Vol. 120, Supplement 2, December 2025
www.revistachirurgia.ro

ISSN: 1221-9118
ISSN (online): 1842-368X

Chirurgia

SINCE 1897

Indexed in:
Medline / PubMed / Index Medicus
Clarivate Analytics - Emerging Sources Citation Index (ESCI) - Web of Science

RAES 2025 National Congress

The 13th National Congress of the Romanian Association for Endoscopic Surgery and Other Interventional Techniques

The 16th Romanian Symposium of Bariatric and Metabolic Surgery

Knowledge and Practice in MIS – the Education Imperative

SCIENTIFIC PROGRAM & ABSTRACTS

Editura CELSIUS

CHIRURGIA

Vol. 120 • Supplement 2 • 2025

RAES 2025 NATIONAL CONGRESS

THE 13TH NATIONAL CONGRESS OF THE ROMANIAN ASSOCIATION FOR ENDOSCOPIC SURGERY AND OTHER INTERVENTIONAL TECHNIQUES

THE 16TH ROMANIAN SYMPOSIUM OF BARIATRIC AND METABOLIC SURGERY

KNOWLEDGE AND PRACTICE IN MIS – THE EDUCATION IMPERATIVE

Ana Hotels Europa, Eforie Nord, Romania • 24 - 27 September • 2025

SCIENTIFIC PROGRAM
& ABSTRACTS

EDITURA CELSIUS

RAES 2025 NATIONAL CONGRESS

THE 13TH NATIONAL CONGRESS OF THE ROMANIAN ASSOCIATION FOR ENDOSCOPIC SURGERY AND OTHER INTERVENTIONAL TECHNIQUES

THE 16TH ROMANIAN SYMPOSIUM OF BARIATRIC AND METABOLIC SURGERY

KNOWLEDGE AND PRACTICE IN MIS – THE EDUCATION IMPERATIVE

Ana Hotels Europa, Eforie Nord, Romania • 24 - 27 September • 2025

CHIRURGIA

Volume 120, Supplement 2, 2025

EDITOR IN CHIEF: Viorel Scripcariu (Iași)

ASSOCIATE EDITORS:
Cătălin Vasilescu (Bucharest)
Vasile Bințințan (Cluj-Napoca)
Cătălin Copăescu (Bucharest)

HONORARY EDITOR: Silviu Constantinoiu (Bucharest)

SECRETARY EDITOR: Victor Eugen Strâmbu (Bucharest)

ASSOCIATE SECRETARY EDITORS:
Dragoș Predescu (Bucharest)
Mircea Beuran (Bucharest)
Ionuț Huțanu (Iași)
Laurențiu Simion (Bucharest)

ASSISTANT EDITOR: Bogdan Filip (Iași)

EDITORIAL MEMBERS:

Patriciu Achimaș-Cadariu (Cluj-Napoca)
René Adam (Paris, France)
Mustapha Adham (Lyon, France)
Sorin Barbu (Cluj-Napoca)
Ferdinand Bauer (Munich, Germany)
Hans-Günther Beger (Ulm, Germany)
Henri Bismuth (Paris, France)
Alexandru Blidaru (Bucharest)
Rodica Bîrlă (Bucharest)
Karim Boudjema (Rennes, France)
Eugen Brătucu (Bucharest)
Iulian Brezean (Bucharest)
Traean Burcoș (Bucharest)
George A. Calin (Houston, TX, USA)
Carlo Castoro (Padova, Italy)
Iuliana Ceaușu (Bucharest)
Constantin Ciuce (Cluj-Napoca)
Ionel Cîmpeanu (Bucharest)
J. Calvin Coffey (Limerick, Ireland)
Nicolae M. Constantinescu (Bucharest)
Cătălin Copăescu (Bucharest)
Constantin Copotoiu (Tg Mureș)
Ioan Cordoș (Bucharest)
Florin Coroș (Tg Mureș)
Damyan Damyanov (Sofia, Bulgaria)
Ciprian Duță (Timișoara)
Giuseppe Evola (Catania, Italy)
Eric Fréchette (Québec, Canada)
Karl-Hermann Fuchs (Frankfurt, Germany)
Istvan Gabor (Budapest, Hungary)
Petrișor Geavlete (Bucharest)
Ion Georgescu (Craiova)
Ștefan Georgescu (Iași)
Gheorghe Ghidirim (Chișinău, Moldova)
Valentin Grigorean (Bucharest)
Lazar György (Szeged, Hungary)
Arnulf Hölscher (Frankfurt um Main, Germany)
Teodor Horvat (Bucharest)
Cornel Iancu (Cluj-Napoca)
Alexandru Irimie (Cluj-Napoca)
Viorel Jinga (Bucharest)
Aleksandar R. Karamarković (Belgrade, Serbia)
Hitoshi Katai (Tokyo, Japan)
Ioan Lascăr (Bucharest)

Bernard Launois (Rennes, France)
Fulger Lazăr (Timișoara)
Woong-Kwang Lee (Seoul, Korea)
Nicola Di Lorenzo (Rome, Italy)
Rossen Madjov (Varna, Bulgaria)
Masatoshi Makuuchi (Tokyo, Japan) Jacques
Maréscaux (Strasbourg, France)
Keiichi Maruyama (Tokyo, Japan)
Nicolae Mateș (Bucharest)
Ronald Merrell (Richmond, VA, USA) Miroslav
Milicević (Belgrad, Serbia)
Zoran Milosević (Novi Sad, Serbia)
Adrian Miron (Bucharest)
Dan Mischianu (Bucharest)
Călin Molnar (Tg Mureș)
Petronel Mustățea (Bucharest)
Ionuț Negoi (Bucharest)
Attila Olah (Gyor, Hungary)
Koji Otsuka (Tokyo, Japan)
Traian Pătrașcu (Bucharest)
Gheorghe Peltecu (Bucharest)
Andy Petroianu (Belo Horizonte, Brazil)
Florian Popa (Bucharest)
Irinel Popescu (Bucharest)
Gheorghe Rojnoveanu (Chișinău, Moldova)
Riccardo Rosati (Milano, Italy)
Franco Roviello (Siena, Italy)
Dan Sabău (Sibiu)
Ioanel Sinescu (Bucharest)
Victor Eugen Strâmbu (Bucharest)
Yaman Tokat (Istanbul, Turkey)
Claudiu Turculeț (Bucharest)
Sergiu Ungureanu (Chișinău, Moldova)
Selman Uranues (Graz, Austria)
Dănuț Vasile (Bucharest)
Nikola Vladov (Sofia, Bulgaria)
Piotr Yablonskii (Sankt-Petersburg, Rusia)
Giovanni Zaninotto (London, UK)

ENGLISH LANGUAGE EDITORS:

Alexandra Bolocan (Bucharest)
Adrian Năznean (Tg Mureș)

BIOSTATISTICAL CONSULTANTS:

Raluca Purnichescu-Purtan (Bucharest)
Mihaela Pundiche (Constanța)

OFFICIAL JOURNAL OF THE

- **ROMANIAN SOCIETY OF SURGERY**
- **ROMANIAN ASSOCIATION OF ENDOSCOPIC SURGERY AND OTHER INTERVENTIONAL TECHNIQUES (ARCE)**
- **ROMANIAN ASSOCIATION OF HEPATO-BILIO-PANCREATIC SURGERY AND LIVER TRANSPLANTATION**
- **ROMANIAN SOCIETY OF THORACIC SURGERY - 1994**
- **ROMANIAN SOCIETY OF EMERGENCY AND TRAUMATOLOGY SURGERY**
- **ROMANIAN SOCIETY OF METABOLIC SURGERY**
- **ROMANIAN SOCIETY OF BREAST SURGERY AND ONCOLOGY**
- **"NICOLAE ANESTIADI" SURGEONS ASSOCIATION OF THE REPUBLIC OF MOLDOVA**

Indexing:

Chirurgia journal is indexed, by MEDLINE / PubMed / Index Medicus, EBSCO, Scopus, SCImago and Web of Science Core Collection: Emerging Sources Citation Index (ESCI) from 2018.

2024 Impact Factor: 0.8

Chirurgia journal, was indexed by the Web of Science (Journal Citation Index Expanded and Journal Citation Report), a Thomson Reuters Database, starting from 2008 until 2013 (volume 108, issue 6, November - December)

