



3RD JAKARTA ANNUAL SURGICAL SYMPOSIA

Comprehensive Surgical Update

Shangri-La Hotel Jakarta, June 4th – 11th 2023

PROCEEDING BOOK



About Us

Practical clinical skills in the field of surgery for fresh graduated doctors and surgeons, especially graduates in the last two years whose clinical practice activities have been affected by the Covid19 pandemic, have been questioned a lot due to decreased experiences in direct interaction with patients. In order to meet this need, the Department of Clinical Surgery FKUI-RSCM once again held the Jakarta Annual Surgical Symposia (JASS). The event which consisted of Webinars, Symposium and Workshop activities was highly accredited by the Ikatan Dokter Indonesia (IDI) and Persatuan Perawat Nasional Indonesia (PPNI). JASS is a scientific event aimed at general practitioners, nurses, specialist doctors and surgical subspecialists who wish to update and improve their clinical knowledge and skills in surgery.

JASS was first held in 2012 with the theme Current Update on Surgical Emergencies and Daily Cases. In 2013, JASS is back with the theme Current Update on Surgical Emergency Cases. After a long hiatus, this years JASS will return with the theme Comprehensive Surgical Update with the aim that general practitioners, nurses, specialists, and surgical subspecialists get updated knowledge from daily surgical cases, as a forum for refreshing knowledge and sharpening skills, and provide readiness for all medical personnel to provide plenary services in the transitional era to post-pandemic.

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Welcome Speech

dr. Kshetra Rinaldhy, SpB. SubspPed(K)

Chairman JASS



Assalaamu'alaikum Warahmatullaahi wabarakaatuh

Medical science constantly evolves with time. It is our duty as medical professional to update our knowledge regularly in order to give the best treatment to our patients. As we entered the post pandemic era, a refresher course on basic surgical knowledge and techniques becomes very important. Recent technological advancements should be balanced with mastering new techniques and instruments in order to minimize surgery time, risk, and to maximize the patients outcome. Although this would not be possible without collaborative interprofessional efforts that assess the patient with holistic approach.

Jakarta Annual Surgical Symposia (JASS) is designed specifically to meet various training needs for surgeons, general practitioner, nurses and the entire surgical care team. This event promotes networking and develops a stronger voice for all surgical professionals in perioperative care. It also provides a premier platform for researchers, practitioners and educators to present and discuss the most recent innovations, trends and concerns as well as practical challenges encountered and solutions adopted in the fields of surgery.

Our accredited speakers will explore cutting-edge technology, connectivity, human factors, skills and research to support the transformation of improved care and patient safety.

This symposium was created by the Department of Surgery, Universitas Indonesia, to enhance and refresh both the knowledge and the skills of our medical practitioners for daily surgical cases. We sincerely believe that this may be beneficial for all surgical professionals

Wassalamu'alaikum, warahmatullahi wabarakatuh.



Welcome Speech

Dr. dr. Diani Kartini, SpB.Subsp.Onk(K)
Head of Department of Surgery
Faculty of Medicine Universitas Indonesia



Assalamu'alaikum Warahmatullahi wabarakatuh, Warm greetings for all of us,

First and foremost, let us give thanks for Allah SWT for blessing us with health and grace so we can gather for 3rd Jakarta Annual Surgical Symposia (JASS) 2023.

JASS 2023 is an important and joyful event for our Committee in Department of Surgery Faculty of Medicine Universitas Indonesia. It is a return of JASS after its inaugural event in 2012, followed by the second JASS in 2013

As head of Department of Surgery Faculty of Medicine Universitas Indonesia, I would like to congratulate for the success of JASS and wishing this event could increase knowledge and skill in surgical field for doctor and nurses across the country. This event invites expert from both national and international level. It is our hope that this event could broaden knowledge and open perceptives as a clinican and researcher which will surely benefitted the patient.

JASS comprised of several events such as webinar, workshops including cadaveric dissection, topped off with symposium that will be held offline. We hope all of the participants will enjoy the entire event proceedings and all will be done smoothly.

We would like to give our gratitude to all the sponsors and partners for their contribution which made this event possible

Wassalamu'alaikum, warahmatullahi wabarakatuh.



Schedule

1. Pre-event Webinar

- Saturday, May 6th, 2023
- Saturday, May 13th, 2023
- Saturday, May 20th, 2023
- Saturday, May 27th, 2023

2. Workshop

June 4th – 11th 2023

Venue : RSUI, IMERI – FKUI, Operating Room RSCM, Forensic Department FKUI-RSCM

	June 4, 2023	June 5, 2023	June 6, 2023	June 7, 2023	June 8, 2023	June 11, 2023
Nurse or GP	Circumcision Venue: RSUI	Vascular Access Management for GP & Nurse Venue: IMERI FKUI 3rd floor	Wound and Stoma Care Venue: IMERI FKUI 3rd floor	Cadaveric Workshop II for GP Venue: Forensics Department, RSCM, 2nd floor		BSS for GP (online)
Specialists		Vascular Access AV Fistula Venue: IMERI FKUI 3rd floor	Laser Proctology (LHP & FILAC) Course Venue: IMERI FKUI 3rd floor, Kanigara operating theatre 6th floor	Intestinal Stapling Course Venue: IMERI FKUI 7th floor, Kanigara operating theatre 6th floor		
			Cadaveric Workshop I Trans-Oral Endoscopic Thyroidectomy Submental Approach (TOETSA) Venue: Forensics Department, RSCM, 2nd floor	Cadaveric Workshop III for Specialist Venue: Forensics Department, RSCM, 2nd floor	Cadaveric Workshop III for Specialist Venue: Forensics Department, RSCM, 2nd floor	

3. Symposium and Exhibition

Friday – Saturday, June 9th – 10th 2023

Venue : Shangri-La Hotel Jakarta

4. Podium Abstract Presentation

June 10th 2023

Venue : Shangri-La Hotel Jakarta



3rd Jakarta Annual Surgical Symposia

Workshop: Circumcision

Date : Sunday, 4th of June 2023
Venue : Universitas Indonesia Hospital (RSUI) 1st & 4th floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.30 – 07.45	Registration	
07.45 – 08.00	Opening	
08.00 – 08.50	Circumcision: technique and common problems	S: dr. Rizky Amaliah, SpB, SubspPed (K) M: dr. Hardian Gunardi, Sp.B, SubspPed(K)
08.50 – 09.00	Product presentation	Hansaplast
09.00 – 09.15	Coffee break	
09.15 – 12.00	Hands on surgery	I: Dr. dr. Tri Hening Rahayatri, SpB, Subsp.Ped(K) dr. Rizky Amaliah, SpB, Subsp.Ped(K) dr. Hardian Gunardi, SpB, Subsp.Ped(K) dr. Ari Rahman Iskandar, SpB dr. Thomas Aribowo, SpB dr. Juwita Cresti, SpB dr. Yasser Jayawinata, SpB, FICS
12.00 – 13.00	Lunch break	
13.00 – 16.00	Hands on surgery	All instructor
16.00 – 16.15	Closing	

