscopic Colorectal Surgery provides a forum to support collaboration between surgeons and scientists interested in the advancement of laparoscopic colorectal surgical techniques, helps in the education of surgeons wishing to learn these techniques, and will work collaboratively with existing national and regional societies supporting laparoscopic colorectal surgery.

The philosophy of the ISLCRS is to provide an international group of surgeons and scientists interested in the advancement of laparoscopic colorectal surgical techniques, which will work collaboratively with currently existing national and regional societies supporting laparoscopic colorectal surgery.

The specific purposes for which the ISLCRS is organized are to:

1. Improve the quality of care of patients undergoing laparoscopic colorectal surgery.
2. Educate and train surgeons interested in using laparoscopic colorectal techniques.
3. Help provide international standardization of guidelines for training and accreditation for laparoscopic colorectal surgery.
4. Help internationally standardize and optimize the techniques used to perform and teach laparoscopic colorectal surgery.
5. Serve as a resource for institutions and surgeons commencing laparoscopic colorectal programs.
6. Provide a forum for the presentation of data, discussion of controversial areas and new techniques, and to facilitate collaborative studies.
7. Improve efficiency of care provided using laparoscopic colorectal techniques.

### EXECUTIVE COUNCIL

- **John H. Marks** (President)
- **Conor P. Delaney** (Secretary-Treasurer)
- **Roger W. Motson** (Past-President)
- **Neal C. Ellis** (President-Elect)
- **Eric Weiss** (Vice-President)

Representing the USA:
- Morris Franklin
- Bradley Champagne
- Rodrigo Perez

Representing Europe:
- Yves Panis
- Willem A. Bemelman
- Mario Morino

Representing Australasia:
- W.L. Law
- Hiroshi Hasegawa
- Frank Frizelle

### LOCAL ORGANIZING COMMITTEE

- **W.L. Law**
- Jensen T.C. Poon
- Joe K.M. Fan
- Oswens S.H. Lo
- Rockson Wei
- C.C. Foo
- J.H. Lai

Contact Information:

- Department of Surgery
  The University of Hong Kong
  Queen Mary Hospital
  102 Pokfulam Road
  Hong Kong
  Phone: 852-2255-4231
  Fax: 852-2816-2094
  Email: islcrs12@hku.hk

### FACULTY LISTING

**WILLEM A. BEMELMAN**  
Amsterdam Medical Centre  
Amsterdam, Holland

**JOHN H. BOEY**  
Private Practice  
Hong Kong, China

**HESTER CHEUNG**  
Pamela Youde Nethersole Eastern Hospital  
Hong Kong, China

**CHI PANG**  
Union Hospital  
Fujian, China

**YANEK S. CHIU**  
California Pacific Medical Center  
San Francisco, California, USA

**GYU-SEOG CHOI**  
Kyungpook National University Hospital  
Daegu, South Korea

**CLIFF C. C. CHUNG**  
Pedder Clinic  
Hong Kong, China

**CONOR P. DELANEY**  
University Hospital Case Medical Center  
Cleveland, Ohio, USA

**NEAL C. ELLIS**  
VA Gulf Coast  
Biloxi, Mississippi, USA

**JOE K. M. FAN**  
The University of Hong Kong  
Hong Kong, China

**MORRIS E. FRANKLIN**  
Southeast Surgical Associates  
San Antonio, Texas, USA

**HIROTOSHI HASEGAWA**  
Keio University  
Tokyo, Japan

**ROBIN H. KENNEDY**  
St. Mark’s Hospital  
London, UK

**HERMANN KESSLER**  
University of Erlangen  
Erlangen, Germany

**SEON HAHN KIM**  
Korea University Anam Hospital  
Seoul, South Korea

**PATRICK Y. Y. LAU**  
Kwong Wah Hospital  
Hong Kong, China

**W. L. LAW**  
The University of Hong Kong  
Hong Kong, China

**JANET F. Y. LEE**  
The Chinese University of Hong Kong  
Hong Kong, China

**YANEK S. CHIU**  
Lakeview Hospital  
San Francisco, California, USA

**JOHN H. MARKS**  
Lankenau Medical Center  
Wynnewood, Pennsylvania, USA

**WILLIAM C. S. MENG**  
Our Lady of Maryknoll Hospital  
Hong Kong, China

**ROGER W. MOTSON**  
The Oaks Hospital  
Colchester, UK

**SIMON NG**  
The Chinese University of Hong Kong  
Hong Kong, China

**ERIC WEISS**  
Cleveland Clinic Florida  
Weston, Florida, USA

**MIN HUA ZHENG**  
Ruijin Hospital  
Shanghai, China

### TRANSPORTATION TO CONGRESS

Daily transfers to The University of Hong Kong meeting venue will be provided each morning (2-4 November) from both Le Meridien Hotel and the Courtyard by Marriott. Please meet in the main hotel lobby 30 minutes prior to the meeting start time.