CME Credits: 10 (Romanian College of Physicians); CNCSIS Category A journal

CrossRef: http://dx.doi.org/10.21614/chirurgia

Wednesday, 24 September 2025

Hall 1 Universitatea Ovidius	Hall 2 Universitatea Ovidius	Hall 2 Ana Europa Hotels	Hall 3 Ana Europa Hotels
10:30 - 17:00 **Course** **Basic surgical skills in laparoscopic surgery** **Course Director:** Assoc. Prof. Valentin Calu (Bucharest, Romania) **Lecturers and trainers:** Dr. Artemis Maria Alexiadi (Bucharest, Romania) Assoc. Prof. Valentin Calu (Bucharest, Romania) Dr. Wilhem Dinu (Bucharest, Romania) Lecturer Dr. Octavian Enciu (Bucharest, Romania) Dr. Victor Florescu (Bucharest, Romania) Dr. Radu Pârvulețu (Bucharest, Romania) Assist. Prof. Cătălin Pîrîianu (Bucharest, Romania) Assist. Prof. Adelina Toma (Bucharest, Romania) Assoc. Prof. Dan-Ioan Ulmeanu (Bucharest, Romania) **10:30 - 11:00** **Participants registration** **11:00 - 11:15** **Welcome & Introduction – Course objectives & safety rules in the lab** Assoc. Prof. Valentin Calu (Bucharest, Romania) **11:15 - 11:30** **Presentation of equipment (trocars, instruments, tower, camera system)** Cătălin Stupu (Bucharest, Romania) **11:30 - 12:50** **Theoretical part** **11:30 - 11:50** **General principles of laparoscopic surgery (pneumoperitoneum, trocar placement, ergonomics, triangulation)** Dr. Wilhem Dinu (Bucharest, Romania)	**10:30 - 17:00** **Course** **Laparoscopic suturing and stapling** **Course Director:** Prof. Răzvan-Cătălin Popescu (Constanța, Romania) **Lecturers and trainers:** Prof. Răzvan-Cătălin Popescu (Constanța, Romania) Dr. Nicoleta Leopa (Constanța, Romania) Dr. Andrei Ghioldiș (Constanța, Romania) Dr. Cornelia Olteanu (Constanța, Romania) Dr. Ionuț Iordache (Constanța, Romania) Dr. Cristina Dan (Constanța, Romania) Dr. Florin Ciobanu (Constanța, Romania) Dr. Silviu-Tiberiu Makkai-Popa (Brașov, Romania) Dr. Andrea Kacani (Constanța, Romania) **10:30 - 11:00** **Participants registration** **11:00 - 11:15** **Welcome & Introduction** **Course objectives & safety rules in the lab** Prof. Răzvan-Cătălin Popescu (Constanța, Romania) **11:15 - 11:30** **Principles of suturing in laparoscopic surgery. Suture materials** **11:30 - 11:45** **Explanation of task: technique of intracorporeal needle manipulation and suture** **11:45 - 13:45** **Hands-on: Intracorporeal knots and running suture on biological tissue** **13:45 - 14:15** **Lunch break**	**12:00 - 18:00** **Course** **Masterclass of rectal cancer MIS** **Course Director:** Prof. Michel Adamina (Fribourg, Switzerland) **12:00 - 12:05** **Introduction** Prof. Michel Adamina (Fribourg, Switzerland) **12:05 - 12:30** **Surgical approach to rectal cancer: from local excision to open and MIS total mesorectal excision** Dr. Georgios Peros (Luzern, Switzerland) **12:30 - 13:10** **Pelvic anatomy, rationale, and indications of transanal TME – how I do it** Prof. Michel Adamina (Fribourg, Switzerland) **13:10 - 13:30** **Laparoscopic TME – how I do it** Dr. Georgios Peros (Luzern, Switzerland) **13:30 - 14:15** **Lunch break** **14:15 - 14:45** **Robotic TME: multiport, single port – how I do it** Assist. Prof. Caterina Foppa (Milan, Italy) **14:45 - 15:05** **Understand evidence and guideline generation** Dr. Stavros A. Antoniou (Thessaloniki, Greece) **15:05 - 15:30** **Transanal Transection & single-stapled anastomosis step by step** Assist. Prof. Caterina Foppa (Milan, Italy) **15:30 - 15:50** **Definition and consequences of anastomotic leak** Prof. Nader Francis (Yeovil, United Kingdom)	**12:00 - 18:00** **Course** **Ultrasonography for surgeons** **Course Director:** Dr. Călin Tiu (Câmpina, Romania) **Lecturers and trainers:** Dr. Călin Tiu (Câmpina, Romania) Prof. Valeriu Șurlin (Craiova, Romania) Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania) Prof. Ciprian Duță (Timișoara, Romania) Conf. Dr. Bogdan Socea (Bucharest, Romania) Dr. Alexandru Carâp (Bucharest, Romania) Dr. Radu Elisei (Bistrița, Romania) Dr. Adriana Goaga (Câmpina, Romania) Dr. Roxana Boanță (Bucharest, Romania) Dr. Kevin Wevers (Maastricht, The Netherlands) Dr. Andrei Keidar (Tel Aviv, Israel) Av. Raluca Nanu (Bucharest, Romania) Dr. Andreea-Maria Gibă-Păscuțoi (Codlea, Romania) **Abdominal Ultrasound Module** **Legal aspects of ultrasound practice** Av. Raluca Nanu (Bucharest, Romania) **Liver, Gall bladder, Pancreas, Spleen, Kidney, Digestive Tract @ Abdominal Wall and Abdominal vessels** Dr. Călin Tiu (Câmpina, Romania) **Abdominal wall** Prof. Valeriu Șurlin (Craiova, Romania) **Intraoperative ultrasound** Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania) **Postoperative ultrasound** Prof. Ciprian Duță (Timișoara, Romania)

Wednesday, 24 September 2025

<table>
<tr><th>Hall 1
Universitatea Ovidius</th><th>Hall 2
Universitatea Ovidius</th><th>Hall 2
Ana Europa Hotels</th><th>Hall 3
Ana Europa Hotels</th></tr>
<tr>
<td>11:50 - 12:10
Techniques of dissection and hemostasis in laparoscopic surgery
Assoc. Prof. Valentin Calu (Bucharest, Romania)

12:10 - 12:50
Safe use of electrosurgery
Assoc. Prof. Dan-Ioan Ulmeanu
(Bucharest, Romania)

12:50 - 13:00
Coffee break

13:00 - 15:00
Hands-on session I
Session supervisors:
Assoc. Prof. Valentin Calu (Bucharest, Romania)
Assoc. Prof. Dan-Ioan Ulmeanu
(Bucharest, Romania)

Trainers:
Dr. Artemis Maria Alexiadi (Bucharest, Romania)
Dr. Wilhem Dinu (Bucharest, Romania)
Lecturer Dr. Octavian Enciu
(Bucharest, Romania)
Dr. Victor Florescu (Bucharest, Romania)
Dr. Radu Pârvulețu (Bucharest, Romania)
Assist. Prof. Cătălin Pîrîianu
(Bucharest, Romania)
Assist. Prof. Adelina Toma
(Bucharest, Romania)

13:00 - 14:00
Exercise 1 – Camera handling & eye–hand coordination

14:00 - 15:00
Exercise 2 – Grasping & cutting techniques

15:00 - 15:15
Coffee break</td>
<td>14:15 - 14:30
Stapling anastomosis: principles of mechanical suturing. Stapler devices

14:30 - 14:45
Explanation of task: linear stapling anastomosis

14:45 - 16:45
Hands-on: stapling anastomosis

16:45 - 17:00
Final remarks. Feedback!
Q&A. Conclusions.</td>
<td>15:50 - 16:10
Mitigation strategies for anastomotic leakage
Prof. Michel Adamina (Fribourg, Switzerland)

16:10 - 16:30
Meta-analysis of MIS TME techniques – what the evidence says
Dr. Stavros A. Antoniou (Thessaloniki, Greece)

16:30 - 16:50
Coffee break

16:50 - 17:10
How does center volume affect outcomes in TME surgery
Dr. Ludovica Baldari (Milan, Italy)

17:10 - 17:35
Curriculum for minimally invasive TME
Prof. Nader Francis (Yeovil, United Kingdom)

17:35 - 17:55
Laparoscopic Fluorescence-guided retroperitoneal lymphadenectomy
Dr. Ludovica Baldari (Milan, Italy)

17:55 - 18:00
Questions & Answers
All Facutly and Audience</td>
<td>Intraoperative ultrasound in cholecystectomy
Dr. Andrei Keidar (Tel Aviv, Israel)

eFAST Module
Digestive ultrasound in trauma
Conf. Dr. Bogdan Socea (Bucharest, Romania)

Pulmonary ultrasound in trauma
Dr. Alexandru Carâp (Bucharest, Romania)

Ultrasound Guided Procedures Module
Supporting materials
Dr. Radu Elisei (Bistrița, Romania)

Ultrasound-guided biopsy puncture
Dr. Radu Elisei (Bistrița, Romania)

Ultrasound-guided therapeutic puncture
Dr. Adriana Goaga (Câmpina, Romania)

Ultrasound-guided thyroid procedures
Dr. Roxana Boanță (Bucharest, Romania)

Ultrasound-guided laparoscopic adrenalectomy
Dr. Kevin Wevers
(Maastricht, The Netherlands)

Pre-, intra-, and post-interventional ultrasound in the minimally invasive treatment of varicose veins of the pelvic limbs
Dr. Andreea-Maria Gibă-Păscuțoi
(Codlea, Romania)</td>
</tr>
</table>

Wednesday, 24 September 2025

Hall 1 Universitatea Ovidius	Hall 2 Universitatea Ovidius	Hall 2 Ana Europa Hotels	Hall 3 Ana Europa Hotels
15:15 - 17:00 **Hands-on session II** **Session supervisors:** Assoc. Prof. Valentin Calu (Bucharest, Romania) Assoc. Prof. Dan-Ioan Ulmeanu (Bucharest, Romania) **Trainers:** Dr. Artemis Maria Alexiadi (Bucharest, Romania) Dr. Wilhem Dinu (Bucharest, Romania) Lecturer Dr. Octavian Enciu (Bucharest, Romania) Dr. Victor Florescu (Bucharest, Romania) Dr. Radu Pârvulețu (Bucharest, Romania) Assist. Prof. Cătălin Pîrîianu (Bucharest, Romania) Assist. Prof. Adelina Toma (Bucharest, Romania) **15:15 - 16:15** **Exercise 3 – intracorporeal knot tying (Basic)** **16:15 - 17:00** **Exercise 4 – Suturing Practice** **17:00** **Final remarks**		**18:30 - 19:00** **RSMS General Assembly**	**19:00 - 20:00** **RAES General Assembly**

Thursday, 25 September 2025

Ana Europa Hotels

Hall 1 (200 seats)	Hall 2 (100 seats)

08:30 - 10:30
Session I – Educational session – Young ARCE

Chairpersons:
Dr. Nicoleta Leopa (Constanța, Romania)
Lecturer Dr. Ștefan Paitici (Craiova, Romania)