3rd Jakarta Annual Surgical Symposia

Workshop: Vascular Access Management for GP and Nurse

Date : Monday, 5th of June 2023
Venue : IMERI FKUI 3rd floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.30 – 07.45	Registration	
07.45 – 08.00	Opening Speech	Dr. dr. Dedy Pratama, Sp.B, Subsp.BVE(K)
Session 1: Vascular access for critical care, chemotherapy, and nutrition		
08.00 – 08.30	Introduction of vascular access for critical care, chemotherapy, and nutrition	Dr. dr. R. Suhartono, SP.B, Subsp.BVE(K)
08.30 – 08.45	Maintaining vascular access in daily practice	Ns. Yuni Maulida, S.Kep
08.45 – 09.00	Complication and management for vascular access	dr. Patrianef, Sp.B, Subsp.BVE(K)
09.00 – 09.15	Discussion	All speaker
Session 2: Hemodialysis Vascular Access		
09.15 – 09.45	Haemodialysis vascular access	dr. Alexander Jayadi, Sp.B, Subsp.BVE(K)
09.45 – 10.00	How to take care hemodialysis vascular access	Ajeng Soleha, S.Kep, Ners
10.00 – 10.15	How to identify problems in hemodialysis vascular access	Toni Rahmat Jaelani, S.Kep, Ners
10.15 – 10.30	How to manage problems in hemodialysis vascular access	dr. Akhmadu, Sp.B, Subsp.BVE(K), PhD
10.30 – 10.45	Coffee break	
10.45 – 12.30	Group Case Discussion	All instructor
12.30 – 13.15	Lunch break	
Session 3: Vascular Access in Neonate		
13.15 – 14.00	Vascular Access Management in Neonate	dr. Muhamad Azharry R, Sp.A
14.00 – 14.15	Video Lecture: Peripheral Access in Neonate & Venous cutdown	Ns. Dian Anggur Yulianti, S.Kep
14.15 – 15.00	Live Demo: PICC	Ns. Dian Anggur Yulianti, S.Kep
15.00 – 16.00	Hands On: Umbilical Venous Access in Neonates	Ns. Dian Anggur Yulianti, S.Kep
16.00 – 16.15	Closing	

3rd Jakarta Annual Surgical Symposia

Workshop Vascular Access: Arteriovenous Fistula

Date : Monday, 5th of June 2023
Venue : IMERI FKUI 3rd floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.30 – 07.45	Registration	
07.45 – 08.00	Opening Speech	dr. Akhmadu, Sp.B, Subsp.BVE(K), PhD
08.00 – 08.30	Ultrasound in AVF	Dr. Med. dr. Nyityasmono Tri Nugroho, Sp.B, Subsp.BVE(K)
08.30 – 09.00	Technique and pitfalls	dr Januar Rizky Adiani, Sp.B, Susp.BVE(K)
09.00 – 09.30	Complication in AVF	dr. Akhmadu, Sp.B, Susp.BVE(K), PhD
09.30 – 09.45	Discussion	
09.45 – 10.00	Coffee break	
10.00 – 12.00	Hands on – AVF in wet model	All instructor
12.00 – 12.45	Lunch break	
12.45 – 14.00	Live Demo AVF	All instructor
14.00 – 14.15	Closing	

3rd Jakarta Annual Surgical Symposia

Workshop: Wound & Stoma Care

Date : Tuesday, 6th of June 2023
Venue : IMERI FKUI 3rd floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.30 – 07.45	Registration	
07.45 – 08.00	Opening	
08.00 – 08.20	Lecture: Chronic wound: management and wound dressing	S: dr. Akhmad Noviandi Syarif, Sp.BP-RE(K) M: dr. Narottama Tunjung Hariwangsa, Sp.BP-RE
08.20 – 08.40	Lecture: Diabetic foot ulcer management	S: dr. Akhmadu, Sp.B, Subsp.BVE(K), PhD M: dr. Ihza Fachriza, Sp.B
08.40 – 09.00	Lecture: Identifying stoma complication	S: Ns. Eka Widiati, M.Kep, Sp.Kep. An, ETN M: Ns. Erwin Effendi, S.Kep.ETN
09.00 – 09.20	Lecture: Managing stoma complication	S: dr. Lam Sihardo, Sp.B, Subsp.BD(K) M: dr. Arnetta Naomi Lalisang Sp.B, Subsp.BD(K)
09.20 – 09.40	Lecture: Negative Pressure Wound Therapy (NPWT)	S: dr. Nandita Melati Putri, Sp.BP-RE(K) M: dr. Vika Tania, Sp.BP-RE(KKF)
09.40 – 10.00	Coffee break	
10.00 – 12.40	Skill Station 4 Grup @40 minutes	All Instructor
12.40 – 13.00	Closing & Lunch	

3rd Jakarta Annual Surgical Symposia

Workshop: Laser Proctology (LHP & FILAC)

Date : Tuesday, 6th of June 2023

Venue : IMERI FKUI 3rd floor, Kanigara operating theatre 6th floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.00 – 07.15	Registration	
07.15 – 07.30	Opening	
07.30 – 07.50	Lecture: Laser Hemorrhoidoplasty (LHP)	S: dr. Franky Mainza Zulkarnain Sp.B M: dr. Vania Myralda Giamour Marbun, Sp.B, Subsp.BD(K)
07.50 – 08.10	Lecture : Fistula Tract Laser Closure (FILAC)	S: dr. Okkian Wijaya Kotamto, Sp.B, Subsp.BD(K), FINACS M: dr. Vania Myralda Giamour Marbun, Sp.B, Subsp.BD(K)
08.10 – 09.00	Mobilization to Kanigara Operating Theatre	
09.00 – 10.00	Live surgery FILAC (Group A)	dr. Franky Mainza Zulkarnain Sp.B
	Live surgery FILAC (Group B)	dr. Okkian Wijaya Kotamto, Sp.B, Subsp.BD(K), FINACS
	Live surgery FILAC (Group C)	dr. Febiansyah Ibrahim, Sp.B, Subsp.BD(K)
10.00 – 11.00	Group discussion	all instructor
11.00 – 11.30	Coffee break	
11.30 – 12.30	Live surgery LHP (Group A)	dr. Franky Mainza Zulkarnain Sp.B
	Live surgery LHP (Group B)	dr. Okkian Wijaya Kotamto, Sp.B, Subsp.BD(K), FINACS
	Live surgery LHP (Group C)	dr. Febiansyah Ibrahim, Sp.B, Subsp.BD(K)
12.30 – 13.00	Group discussion	all instructor
13.00 – 13.45	Closing & Lunch	

3rd Jakarta Annual Surgical Symposia

Intestinal Stapling Course

Date : Wednesday, 7th of June 2023

Venue : IMERI FKUI 7th floor & Kanigara operating theatre 6th floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.30 – 07.45	Registration	
07.45 – 08.00	Opening	
08.00 – 09.00	Stapling for intestinal anastomosis resection	S: dr. Agi Satria Putranto M: dr. Lam Sihardo Sp.B, Subsp.BD(K)
	Good Stapling Technique	S: dr. Febiansyah Ibrahim Sp.B, Subsp.BD(K) M: dr. Lam Sihardo Sp.B, Subsp.BD(K)
09.00 – 10.30	Wet lab practical session using cow's intestine	dr. Febiansyah Ibrahim Sp.B, Subsp.BD(K)
		dr. Lam Sihardo Sp.B, Subsp.BD(K) dr. Arnetta Naomi Lalisang, Sp.B, Subsp.BD(K)
10.30 – 11.00	Coffee break Mobilization to Kanigara Operating Theatre	
11.00 – 13.00	OR observation	dr. Yarman Mazni Sp.B, Subsp.BD(K)
		Dr. dr. Wifanto S Jeo Sp.B, Subsp.BD(K)
		dr. Vania Myralda Giamour Marbun, Sp.B, Subsp.BD(K)
13.00 – 13.45	Lunch break	
13.45 – 15.00	OR observation	All instructor
15.00 – 15.15	Closing	

3rd Jakarta Annual Surgical Symposia

Cadaveric Workshop I: Trans-Oral Endoscopic Thyroidectomy Submental Approach (TOETSA)

Date : Tuesday, 6th of June 2023
 Venue : Forensics Department, RSCM, 2nd floor

Time	Program	Speaker (S) / Moderator (M) / Instructor (I)
07.30 – 07.45	Registration	
07.45 – 08.00	Opening	
08.00 – 08.45	Introduction Lecture: Trans-Oral Endoscopic Thyroidectomy Submental Approach (TOETSA) & QnA Session	Dr. dr Erwin Danil Yulian, SpB.Subsp.Onk (K)
08.45 – 09.00	Coffee Break	
09.00 – 09.05	Moment of Silence	
09.05 – 12.05	Cadaveric dissection: TOETSA	Dr. dr Erwin Danil Yulian, SpB.Subsp.Onk (K) dr. Iskandar, Sp.B, Subsp.Onk(K)
12.05 – 13.00	Lunch break	
13.00 – 16.00	Cadaveric dissection: TOETSA	Dr. dr Erwin Danil Yulian, SpB.Subsp.Onk (K) dr. Iskandar, Sp.B, Subsp.Onk(K)
16.00 – 16.15	Closing	

