

FIOD 2022

INTERNATIONAL CONGRESS

“FECAL INCONTINENCE AND OBSTRUCTED DEFECATION”

November 12-13,2022

A.Roma Lifestyle Hotel, Rome, Italy & online

newtechnologyinsurgery.org

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Rationale

Fecal incontinence and obstructed defecation represent the most frequent and distressing disorders of defecation. Their impact on the patient's quality of life is so significant that it requires a great deal of effort from specialists. Moreover, frequently these disfunctions are associated also to others affecting the adjacent pelvic organs, configuring a syndromic affliction. Consequently, from diagnosis to therapy, a multidisciplinary approach is necessary, first to elucidate all pathophysiologic aspects, then to adopt the most rational and conceptually effective approach for the cure. A panel of diagnostic tools could be necessary, and indication for which of them should be used in the different conditions is still debated.

Management of fecal incontinence is conditioned by the availability of several therapeutic options: sometimes the costs of devices needed to treat patients are regarded as a significant limitation, leading to a difficult access for them to the cure. When adequately managed, fecal incontinence can be improved and, not infrequently, fully resolved, with a great impact on the patient's quality of life. However, correct indications and an integration of approaches are still subjects of a passionate debate.

Also concerning the obstructed defecation, rectal prolapse and – in general – pelvic organs prolapse, in the last decades the therapeutic workup has been continuously modified, thank to the contribution of innovative techniques of treatment, new technologies and a multidisciplinary approach. So, the variety of available therapeutic options allows now to design a integrated approach using dietetic, behavioral, rehabilitative, and – if necessary – surgical interventions. However, also for this clinical condition, there is still a lack of definitive evidences about the most adequate therapeutic modality(ies) to manage a number of patients, claiming for continuing the scientific investigation.

Finally, a special and challenging condition can be represented by the condition of fecal incontinence coexisting with internal or external rectal prolapse. It seems well known in terms of pathophysiology but, unfortunately, to date a misdiagnosis could occur leading, consequently, to an incorrect therapeutic approach.

This International Congress is aimed to offer a fruitful opportunity to deeply discuss all these topics on the base of the updated review of the available scientific evidences provided by a panel of prominent excellences. Efforts in the Congress organization will make possible to establish a worldwide connection between different Countries all over the world despite the possibility to participate in person or attend through the telematic connection. Moreover, completeness in treating all topics related to fecal incontinence and obstructed defecation will be ensured by the “pills” (brief sessions concerning specific insights and surgical video-clips) available since before the and along the Congress and, then, after its conclusion. Finally, the pre-Congress Courses will represent the opportunity for a specific and expert training in real hot-topics.

Program

November 12, 2022			
8,30-08,55	25'	Registration	
08,55-09,00	5'	Welcome	Ratto C.
09,00-09-15	15'	Basics for diagnosis of fecal incontinence and indications for additional tests	Litta F.
09,15-09,30	15'	Medical-lifestyle management and pelvic floor rehabilitation in fecal incontinence	Christensen P.
09,30-10,05	35'	Round Table: anal sphincteroplasty: still useful?	Moderator: Adamina M. Update: Warusavitarne J. Discussants: Abbas M.A., García Armengol J., Knowles C.H., Scherer R., Warusavitarne J.
10,05-10,40	35'	Round Table: Sacral nerve stimulation for fecal incontinence: indications and limits	Moderator: Knowles C. Update: Falletto E. Discussants: Christensen P., Falletto E., Matzel K., Meurette G., Ris F.
10,40-11,00	20'	Lecture: "Extremes" in surgical management of fecal incontinence surgery: minimally invasive approaches and sphincters replacement	Biondo S.
11,00-11,30	<i>Coffee Break</i>		
11,30-12,00	30'	Iatrogenic fecal incontinence: occurrence and management Obstetric anal sphincters injuries (OASIS): prevention, early diagnosis and timing of management	Moderator: Ratto C. Discussants: Borycka K., Soligo M.
12,00-12,15	15'	Prevention and treatment of anal sphincters injuries in proctology	García Armengol J.
12,15-12,30	15'	Low anterior resection syndrome (LARS): prevention and management	Foppa C., Spinelli A.
12,30-12,45	15'	Fecal incontinence and IBD	Sica G. S.
12,45-13,00	15'	Fecal incontinence in neuropathy and other condition	Meurette G.
13,00-13,15	15'	Ostomy: when nothing works to treat fecal incontinence	Corcione F.
13,15-13,30	15'	<i>Discussion about the topics covered</i>	