Speakers:
Training pathways – from resident to MIS expert
Dr. Draga-Maria Mandi (Bucharest, Romania) **15 min**

Starting a surgical career
Dr. Radu Elisei (Bistrița, Romania) **15 min**

Learning curves in abdominal wall surgery
Assist. Prof. Ileana Geogloman (King's Lynn, United Kingdom) **15 min**

Learning curves in bariatrics and upper GI
Dr. Clarisa Bîrlog (Bucharest, Romania) **15 min**

Learning curves in colo-rectal
Cătălin Pîrîianu (Bucharest, Romania) **15 min**

Learning curves in HBP
Dr. Alexandru Martiniuc (Bucharest, Romania) **15 min**

Non-technical surgical skills
Dr. Nicoleta Leopa (Constanța, Romania) **15 min**

Overcoming hurdles: addressing barriers in surgical training for women (C1)
Dr. Ludovica Baldari (Milan, Italy) **15 min**

08:30 - 10:30
Session II – Colorectal I

Chairpersons:
Prof. Miljan Ćeranić (Belgrade, Serbia)
Assoc. Prof. Florin Zaharie (Cluj-Napoca, Romania)

Speakers:
Laparoscopic splenic flexure resection for cancer
Prof. Umberto Bracale (Naples, Italy) **ONLINE** **15 min**

Henle's Trunk in colorectal surgery: why every endoscopic surgeon should care (C2)
Prof. Miljan Ćeranić (Belgrade, Serbia) **15 min**

Laparoscopic colo-rectal resections: experience of a tertiary centre (Chirurgie III Cluj-Napoca) (C3)
Assoc. Prof. Florin Zaharie, Dan Vălean, Andra Ciocan, Emil Mois, Călin Popa, Florin Graur, Cosmin Ion Puia, Nadim Al-Hajjar (Cluj-Napoca, Romania) **15 min**

Robotic transanal transection single stapler anastomosis (TTSS) for low rectal cancer
Prof. Ciprian Duță, Daniela Barjica, Cristian Porojanu, Mihaela Cotrău, Amadeus Dobrescu (Timișoara, Romania) **15 min**

Robotic assisted subtotal colectomy for malignant left sided angle tumor
Dr. Ion Zeca (Colmar, France) **15 min**

Extended right hemicolectomy and central lymphadenectomy for cancer of the transverse colon
Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania) **15 min**

The optimal approach to colorectal cancer in elderly patients – why minimally invasive?
Prof. Antoni Szczepanik (Krakow, Poland) **15 min** **ONLINE**

Pelvic organ prolapse: types, causes & treatment
Assoc. Prof. Florin Grama (Bucharest, Romania) **15 min**

10:30 - 11:00
Coffee break and exhibition visiting
FUSE Workshop (Exhibition area)

e-Posters Evaluation I
Evaluation Committee:
Assist. Prof. Cătălin Pîrîianu (Bucharest, Romania)
Dr. Ruxandra Marian (Bucharest, Romania)

Presenters:
Current surgical strategies for low-rectal cancer – from abdomino-perineal resection to sphincter-saving techniques (P1)
Sorin Aldoescu, Dr. Mihaela Mișcă, Elena Niculescu, Iulian Brezean (Bucharest, Romania)

Laparoscopic hernia approach: Emergency Hospital of Moinești experience (P2)
Dr. Daniela Andriescu, Adrian Cotirlet, Eduard Popa, Mircea Hogea (Moinești, Romania)

Retroperitoneal tumor: case report (P3)
Dr. Dumitru Cazacu, Adrian Hotineanu, Ivan Cucu, Elena Plesco (Chișinău, Republic of Moldova)

Functional and quality of life outcomes according to anastomosis type post-TME (P4)
Dr. Liviu Chiriac, Gheorghe Anghelici, Sergiu Pisarenco, Sava Cernei (Chișinău, Republic of Moldova)

From simulation to scalpel: enhancing intraoperative laparoscopic skills through structured training in Romania (P5)
Assist. Prof. Dumitru-Dragoș Chitca, Valentin Popescu, Cristian Botezatu, Martina Nichilo, Theodora Lapadat, Cosmin Alexandru Popa, Radu-Eduard Mastalier, Bogdan-Stelian Mastalier-Manolescu (Bucharest, Romania)

Thursday, 25 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)

When pelvic pain hides a hemoperitoneum: laparoscopically treated ovarian cyst rupture (P6)
Dumitru-Dragoș Chitca, Valentin Popescu, Olena Teodorescu, Martina Nichilo, Cristian Botezatu, Radu-Eduard Mastalier, Bogdan-Stelian Mastalier-Manolescu, Dr. Ali Shadi Elayan (Bucharest, Romania)

Box simulation-based training for early-career surgeons: enhancing technical performance in laparoscopy (P7)
Assist. Prof. Dumitru-Dragoș Chitca, Valentin Popescu, Cristian Botezatu, Martina Nichilo, Theodora Lapadat, Cosmin Alexandru Popa, Radu-Eduard Mastalier, Bogdan-Stelian Mastalier-Manolescu (Bucharest, Romania)

P8 Artificial intelligence in medicine – new challenges for malpractice liability
Av. Raluca Nanu, Călin Tiu, Florian Nanu (Bucharest, Romania)

Hall 1	Hall 2
11:00 - 12:30 **Session III – Training in MIS** **Chairpersons:** **Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania)** Assist. Prof. Dorin Popa (Linköping, Sweden) **Speakers:** **Training and education for robotic pancreatic surgery** Prof. Felix Nickel (Hamburg, Germany) 15 min **The barriers in minimally invasive surgery training in Poland** Prof. Antoni Szczepanik (Krakow, Poland) 15 min ONLINE **LAPCO-Ro a continous structured training program of laparoscopic colon oncologic surgery in Romania** Dr. Victor Tomulescu (Bucharest, Romania) 15 min **Current status of training in robotic surgery in Romania – insights from the first fellowship programme** Prof. Nicolae Crișan (Cluj-Napoca, Romania) 15 min ONLINE **CARLAP study – is this the way to get the driving licence in Basic Laparoscopic and Suturing Skills? (Surgical education session)** Assist. Prof. Dorin Popa (Linköping, Sweden) 15 min **Gelatin-based liver phantoms for training purposes: a cookbook approach – oral presentation (O1)** Dr. Radu Elisei (Bistrița, Romania) 10 min **Q&A 5 min**	**11:00 - 12:30** **Session IV – Upper GI, benign** **Chairpersons:** **Assoc. Prof. Dan-Ioan Ulmeanu (Bucharest, Romania)** Assoc. Prof. Valentin Calu (Bucharest, Romania) **Speakers:** **Hiatal hernia repair: insights from the new EAES Guidelines** Dr. Stavros A. Antoniou (Thessaloniki, Greece) 15 min **Robotic repair of large paraesophageal hernia** Dr. Ion Zeca (Colmar, France) 15 min **Safe approach of the esogastric junction (C4)** Dr. Victor Diaconu (Bucharest, Romania) 15 min **How I learned vs how I do it now in GERD & hiatal hernia – learn from my experience** Assoc. Prof. Dragoș Predescu (Bucharest, Romania) 15 min **Laparoscopic antireflux procedures – what fundoplication should we use?** Lecturer Dr. Călin Popa (Cluj-Napoca, Romania) 15 min **Recurrence of hiatal hernia: reinforcement can improve the outcomes?** Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy) 15 min **Expert panel: All speakers** ***Expert panel discussion about the use of meshes in hiatal hernia repair and audience votes and comments***

12:30 - 13:00
Session V – "Sergiu Duca" Plenary Lecture

Chairperson:
Dr. Clarisa Bîrlog (Bucharest, Romania)

Speaker:
Image guided surgery: applications and new perspectives
Dr. Ludovica Baldari (Milan, Italy)

13:00 - 13:20
Industry-sponsored symposium
STRYKER ROMANIA

Speakers:
Making image guided surgery more attractive – New features of technology
Prof. Cătălin Copăescu (Bucharest, Romania)
Dr. Gerald Filip (Bucharest, Romania)

13:20 - 13:50
Industry-sponsored symposium
NOVO NORDISK

Thursday, 25 September 2025

Ana Europa Hotels

Hall 1 (200 seats)	Hall 2 (100 seats)

Speakers:
Wegovy®: innovation in obesity, beyond weight loss
Prof. Cătălin Copăescu (Bucharest, Romania)
Dr. Ruxandra Marian (Bucharest, Romania)

13:50 - 14:30
Lunch break

14:30 - 15:00
RAES General Assembly

Hall 1

15:00 - 17:00
Session VI – Complications in bariatric surgery; Prompt recognition and treatment in the emergency room of a county hospital

Chairpersons:
Prof. Cătălin Copăescu (Bucharest, Romania)
Prof. Gil Faria (Porto, Portugal)
Prof. Dan Timofte (Iași, Romania)

Expert panel:
Assoc. Prof. Valentin Calu (Bucharest, Romania)
Dr. Ionuț Hutopilă (Bucharest, Romania)
Dr. Silviu-Tiberiu Makkai-Popa (Brașov, Romania)
Prof. Amadeus Dobrescu (Bucharest, Romania)
Dr. Victor Diaconu (Bucharest, Romania)
Dr. Bogdan Smeu (Bucharest, Romania)
Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy)

Speakers:
Facing the reality in Romanian hospitals – the preliminary results of the first RSMS-RAES National Survey on the Management of Bariatric Surgery Postoperative Complications – BARIACOMP2025 12 min
Assoc. Prof. Valentin Calu, Prof. Cătălin Copăescu (Bucharest, Romania)

Challenging Scenarios at the ER – Clinical cases:
Case 1 – Postoperative peritonitis after OAGB/SG 10 min
Dr. Ștefan Muntean (Bucharest, Romania)
10 min discussions

Case 2 – Malnourish patient after a hypoabsorbitive procedure – SASI/SG-IT (C14) 10 min
Dr. Ionuț Hutopilă (Bucharest, Romania)
10 min discussions

Action in the ER – What the hospital team needs to know and do?