3rd Jakarta Annual Surgical Symposia

Cadaveric Workshop II

Date : Wednesday, 7th of June 2023
 Venue : Forensics Department, RSCM 2nd floor

Time	Program		
07.15 – 07.30	Registration		
07.30 – 07.45	Opening		
07.45 – 07.55	Crycothyrotomy: <i>dr. Dhama Shinta Susanti, Sp.BTKV, Subsp. JPK(K) - dr. Konda Kinanti, SpBTKV</i>		
07.55 – 08.05	Tube thoracostomy: <i>dr. David Hutagaol, Sp.BTKV, Subsp. VE(K), FIHA - dr. William Makdinata, SpBTKV</i>		
08.05 – 08.15	Venous cutdown: <i>dr. Rizky Amaliah, SpB, SubspPed(K)</i>		
08.15 – 08.25	Rozerplasty: <i>dr. Nandita Melati Putri, SpBP-RE(K)</i>		
08.25 – 08.40	Coffee break		
08.40 – 08.45	Moment of Silence		
	Group A	Group B	Group C
08.45 – 09.45	Crycothyrotomy & Tube thoracostomy	Venous Cutdown	Rozerplasty
09.45 – 10.45	Venous Cutdown	Rozerplasty	Crycothyrotomy & Tube thoracostomy
10.45 – 11.45	Rozerplasty	Crycothyrotomy & Tube thoracostomy	Venous Cutdown
11.45 – 12.00	Closing & Lunch		



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Workshop III - For Specialist

Date : June 7-8th, 2023
 Venue : Forensics Department, RSCM, 2nd floor

Day 1 (Wednesday, 7th of June 2023)

Time	Program	
12.30 - 12.50	Registration	
12.50 - 13.00	Opening	
13.00 - 13.15	ORIF in mandibular fracture: <i>Dr. dr. Kristaninta Bangun, Sp.BP-RE(KKF)</i>	
13.15 - 13.30	Femoral artery exposure and thrombectomy: <i>Dr. dr. R. Suhartono, Sp.B, Subsp.BVE(K)</i>	
13.30 - 13.40	Moment of Silence	
	Group A	Group B
13.40 - 15.00	Cadaver dissection: ORIF in mandibular fracture	Cadaver dissection: Femoral artery exposure and thrombectomy
15.00 - 16.30	Cadaver dissection: Femoral artery exposure and thrombectomy	Cadaver dissection: ORIF in mandibular fracture
16.30 - 16.45	Closing	

3rd Jakarta Annual Surgical Symposia

Workshop III - For Specialist

Date : June 7-8th, 2023
 Venue : Forensics Department, RSCM, 2nd floor

Day 2 (Thursday, 8th of June 2023)

Time	Program	
07.30 - 07.45	Registration	
07.45 - 08.00	Opening	
08.00 - 08.15	Tracheostomy: <i>dr. Dhama Shinta Susanti, Sp.BTKV, Subsp. JPK(K) - dr. William Makdinata, SpBTKV</i>	
08.15 - 08.30	Thoracic open window (Elloesser technique): <i>dr. David Hutagaol, Sp.BTKV, Subsp. VE(K), FIHA - dr. Konda Kinanti, SpBTKV</i>	
08.30 - 08.45	Exposure of retroperitoneal organs : <i>dr. Yarman Mazni, Sp.B, Subsp.BD(K)</i>	
08.45 - 09.00	Local flap: <i>dr. Parintosa Atmodiwirjo, Sp.BP-RE(K)</i>	
09.00 - 09.05	Moment of Silence	
09.05 - 10.00	Cadaver dissection: Tracheostomy	
	Group A	Group B
10.00 - 11.30	Cadaver dissection: Thoracic open window (Elloesser technique)	Cadaver dissection: Local flap
11.30 - 13.00	Cadaver dissection: Local flap	Cadaver dissection: Thoracic open window (Elloesser technique)
13.00 - 14.00	Lunch Break	
14.00 - 14.05	Moment of Silence	
14.05 - 16.00	Cadaver dissection: Exposure of retroperitoneal organs · Right: Pringle Manuver, Liver suture, right nephrectomy, repair duodenum · Left: Splenectomy/distal pancreatectomy, left nephrectomy	
16.00 - 16.15	Closing	



3rd Jakarta Annual Surgical Symposia

Symposium, Day 1: Friday, 9th of June 2023

Time	Program
07.00 – 07.30	Registration
	Session 1: Trauma Update Moderator: dr. William Makdinata, SpBTKV
07.30 – 07.45	<i>Facial Fracture : Early management and surgical approach</i> dr. RR Prasetyanugraheni Kreshanti, Sp.BP-RE(K)
07.45 – 08.00	<i>Chest Trauma: Initial Assessment and Management in primary care</i> dr. M. Arza Putra, SpBTKV
08.00 – 08.15	<i>Abdominal Trauma: surgery vs conservative</i> Dr. dr. Agi Satria Putranto Sp.B, Subsp.BD(K)
08.15 – 08.30	Q&A session
08.30 – 09.30	Opening Ceremony
09.30 – 09.45	Coffee Break
09.45 – 10.00	<i>Patient Safety and Ethical Problem nowadays</i> Dr. dr. Agi Satria Putranto Sp.B, Subsp.BD(K)
	Session 2 : Updates in Breast Cancer Moderator: dr. Ahmad Kurnia, SpB.Subsp.Onk (K)
10.00 – 10.15	<i>Updates in systemic therapy for early breast cancer: escalating or de-escalating treatment of surgery?</i> Dr.dr. Sonar Soni Panigoro, SpB.Subsp.Onk (K), M.Epid. MARS
10.15 – 10.30	<i>Updates in breast cancer diagnosis: when to refer?</i> dr. Kristina Maria Siswiandari, SpB.Subsp.Onk(K)
10.30 – 10.45	<i>Trend in the use of percutaneous breast biopsy for breast cancer</i> dr. IGN Gunawan Wibisana, SpB. Subsp.Onk(K)
10.45 – 11.00	Q&A session
	Session 3: MARSII - Common but Overlooked (PT. Essity Hygiene and Health Indonesia) Moderator: dr. Wulan Ayudiyasari, SpB. SubspPed. (K)
11.00 – 11.15	<i>Skin Matters - Making a Difference</i> dr. Tartila, Sp.A (K)
11.15 – 11.30	<i>From Knowledge to Action</i> dr. Heri Setyanto, Sp.B, FINACS
11.30 – 11.45	Q&A session
11.45 – 12.45	Lunch Break
	Session 4: Peripheral Artery Disease Moderator: dr. Januar Rizky Adriani, SpB, Subsp.BVE(K)
12.45 – 13.00	<i>Updates of Revascularization in LE-PAD</i> Chong Tze tec, MD
13.00 – 13.15	<i>Diabetic Foot Ulcer and PAD: When to refer?</i> dr. Akhmadu, Sp.B, Subsp.BVE(K), PhD
13.15 – 13.30	<i>Benefit of endovascular therapy for LE-PAD</i> Dr. dr. R. Suhartono, Sp.B, Subsp.BVE(K)
13.30 – 13.45	Q&A session
	Session 5: Venous Disease Moderator : dr. Nyityasmono Tri Nugroho, SpB, Subsp.BVE(K), PhD
13.45 – 14.00	<i>Chronic venous insufficiency: How to diagnose?</i> Dr. dr. Dedy Pratama, Sp.B, Subsp.BVE(K)
14.00 – 14.15	<i>The importance of Medical Compression for CVI</i> Dr. dr. Patrianef, Sp.B, Subsp.BVE(K)
14.15 – 14.30	<i>Microwave Ablation of Varicose Veins - the advantages of microwave over Laser, Radiofrequency, Glue and Foam Sclerotherapy</i> Prof. Mark Whiteley
14.30 – 14.45	Q&A session
14.45 – 15.00	Coffee Break
	Session 6: Skin, Soft Tissue, Bones, and Vascular Injury Update Moderator: dr. Ihza Fachriza, Sp.B
15.00 – 15.15	<i>How to achieve better results in management of soft tissue injury?</i> dr. Narottama Tunjung Hariwangsa, SpBP-RE(K)
15.15 – 15.30	<i>Vascular injury: primary suture or bypass?</i> Dr. dr. R. Suhartono, Sp.B, Subsp.BVE(K)
15.30 – 15.45	<i>Pitfalls in acute burn care</i> dr. Akhmad Noviandi Syarif, Sp.BP-RE(K)
15.45 – 16.00	<i>General management of fracture in extremities</i> dr. M. Ade Junaidi, SpOT
16.00 – 16.15	Q&A session
16.15 – 16.30	Closing Day 1