November 12, 2022			
13,30-14,30	<i>Lunch</i>		
14,30-14,50	20'	Algorithms for treatment of fecal incontinence across the Ocean Face-to-face experiences	Matzel K., Murphy M.
14,50-15,20	30'	Best Oral Presentations about pelvic floor disorders	Moderator: Foppa C.
15,20-15,50	30'	Selection of surgical videos about pelvic floor disorders	Moderator: Biondo S.
15,50-16,20	30'	Double incontinence: when a multidisciplinary approach is necessary	Moderator: Knowles C.H. Discussants: K. Matzel Soligo M.
16,20-17,05	45'	Consultant corner: When an integration of different therapeutic options is necessary in treating fecal incontinence	Moderators: Biondo S., Matzel K. Update: Gagliardi G. Consultants: Bordeianou L., Gagliardi G., Meurette G., Murphy M., Ratto C.
17,05-17,20	15'	Pathophysiology of fecal incontinence secondary to rectal prolapse	Bordeianou L.
17,20-17,40	20'	<i>Discussion about the topics covered</i>	

November 13, 2022			
09,00-09,15	15'	Indications and limits of various modalities of defecography and additional tests in internal and external rectal prolapse	Jones O.
09,15-10,00	45'	Round Table: Interpretation of ODS pathophysiology by clinical features and imaging	Moderators: Abbas M.A., Warusavitarne J. Update: Pellino G. Discussants: Adamina M., de Parades V., Pellino G. Scherer R.
10,00-10,15	15'	Classification of pelvic organs prolapse: which utility?	Naldini G.
10,15-10,30	15'	Medical-lifestyle management and pelvic floor rehabilitation in obstructed defecation syndrome	Falsetto E.
10,30-10,45	15'	Milestones and pitfalls of surgical approach to internal and external rectal prolapse	Ratto C.
10,45-11,15	<i>Coffee Break</i>		
11,15-11,45	30'	Round Table: Open surgery ... Laparoscopy ... Robotics: any preference?	Moderators: Adamina M., Ris F. Update: Bianchi P.P. Discussants: Bianchi P.P., Campagna G, Jones O., Naldini G., Simoncini T.
11,45-12,00	15'	Abdominal vs. perineal approach for internal and external rectal prolapse in the literature	Pellino G.
12,00-12,30	30'	Best Oral Presentations about pelvic floor disorders	Moderator: Sica G. S.
12,30-12,50	20'	Lecture: What is useful and useless in the surgical management of internal and external rectal prolapse: an overview	D'Hoore A.
12,50-13,45	55'	<i>Discussion about the topics covered</i>	
13,45-14,45	<i>Lunch</i>		
14,45-15,05	20'	Treatment of rectal prolapse across the Ocean Face-to-face experiences	Bordeianou L., Jones O.

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15,05-15,50	45'	Round table: surgery of the pelvic floor organs prolapse: a matter for a multidisciplinary approach	Moderator: Jones O. Ratto C. Update: Campagna G. Discussants: Bianchi P. P., Campagna G., Gagliardi G., Gurland B.H., Simoncini T.
15,50-16,20	30'	Selection of surgical videos about pelvic floor disorders	Moderator: D'Hoore A.
16,20-16,35	15'	"Side-effects" of ODS and their management	de Parades V.
16,35-16,50	15'	Management of complications due to surgery of pelvic floor dysfunctions	Gurland B.H.
16,50-17,05	15'	Management of recurrence following surgery of pelvic floor dysfunctions	Ris F.
17,05-17,20	15'	Management of fecal incontinence and rectal prolapse coexistence	Jones O.
17,20-17,35	15'	<i>Discussion about the topics covered</i>	
17,35-17,45	10'	<i>Take Home messages and closing remarks</i>	Ratto C.

Pre-congress Courses			
		Rehabilitation in the pelvic floor disorders (in italiano)	
		Sacral nerve stimulation	
		Diagnosis and repair of OASIS	

Pre-congress Pills			
		Surgery for fecal incontinence: how I do it in ... (6' video; 2' tips&tricks; 2' results)	
	10'	Anal sphincteroplasty	
	10'	Sacral nerve stimulation	Murphy M.
	10'	SphinKeeper	Ratto C.
	10'	Stem cells injection	
		Treatment of internal and external rectal prolapse: how I do it in ... (6' video; 2' tips&tricks; 2' results)	
		Transvaginal approach	
		Transanal approach	
		Transabdominal approach: laparoscopic posterior rectopexy	
		Transabdominal approach: laparoscopic posterior rectopexy	
		Transabdominal approach: laparoscopic ventral rectopexy	D'Hoore A.
		Transabdominal approach: robotic ventral rectopexy	Ratto C.
		Transabdominal approach: laparoscopic ventral rectopexy and colposacropexy	
		POPS ± transanal mucosal rectopexy	