**LUNCH SYMPOSIUM**

You are invited to attend these sponsored Lunch Symposia

**SATURDAY, 3 NOVEMBER 2012**

G/F Seminar Room, William MW Mong Block  
21 Sassoon Road, Hong Kong

Topic: Innovation in Colorectal Surgery  
Sponsored by Covidien

**SUNDAY, 4 NOVEMBER 2012**

G/F Seminar Room, William MW Mong Block  
21 Sassoon Road, Hong Kong

Topic: Experiences on new surgical instrument - with fully integrated advanced bipolar and ultrasonic energy  
Sponsored by Olympus
BECOME A MEMBER OF THE ISLCRS

To become a member of the ISLCRS, complete an electronic application ONLINE today and upload your required documents electronically, or download a Membership Application and mail it with copies of the required documents to the ISLCRS Secretariat Office.

For additional information, go to www.islcrs.org

MEMBERSHIP DUES

Current ISLCRS dues are $150(US). Membership dues are invoiced after acceptance into membership.

SCHEDULE OF EVENTS

THURSDAY, 1 NOVEMBER 2012

Seminar Room, 9/F Laboratory Block, Li Ka Shing Faculty of Medicine, 21 Sassoon Road

9:00am – 17:00pm
Optional Postgraduate Course: Single Incision Laparoscopic Colectomy and Transanal Surgery

Course Directors
Conor P. Delaney, MD, MCh, PhD
University Hospital Case Medical Center

John H. Marks, MD
Lankenau Medical Center

W.L. Law, MD
The University of Hong Kong

Target Participants: Colorectal Fellows
Fee: $1,000
30 person capacity

FRIDAY, 2 NOVEMBER 2012

Underground Lecture Theatre, New Clinical Building, Queen Mary Hospital, 102 Pokfulam Road

8.20am – 8:30am
Opening
John H. Marks, MD
Lankenau Medical Center

8:30am – 10:10am
Laparoscopic Colorectal Surgery Around the World

Session 1
Moderators: Roger W. Motson, MD, Janet F.Y. Lee, MD

8:30am – 8:50am
Situation in the US After the COST Trial
Conor P. Delaney, MD, MCh, PhD
University Hospital Case Medical Center

9:10 am – 9:30am
Laparoscopic Colorectal Surgery in Hong Kong
W.L. Law, MD
The University of Hong Kong

9:30am – 9:50am
Training and Accreditation in Japan
Hiroshi Hasegawa, MD
Keio University

9:50am – 10:10am
Discussion

10:10am – 10:30am
TEA BREAK

10:30am – 15:00pm
Live Demonstration
Moderators: Hermann Kessler, MD, Hiroshi Hasegawa, MD, Simon Ng, MBCB, Robin H. Kennedy, MD

• Robotic Rectal Resection
• Single Incision Colectomy
• TEMS/TEO
• Laparoscopic TME Intersphincteric Dissection

Conor P. Delaney, MD, MCh, PhD
John H. Marks, MD
Yves Panis, MD, PhD
S.H. Kim, MD
W.L. Law, MD

14:40pm – 15:00pm
TEA BREAK

15:00pm – 16:30pm
Using New Technology to Facilitate Laparoscopic and Open Rectal Transection
Conor P. Delaney, MD, MCh, PhD
University Hospital Case Medical Center

15:30pm – 16:30pm
Video Session
Moderators: Jensen T.C. Poon, MD, John H Marks, MD