Management of the septic complications (dehiscence, fistulas) 12 min
Dr. Bogdan Smeu (Bucharest, Romania)
3 min discussions

Management of the obstructive complications (stenosis, Internal hernias) 12 min
Dr. Silviu-Tiberiu Makkai-Popa (Brașov, Romania)
3 min discussions

Role of the interventional endoscopy for bariatric emergencies (C5) 12 min
Dr. Deniz Günșahin (Bucharest, Romania)
3 min discussions

Discussions 20 min

Hall 2

15:00 - 17:00
Session VII – Abdominal wall

Chairpersons:
Dr. Octavian Arnăutu (Bucharest, Romania)
Assist. Prof. Dorin Popa (Linköping, Sweden)

Speakers:
Emergency inguinal hernias and the laparoscopic approach. Why so rare?
Assist. Prof. Dorin Popa (Linköping, Sweden) 15 min

To mesh or not to mesh in emergency situations
Assist. Prof. Ileana Geogloman (King's Lynn, United Kingdom) 15 min

Robotic treatment of abdominal ventral hernias
Dr. Radu Drașovean (Cluj-Napoca, Romania) 15 min

TAPP for umbilical hernia, a viable option in the therapeutic arsenal – video presentation (V1)
Lecturer Dr. Petre Hoară, Mircea Gheorghe, Mihai Pavel (Bucharest, Romania) 15 min

Ultrasound examination in abdominal wall pathology
Dr. Călin Tiu (Câmpina, Romania) 15 min

LIRA procedure in the laparoscopic treatment of ventral hernia (C6)
Dr. Costin Duțu, Ioana Florea, Bianca Chiru, Andreea Albici, Ovidiu Albita (Bucharest, Romania) 15 min

Tailoring the surgery for groin hernia
Assoc. Prof. Florin Turcu (Bucharest, Romania) 15 min

Solving complications in laparoscopic inguinal hernia surgery
Dr. Octavian Arnăutu (Bucharest, Romania) 15 min

17:00 - 17:15
Coffee break and exhibition visiting
e-Posters' Evaluation (e-Posters Area)

9

e-Posters Evaluation II

Evaluation Committee:

Dr. Zoltán Kövér, Dr. Ana Maria Matei (Bucharest, Romania)

Presenters:

Hiatal hernia repair, reinforce with biosynthetic mesh (P9)

Dr. Ivan Cucu, Adrian Hotineanu, Alexandru Ferdohleb, Dumitru Cazacu, Victor Pîrvu, Ion Cotoneț (Chișinău, Republic of Moldova)

Preoperative colon tumor marking with ICG in minimal invasive surgeries (P10)

Dr. Alexandra Ioana Doicescu, Ștefan Teofil Petrea, Ioan Popescu (Bucharest, Romania)

Ileal polypoid lesion mimicking GIST: a case of intussusception and severe anemia revealing an arteriovenous malformation (P11)

Dr. Alexandru Doșa, Radu Andrei Baz, Tudor Florea, Angelica Ionescu, Luminița Micu (Fetești, Romania)

Advancing minimally invasive surgery in a small municipal hospital: surgical experience and development pathways (O11)

Dr. Alexandru Doșa, Jamil Aldabsheh, Tudor Florea, Stelian Barcari, Angelica Ionescu, Gabriel Preda, Dana Shaher, Robert Ionel, Alina Lazarescu, Salem Zahra (Fetești, Romania)

Gastro-gastric intussusception leading to gastric outlet obstruction. A very rare complication after Gastric Plication for obesity (P13)

Lecturer Dr. Oliviu-Cristian Borz, Arpad Soo, Paul-Cristian Borz, Mara Andreea Vultur, Mihnea Bogdan Borz (Livezeni, Romania)

Thursday, 25 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)

17:15 - 19:15
Session VIII – Common Session – Nightmare in the OR – Black video session

Chairpersons:
Prof. Nader Francis (Yeovil, United Kingdom)
Assoc. Prof. Valentin Calu (Bucharest, Romania)

Speakers:
V2 Upper GI
Prof. Luigi Marano (Elblag, Poland) **15 min** **ONLINE**
Panel: Prof. Răzvan-Cătălin Popescu, Dr. Victor Diaconu, Lecturer Dr. Florin Iordache

HPB
Prof. Benedetto Ielpo (Barcelona, Spain) **15 min**
Panel: Dr. Victor Tomulescu, Conf. Dr. Florin Botea, Assoc. Prof. Vasile Bințințan

Colorectal
Prof. Emre Balik (Istanbul, Turkey) **15 min**
Panel: Prof. Ciprian Duță, Prof. Valeriu Șurlin, Assoc. Prof. Florin Grama

AWR
Dr. Cesare Stabilini (Genoa, Italy) **15 min**
Panel: Assoc. Prof. Dan-Ioan Ulmeanu, Prof. Dan Timofte, Dr. Costin Duțu

Trouble shooting complications in MIS (V2)
Prof. Bjendra Patel (London, United Kingdom) **20 min**
Panel: Assoc. Prof. Florin Turcu, Assoc. Prof. Bogdan Diaconescu, Prof. Amadeus Dobrescu

17:15 - 19:15
Session IX – MIS is moving forward

Chairpersons:
Dr. Stavros A. Antoniou (Thessaloniki, Greece)
Prof. Octavian Ginghină (Bucharest, Romania)

Speakers:
Clinical practice guidelines in transition: what surgeons need to know
Dr. Stavros A. Antoniou (Thessaloniki, Greece) **15 min**

Minimally invasive breast cancer surgery: oncologic safety meets aesthetic precision
Prof. Octavian Ginghină, Alina Pușcașu, Mara Mardare, Aniela Roxana Noditi, Linda Kanaan, Marius Zamfir, Irina Bondoc, Andrei Văcărașu, Theodor Antoniu, Alexandru Blidaru (Bucharest, Romania) **15 min**

From free papers
Video-assisted transpleural first rib resection for thoracic outlet syndrome – video presentation – (V3)
Assist. Prof. Ioana-Medeea Tițu, George Bucur Delaca, Sergiu Adrian Ciulic, Florin Teterea, Emanuel Palade (Cluj-Napoca, Romania) **10 min**

Pelvic nerve entrapment – surgical treatment – robotic approach – oral presentation (O2)
Dr. Gabriel Mitroi (Bucharest, Romania) **10 min**

Laparoscopic liver resections: new horizons, clinical experience – oral presentation (O3)
Dr. Victor Pîrvu (Chișinău, Republic of Moldova) **10 min**

Laparoscopic surgery of pancreas: experience of our clinic – oral presentation (O4)
Dr. Dumitru Cazacu, Adrian Hotineanu, Ivan Cucu, Elena Plesco (Chișinău, Republic of Moldova) **10 min**

Pancreatic precision: minimally invasive surgery for pancreatic neuroendocrine tumors – oral presentation (O5)
Dr. Alexandra Trotea, Iulian-Benone Moșteanu, Elena-Mihaela Vrabie, Andreea Godja, Irina Bălescu, Oana Stănciulea, Cezar Stroescu, Mihai-Adrian Eftimie, Vladislav Brașoveanu, Nicolae Bacalbașa (Bucharest, Romania) **10 min**

Left laparoscopic adrenalectomy for Cushing syndrome in a patient with situs inversus totalis – video presentation - (V4)
Assist. Prof. Elena Adelina Toma, Valentin Calu, Cătălin Dumitru Pîrîianu, Cătălin Ștefan Avadanei, Adrian Miron, Octavian Enciu (Bucharest, Romania) **10 min**

Laparoscopic approach of the pancreatic tail lesions- a safe and feasible treatment option – oral presentation (O6)
Dr. Elena-Mihaela Vrabie, Mihai-Adrian Eftimie, Oana-Maria Stanciulea, Iulian Mosteanu, Irina Balescu, Traian Dumitrascu, Vladislav Brasoveanu, Nicolae Bacalbasa (Bucharest, Romania) **10 min**

Posterior rectus sheath breakdown – a complication after eTEP procedure – oral presentation (O7)
Dr. Mihai Daniel Hrițcu, Iyad Shahin, Nicolae Ciufu, Paris Stamule (Constanța, Romania) **10 min**

Q&A **10 min**

19:15 - 20:15
ARCE 2025 Congress Official Opening Ceremony

Thursday, 25 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)

19:15 - 20:15
ARCE 2025 Congress Official Opening Ceremony

Welcome messages

Opening lecture
Introduction
Dr. Victor Tomulescu (Bucharest, Romania)

Rational for robotic surgery and conventional laparoscopy in future
Prof. Nader Francis (Yeovil, United Kingdom)