3rd Jakarta Annual Surgical Symposia

Symposium, Day 2: Saturday, 10th of June 2023

Time	Program
08.00 – 09.00	Abstract Presentation
	Session 7: Non Traumatic Surgical Emergency
	Moderator: Prof Dr. dr. Toar JM Lalisang Sp.B, Subsp.BD(K)
09.00 – 09.15	<i>Acute Abdomen: How to deal with abdominal compartment syndrome?</i> dr. Yarman Mazni Sp.B, Subsp.BD(K)
09.15 – 09.30	<i>Intestinal Obstruction: when conservative turn to surgery</i> dr. Vania Myralda Giamour Marbun, Sp.B, Subsp.BD(K)
09.30 – 09.45	<i>Descending Necrotizing Mediastinitis: Current Diagnosis and Management</i> dr. Wuryantoro, SpBTKV
09.45 – 10.00	Q&A session
10.00 – 10.15	Coffee Break
	Session 8: Post Operative Pain Management - (PT. Kalbe Farma)
	Moderator: dr. Arnetta Naomi Lalisang, SpB, Subsp.BD(K)
10.15 – 10.30	<i>Post Operative Pain Management</i> Dr. dr. Agi Satria Putranto Sp.B, Subsp.BD(K)
10.30 – 10.45	<i>Non Opioid (Fixed Dose Combination Paracetamol / Ibuprofen)</i> Dr.dr. Sonar Soni Panigoro,SpB.Subsp.Onk (K),M.Epid. MARS
10.45 – 11.00	Q&A Session
	Session 9: Surgical Daily Cases
	Moderator: dr. Shabrina Rizky Putri, SpB
11.00 – 11.15	<i>Current updates in Hemorrhoid management: role of operative and non-operative management</i> Dr. dr. Wifanto Saditya Jeo Sp.B, Subsp.BD(K)
11.15 – 11.30	<i>Soft Tissue Tumor: How to differentiate between benign versus malignant?</i> dr. Abdul Rachman,SpB.Subsp.Onk (K)
11.30 – 11.45	<i>Management of Scar: Achieving Fine Scar</i> dr. Vika Tania, Sp.BP-RE (K)
11.45 – 12.00	<i>Lower Urinary Tract Symptoms: role of GP</i> dr. Fakhri Rahman, SpU(K)
12.00 – 12.15	Q&A Session
12.15 – 13.15	Lunch Break
	Session 10: Updates in Minimal Invasive Surgery
	Moderator: dr. Ahmad Yani, SpB, Subsp.Ped(K)
13.15 – 13.30	<i>Minimal Invasive in Colorectal Patient: Laparoscopic Surgery</i> dr. Febiansyah Ibrahim Sp.B, Subsp.BD(K)
13.30 – 13.45	<i>Minimal Invasive Surgery for Neonatal Patient</i> Dr. dr. Riana P Tamba, SpB, SubspPed (K)
13.45 – 14.00	<i>Minimal Invasive Surgery in Thoracic Surgery</i> dr. David Hutagaol, SpBTKV
14.00 – 14.15	Q&A Session
14.15 – 14.30	Coffee Break
	Session 11: Updates in Head and Neck Cancer Cases
	Moderator: dr. M. Yadi Permana,SpB. Subsp.Onk(K)
14.30 – 14.45	<i>Decision making in low risk thyroid carcinoma treatment</i> Dr. dr. Erwin Danil Yulian,SpB. Subsp. Onk(K)
14.45 – 15.00	<i>Tips and tricks in avoiding complications during thyroid surgery?</i> Prof Iyer Narayanan Gopalakrishna, MBBS (Hons), PhD, FRCS, FAMS
15.00 – 15.15	<i>Improving the recognition of signs and symptoms oral cancer</i> Dr.dr. Diani Kartini, SpB. Subsp. Onk(K)
15.15 – 15.30	Q&A session
15.30 – 16.00	Closing and Announcement of Podium presentation

Symposium Materials

1. Facial Fracture: Early management and surgical approach
2. Chest Trauma: Initial Assessment and Management in primary care
3. Abdominal Trauma: surgery vs conservative*
4. Patient Safety and Ethical Problem nowadays*
5. Updates in systemic therapy for early breast cancer: escalating or de-escalating treatment of surgery?
6. Updates in breast cancer diagnosis: when to refer?
7. Trends in the use of percutaneous breast biopsy for breast cancer
8. Skin Matters - Making a Difference*
9. From Knowledge to Action*
10. Updates of Revascularization in LE-PAD*
11. Diabetic Foot Ulcer and PAD: When to refer?
12. Benefit of endovascular therapy for LE-PAD
13. Chronic venous insufficiency: How to diagnose?
14. The importance of Medical Compression for CVI
15. How to achieve better results in the management of soft tissue injury?
16. Vascular injury: primary suture or bypass?
17. Pitfalls in acute burn care
18. General management of fractures in extremities*
19. Acute Abdomen: How to deal with abdominal compartment syndrome?*
20. Intestinal Obstruction: when conservatives turn to surgery
21. Descending Necrotizing Mediastinitis: Current Diagnosis and Management*
22. Post Operative Pain Management*
23. Non Opioid (Fixed Dose Combination Paracetamol / Ibuprofen)*
24. Current updates in Hemorrhoid management: role of operative and non-operative management
25. Soft Tissue Tumors: How to differentiate between benign versus malignant?
26. Management of Scar: Achieving Fine Scar
27. Lower Urinary Tract Symptoms: role of GP
28. Minimal Invasive in Colorectal Patient: Laparoscopic Surgery*

- 29. Minimal Invasive Surgery for Neonatal Patients
- 30. Minimal Invasive Surgery in Thoracic Surgery
- 31. Decision making in low risk thyroid carcinoma treatment
- 32. Tips and tricks in avoiding complications during thyroid surgery?*
- 33. Improving the recognition of signs and symptoms of oral cancer

(*) abstract will be updated



Facial Fractures: Early Management and Surgical Approach

dr. Rr. Prasetyanugraheni Kreshanti, Sp.B.P.R.E, Subsp.K.M. (K)

Abstract

In our center, dr. Cipto Mangunkusumo Hospital, Jakarta, from 2009 to 2013, there were a total of 406 recorded cases of maxillofacial injuries, revealing statistics related to motorcycle accidents. Among adults, motorcycle accidents accounted for 76% of maxillofacial injuries, regardless of helmet usage. This highlights the need for improved safety measures across all age groups to prevent such injuries.

Managing facial fractures requires adherence to the Advanced Trauma Life Support (ATLS) protocol. Airway management is a critical aspect, considering the risk of hemorrhage and airway obstruction due to bleeding. Soft tissue swelling and foreign material like teeth or bone fragments further complicate airway management. Therefore, a thorough assessment during the primary survey is essential to ensure effective airway management. After stabilizing the patient, a physical examination and further diagnostic imaging should be done to confirm the presence of a facial fracture.