15:30pm – 15:40pm
Laparoscopic Oncologic Left Hemicolectomy
Sakamoto Y, Shin JW, You BE, Kim SH
Korea University Anam Hospital
SATURDAY, 3 NOVEMBER 2012
Cheung Kung Hai Lecture Theatre 1, William MW
Mong Block, Li Ka Shing Faculty of Medicine,
21 Sassoon Road
7:30am
ISLCRS Council Meeting
8:00am
Poster Display Setup
8:30am – 10:10am
Minimizing the Surgical Access
Session 2
Moderators: Patrick Y.Y. Lau, MD, Willem A. Bemelman, MD
8:30am – 8:50am
SILS Colectomy: From Segmental Resection to TME
Yves Panis, MD, PhD
Hospital Beaujon
8:50am – 9:10am
Transanal Retrieval of Specimen: A Safe Option
Morris E. Franklin Jr., MD
Southeast Surgical Associates
9:10am – 9:30am
Transvaginal Retrieval After Robotic and
Laparoscopic Resection
Gyu-Seog Choi, MD
Kyungpook National University Hospital
9:30am – 9:50am
SILS Colectomy: Results of a Randomized Trial
Jensen T.C. Poon, MD
The University of Hong Kong
9:50am – 10:10am
Discussion
10:10am – 10:30am
TEA BREAK
10:30am – 12:10pm
Transanal and Endoluminal Approach
Session 3
Moderators: William C.S. Meng, MD, Neal C. Ellis, MD
10:30am – 10:50am
TEMS: From Transanal Excision to NOTES
John H. Marks, MD
Lankenau Medical Center
10:50am – 11:10am
Combined Laparo-Endoscopic Procedure with TEO
Hester Cheung, MD
Pamela Youde Nethersole Eastern Hospital
11:10am – 11:30am
FLEX
Robin H. Kennedy, MD
St. Mark’s Hospital, London
11:30am – 11:50am
ESD for Colon Neoplasm: Comparison with
Laparoscopic Resection
Simon Ng, MD
The Chinese University of Hong Kong
11:50am – 12:10pm
Discussion
12:10pm – 13:00pm
LUNCH
13:00pm – 14:40pm
Improving Outcome After Laparoscopic Colectomy
Session 4
Moderators: Cliff C.C. Chung, MD, Eric Weiss, MD
13:00pm – 13:20pm
Fast Track in Laparoscopic Colectomy: Result from the LAFA Trial
Willem A. Bemelman, MD
Amsterdam Medical Centre
13:20pm – 13:40pm
Advances in Management of Postoperative Ileus
Conor P. Delaney, MD, MCH, PhD
University Hospital Case Medical Center
13:40pm – 14:00pm
Ways to Stretch the Limit in Fast Track Colectomy
Timothy Rockall, MD
The Royal Surrey County Hospital
14:00pm – 14:20pm
Is There a Changing Role for the Colorectal Surgeon
in the Management of Low-Lying Rectal Cancer?
Yanek S. Chu, MD
California Pacific Medical Center
14:20pm – 14:40pm
Discussion
14:40pm – 15:00pm
TEA BREAK
15:00pm – 16:20pm
Minimally Invasive Surgery for Inflammatory Bowel
Disease
Session 5
Moderators: Jensen T.C. Poon, MD, Morris E. Franklin, Jr, MD
15:00pm – 15:20pm
Primary and Recurrent Crohn’s Disease
Eric Weiss, MD
Cleveland Clinic Florida
15:20pm – 15:40pm
Laparoscopic and Hand Assisted Proctocolectomy
for Ulcerative Colitis
Hiroshi Hasegawa, MD, FRCS
Keio University
15:40pm – 16:00pm
Emergency MIS for Inflammatory Bowel Diseases
Willem A. Bemelman, MD
Amsterdam Medical Centre
16:00pm – 16:20pm
Discussion
18:30pm
Congress Dinner
Jumbo Floating Restaurant
SUNDAY, 4 NOVEMBER 2012

Cheung Kong Hall Lecture Theatre 1, William MW
Mong Block, Li Ka Shing Faculty of Medicine,
21 Sassoon Road
9:30am – 10:00am
MIS for Benign Diseases
Session 6
Moderators: Hester Cheung, MD, Yves Panis, MD
9:10am – 9:30am
Minimally Invasive Surgery for Diverticulitis
Eric Weiss, MD
Cleveland Clinic Florida
9:30am – 9:50am
Laparoscopic Colectomy for Endometriosis
Timothy Rockall, MD
The Royal Surrey County Hospital
9:30am – 9:50am
Incisional and Para-Stomal Hernia With Biological Mesh
Neil C. Ellis, MD, FACS, FASCRS, FACG
University of Erlangen
10:10am – 10:30am
Discussion
10:30am – 10:50am
TEA BREAK
10:50am – 11:00am
LAPAROSCOPIC COLORECTAL SURGERY
11:00am – 11:20am
Laparoscopic Intersphincteric Resection
Yves Panis, MD, PhD
Hospital Beaujon
11:30am – 11:50am
Advantages of Surgical Robot in Distal Rectal Cancer
S.H. Kim, MD
Korea University Anam Hospital
11:50am – 12:10pm
Discussion
12:10pm – 13:00pm
LUNCH
13:00pm – 14:00pm
Radical Surgery for Cancer
Session 8
Moderators: John H. Boey, MD, John H. Marks, MD
13:00pm – 13:20pm
Total Mesocolon Resection
Hermann Kessler, MD
University of Erlangen
13:20pm – 13:40pm
Laparoscopic D3 Dissection for Colon Cancer
Jin-Tung Liang, MD, PhD
National Taiwan University Hospital
13:40pm – 14:00pm
Laparoscopic Colectomy for Advanced Diseases
Herrmann Kessler, MD
University of Erlangen
14:00pm – 14:20pm
Laparoscopic TME
Michael K.W. Li, MD
Hong Kong Sanatorium & Hospital
14:20pm – 14:40pm
Discussion
14:40pm – 15:00pm
TEA BREAK
15:00pm – 17:00pm
Free Paper Session
Session 9
Moderators: Conor P. Delaney, MD, MCh, PhD,
John H. Marks, MD, W.L. Law, MD

