REPORT on

RECONSTRUCTIVE MICROSURGERY: THE FUTURE IS TODAY.

NYU, LANGONE MEDICAL CENTER,

550 1st Avenue, 31st Street

NEW YORK

November 20-21 2015,

Dr Tungotyo Martin, MMed Plast. Surg (MUST)

Dr George Galiwango, FCS Plast Surg.(ECSA)
**Introduction.**

New York University (NYU) School of Medicine, Langone medical Centre is located along the Manhattan’s East river drive, New York extending from 23rd – 34th street. One of the USA’s leading academic institutions for more than 150 years, it has trained thousands of physician-scientists through medical education, scientific research and patient care.

The Langone medical center, hosts several annual “state of the art” CME workshops/courses on various medical areas eg Breast reconstruction, Robotic surgery, Dermatology, etc over the years. [med.nyu.edu/cme](http://med.nyu.edu/cme). These courses are well organized and facilitated by a faculty comprising of world leading medical practitioners with vast experience to share. Unlike the conference setting, these CME courses focus on teaching and sharing the latest applicable information and techniques - including approaches eg robotic and live surgery.

**Course Description** Current advances in reconstruction and microsurgery surgery, including new techniques and safety recommendations were disseminated in a single educational activity that was purely reconstructive. An extensive programme was drawn up to cover reconstructive issues that occur throughout the body addressing: the upper extremity, lower extremity, chest wall, abdomen, perineum, head and neck, breast and lymphatic system.

**Target Audience:** The clinically practicing plastic surgeon in either academic or private practice who wanted to update their knowledge on reconstructive surgery and new techniques. It was useful for the trainee who is trying to develop his or her own treatment algorithms.
**Course organisation**

The course was provided by the NYU Post graduate Medical school, presented by the department of Plastic surgery NYU school of medicine. Endorsed by the American society of plastic surgeons. Accredited by the Accreditation council for continuing medical education. Designated for 17 AMA PRA category 1 points.

The course included lectures on all commonly performed flaps and associated reconstructive techniques including extensive discussion of microsurgery.

**Faculty**

*Course Directors* Jamie P. Levine, MD Nolan S. Karp, MD Robert J. Allen, MD

*NYU School of Medicine Faculty* Ernest Chiu, MD, FACS, Miyhe Choi, MD Steven M. Cohen, DO, FACS Eduardo D. Rodriguez, MD, DDS Pierre Saadeh, MD Sheel Sharma, MD Vishal D. Thanik, MD Lee C. Zhao, MD

*Invited Faculty* David M. Adelman, MD, PhD, FACS Joseph H. Dayan, MD Evan S. Garfein, MD, FACS Geoffrey G. Hallock, MD Michael R. Hausman, MD Joon Pio (JP) Hong, MD, PhD, MMM Stephen J. Kovach, MD Steve K. Lee, MD L. Scott Levin, MD, FACS Jaume Masia, MD, PhD, MBA Babak J. Mehrara, MD Stan Jozef Monstrey, MD Mark L. Smith, MD, FACS Jason A. Spector, MD

**Location:**
The Alumni hall, Farkas auditorium; with excellent audio visual facilities, hosted the course.

We arrived shortly before 8am for a quick breakfast and interact with the different plastic surgeons in attendance. Sessions started at 8 am going on until 6pm. Coffee and lunch breaks were provided.

Podium presentations were delivered via PowerPoint to a large screen. The second day’s sessions included a live surgery session, linked to the main auditorium. We watched the surgery, for periods including: patient work up and preparation, decision making on reconstruction method; marking up; surgical approach; points of surgical technique refinement; the micro anastomosis; inset; etc. Live commentary was provided by the operating team including answering questions from the audience.

**Educational Objectives**

- Apply techniques that will safely use microsurgery to improve outcomes and establish criteria to select patients who will benefit from these techniques
- Analyze potential surgical complications and apply proper technique to avoid adverse results
- Apply up-to-date techniques and guidance for managing the most complex reconstructive issues in the abdominal wall including the use of ADM, prosthetics, flaps, local tissue and microsurgery
- Diagnose and manage disorders of the lymphatic system, including radiographic analysis and surgical management techniques
- Workup surgical treatment options and execute the staging of this treatment in a safe and effective fashion
- Perform transgender surgery techniques on appropriate candidates with the overall reconstructive goal to achieve improved cosmetic outcomes and reduce the risk of complications

**Course participants**

Slightly over 100 in total. Including plastic surgery residents from across the USA, and world leading surgeons from across the world eg USA, Belgium, Spain, Argentina and South Korea, etc.

We were the only participants from Africa, a point highlighted by the organizing team. It was both inspiring and exciting to have been part of this CME.

Positives

- Great organization
- Cutting edge reconstructive information on all these topics from renowned experts
- Excellent audio visual facilities in the auditorium
- Succinct and well prepared and delivered podium presentations
- Addressed the breadth of the reconstructive challenge (indeed as promised in the course preamble)
- Interactive (using “2shoes” app for live questions; as well end of session from audience question sessions;)
- The faculty were approachable during the coffee and lunch breaks.
Great and successful live surgery sessions

**Learning points**

- Emphasis on specialist team approach for improved outcomes eg the Ortho-Plastic team in limb reconstruction; Neuro- Plastic in skull and spinal reconstruction; General-Plastic for abdominal/Pelvic; maxilofacial-Otolaryngo-Plastic in facial reconstruction; Cardiothoracic- Plastic in chest wall reconstructions.
- Broadened thought processes, patterns and depth to reconstructive solutions.
- Innovation, laboratory dissections and studies are key to formulating reconstructive options.
- Updated and expanded knowledge base for the practicing reconstructive surgeon who deals with commonly faced reconstructive issues in each region of the body providing up-to-date information and treatment options for successful management of these reconstructive issues.
- Presented new areas of expansion in reconstructive surgery lymphatic surgery, transgender surgery, abdominal wall reconstruction, perforator flap techniques and supermicrosurgery.

Microsurgery is a fast developing growing arm of plastic and reconstructive surgery in Uganda. There is a great need for reconstructive surgery in Uganda and thus underlining the need for training in this area. CoRSU hospital is perhaps the only hospital in Uganda that has the capacity of regularly and safely offering microsurgery as an option for reconstruction. This can be developed at Mbarara University Teaching Hospital in the near future, thanks to the training received in the MMed course and further knowledge gained at the CME. CoRSU will similarly continue to gain through further development of its already commendable reconstructive microsurgery service and training programme.

It is hoped that through the networks made, we can continue to share valuable knowledge and experiences on plastic and reconstructive surgery.

**Our itinerary**

We left Entebbe on the evening of 18th Nov aboard a KLM flight to New York, JFK airport via Schiphol, Amsterdam. We arrived at JFK airport in the afternoon of the 19th of November. A 45min shuttle ride delivered us in the middle of Manhattan from where we walked several blocks to Hotel 31, 120E 31st Street, our abode for the next 3 nights. The hotel, providing on bed, is neat and cosy. Conveniently located near eateries and grocery shops, it is a 10 min walk to the Langone Medical center.

The weather was slightly windy, temperatures ranging between 8 and 14 Celcius, with a few light showers.

We safely returned back to Uganda on Monday 23rd November.

**Appreciation**

Perhaps, no course is more comprehensive or offers the breadth of information on reconstructive surgery than this one did. We were delighted to have participated in it.
We would like to thank Interface Uganda for the facilitation that made it possible for us to participate in this one of a kind CME.