Friday, 26 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)
08:30 - 10:30 **Session X – "Eugen Nicolau" session – Minimally invasive surgery in abdominal emergencies** **Chairpersons:** Prof. Valeriu Șurlin (Craiova, Romania) Assoc. Prof. Bogdan Diaconescu (Bucharest, Romania) **Speakers:** **Gallbladder from hell: a surgical survival guide** Assoc. Prof. Bogdan Diaconescu, Sebastian Vâlcea, Matei Bratu, Mihai Ștefan, Mircea Beuran (Bucharest, Romania) **12 min** **Laparoscopy in acute appendicitis before, during, and after COVID-19 pandemic** Lecturer Dr. Florin Iordache, Cătălin Baraian, Tiberiu Giumba, Jessica Lazăr (Bucharest, Romania) **12 min** **Laparoscopic approach of the perforated peptic ulcer: analysis of efficacy and outcomes – oral presentation (O8)** Assoc. Prof. Alin Vasilescu, Eugen Tarcoveanu, Cristian Lupașcu, Valentin Bejan, Alina Pleșca, Valeria Batraneac, Ana Maria Pauna, Denisa Prisecariu, Iuliana Sova, Costel Bradea (Iași, Romania) **12 min** **Minimally invasive management of small bowel obstructions** Lecturer Dr. Călin Popa (Cluj-Napoca, Romania) **12 min** **Surgical strategy in obstructive colorectal cancer: from stoma to resection – a single center experience part of Lapco Romania Program(C7)** Assist. Prof. Cătălin Pîrîianu, Radu Pârvulețu, Victor Florescu, Valentin Calu (Bucharest, Romania) **12 min** **Minimally invasive surgery in complicated acute diverticulitis** Prof. Răzvan-Cătălin Popescu, Cornelia Olteanu, Nicoleta Leopa, Andrei Ghioldiș, Cristina Dan, Andreea Kacani (Constanța, Romania) **12 min** **Emergency laparoscopic treatment of hernias. Practice and guidelines (C8)** Dr. Costin Duțu, Bianca Chiru, Ioana Florea, Andreea Albici, Ovidiu Albita (Bucharest, Romania) **12 min** **Strangulated obturator hernia – laparoscopic approach in emergency** Lecturer Dr. Marius Bică, Cătălin Dudu, Alexandru Mușuroi, Denisa Dragomir, Mario Milcu, Valeriu Șurlin (Craiova, Romania) **12 min** **Treatment of esophageal perforations with primary suture of the defect and concomitant extraluminal vacuum therapy** Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania) **12 min** **Q&A 12 min**	**08:30 - 09:30** **Session I – The Challenging Bariatric Surgery: video session** **Best videos and commented e-Posters in Bariatric surgery** **The National Symposium of Bariatric and Metabolic Surgery organized in partnership with The Romanian Society for Metabolic Surgery** **Chairpersons:** Dr. Bogdan Smeu (Bucharest, Romania) Dr. Silviu-Tiberiu Makkai-Popa (Brașov, Romania) **Speakers:** **Gastric torsion after sleeve gastrectomy – nightmare scenario 10 min** Dr. Diana Stănescu, Victor Diaconu, Yazan Abu Zeid, Ștefan Muntean (Bucharest, Romania) **Under pressure: postoperative hemorrhagic challenges of bariatric surgery 10 min** Prof. Răzvan-Cătălin Popescu, Cornelia Olteanu, A.C. Ghioldis, Nicoleta Leopa (Constanța, Romania) **Mishaps during bariatrics 10 min** Dr. Yazan Abu Zeid, Diana Stănescu, Victor Diaconu, Ștefan Muntean (Bucharest, Romania) **Reduced access bariatric surgery – 3 port sleeve and RYGB 10 min** Prof. Gil Faria (Porto, Portugal) **Robotic SADIs 10 min** Assist. Prof. Angelo Iossa (Rome, Italy) **The National Symposium of Bariatric and Metabolic Surgery organized in partnership with The Romanian Society for Metabolic Surgery** **09:30 - 09:35** **Welcome 5 min** Prof. Cătălin Copăescu (Bucharest, Romania) *RSMS President* **09:35 - 10:25** **Session II – Bariatric & Metabolic Surgery as a Bridge to…** **Chairpersons:** Dr. Ionuț Hutopilă (Buchares,Romania) Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy) **Speakers:** **MBS as a bridge to organ transplantation 12 min** Assist. Prof. Angelo Iossa (Rome, Italy) **MBS as a bridge to abdominal hernia repair 12 min** Prof. Cătălin Copăescu (Bucharest, Romania) **MBS as a bridge to orthopedic surgery 12 min** Dr. Silviu-Tiberiu Makkai-Popa (Brașov, Romania) **MBS in children and adolescents 12 min** Dr. Clarisa Bîrlog (Bucharest, Romania) **10:25 - 10:30** **Discussions 5 min**
10:30 - 10:45 **Industry-sponsored symposium** **KARL STORZ** **Speaker:**	**10:30 - 11:00** **Coffee break and exhibition visiting** **FUSE Workshop (Exhibition area)**

Friday, 26 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)
The contribution of digital technology to the safety of minimally invasive surgical treatments Prof. Ciprian Duță (Timișoara, Romania)	
10:45 - 11:00 **Coffee break and exhibition visiting** **FUSE Workshop (Exhibition area)** **e-Posters Evaluation III** **Evaluation Committee:** Lecturer Dr. Ștefan Paitici (Craiova, Romania) Lecturer Dr. Emil Moiș (Cluj-Napoca, Romania) **Presenters:** **A 3D printed, high fidelity pelvis training model: Cookbook instructions and first experience (P14)** Dr. Radu Elisei, Nadim Al Hajjar, Paul Tucan, Florin Graur, Amir Szold, Răzvan Couți, Sever Călin Moldovan, Emil Moiș, Călin Popa, Doina Pîsla, Călin Vaida (Bistrița, Romania) **Liver phantoms cast in 3D-printed mold for image-guided procedures (P15)** Dr. Radu Elisei, Nadim Al Hajjar, Horia Ștefănescu, Adrian Coțe, Florin Graur, Andreas Melzer, Sever Călin Moldovan, Călin Tiu, Emil Moiș, Călin Popa, Doina Pîsla, Călin Vaida (Bistrița, Romania) **Re-sleeve gastrectomy: is it a safe revisional procedure? (P16)** Dr. Răzvan-Mihai Orha, Rami Hajjar, Caius Lazar, Tudor Mateescu, Mehdi Berrada, Amadeus Dobrescu, Ciprian Constantin Duță (Timișoara, Romania) **Robotic-assisted surgical management of retroperitoneal schwannoma: a case and review** Dr. Andrei Ichim (Bucharest, Romania) **Musculoskeletal pain among surgeons performing laparoscopic surgery and robot-assisted laparoscopic surgery: a systematic review (P17)** Dr. Ionuț Eduard Iordache, Piotr Gorodetchi, Teodora Tudorache, Elena Sandu, Nicoleta Leopa, Liliana Steriu, Andrei Iordache, Razvan Popescu (Constanța, Romania) **Complete circumferential resection of a middle rectal vilous tumor with endo-anal termino-terminal anastomosis (P18)** Dr. Beata Dohi (Cluj-Napoca, Romania)	
11:00 - 12:30 **Session XI – Upper GI** **Chairpersons:** Prof. Ciprian Duță (Timișoara, Romania) Assoc. Prof. Dragoș Predescu (Bucharest, Romania) **Speakers:** **Evidence and technique of robotic gastrectomy** Prof. Felix Nickel (Hamburg, Germany) **15 min** **Robotic surgery for gastric cancer** Prof. Erman Aytaç (Istanbul, Turkey) **15 min** **Thoracoscopic dissection of the thoracic esophagus and D2 mediastinal lymphadenectomy during McKeown esophagectomy for cancer** Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania) **15 min**	**11:00 - 11:30** **The National Symposium of Bariatric and Metabolic Surgery** ***organized in partnership with*** **The Romanian Society for Metabolic Surgery** **Session III – Presidential Session** **Chairperson:** Prof. Cătălin Copăescu (Bucharest, Romania) **Invited speaker:** **Obesity and colorectal cancer 20 min** Prof. Gianfranco Silecchia (Rome, Italy) **11:30 - 12:30** **Session IV – Interdisciplinary management of patients with obesity** **Chairpersons:** Prof. Florinela Cătoi-Galea (Cluj-Napoca, Romania) Prof. Miloš Bjelović (Belgrade, Serbia) Prof. Dan Timofte (Iași, Romania)

Friday, 26 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)
Minimally invasive surgery for esophageal cancer – is this the therapeutic standard? Assoc. Prof. Dragoș Predescu (Bucharest, Romania) 15 min **From free papers** **What are the limits of minimally invasive esophagectomy in our experience – when to convert? – oral presentation 017** Diana Schlanger, Emanuel Gherasim , Lecturer Dr. Călin Popa, Nadim Al-Hajjar (Cluj-Napoca, Romania) 10 min	**Speakers:** **OBESITY on the edge** 12 min Prof. Doina Catrinoiu (Constanța, Romania) **Weight regain after bariatric surgery – a MDT task** 12 min Prof. Florinela Cătoi-Galea (Cluj-Napoca, Romania) **Gut microbiota: the true impact of the hidden organ** 12 min Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy) **Q&A** 12 min
12:30 - 13:00 **Session XII – "Corneliu Dragomirescu" Plenary lecture** **Chairperson:** **Prof. Ciprian Duță (Timișoara, Romania)** **Speaker:** **The future of education. Disruptions and emerging transformations** **Prof. Miloš Bjelović (Belgrade, Serbia)**	
13:00 - 13:20 **Industry-sponsored symposium ELI LILLY** **Chairperson:** Prof. Cătălin Copăescu (Bucharest, Romania) **Speaker:** **Mounjaro and its role in the evolution of bariatric therapy: when, how, and for whom?** Dr. Octavian Arnăutu (Bucharest, Romania)	
13:20 - 13:35 **Scientific satellite symposium** **Chairperson:** Prof. Răzvan-Cătălin Popescu (Constanța, Romania) **Speaker:** Prof. Cătălin Copăescu (Bucharest, Romania)	
13:35 - 14:30 **Lunch break**	
14:30 - 15:00 **R.S.M.S. General Assembly**	
15:00 - 17:00 **Session XIII – HPB** **Chairpersons:** Dr. Victor Tomulescu (Bucharest, Romania) Conf. Dr. Florin Botea (Bucharest, Romania) **Speakers:** **Laparoscopic Whipple – how to do it** Prof. Gill Faria (Porto, Portugal) 15 min **Robotic pancreas surgery – extending the indications** Prof. Thilo Hackert (Hamburg, Germany) 15 min **Endoscopic management of bile duct injuries/leaks after surgery** Dr.Pavlos Antypas (Rome, Italy) 15 min **Laparoscopic liver resection using the ultrasound guidance** Conf. Dr. Florin Botea (Bucharest, Romania) 15 min **Management of colorectal liver metastases (C9)** Prof. Rossen Madjov (Varna, Bulgaria) 15 min	**15:00 - 16:00** **Session organized in partnership with The Romanian Society for Metabolic Surgery** **Session V.a. – GERD and Hiatal Hernia** **Chairpersons:** Assist. Prof. Angelo Iossa (Rome, Italy) Prof. Ciprian Duță (Timișoara, Romania) Prof. Răzvan-Cătălin Popescu (Constanța, Romania) **Speakers:** **Diagnosis of GERD in obese patients and beyond: the Lyon Consensus unveiled** 15 min Prof. Miloš Bjelović (Belgrade, Serbia) **Management of HH in obese 15 min** **Prof. Gianfranco Silecchia (Rome, Italy)** **Parallel talks** **Long term results of R-PEL to prevent ITM** Dr. Ionuț Hutopilă, Prof. Cătălin Copăescu (Bucharest, Romania)