ABSTRACTS

1500-1510
1. THE ROLE OF LAPAROSCOPY IN EMERGENCY SURGERY FOR OBSTRUCTIVE COLORECTAL CANCER: A CASE-MATCH STUDY
Odermai M, Miskovic D, Siddiqi N, Khan J, Parvaiz A
Minimally Invasive Colorectal Unit, Queen Alexandra Hospital, Portsmouth, UK

Background: The role of laparoscopy in emergency surgery for obstructive colorectal cancer is unclear. Aim was to investigate the short- and long-term outcomes of laparoscopic versus open resections for emergencies.

Methods: Retrospective analysis of a prospective database. Emergency colorectal cancer resections were included. Laparoscopic and open cases were matched 1 to 2. For age (±1 year) exact match was used; gender, ASA, tumour site and stage were propensity matched. Overall and disease-free survival were analysed using Kaplan-Meier curves and adjusted for postoperative mortality. Oncologic quality surrogates (lymph node harvest, R stage), need of stoma, length of hospital stay and postoperative complications (mortality, reoperations) were compared.

Results: From 10/2006 to 12/2011, a total of 230 emergency resections were identified. Thirty-six cases were performed laparoscopically and matched to 72 open cases. Median follow up was 2.3 (CI 95% 1.3-3.5) years. Mean overall survival was 3.0 (95% CI 2.4-3.5) years in the laparoscopic versus 2.9 (CI 95% 1.9-3.1) years in the open group (p=0.024). Disease-free survival was 2.6 (CI 95% 2.0-3.2) versus 2.2 (CI 95% 1.7-2.8) years, respectively (p=0.061). Mean lymph node harvest (17.7 versus 13.6, p=0.014) and mean length of hospital stay (10.8 versus 15.8, p=0.027) were in favour of laparoscopy. R1/2 rate (14% versus 28%, p=0.08), stoma rate (2% versus 29%, p=0.46), mortality (6% versus 17%, p=0.38) and reoperations (11% versus 7%, p=0.48) showed no significant difference.

Conclusion: Our data suggest that emergency laparoscopy for obstructive colorectal cancer is feasible and safe in experienced hands. There is evidence of both short- and long-term benefits for laparoscopic emergency surgery.
1520-1530
3. SINGLE-FIRE RECTAL TRANSECTION DECREASES ANASTOMOTIC LEAKAGE IN LAPAROSCOPIC LOW ANTERIOR RESECTION
Colorectal Division, Department of Surgery, Korea University Anam Hospital Seoul, South Korea

Background: Although technical and instrumental advance has made laparoscopic surgery safer, leakage after laparoscopic low anterior resection (LaLAR) is still a great issue. Recently, many investigators have reported the relationship between the number of firing (NOF) on the distal rectal stump and the risk of leakage. This study focuses on the use of the single firing technique on the distal rectal stump, and aims to describe the transition of NOF in our hospital, to analyze the factors associated with the multi-fire, and to demonstrate our single firing technique in video.

Methods: Between September 2006 and August 2011, 185 patients underwent LaLAR in our hospital. From the prospectively collected database, we calculated the mean NOF of each year and whole span. Risk factors associated with multi-fire (more than two) were evaluated with uni- and multivariate analysis of patient characteristics (age, gender and body mass index), tumor characteristics (tumor size, distance from the anal verge and depth of tumor) and chronological phase (before and after 2009 when the single-fire technique was developed in our unit). Anastomotic leakage included a minor leak which did not require any intervention.