When there is an indication for surgical intervention, several factors must be considered. Incision placement should prioritize facial aesthetics to minimize visible scarring. The location of facial expression muscles and the cranial nerve VII, responsible for innervation, should be avoided to prevent nerve damage. Sensory nerves emerging from the skull must also be preserved. Surgeons should consider the patient's age, unique anatomical features, and expectations to tailor the surgical approach and optimize outcomes.



Chest trauma: Initial assessment and Management in primary care

dr. M. Arza Putra, Sp.BTKV, Subsp.JD(K)

Abstract

Thoracic trauma represents a significant challenge in emergency medicine and trauma care, encompassing a broad spectrum of injuries that can result from diverse mechanisms. Understanding the mechanisms of thoracic trauma is crucial for effectively triaging and managing these patients. Blunt trauma, such as motor vehicle accidents or falls, and penetrating trauma, including gunshot wounds or stab injuries, are the primary causes of thoracic injuries. The complex interplay of external forces on the thorax can lead to various injuries, including rib fractures, pulmonary contusions, pneumothorax, hemothorax, cardiac injuries, and traumatic aortic rupture.

The assessment of thoracic trauma involves a systematic approach encompassing primary and secondary surveys, which are essential in identifying life-threatening injuries. Clinical evaluation, including the assessment of vital signs, physical examination, and radiographic studies like chest X-rays and computed tomography (CT) scans, aid in establishing an accurate diagnosis and guiding management decisions.

Management strategies for thoracic trauma focus on stabilizing the patient, treating life-threatening injuries, and minimizing complications. Immediate interventions, such as airway management, circulation support, and addressing tension pneumothorax or cardiac tamponade, are crucial in the initial resuscitation phase. Non-operative management, including pain control, respiratory support, and close monitoring, is often employed for stable patients, while surgical interventions may be necessary for severe injuries or unstable patients.



Updates in systemic therapy for early breast cancer : escalating or deescalating treatment for surgery?

Dr.dr. Sonar Soni Panigoro, SpB.Subsp.Onk (K), M.Epid. MARS

Abstract

The milestone in modern breast cancer surgery was start in Halsted's era. At that time breast cancer was considered controllable by surgery with the assumption that the cancer was originally as a localized disease. Later , several more radical surgical techniques emerged, but did not improve patient survival.

Bernard Fisher with NASBP trial proved that breast cancer is a systemic disease, with adding adjuvant chemotherapy there was improvement in the survival rate.

Veronessi in his Milan trial showed at 8 years, the disease-free survival was 77% for the Halsted mastectomy patients and 80% for the "quadrantectomy" patients, while overall survival was 83% and 85%, respectively.

Advances in systemic treatment provide an opportunity to perform more conservative surgery on locally advanced breast cancer with similar or even better outcomes in some cancer subtypes. In several neoadjuvant chemotherapy trials, it was found that the pathological complete response rate was quite high. Now there is a controversy's in pathological complete response whether the surgery is still needed?



Updates in breast cancer diagnosis: when to refer?

dr. Kristina Maria Siswiandari, SpB.Subsp.Onk(K)

Abstract

Breast cancer is one of the leading causes of cancer-related morbidity and mortality in women worldwide. Also, very heterogenic cancer variant. Early diagnosis and effective treatment of all types of cancers are crucial for a positive prognosis. Many novel technologies are being developed for early detection of primary tumors, as well as distant metastases and recurrent disease, for effective breast cancer management.

Diagnosis of breast cancer starts from physical/clinical examination, imaging examination, and anatomic pathology examination. Imaging modalities include ultrasonography, mammography, and MRI. Up to now, there is a new technology called automated breast volume scanner using USG 3D and sonomammogram. Beside Pathology anatomy feature, also biology molecular and DNA mutation nowadays play important role in breast cancer therapy. Reference system for further management of breast cancer cases is based on competence, pathology, imaging, treatment, and patient will.

This lecture's main focus is to summarize recent trends and technologies in breast cancer diagnosis for effective breast cancer management.

Trend in The Use of Percutaneous Biopsy for Breast Cancer

dr. IGN Gunawan Wibisana, SpB. Subsp. Onk(K)

Abstract

There have been many changes in the diagnosis and management of breast problems that could be due to the quest of early diagnosis, widespread use of imaging in the diagnosis of breast lump, and new technology of needle biopsy intervention. Currently, the traditional approach of surgical biopsy has been replaced by ultrasound-guided percutaneous needle biopsy. There are three types of percutaneous biopsy technique, namely fine needle aspiration biopsy (FNAB), core needle biopsy, and vacuum assisted breast biopsy.

FNAB has an accuracy value of 72-94% and is performed using 19-25 G. It only provide benign or malignant cell information and must be evaluated within the scope of triple diagnosis. Core needle biopsy is generally practiced with a 14 G needle. It provides more complete histological information, low rate of complication and accuracy more than 90% compare to open biopsy. Vacuum-assisted needle technique can provide larger sample with the use of 14-7 G needle with false negative rate 0 - 2,6 %. It has indications in both diagnostic and therapeutic aspects.

The choice of percutaneous biopsy technique is determined by several factors, such as sensitivity and specificity of biopsy method, diagnostic information needed for a type of malignancy, patient comfort, medical cost, and the presence of experienced and trained staff. To master percutaneous biopsy technique requires appropriate training and time to acquire the necessary skills with fastest progress because of greater familiarity with ultrasound.



Diabetic Foot Ulcer dan Peripheral Artery Disease; When to Refer

dr. Akhmadu, Sp.B, Subsp.BVE(K), PhD

Abstract

Diabetic Foot Ulcer (DFU) dan Peripheral Artery Disease (PAD) adalah dua kondisi yang sering terjadi pada pasien dengan diabetes mellitus. DFU adalah luka yang berkembang pada kaki sebagai akibat dari neuropati dan penyakit pembuluh darah pada pasien diabetes. Sementara itu, PAD adalah kondisi di mana arteri yang menyuplai darah ke ekstremitas bawah terganggu, mengakibatkan aliran darah yang terbatas.

DFU dan PAD merupakan masalah kesehatan yang signifikan di seluruh dunia. Menurut data Global Burden of Disease, pada tahun 2019, diperkirakan ada sekitar 463 juta orang dewasa yang hidup dengan diabetes mellitus di seluruh dunia. Sekitar 25% dari pasien diabetes mellitus akan mengalami DFU dalam hidupnya. Prevalensi PAD juga tinggi pada pasien diabetes, dengan diperkirakan sekitar 20-30% pasien diabetes mengalami PAD.

Perkembangan DFU sangat berkaitan dengan kejadian neuropati perifer, iskemia, dan trauma. Neuropati perifer adalah kerusakan saraf yang sering terjadi pada pasien diabetes, yang mengurangi sensasi dan persepsi nyeri pada kaki. Iskemia, yang merupakan penurunan aliran darah yang adekuat ke ekstremitas bawah, merupakan faktor risiko utama dalam perkembangan PAD pada pasien diabetes.

Penanganan DFU dan PAD meliputi pressure offloading, revaskularisasi untuk memperbaiki perfusi vaskular, kontrol infeksi, kontrol metabolik serta komorbiditas, perawatan ulkus lokal, serta edukasi ke pasien dan keluarga pasien. Perawatan yang tepat dan pencegahan yang baik diperlukan untuk mengelola kondisi ini. Pendekatan multidisiplin yang melibatkan tenaga medis dan perawatan diri yang baik dapat membantu meningkatkan hasil klinis dan mengurangi risiko amputasi pada pasien diabetes dengan DFU dan PAD.

Benefit of Endovascular Therapy for LE-PAD

Dr. dr. R. Suhartono, Sp.B, Subsp.BVE(K)

Abstract

Lower extremity peripheral artery disease (LE-PAD) is a prevalent condition characterized by the narrowing or blockage of arteries supplying blood to the lower limbs. It poses a significant burden on patients' quality of life and is associated with increased morbidity and mortality. Endovascular therapy has emerged as a promising treatment modality for LE-PAD, offering several advantages over traditional surgical approaches.