Friday, 26 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)
Refining the minimally invasive approach to liver metastases from breast cancer: a surgical perspective beyond colorectal paradigms Dr. Alina Pușcașu, Mara Mardar, Irina Bondoc, Andrei Văcărașu, Theodor Antoniu, Eliza Cibotari, Alina Moldovan, Marius Zamfir, Marina Lungu, Octavian Ginghină (Bucharest, Romania) **15 min** **Pitfalls of widespread and outcomes of minimally invasive distal pancreatectomy – data from the Romanian Association of HBP Surgery and Liver Transplant Registry (C10)** Lecturer Dr. Traian Dumitrașcu (Bucharest, Romania) **15 min** **Hydatid disease of the liver: open vs laparoscopic surgery: 20 years experience of a tertiary centre (Chirurgie III) (C11)** Assoc. Prof. Florin Zaharie, Dan Vălean, Andra Ciocan, Emil Mois, Călin Popa, Florin Graur, Cosmin Ion Puia, Nadim Al-Hajjar (Cluj-Napoca, Romania) **15 min** **Laparoscopic liver resections** Dr. Iulian Moșteanu, Ion Barbu, Alexandru Ristea, Gheorghe Potlog, Ovidiu Magdoiu, Adriana Ion, Gabriela Smira, Vladislav Brașoveanu (Bucharest, Romania) **15 min**	**Rationale for mesh reinforcement in hiatal hernia repair during bariatric procedures 10 min** Dr. Victor Diaconu, Diana Stănescu, Yazan Abu-Zeid (Bucharest, Romania) **Avoiding GERD after sleeve gastrectomy: the Koala-Sleeve** Prof. Gil Faria (Porto, Portugal) **Discussions 10 min** *Speakerii se aseaza langa chairs dupa ce vorbesc* **16:00 - 17:00** **Session V.b. – RSMS Cup – Management of challenging cases – Interactive Session** **Chairpersons:** Dr. Rubin Munteanu (Bucharest, Romania) Prof. Cătălin Copăescu (Bucharest, Romania) **Speakers:** **Vor fi alese echipele pe loc** **Expert Panel:** Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy) Prof. Răzvan-Cătălin Popescu (Constanța, Romania) Dr. Simona Filip (Bucharest, Romania) Dr. Victor Diaconu (Bucharest, Romania) Prof. Amadeus Dobrescu (Timișoara, Romania) Prof. Dan Timofte (Iași, Romania) Dr. Clarisa Bîrlog (Bucharest, Romania) Dr. Ruxandra Marian (Bucharest, Romania) Dr. Cătălin Dumitrache (Brașov, Romania)

17:00 - 17:15
Coffee break and exhibition visiting
FUSE Workshop (Exhibition area)

e-Posters Evaluation IV
Evaluation Committee:
Dr. Clarisa Bîrlog (Bucharest, Romania)
Dr. Nicoleta Leopa (Constanța, Romania)

Presenters:
Minimally invasive surgery for the abdominal pathology: current trends and future perspectives
Assist. Prof. Tatiana Malcova, Elina Shor, Radu Gurghis, Gheorghe Rojnoveanu (Chișinău, Republic of Moldova) (P18)

Suboptimal weight loss after bariatric surgery: multidisciplinary approaches to optimize long-term outcomes (P19)
Dr. Ruxandra Marian, Mihai Ionescu (Bucharest, Romania)

Rectopexy after hemorrhoidectomy: a deeper look into a hole(P20)
Dr. Adriana Mihăilă, György-Szakács Csaba (Sfântu Gheorghe, Romania)

Intraoperative Indocyanine Green (ICG) cholangiography for management of common bile duct lithiasis (P21)
Dr. Mihaela Mișcă, Iulian Brezean, Sorin Aldoescu, Elena Niculescu (Bucharest, Romania)

Managing late-onset bleeding after metabolic surgery in an elderly super-obese patient with comorbid conditions: a clinical case report (P22)
Dr. Ana Maria Nedelcu (Bucharest, Romania)

Minimally invasive treatment of Morgagni Hernia with transfascial suturing technique: tips and tricks
Dr. Dan Vălean (Cluj-Napoca, Romania)

Friday, 26 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)

Hall 1	Hall 2
17:15 - 18:45 **Session XIV – Surgery and Social Media** **Chairpersons:** Dr. Draga-Maria Mandi (Bucharest, Romania) Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy) **Speakers:** **Medical visual documentation** Assoc. Prof. Sertaç Ata Güler (Kocaeli, Turkey) **15 min** **Artificial Intelligence in Social Media: from post to scalpel** Assoc. Prof. Cristian-Eugeniu Boru (Rome, Italy) **15 min** **Surgery goes viral – how social media is shaping the future for our profession** Dr. Draga-Maria Mandi (Bucharest, Romania) **15 min** **"Digital Surgery" improving surgical performance for technical and non-technical skills (C12)** Prof. Bijendra Patel (London, United Kingdom) **15 min** **Beyond the operating room. Building trust through Social Media** Dr. Ruxandra Marian (Bucharest, Romania) **15 min**	**17:15 - 18:45** **Session organized in partnership with The Romanian Society for Metabolic Surgery** **Session VI – Challenging Situations in Bariatric Surgery** **Chairpersons:** Dr. Victor Diaconu (Bucharest, Romania) Prof. Amadeus Dobrescu (Timișoara, Romania) **Speakers:** **The impact of bariatric surgery on oxidative stress in obese patients – oral presentation 12 min** Dr. Ancuța Andreea Miler, Mihaela Rotaru, Alin Ciobica, Ana-Maria Singeap, Anca Trifan, Alin Constantin Pînzariu, Răzvan Liviu Platon, Daniel Vasile Timofte (Iași, Romania) **Metabolic surgery in patients aged over 60: a valuable strategy for comorbidity control? update and improvement** Dr. Loredana Bărbulescu (Bucharest, Romania) **15 min** **Ambulatory bariatric surgery** Prof. Gil Faria (Porto, Portugal) **15 min** **Revisional bariatric surgery – redo sleeve and single anastomosis sleeve ileal bipartition SASI-S after gastric sleeve- one single center experience** Dr. Simona Filip (Bucharest, Romania) **15 min** **When we decide to repair a hiatal hernia during gastric sleeve?** Dr. Daniel Andrei (Bucharest, Romania) **15 min** **Laparoscopic management of late-onset gastro-pleural fistula following reversional bariatric surgery – case report** Dr. Bogdana Bănescu (Bucharest, Romania) **15 min** **Endoscopic VAC treatment procedures in the management of sleeve leakages** Assoc. Prof. Sertaç Ata Güler (Kocaeli, Turkey) **15 min**

Saturday, 27 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)

09:00 - 11:00
Session XV – Step by Step procedures

Chairpersons:
Prof. Răzvan-Cătălin Popescu (Constanța, Romania)
Prof. Ciprian Duță (Timișoara, Romania)
Assoc. Prof. Dan-Ioan Ulmeanu (Bucharest, Romania)

Speakers:
Traumatic diaphragmatic disinsertion- diagnosis and minimally invasive surgical treatment – video presentation
Dr. Tudor Mateescu, Dan Brebu, Rami Hajjar, Caius Lazăr, Amadeus Dobrescu, Cristian Paleru, Ciprian Duță (Timișoara, Romania) **10 min**

Laparoscopic inguinal hernia repair – TAPP procedure:
a) step-by-step 20 min
Assoc. Prof. Valentin Calu (Bucharest, Romania)
b) technical particularities, incidents, accidents, complications and tips and tricks 15 min
Dr. Octavian Arnăutu (Bucharest, Romania)
5 min discussion

Laparoscopic appendectomy:
V 12 - a) step-by-step 20 min
Prof. Valeriu Șurlin (Craiova, Romania)
b) technical particularities, incidents, accidents, complications and tips and tricks 15 min
Lecturer Dr. Florin Iordache (Bucharest, Romania)
5 min discussion

Hiatal hernia:
V 14 - a) step-by-step 20 min
Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania)
b) technical particularities, incidents, accidents, complications and tips and tricks 15 min
Prof. Răzvan-Cătălin Popescu (Constanța, Romania)
5 min discussion