Results: Single-fire was performed in 44 patients (23.8%). The mean NOF was 2.0 (range, 1–8). Annual ratio of the mean NOF decreased year on year (2.6 to 1.5). Among the 44 patients undergoing single firing transection, leakage was seen in only 1 case (2.3%). Leaks were significantly frequent after multi-fire (17.0%, p=0.01). There was no statistically significant difference between the two year groups in regards to age, sex, diabetes, BMI, smoking status or ASA. There was no statistically significant difference between incisional hernias and non-incisional hernias patients in regards to age, sex, diabetes, BMI, smoking status or ASA within each year group or in total.

Conclusion: Multivariate analysis showed that only the chronological phase was related to the NOF. Technical advance in our surgical team has succeeded in increasing the single firing rate in LaLAR, and this will decrease the risk of anastomotic leaks.

1530-1540
4. INCISIONAL HERNIA RATE AFTER LAPAROSCOPIC COLORECTAL RESECTION REDUCED WITH STANDARDISATION OF EXTRACTION SITE
Navaratnam AV, Ariraratnam R, Smart N, Motson RW, Arulampalam T
ICENI Centre Colchester, UK

Background: Incisional hernia is a common complication of laparoscopic colorectal surgery. The majority of incisional hernias occur within the first two postoperative years. Extraction site may influence the rate of incisional hernias. Major risk factors for the development of incisional hernias include age, diabetes, obesity and smoking status. In this study we investigated the effect of specimen extraction site on incisional hernia rate.

Methods: In this retrospective single-center study, two cohorts of patients that underwent laparoscopic colorectal resections were identified in year groups 2005 (n=110) and 2009 (n=151). In 2005 all specimens were extracted through transverse muscle cutting incisions. In 2009 all specimens were extracted through midline incisions. Demographic variables, rate of incisional hernias and risk factors for hernia development were compared between the year groups. All patients had been followed up clinically for two years.

Results: The total incisional hernia rate for the series was 8.4% at two year follow up. For the 2005 group, the incisional hernia rate was 13.6% (n=15) and for the 2009 group, it was 4.6% (n=7) (RR= 2.94, CI 1.24, 6.97, p=0.01). There was no statistically significant difference between the two year groups in regards to age, sex, diabetes, BMI, smoking status or ASA. There was no statistically significant difference between incisional hernias and non-incisional hernias patients in regards to age, sex, diabetes, BMI, smoking status or ASA in within each year group or in total.

Conclusion: The 2005 group had a statistically significantly higher incisional hernia rate than the 2009 group. This is due to the differences in the incision technique and extraction site in the two year groups.
Background: Both low rectal tumours and locally advanced rectal tumours present challenges for colorectal surgeons using a laparoscopic approach. The aim of this study was to determine whether patients undergoing laparoscopic resections for locally advanced low rectal cancers experience similar short-term outcomes compared to open resections.

Methods: Data on patients undergoing laparoscopic or open resections for rectal cancer in a single Colorectal Unit were prospectively collected from January 2007 to December 2011. Patients with a locally advanced (T≥3 or N+) and low rectal cancer (within 6cms of the anal verge) were included in this study. Short-term clinical and oncological outcomes between the laparoscopic and open groups were compared. Clinical outcomes assessed were: length of hospital stay, reoperation, readmission and post-operative mortality. Oncological outcomes assessed were lymph node harvest and post-operative mortality. Oncological outcomes assessed were lymph node harvest and post-operative mortality. The outcomes of elective laparoscopic colectomy with and without bowel preparation.

Methods: This is a retrospective comparative study of patients who had elective laparoscopic colectomy for colon cancer without preoperative MBP. The size of tumour, stage of disease and age, sex, ASA, tumour height from anal verge, pre-operative radiotherapy, operation type or T stage. The ASA score of the patients, sex, ASA, tumour height from anal verge, pre-operative radiotherapy, operation type or T stage. The ASA score of the patients, sex, ASA, tumour height from anal verge, pre-operative radiotherapy, operation type or T stage. The ASA score of the patients, sex, ASA, tumour height from anal verge, pre-operative radiotherapy, operation type or T stage.