The primary benefit of endovascular therapy lies in its ability to restore blood flow to the affected lower limb by addressing the underlying arterial stenosis or occlusion. Compared to surgical revascularization, endovascular interventions offer several advantages, including reduced invasiveness, shorter hospital stays, lower complication rates, and faster recovery times.

Angioplasty, the most commonly performed endovascular procedure for LE-PAD, involves the inflation of a balloon within the narrowed artery, dilating the vessel and restoring blood flow. Stenting can be used in conjunction with angioplasty to provide structural support and prevent vessel recoil. Atherectomy techniques involve the removal of plaque from the arterial walls, further improving blood flow.

Multiple clinical studies have demonstrated the efficacy of endovascular therapy in improving functional outcomes and relieving symptoms in patients with LE-PAD. The rapidly evolving field of interventional radiology has witnessed advancements in endovascular devices and techniques, leading to improved outcomes and expanded treatment options for LE-PAD. In conclusion, endovascular therapy has the potential to enhance patient's quality of life and reduce the burden associated with LE-PAD.

Keywords: lower extremity peripheral artery disease, endovascular therapy, interventional radiology, angioplasty.



Management of Varicose Vein and Chronic Venous Disorders

Dr dr Dedy Pratama Sp.B Subsp.BVE (K)

Abstrak

Chronic venous disease (CVD) adalah kondisi yang disebabkan gangguan aliran darah dari pembuluh darah vena tungkai ke jantung sebagai akibat abnormalitas fungsi sistem vena karena inkompetensi katup vena dengan atau tanpa disertai penyumbatan aliran vena yang terkena. Kondisi ini dapat mempengaruhi sistem vena *superficialis, perforantes, profunda*, atau ketiganya. *Varicose vein* merupakan stadium awal dari CVD sebelum menjadi *chronic venous insufficiency (CVI)* dan merupakan penyakit yang mempunyai prevalensi cukup tinggi di masyarakat Indonesia dengan insiden terbanyak pada wanita.

Etiologi penyakit ini dibagi menjadi penyebab primer karena kerusakan pada katup, dan sekunder karena disfungsi pompa otot dan sindrom pascatrombosis yang merupakan komplikasi pada trombosis vena dalam. Patofisiologi penyakit ini diawali dengan kebocoran akibat kerusakan katup vena lokal sehingga menyebabkan kelemahan dinding vena dan mengakibatkan pelebaran vena yang berkelok-kelok terutama pada vena *superficialis* akibat hipertensi vena. Kondisi ini mengakibatkan gangguan mikrosirkulasi dan gangguan perfusi jaringan tungkai sampai menimbulkan perubahan warna kulit sampai ulkus pada kaki.

Menegakkan diagnosis penyakit ini dimulai dari gambaran klinis seperti tungkai bengkak dan varises, sesuai dengan klasifikasi CEAP (*Clinical, Etiology, Anatomy, Patofisology*). Pemeriksaan dapat dibantu dengan pemeriksaan USG Doppler atau pemeriksaan lain seperti venografi dan pletismografi

Tatalaksana utama pada penyakit ini adalah terapi non-farmakologis mencakup terapi kompresi menggunakan stoking kompresi atau kompresi elastik *multilayer*, serta aktivitas fisik. Sedangkan terapi farmakologis yang biasa digunakan adalah obat-obat venoaktif terutama golongan flavonoids seperti *micronized purified flavonoid fraction (MPFF)*. Terapi invasif dilakukan sesuai indikasi dan derajat penyakit. Tindakan yang dapat dilakukan mencakup skleroterapi, *foam* skleroterapi, dan terapi minimal invasif lain seperti ablasi endovenosa menggunakan energi termal seperti laser (EVLA), gelombang radio (RFA), non termal (*cryanoacrylate glue [VenaSeal]*), mekanik, serta zat sklerosan (MOCA). Pada pembedahan yang dapat dilakukan adalah ligasi tinggi varises vena safena dengan/tanpa stripping, flebektomi, dan ligasi vena perforantes.

Semua tata laksana mempunyai kelebihan dan kekurangannya masing-masing sesuai dengan indikasi dan kebutuhan pasien. Teknik-teknik dan manajemen tatalaksana pengobatan *varicose vein* dan CVD masih sangat berkembang, diharapkan dengan pengetahuan yang tepat dalam mengidentifikasi dan mengetahui pilihan-pilihan tata laksana yang cocok dapat meningkatkan kualitas hidup pasien.



The importance of Medical Compression for CVI

Dr. dr. Patrianef, Sp.B, Subsp.BVE(K)

Abstract

Chronic venous insufficiency (CVI) is a venous disease with a spectrum of clinical manifestations, ranging from mild signs to severe complications such as venous ulceration. Among the various treatment options available, compression therapy has emerged as a fundamental approach for managing CVI and preventing its recurrence. This presentation aims to highlight the benefits of compression therapy in the management of chronic venous insufficiency.

Compression therapy encompasses the application of various systems that can be tailored to meet individual patient needs, thereby improving treatment adherence. Understanding the underlying principles of compression therapy is crucial in its effective implementation. By promoting venous return, reducing venous hypertension, and enhancing lymphatic drainage, compression therapy plays a vital role in alleviating symptoms, promoting wound healing, and improving overall quality of life for CVI patients.

This lecture will provide an overview of the rationale behind compression therapy and its positive impact on the management of chronic venous insufficiency. By elucidating the key principles and highlighting the clinical benefits, this presentation aims to enhance the audience's understanding and awareness of compression therapy as a valuable therapeutic modality in the comprehensive management of CVI.

Keywords: Chronic venous insufficiency, compression therapy, treatment adherence, venous ulceration.



Skin, Soft Tissue, Bones, and Vascular Injury Update

dr. Narottama Tunjung, Sp.B.P.R.E

Abstract

Skin acts as a protective barrier against external trauma. However, it is susceptible to various injuries, including lacerations, burns, and abrasions. Injury to the skin causes wound healing response, comprises of hemostasis, inflammation, proliferation, and maturation phase.

Soft tissues encompass muscles, tendons, ligaments, and fascia, which provide critical support, mobility, and functionality. Injury to these structures can result in pain, reduced range of motion, and functional impairment. Soft tissue damage often involves not only mechanical disruption but also secondary effects like ischemia, edema, and inflammation. Understanding the dynamics of soft tissue injury aids in devising targeted rehabilitation strategies, including physical therapy, medications, and surgical interventions.

Bones, with their rigid framework, support the body's structure, protect vital organs, and facilitate locomotion. Fractures, both simple and complex, disrupt bone continuity and can involve adjacent soft tissues. Adequate bone healing depends on factors such as immobilization, reduction of fragments, and the involvement of blood supply. Timely identification and appropriate management of bone and vascular injuries play a crucial role in achieving optimal outcomes.

The vascular system is responsible for delivering oxygen, nutrients, and immune cells to tissues and organs. Vascular injury can lead to ischemia, hemorrhage, and impaired tissue perfusion. Effective assessment of vascular injury, ranging from minor vascular compromise to major arterial or venous occlusion, is crucial for prompt intervention, be it medical, endovascular, or surgical, to restore blood flow and prevent long-term sequelae.

In conclusion, skin, soft tissue, bones, and the vascular system is complex and multidimensional when subjected to injury. Appropriate management includes wound care, rehabilitation, and surgical interventions, to ensure optimal patient outcomes, minimize complications, and restore the functional integrity of the affected structures.



Vascular Injury: Primary Suture or Bypass

Dr. dr. R. Suhartono, Sp.B, Subsp.BVE(K)

Abstract

Vascular injuries encompass a wide range of conditions, including arterial and venous disruptions caused by trauma or surgical procedures. The choice between primary suture and bypass techniques for managing vascular injuries depends on several factors, such as the extent and location of the injury, associated comorbidities, availability of vascular grafts, and surgeon expertise.