09:00 - 11:00
Session XVI – Colorectal II

Chairpersons:
Assoc. Prof. Florin Grama (Bucharest, Romania)
Dr. Silviu-Tiberiu Makkai-Popa (Brașov, Romania)

Speakers:
- Robotic total mezorectal excision for rectal cancer
Prof. Erman Aytaç (Istanbul, Turkey) **15 min**

Difficult splenic flexure – video presentation
Assoc. Prof. Florin Grama (Bucharest, Romania) **15 min**

Robotic CME for splenic flexure colorectal cancer
Dr. Victor Tomulescu (Bucharest, Romania) **15 min**

From free papers
Single team experience in laparoscopic colorectal cancer surgery in high-volume center. Start and progression – oral presentation (O9)
Dr. Mihai-Adrian Eftimie, Elena-Mihaela Vrabie, Catalin Savin, Luiza Tirca, Alexandra Trotea, Cezar Stroescu, Ali Alloub, Oana Stanciulea, Irinel Popescu, Vladislav Brașoveanu (Bucharest, Romania) **10 min**

Laparoscopic colorectal surgery – non-inferior or superior to open approach? – oral presentation ())O10)
Lecturer Dr. Marius Bică, Dragoș Mărgăritescu, Ștefan Pătrașcu, Daniel Preda, Alina Manolică, Alexandru Mușuroi, Mario Milcu, Denisa Dragomir, Bogdan Mărunțelu, Valeriu Șurlin (Craiova, Romania) **10 min**

Indocyanine green near-infrared fluorescence guided sentinel lymph node biopsy and lymphatic mapping for colon cancer: advantages and limitations – oral presentation (O11)
Assist. Prof. Vlad Făgărășan, Giorgiana Făgărășan, Vasile Bințințan, George Călin Dindelegan (Cluj-Napoca, Romania) **10 min**

Laparoscopic management of biliary ileus: two rare cases of small bowel obstruction successfully treated via enterotomy with enterorrhaphy and endobag extraction – video presentation - (V3)
Dr. Alexandru Doșa, Tudor Florea, Angelica Ionescu, Edgar Monsch (Fetești, Romania) **10 min**

11:00 - 11:30
Coffee break
e-Posters Evaluation V
Evaluation Committee:
Dr. Zoltán Kövér (Bucharest, Romania)
Dr. Ana Maria Matei (Bucharest, Romania)

Presenters:
Difficult cholecystectomies in cirrhotic patients with acute calculous cholecystitis: surgical techniques and hemostatic strategies P23
Assoc. Prof. Sergiu Pisarenco, Viorel Moraru, Tatiana Zugrav, Gheorghe Anghelici (Chișinău, Republic of Moldova)

Acute calculous cholecystitis complicated by hepatic abscess revealing a hydatid cyst P24
Dr. Andrei Popa, Rareș Munteanu, Roni Gherghinoiu, Elena Enciu, Petrisor Carstea (Bucharest, Romania)

Atypical presentation of acute appendicitis in a young male with situs inversus totalis: Diagnostic and Therapeutic challenges P25
Dr. Andrei Popa, Petrisor Carstea, Rareș Munteanu, Roni Gherghinoiu (Bucharest, Romania)

Hepatitis B virus associated cirrhosis: overview of prognostic and management P26
Lecturer Dr. Marilena Stoian, Bogdan Stoian (Bucharest, Romania)

Low-Tech-VATS lobectomy: strategies to reduce costs in minimally-invasive anatomical lung resections P27
Assist. Prof. Ioana Medeea Tițu, Emanuel Palade (Cluj-Napoca, Romania)

Saturday, 27 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)

Laparoscopic Resection of Giant Liver Hemangioma: A Minimally Invasive Approach to a Benign Challenge
Dr. Călina Aranghelovici, Alexandra Trotea, Iulian-Benone Moșteanu, Elena-Mihaela Vrabie, Gheorghe Potlog, Irina Bălescu, Cezar Stroescu, Vladislav Brașoveanu, Mihai-Adrian Eftimie, Nicolae Bacalbașa (Bucharest, Romania)

Minimally invasive approach to oligometastatic rectal cancer with single hepatic metastasis: Case report
Dr. Andreea Maria Godja, Alexandra Trotea, Iulian-Benone Moșteanu, Gheorghe Potlog, Elena-Mihaela Vrabie, Călina Aranghelovici, Cezar Stroescu, Vladislav Brașoveanu, Mihai-Adrian Eftimie, Nicolae Bacalbașa (Bucharest, Romania)

Simultaneous laparoscopic resection of the colorectal cancer with synchronous liver metastases-11 years of experience in Fundeni Clinical Institute (P28)
Dr. Elena Mihaela Vrabie, Vladislav Brașoveanu, Iulian-Benone Moșteanu, Gheorghe Potlog, Cătălin Savin, Alexandra Trotea, Cezar Stroescu, Irinel Popescu, Ali Alloub (Bucharest, Romania)

Laparoscopic versus open approach in gallbladder cancer treatment-9-year experience in Fundeni Clinical Institute P29
Dr. Elena Mihaela Vrabie, Mihai-Adrian Eftimie, Iulian-Benone Moșteanu, Gheorghe Potlog, Alexandra Trotea, Irina Bălescu, Traian Dumitrașcu, Irinel Popescu, Vladislav Brașoveanu, Nicolae Bacalbașa (Bucharest, Romania)

11:30 - 13:30
Session XVII – Educational corner for young surgeons
Special cases discussed with panel

Chairpersons:
Dr. Victor Tomulescu (Bucharest, Romania)
Dr. Andrei Popa (Bucharest, Romania)

Pannel:
Prof. Cătălin Copăescu (Bucharest, Romania)
Assoc. Prof. Dan-Ioan Ulmeanu (Bucharest, Romania)
Dr. Alina Pușcașu (Bucharest, Romania)

Speakers:

Laparoscopic splenectomy: indications and technical challenges
Lecturer Dr. Emil Moiș (Cluj-Napoca, Romania) **15 min**

Post-traumatic hemoperitoneum: laparoscopic approach
Lecturer Dr. Octavian Enciu (Bucharest, Romania) **15 min**

Laparoscopic dubuisson following prior open pelvic surgery: an intraoperative struggle
Dr. Andrei Popa (Bucharest, Romania) **15 min**

Giant torsioned hydrosalpinx – mission (im)possible for laparoscopy (C13)
Dr. Ruxandra Marian (Bucharest, Romania) **15 min**

11:30 - 13:30
Session XVIII – Varia

Chairpersons:
Assoc. Prof. Rodica Bîrla (Bucharest, Romania)
Assist. Prof. Sorin Aldoescu (Bucharest, Romania)

Speakers:

Type IV Hiatal Hernia – challenging laparoscopic approach – oral presentation (O12)
Dr. Bogdan Alexandru Măruntelu, Ștefan Pătrașcu, Alina Manolica, Roxana Sandu, Mircea Ionescu, Valeriu Șurlin (Craiova, Romania) **10 min**

Laparoscopic management of gastric gastro-intestinal stromal tumors GIST – tailored approach – video presentation (V6)
Assoc. Prof. Rodica Bîrla, Petre Hoara, Mircea Gheorghe, Dragoș Predescu (Bucharest, Romania) **10 min**

ICG-guided laparoscopic liver resection for hydatic liver cyst – oral presentation oral presentation (O13)
Assist. Prof. Sorin Aldoescu, Elena Niculescu, Andra Marcu, Mihaela Mișcă, Iulian Brezean **(Bucharest, Romania)** **10 min**

TAPP vs open repair of inguinal hernias in cirrhotic patients with ascites: a comparative study – oral presentation (O14)
Assoc. Prof. Sergiu Pisarenco, Gheorghe Anghelici, Tatiana Zugrav, Ion Pirtac (Chișinău, Republic of Moldova) **10 min**

The surgical treatment of incisional hernias – "open" surgery versus laparoscopic technique – oral presentation (O15)
Assist. Prof. Dumitru Dragoș Chitca, Cristian Botezatu, Cosmin Alexandru Popa, Adrian Zarafin, Constantin Tihon, Valentin Popescu, Martina Nichilò, Ion Mircea Radu, Mihnea Radu, Radu Eduard Mastalier, Bogdan Mastalier (Bucharest, Romania) **10 min**

A difficult gastric GIST approached laparoscopically – oral presentation (O16)
Dr. Silviu-Tiberiu Makkai-Popa, Cătălin Dumitrache, Bogdan Popa, Luminița Cîmpeanu (Brașov, Romania) **10 min**

Laparoscopic jejunostomy for stenozing esophageal cancer – how I do it
Vlad Făgărășan, Assoc. Prof. Vasile Bințințan (Cluj-Napoca, Romania) **10 min**

Saturday, 27 September 2025	
Ana Europa Hotels	
Hall 1 (200 seats)	Hall 2 (100 seats)
	Robotic resection of an exophytic splenic cystic tumor with inter-spleno-gastro-pancreatic extension-en bloc partial splenectomy under ICG fluorescence guidance – video presentation Dr. Andrei Cioaca, Loredana Bărbulescu, Cătălin Copăescu (Bucharest, Romania) **10 min** **Laparoscopic central splenectomy for a large splenic cyst – video presentation (V8)** Dr. Ana-Maria Nedelcu, Cătălin Copăescu (Bucharest, Romania) **10 min** **Bridging the gap: a hybrid approach to pancreaticoduodenectomy with gastro-pancreatic anastomosis – video presentation (V9)** Dr. Maria Magdalena Nica-Ghidănac (Bucharest, Romania) **10 min**
13:30 - 14:00 **ARCE 2025 Closing Ceremony**	

Chirurgia (2025) 120: S22-
Supplement 2, December
Copyright© Celsius
http://dx.doi.org/10.21614/chirurgia.120.Supplement 2.S22

CONFERENCES

C-01

NON-TECHNICAL SURGICAL SKILLS

Nicoleta Leopa

Spitalul Clinic Judetean de Urgenta, Constanta, România

In modern surgical education and practice, technical proficiency is no longer sufficient to ensure optimal patient outcomes. Non-technical skills (NTS) including situational awareness, decision-making, communication, teamwork, leadership, and stress management have emerged as critical components of surgical performance and patient safety. These skills influence intraoperative dynamics, reduce medical errors, and foster effective collaboration within multidisciplinary teams. This presentation aims to highlight the importance of non-technical skills in both elective and emergency settings, offer practical frameworks for implementation in training programs, and advocate for the inclusion of NTS modules in future EAES educational projects. Elevating non-technical skills is not a complementary goal, it is an essential evolution in modern surgical competence.
Keywords: education, young, leadership, patients.