Results: The No-MBP group had 97 patients and the MBP group had 159 patients. The Mean age of No-MBP and MBP groups were both 70.7 (p = 0.988). Conversion rates were 5% (3/60) and 9% (15/169) in No-MBP and MBP groups respectively (p = 0.572). The ASA Score of the patients, size of tumour and stage of disease were all similar in both groups. There were no significant difference between two groups, sex, ASA, tumour height from anal verge, pre-operative radiotherapy, operation type or T stage. The laparoscopic group had a statistically significant shorter length of hospital stay compared to the open group (Median 8 days vs 15 days, p=0.0047) but the other short-term clinical outcomes were similar between the two groups. There were a higher percentage of R0 resections in the laparoscopic group compared to the open (92% vs 79%) however this did not reach statistical significance (p=0.166) and there was no difference in the lymph node harvest.

Conclusion: Laparoscopic rectal resection for locally advanced low rectal tumours is technically feasible and in our experience has better short-term outcomes when compared to open resections.

Conclusion: Preoperative MBP offers no additional benefits to laparoscopic colectomy for colon cancer and routine administration of preoperative MBP is not indicated.
### Background
Surgical site infection (SSI) is one of the most common postoperative complications. Several studies reported strong relationships between the incidence of SSI and obesity. Despite gaining the acceptance of laparoscopic surgery, this relationship has remained unclear in terms of the risk of SSI after resection of the colon or rectum by laparoscopic surgery. The aim of this study is to clarify the relationship between the incidence of SSI and obesity in colorectal laparoscopic surgery.

### Methods
Between 2004 and 2011, 483 patients who underwent resection of the colon or rectum cancer by laparoscopic surgery were retrospectively enrolled in this study. Preoperative body mass index (BMI), weight, circumference of waist and hip were measured as obesity-related factors. The relationship between the incidence of SSI and these obesity-related factors were analyzed using receiver operating characteristic (ROC) curve and logistic regression model.

### Results
A total of 483 patients, 287 male and 196 female patients, were included in this study and SSI occurred in 61 patients. Quartiles of each obesity-related factor were associated with the incidence of SSI. Area under the ROC curves of each obesity-related factor were BMI 0.617, weight 0.586, waist 0.596, hip 0.582, respectively. In logistic regression analysis these obesity-related factors were analyzed using a receiver operating characteristic (ROC) curve and logistic regression model.

### Conclusion
In laparoscopic colorectal surgery, obesity-related factors were correlated with the incidence of SSI. Especially, BMI, waist and hip were considered to be a significant predictive factor for the incidence of SSI.
Poster 13. EARLY OUTCOME OF ROBOTIC RECTAL RESECTION
Foo CC, Poon J, Fan J, Law WL
The University of Hong Kong, Hong Kong, China

Poster 14. LONGER TERM FOLLOW-UP OF LAPAROSCOPIC ADHESIOLYSIS FOR CHRONIC ABDOMINAL PAIN
Butterworth JW, Sivaprasakam R
Hinchingbrooke Hospital
Cambridge, UK

Poster 15. IMPLEMENTATION OF A SURGICAL SAFETY CHECKLIST: IMPACT ON OPERATIVE EFFICIENCY AND QUALITY METRICS IN LAPAROSCOPIC COLECTOMY
Papaconstantinou HT, Thomas JS, Smythe WR, Wehbe-Janek H
Scott & White Memorial Hospital
Temple, Texas, USA

Poster 16. IMPROVING OUTCOMES IN LAPAROSCOPIC APPENDICECTOMY
Dinneen EP, Tillmann T, Preston J, Navaratnam R, Nair MS
North Middlesex University Hospital
London, UK

Poster 17. IMPACT OF METABOLIC SYNDROME ON SHORT-TERM SURGICAL OUTCOMES OF LAPAROSCOPIC COLORECTAL RESECTION FOR COLORECTAL CANCER OR POLyps
Joh YG, Yu H, Son GM
Pusan National University, Yangsan Hospital
Yansan-si, Gyeongnam, South Korea

Poster 18. A MULTIDISCIPLINARY SURGICAL TEAM IMPROVES OUTCOME IN LAPAROSCOPIC COLORECTAL RESECTION FOR ENDOMETRIOSIS.
Loriau J, Petit E, Oberlin O, Champault A, Sauvanet E
Groupe Hospitalier Paris St Joseph
Paris, France

Poster 19. LYMPH NODE YIELD FOLLOWING TOTAL MESORECTAL EXCISION (TME) IN RECTAL CANCER SURGERY: COMPARATIVE ANALYSIS BETWEEN LAPAROSCOPIC AND OPEN APPROACH
Leung E, Taylor W
University Hospitals Coventry
Warwick, UK

Poster 20. DOES A DEDICATED OR1 EMERGENCY THEATRE AFFECT THE PROPORTION OF OPERATIONS PERFORMED LAPAROSCOPICALLY?
Eddama M, Haylock-Vize P, Smart NJ, Anulampalam T, Motson RW
Colchester Hospital University NHS Foundation Trust
Colchester, UK