Primary suture involves the direct repair of the injured vessel using fine sutures. Advantages of primary suture include shorter operative times, preservation of native vessels, and avoidance of graft-related complications. However, it may not be suitable for injuries involving vessel segments with significant damage or in cases where the vessel diameter discrepancy poses challenges for adequate repair.

On the other hand, bypass procedures involve the interposition of vascular grafts to restore blood flow beyond the injured segment. Bypasses can overcome limitations posed by extensive vessel damage, occlusions, or inadequate suture repair options and are more technically demanding, requiring longer operative times, and are associated with graft-related complications such as thrombosis, infection, and aneurysmal formation.

Comparative studies have shown similar overall success rates between the two approaches, with primary suture demonstrating better outcomes in select cases of minor injuries, while bypass procedures are preferred for more complex or extensive vascular injuries. In conclusion, the choice between primary suture and bypass procedures in the management of vascular injuries should be individualized based on the specific characteristics of the injury, patient factors, and surgeon expertise. Both techniques have their unique advantages and limitations, and a comprehensive understanding of their outcomes is crucial for informed decision-making.

Keywords: vascular injury, primary suture, bypass procedure.



Pitfalls in Burn Treatment

dr. Akhmad Noviandi Syarif, Sp.B.P.R.E., Subsp.L.B.L. (K)

Abstract

Burn injury is an injury to the skin or other organic tissue primarily caused by heat or due to radiation, electricity, friction or contact with chemicals. Burns will cause not only skin damage, but also greatly affect all body systems. Burn injuries are a challenging healthcare problem in Indonesia. Accuracy of treatment and determination of referral criteria by referring hospitals will improve patient outcomes. As a burn surgeon in the referral facility, there are several problems that we have observed as things that often missed by the referring healthcare providers which resulted in significant morbidity and mortality. So, in that presentation, the presenter will show the most often found problems or pitfalls in acute burn centers from the referral hospital perspective. The presenter will describe and explain about pitfalls in acute burn care starting from resuscitation by referring hospitals, initial treatment and overall management of care in burn unit or referral facility.

Keyword : pitfalls; burn; problems



Intestinal Obstruction – When To Do Surgery

dr. Vania Myralda Giamour Marbun, Sp.B, Subsp.BD(K)

Abstract

Obstruksi intestinal adalah gangguan pada saluran cerna berupa sumbatan akibat gangguan fungsional maupun mekanik. Obstruksi fungsional seringkali tidak membutuhkan tatalaksana bedah, sedangkan obstruksi mekanik hampir selalu diselesaikan dengan operasi, karena sudah terjadi perubahan struktur yang dapat disebabkan baik oleh faktor ekstrinsik, intramural, maupun intralumen. Obstruksi sebenarnya dapat terjadi pada seluruh saluran cerna berongga, tetapi paling sering terjadi pada usus halus dan usus besar. Dalam menentukan rencana terapi pada pasien dengan obstruksi, lokasi anatomi atau level obstruksi sangat penting diketahui, karena terdapat perbedaan prosedur dan *timing* operasi meskipun manifestasi klinis bisa serupa.

Pasien dengan obstruksi seringkali datang ke unit gawat darurat dengan gejala klinis klasik seperti nyeri kolik, mual, dan distensi abdomen. Selain itu, pada pasien juga sudah terjadi dehidrasi berat serta gangguan elektrolit yang membutuhkan resusitasi dan koreksi elektrolit segera.

Obstruksi usus halus paling sering disebabkan oleh adhesi akibat riwayat operasi abdomen sebelumnya, sehingga masih ada tempat untuk melakukan tatalaksana konservatif dalam jangka waktu tertentu sebelum akhirnya dilakukan operasi bila konservatif gagal atau bila ada gejala akut abdomen. Sedangkan, obstruksi usus besar paling sering terjadi akibat keganasan, sehingga tatalaksana operasi adalah pilihan yang utama, tetapi tetap membutuhkan persiapan operasi yang matang untuk melayakkan status operabilitas pasien.

Current Management of Hemorrhoid :

The role of Operative and Non-operative Management

Dr. dr. Wifanto S Jeo SpB. SubSpBD. (K)

Abstract

Hemorrhoids are enlargement of anal cushion in the anal and rectal area that can cause discomfort, bleeding, and pain. Hemorrhoids can be classified as internal or external, depending on their location. Internal hemorrhoids are located inside the rectum, while external hemorrhoids are located outside the anus.

The management of hemorrhoids depends on the severity of the condition. Mild cases of hemorrhoids can be treated with non-operative methods, while more severe cases may require operative intervention. Non-operative treatments for hemorrhoids include lifestyle modifications, such as increasing fiber intake, drinking plenty of fluids, and avoiding straining during bowel movements. Topical treatments, such as ointments and creams, may also be used to reduce inflammation and relieve symptoms. In addition, sitz baths can be used to alleviate pain and discomfort.

Operative treatments for hemorrhoids include minimally invasive procedures, such as rubber band ligation, sclerotherapy, and infrared coagulation. These procedures involve cutting off the blood supply to the hemorrhoid, causing it to shrink and eventually fall off. In addition, surgical procedures, such as hemorrhoidectomy, may be necessary for more severe cases of hemorrhoids.

Recent updates in the management of hemorrhoids include the use of advanced techniques, such as stapled hemorrhoidopexy, Doppler-guided hemorrhoidal artery ligation and laser hemorrhoidoplasty. Stapled hemorrhoidopexy involves using a circular stapler to remove the excess tissue and reposition the remaining tissue back into its normal anatomical position. Doppler-guided hemorrhoidal artery ligation involves using a Doppler ultrasound to identify the hemorrhoidal arteries and then ligating them to reduce blood flow to the hemorrhoids. Laser use in hemorrhoid for coagulation of the hemorrhoidal blood flow that will shrinkage the tissue and reduce the prolaps.

Overall, the management of hemorrhoids is evolving with the development of newer techniques and medications. Non-operative treatments are effective for mild cases of hemorrhoids, while operative treatments may be necessary for more severe cases. It is important for patients with hemorrhoids to seek medical advice to determine the most appropriate treatment plan for their individual needs.

Soft Tissue Tumor: How to differentiate between benign versus malignant?

dr. Abdul Rachman, SpB.Subsp.Onk (K)

Abstract

Patients presenting with soft tissue lumps and bumps are commonly encountered. Though common, the initial evaluation and management of a soft-tissue mass can be challenging for many clinicians due to the considerable overlap in the presentation of benign and malignant tumors.

Soft tissue tumors in the extremities and the trunk can exhibit a variety of pathological features, making them potentially difficult to diagnose. Furthermore, a myriad of conditions, ranging from infection to trauma, can present with a soft-tissue mass.

Although magnetic resonance imaging (MRI) results are typically used for diagnosis, the examination frequently lacks specific findings. Even radiological diagnosticians and medical specialists of bone/soft tissue tumors often struggle to distinguish between benign and malignant tumors based on such imaging data. Since inappropriate primary care adversely affects patients' prognoses, a clear distinction between benign and malignant tumors upon the initial diagnosis is essential.

Subsequently, the correct diagnosis is often delayed or missed which may ultimately lead to inappropriate treatment. Hence, this lecture is aimed to provide an overview on how to differentiate between benign versus malignant soft tissue tumor. It is expected to impact on the accurate decision on management of soft tissue tumor.

Management of Scar: Achieving fine scar

dr. Vika Tania, Sp.BP-RE (K)

Abstrak

Untuk mendapatkan parut yang baik tentunya tidak lepas dari proses awal terjadinya parut tersebut. Apakah parut terjadi sebagai bagian dari proses penyembuhan luka trauma laserasi, atau merupakan bagian dari proses penyembuhan luka yang direncanakan. Konsep tentang RSTL, *suturing without tension* dan juga pengetahuan tentang fase penyembuhan luka tentunya berperan penting dalam hasil akhir sebuah parut yang baik.

Yang tidak kalah penting bagaimana cara untuk mengoptimalkan keadaan lingkungan luka agar tetap lembab, bersih, bebas edema dan bebas infeksi. Dalam hal ini pemilihan jenis *dressing* dan edukasi pasien menjadi esensial.