Poster 21. ULTRA LOW CANCER OF THE RECTUM 20 CASES
Roa S, Pinto A
Sousa Carlos Hospital Litoral Alentejano
Santiago Do Cacem, Portugal

Poster 22. STUDY ON CLINICAL VALUE OF THREE EFFICIENCY AND QUALITY METRICS IN LAPAROSCOPIC COLORECTAL TUMOR SURGERY
Fudan University Shanghai Cancer Center
Shanghai, China

Poster 23. INTERSPHINCERIC RESECTION: MALE/ FEMALE; ARE THERE SOME DIFFERENCES?
Roa S, Pinto A
Sousa Hospital Litoral Alentejano
Santiago Do Cacem, Portugal

LAPAROSCOPIC ONCOLOGIC LEFT HEMICOLECTOMY
Sakamoto Y, Shin JW, You BE, Kim SH
Department of Surgery, Korea University Anam Hospital
Seoul, South Korea

D3 RESECTION OF AN ADVANCED HEPATIC FLEXURE CANCER--A PRESENTATION OF ITS TECHNICAL ASPECTS IN LAPAROSCOPIC EXTENDED RIGHT HEMICOLECTOMY
Sng K, Yoo BE, Lim TW, Haru M, Kim SH
Korea University Anam Hospital, Korea University College of Medicine
Seoul, South Korea

LAPAROSCOPIC EXTRAPERITONEAL SIGMOID COLOSTOMY IN APR FOR LOW RECTAL CANCER
Jin H, He Y
National Center of Colorectal Surgery, The 3rd Affiliated Hospital of Nanjing University of Traditional Chinese Medicine
Nanjing, China

Move beyond to the next generation.

Unlike synthetic mesh and other biologic grafts, Biodesign is completely remodelled by the patient’s body into strong, well vascularised patient tissue.

The evolution of a proven technology, Biodesign can help provide reduced recurrence rates when compared to other biologic grafts. That’s because Biodesign is completely remodelled into tissue that maintains long-term strength.

Learn more: visit www.cookbiodesign.com

www.cookmedical.com

© COOK 2012 SUR-AHKADV-BB-EN-201210
Baxter
At Baxter, we focus on assisting people with some of the most complex conditions like hemophilia, cancer, immune disorders & kidney disease. We apply our expertise in medical devices, pharmaceuticals & biotechnology to make a meaningful difference in patients’ lives. Baxter’s Medical Products used in the delivery of fluids and drugs to patients. These include intravenous (IV) solutions and administration sets, premixed drugs and drug-reconstitution systems, IV nutrition products, infusion pumps and inhalation anesthetics. The business also provides products and services related to pharmacy compounding, drug formulation and packaging technologies.

Chindex Medical Limited (CML)
Chindex Medical Limited (CML) is a leading supplier of medical equipment. Distribution services in China are focused in core areas of Imaging, Women’s Health, Surgery, Dermatology, and Dental, with strategic expansion into new sectors planned in the near term. CML currently provides exclusive distribution services to Spectrum Dynamics for high-resolution cardiac SPECT systems, Hologic for mammography systems, Naviscan high-resolution PET scanner for 3-D Molecular Breast Imaging, Vital Images for advanced visualization software, Intuitive Surgical for the da Vinci family of robotic surgical systems, MAKO Surgical for its RIO® Robotic Interactive Arm Orthopedic System, Transonic Systems for surgical flowmeters, Candela and Cutera for aesthetic laser systems, PAX surgical beds and OR lights, and dental applicances, implants and accessories manufactured by BEGO, Vertex Dental, DMG, Hu-Friedy, and Ultradent.

Covidien
Covidien is proud to sponsor the International Society of Laparoscopic Colorectal Surgeons scientific meeting 2012.
Covidien recognises the challenges faced in modern day laparoscopic surgery and we continue to develop innovative products and solutions in response to feedback from our customers. We constantly strive to improve our products to enable the consistency and patient outcomes of laparoscopic colorectal surgery. We are honoured to partner the laparoscopic surgical community in the development and promotion of best practices, and are proud to develop resources and education programmes that assist in the delivery of an enhanced patient experience.

Frankenman International Ltd
Frankenman International Ltd are proud sponsors of the 7th International Congress of Laparoscopic Colorectal Surgery will show their Chex range of surgical staplers. Certified to the highest standards, and used widely in global markets, Frankenman and Chex are increasingly being chosen as a preferred supplier. We look forward in welcoming delegates to our home in Hong Kong.

Johnson & Johnson Medical
Caring for the world, one person at a time... inspires and unites the people of Johnson & Johnson. We embrace research and science - bringing innovative ideas, products and services to advance the health and well-being of people. Employees of the Johnson & Johnson Family of Companies work with partners in health care to touch the lives of over a billion people every day, throughout the world.

Challenges of Laparoscopic Surgery
Laparoscopic surgery has become a widely accepted technique for the treatment of colorectal conditions. The benefits of this minimally invasive approach include reduced hospital stay, fewer complications, and faster recovery times compared to open surgery. However, laparoscopic colorectal surgery is still a complex procedure requiring specialized equipment and skills. Companies like Baxter, Chindex Medical Limited, Covidien, Frankenman International Ltd, and Johnson & Johnson Medical are dedicated to providing innovative solutions to support laparoscopic colorectal surgeons in their practice.

Challenges in Laparoscopic Colon Surgery
Laparoscopic colon surgery involves the removal of the entire large intestine, a procedure known as a total colectomy. This type of surgery is often performed due to severe ulcerative colitis or Crohn’s disease. While laparoscopic colectomy offers the advantages of minimally invasive surgery, it can be technically demanding and requires a high level of dexterity and precision.

Medical Products for Laparoscopic Surgery
Companies such as Baxter and Chindex Medical Limited offer a range of medical products specifically designed for laparoscopic surgery, including IV solutions, drug-reconstitution systems, and infusion pumps. These products are crucial in ensuring the safe and effective delivery of fluids and drugs to patients during surgery.

Surgical Equipment
Covidien offers a variety of surgical equipment, including robotic surgical systems and surgical flowmeters. These advanced devices can enhance patient outcomes by providing precise and controlled surgical interventions.

Staplers for Colorectal Surgeries
Frankenman International Ltd and Chex offer surgical staplers, which are essential tools in laparoscopic colorectal surgery. They are used for creating precise surgical incisions and closures, minimizing blood loss, and reducing the risk of infection.

Supporting Laparoscopic Surgeons
Johnson & Johnson Medical, with its comprehensive range of medical products and services, is committed to supporting laparoscopic colorectal surgeons in their work. Whether it’s through research, education, or providing cutting-edge technology, the company aims to make a meaningful difference in the lives of patients.
EXHIBITOR FLOOR PLAN
Foyer, Cheung Kung Hai Lecture Theatre

1 Baxter Health Ltd
2 Chindex Medical Ltd
3 Frankenman International Ltd
4 Karl Storz Endoscopy China Ltd
5 Johnson & Johnson Medical
6 - 7 Olympus
8 - 9 Covidien

MEETING VENUE
Li Ka Shing Faculty of Medicine
Established in 1911, The University of Hong Kong (HKU) is the territory’s oldest institute of higher learning. Over the past century, the University has committed itself to creating knowledge, providing education, and serving society. It has grown with Hong Kong and generations of our graduates have helped shape the city from which the university takes its name. Today, HKU is internationally recognized as a research-led comprehensive university, with frontier research endeavours and scholarly achievements that have won it worldwide acclaim.

The Medical Faculty of The University of Hong Kong (HKU) is the longest established faculty in the tertiary education in Hong Kong. It was founded as the Hong Kong College of Medicine for Chinese by the London Missionary Society in 1887, and later renamed the Hong Kong College of Medicine in 1907.

The Faculty was accorded the position of premier Faculty when the University was opened in 1911. Serving Hong Kong for over a century, the Faculty is a medical school of learning, of innovation, and of enterprising; a medical school of morals, of vision, and of care. The Faculty and its predecessor have been playing a pioneering role in medical education, training and research. From its modest beginning, the Faculty has now become the largest faculty of the University, with around 300 full-time teaching staff and 600 research support staff. The undergraduate student population is about 2,000 and the postgraduate student population is about 1,300. The Faculty comprises 18 departments, School of Chinese Medicine, School of Nursing, School of Public Health and a number of research centres focusing on various strengths of research of the Faculty.

LOCATION MAP

Li Ka Shing Faculty of Medicine
A William MW Mong Block
B Laboratory Block

The University of Hong Kong
C Pauline Chan Building
D Estates Building
E Laboratory Animal Unit
F Dexter H.C. Man Building
G Patrick Manson Student Residence
H HKJC Building for Interdisciplinary Research

Queen Mary Hospital
I Main Block
J Professorial Block
K New Clinical Building