Saat ini sudah banyak modalitas yang dapat diberikan untuk mencegah terjadinya parut yang tidak diinginkan, mulai dari pemakaian silicon sheet/gel, penggunaan kortikosteroid, *pressure dressing*, imobilisasi (dengan splinting, botox), sampai dengan penggunaan laser.

Lower Urinary Tract Symptoms: Role of GP

dr. Fakhri Rahman, SpU(K)

Abstract

Lower Urinary Tract Symptoms (LUTS) encompass a wide range of clinical manifestations affecting the lower urinary tract including storage symptoms (daytime urinary frequency, urgency, nocturia), voiding symptoms (slow stream, intermittency, hesitancy, straining), and post micturition symptoms. These symptoms are commonly encountered in primary care settings, so that general physicians (GP) play a crucial role in their assessment, diagnosis, and management. In approaching LUTS, general physicians conduct comprehensive assessments, including detailed medical histories and physical examinations. General physicians should validated patients' symptom using scoring tools, such as International Prostate Symptom Score, to assess the severity and impact of the symptoms on patients' quality of life. After that, general physicial should also be able to identify the underlying etiology of LUTS using simple laboratory examination, such as urine analysis, urine culture, prostate-specific antigen (PSA) testing, or imaging studies. If any red flags, such as hematuria, recurrent infections, or neurologic deficits, are recognized, general physician should refer patients to specialists for further evaluation and management. As for the treatment, GP can educate the patients for lifestyle modifications, including fluid management, dietary adjustments, or pelvic floor exercises. Also, they can prescribe some medication according to the patients' condition.



Minimally Invasive Surgery for Neonates Patients

Dr. dr. Riana P Tamba, SpB, SubspPed(K)

Abstract

The physiology of neonates is unique and complex in that it changes over a period of minutes, hours, days, and months. These early days of life mark a remarkable transition and adaptation period for newborns as they navigate the transition from intrauterine to extrauterine life. This period has distinct physiologic changes, especially regarding the respiratory, cardiovascular, and gastrointestinal systems. However, with advancements in medical technology, the emergence of minimally invasive surgery (MIS) techniques has revolutionized the field of neonatal healthcare. MIS encompasses laparoscopic, thoracoscopic, and endoscopic procedures. In the hands of experienced surgeons, MIS has added the advantages of reduced tissue trauma associated with smaller incisions, resulting in decreased postoperative pain and faster recovery times. Additionally, MIS minimizes the risk of infection, reduces blood loss, and decreases hospital stays, leading to shorter recovery periods and improved neonatal outcomes.

While MIS holds immense potential, challenges such as the unique anatomical considerations and the need for specialized training must be addressed. Patient selection is crucial as not all neonates are suitable candidates for MIS procedures. Careful preoperative planning and comprehensive postoperative care are essential to optimize outcomes and minimize potential risks associated with MIS in neonates.



Minimally Invasive Surgery in Thoracic Surgery

dr. David Hutagaol, SpBTKV

Abstract

Thoracic surgery has been evolving throughout time. The pursuit to find the best method to approach and access intrathoracic organs has been a challenge and trial for surgeons. The use of various minimally invasive surgery technique, such as the use of robotic-assisted thoracoscopic surgery (RATS), and video-assisted thoracoscopic surgery (VATS) has been a useful procedure, and drastically improved over the past decades, since the first reported minimally invasive thoracic surgery, which is VATS done by Lewis et al. in 1992. This lets thoracic surgeon approach and do various kinds of surgeries on intrathoracic organs with small incision and provides lower rate of post operative mortality and morbidity. The thoracic cavity is also ideally suited for minimally invasive surgery, with it's large, open space, that allows access to all regions with thoracoscope and instruments, even from a limited number of ports.. Minimal invasive surgery also has other multiple advantages over traditional method such as thoracotomy and sternotomy, including minimal trauma and incision, less postoperative pain, shorter hospital lengths of stay, earlier recovery of respiratory function especially in patients with chronic obstructive pulmonary disease (COPD) and the elderly and overall reduced cost.



Decision making in low-risk thyroid cancer treatment

Erwin D Julian MD, PhD, Surgical Oncologist

Abstract

The incidence of thyroid cancer has risen three times in the past decades. It represents 2.1% of all new cancer cases worldwide, mainly due the incidental finding of low-risk papillary thyroid carcinoma. These malignancies grow slowly and are unlikely to cause morbidity and mortality. Thus, it means the prevalence has been numerous annually. Since 2002 until 2018, the number of new thyroid cancer has risen 11,7 times.

Low risk thyroid carcinomas are defined as intrathyroidal tumor 1-4 cm size without evidence of metastasis and adverse prognostic factors such as extra-thyroidal extension (ETE) and aggressive histology. The management options for low risk differentiated thyroid carcinoma (DTC) have expanded, ranging from simple observation active surveillance (AS) to total thyroidectomy (TT) with or without adjuvant RAI therapy.

Surgery plays the most important role in the treatment process of DTC and directly influences DTC patients. Thyroid lobectomy alone may be a sufficient initial treatment for low risk papillary and follicular carcinomas.

Controversy exists regarding whether lobectomy (LT) or total is the best surgical approach over patient's outcome short or long term. Inconsistent recommendation has led to confusion amongst surgeons. For low-risk DTC, some guidelines showed de-escalation trends in therapeutic recommendations, such as AS, conservative surgery and raised threshold for radioactive iodine ablation (RAIA).

Due to differences in disease characteristics, medical level, geography, culture and critical evaluation of existing evidence, hundreds of articles about thyroid carcinoma are emerging every month. The overdiagnosis and overtreatment of thyroid cancer has become a notable social issue. By considering multiple factors, such as surgeon own opinion, patients desires and different environments and different guidelines recommendation, the surgeon must understand the urgency of decision making for low-risk thyroid carcinoma patients. It must be based on personalized approach.

Tumor enlargement has been regarded as an indicator for surgical intervention during AS. Surgeons should give critical information regarding how the extent of surgery and postoperative management.

The consideration of surgical approach should involve both the character of surgeons and patients. We should balance the relative benefits, risks and resulting quality of life, to perform

individual surgical decision making and to make reasonable decisions in employing either LT or TT. Personalized decision-making is the only way to minimize risks and maximize benefits for patients, with low-risk DTC in individualized decision-making, quality of life and psychophysical status should be higher priorities.

Keywords: low risk thyroid cancer, personalized surgical, decision making.



Improving the recognition of signs and symptoms oral cancer

Dr. dr. Diani Kartini, SpB.Subsp.Onk(K)

Abstract

Oral cancer is a public health problem which carries significant morbidity and mortality. Based on GLOBOCAN 2018, recent global estimates have revealed 354,864 new cases and 177,384 deaths in 2018. Recognized risk factors are tobacco smoking and alcohol consumption. Betel quid, smokeless tobacco chewing, and human papillomavirus (HPV) infection appears to be important risk factors in some populations.

There are several signs and symptoms often associated with oral cancer to be aware of. These include ulcers presented for three weeks or more and usually unilateral), leukoplakia, erythroplakia, erythroleukoplakia), lumps on lip or in the mouth, mucocele or polyps, lumps in the neck, and unexplained pain or bleeding.

Early diagnosis leads to a better quality of life. Simple oral cancer screening can be done by the patient by following 8 steps of screening. Up to now, there are various technology to diagnose oral cancers, ranging from vital tissue staining, real-time in vivo imaging and spectroscopy-based devices, optical visualization methods, various imaging modalities, and various biopsy procedure alternatives. Thereafter, complete surgical excision with clear margins is the gold standard treatment for oral cancer, aided by chemotherapy, radiotherapy, and targeted therapy.

Patients with early disease can often be treated with a simple operation to remove their cancer. Patients with more advanced disease often need more disfiguring surgery. This has a much greater impact on their ability to speak and swallow. Hence, this lecture is aimed to provide an overview on recognition until appropriate managements of oral cancer.



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