C-02

HENLE'S TRUNK IN COLORECTAL SURGERY: WHY EVERY ENDOSCOPIC SURGEON SHOULD CARE

Miljan Ćeranić

Universitatea din Belgrad, Serbia

Henle's trunk, a critical confluence of venous drainage from the right gastroepiploic vein, superior right colic vein, and anterior superior pancreaticoduodenal vein, is often underappreciated in colorectal surgical planning. However, its anatomical variations and proximity to the superior mesenteric vein make it a key vascular structure in right-sided colon resections, especially during laparoscopic and robotic right hemicolectomy. This presentation aims to highlight the clinical significance of Henle's trunk in minimally invasive colorectal surgery. Through a review of recent anatomical studies, intraoperative video analysis, and case-based discussion, we will demonstrate how proper identification and preservation or controlled ligation of this structure can significantly reduce intraoperative bleeding, shorten operative time, and improve postoperative outcomes. The session will also address preoperative imaging strategies for identifying venous variants, the role of 3D reconstruction, and practical tips for safe dissection in the mesocolic and gastrocolic planes. By the end of the talk, participants will gain a deeper understanding of why Henle's trunk is more than just an anatomical curiosity - it is a critical factor in surgical success.
Keywords: Henle's trunk; Right hemicolectomy; Minimally invasive colorectal surgery; Venous anatomy; Laparoscopic surgery; Robotic surgery

---

C-03

LAPAROSCOPIC COLO-RECTAL RESECTIONS: EXPERIENCE OF A TERTIARY CENTRE (CHIRURGIE III CLUJ-NAPOCA)

Florin Zaharie

Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor”, Cluj-Napoca, România

Background: Laparoscopic resections in colorectal pathology remain among the most feasible and well-understood minimally invasive techniques, despite early technical and oncological concerns. However, this approach requires an adequate learning curve as well as a certain degree of surgical experience. This study highlights our experience over the last five years.
Material and Methods: Data were collected over the last five years (January 2020 – December 2024), focusing on the types of resections performed, preoperative and intraoperative parameters, as well as trends in laparoscopic versus open surgery and conversion rates. These results were also compared with data from the previous five-year period (2015 – 2019).
Results: A statistically significant increase in the use of laparoscopic surgery was observed compared with previous years ($p = 0.02$), along with a reduction in postoperative complications and fistula rates. No statistically significant differences were identified in oncological outcomes or recurrence rates compared with the earlier period. When compared with open surgery, laparoscopic procedures were associated with statistically significant reductions in postoperative hospital stay and postoperative complications.
Conclusion: There is a clear increasing trend in the use of the laparoscopic approach, likely reflecting improved training and progression along the learning curve. Although more complex cases are reserved for experienced surgeons, the higher case load and lower conversion rate suggest an adequate level of training among both younger and more experienced surgeons.
Keywords: Laparoscopic colorectal surgery; Minimally invasive surgery; Learning curve; Surgical outcomes; Conversion rate.

C-04

SAFE APPROACH OF THE ESOGASTRIC JUNCTION

Diana Nicoleta Stănescu, Victor Diaconu, Wilhem Dinu, Dan-Ioan Ulmeanu

Spitalul NORD Pipera, Bucuresti, România

Introduction: The esogastric junction is a critical anatomical region where precise dissection is essential to avoid complications related to nearby structures such as the esophagus, stomach, vagus nerves, and major vascular elements. With the growing adoption of minimally invasive techniques in upper gastrointestinal surgery, establishing a safe and standardized laparoscopic approach is vital to optimize patient outcomes and reduce perioperative risks.
Materials and Methods: A prospective observational analysis was conducted on patients undergoing laparoscopic interventions involving the esogastric junction, including bariatric procedures and hiatal hernia repair. The operative strategy emphasized standardized dissection principles: clear identification of anatomical landmarks, careful use of energy devices, and stepwise exposure of the junction. Intraoperative safety, operative duration, blood loss, and postoperative recovery parameters were assessed.
Results: All laparoscopic dissections at the esogastric junction were completed successfully without conversion to open surgery. The mean operative time was within expected ranges for the respective interventions. Blood loss was minimal, and no intraoperative vascular or visceral injuries occurred. Postoperative outcomes were favorable, with early oral intake, short hospital stays, and rapid mobilization. The overall complication rate was low, limited to minor events such as transient dysphagia or mild postoperative discomfort, with no major morbidity or mortality reported.
Conclusions: A systematic laparoscopic dissection approach at the esogastric junction is both safe and reproductible. The application of standardized anatomical and technical principles enhances surgical precision, minimizes complications, and improves recovery. Broader adoption and validation in larger patient cohorts could establish this method as the reference standard in minimally invasive upper gastrointestinal surgery.
Keywords: Esogastric junction; Laparoscopic dissection; Minimally invasive surgery; Upper gastrointestinal surgery; Surgical safety.

C-05

ROLE OF THE INTERVENTIONAL ENDOSCOPY FOR BARIATRIC EMERGENCIES

Deniz Günșahin[1,2], Vasile Șandru[1,2], Gabriel Constantinescu[1,2]

[1]*Facultatea de Medicina, Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[2]*Sectia de Gastroenterologie, Spitalul Clinic de Urgenta, Bucuresti, România*

Background. Obesity is an increasingly prevalent disease worldwide, affecting more than 890 million people. The rapid rise in obesity prevalence has led to a significant increase in bariatric surgery, which has been accompanied by a corresponding growth in procedure-related complications. These complications may be medical or gastrointestinal and often require complex management strategies.
Methods. We present severe cases of post-bariatric surgery complications managed within a multidisciplinary framework. Management strategies were tailored according to the patient's clinical condition and involved close collaboration between surgeons, gastroenterologists, and anesthesiologists. Interventional endoscopy was used as a primary or complementary therapeutic option, with clear consideration of its indications and limitations.
Results. Reported complications included thromboembolic events, nutritional deficiencies, anastomotic fistulas, digestive bleeding, intestinal obstruction, marginal ulcers, gastroesophageal reflux disease, and bile reflux. Interventional endoscopic techniques successfully applied in selected cases included hemoclips, over-the-scope clips, endoscopic suturing, stents of various sizes (including mega-stents), and plastic pigtail stents for drainage of collections. A multidisciplinary approach allowed effective management of complex cases and timely transition from endoscopic to surgical treatment when necessary.
Conclusions. Interventional endoscopy plays a crucial role in the management of post-bariatric surgery complications when integrated into a multidisciplinary treatment strategy. Clearly defining the indications and limits of endoscopic techniques and maintaining close collaboration between gastroenterologists and surgeons are essential for optimizing outcomes in these challenging cases.
Keywords: Bariatric surgery; Postoperative complications; Interventional endoscopy; Multidisciplinary management; Minimally invasive surgery.

C-06

LIRA PROCEDURE IN THE LAPAROSCOPIC TREATMENT OF MEDIAL AND LATERAL HERNIAS

Costin Duțu, Ioana Florea, Bianca Chiru, Andreea Albici, Ovidiu Albița

Spitalul Universitar de Urgenta Militar Central „Dr. Carol Davila", Bucuresti, România

Introduction. The laparoscopic approach to multiple ventral abdominal wall defects has gained widespread acceptance in recent years due to lower postoperative pain, reduced surgical site infections, and shorter hospital stay compared with open hernia repair. However, no ideal laparoendoscopic technique has been identified, as each available approach has specific advantages and limitations. The enhanced view totally extraperitoneal (eTEP) technique has attracted increasing interest by allowing retro-muscular mesh placement, but it is associated with a long learning curve and prolonged operative time. The laparoscopic intracorporeal rectus aponeuroplasty (LIRA) technique has recently emerged as an alternative approach, particularly for postincisional W2 ventral hernias.
Methods. LIRA involves defect closure through plication and suturing of the rectus abdominis aponeurosis, restoring the midline in a tension-free manner after incision of the posterior rectus sheath, combined with intraperitoneal underlay mesh placement. The technique is applicable to postincisional W2 defects and to M2–M3 and L2 hernias. We retrospectively analyzed patients who underwent LIRA repair at our institution over a one-year period.
Results. A total of 18 LIRA procedures were performed, including both median and lateral abdominal wall defects. No intra-operative or postoperative complications were recorded. The mean length of hospital stay was 1.66 days, and patients experienced rapid postoperative recovery with early social reintegration.
Conclusions. Multiple laparoscopic techniques should be available to abdominal wall surgeons to allow a tailored approach to ventral hernia repair. Based on our experience, LIRA appears to be a convenient and effective option for postincisional W2 defects, offering safe outcomes and fast recovery.
Keywords: Ventral hernia; Laparoscopic hernia repair; LIRA technique; eTEP; Abdominal wall reconstruction; Minimally invasive surgery.

C-07

SURGICAL STRATEGY IN OBSTRUCTIVE COLORECTAL CANCER: FROM STOMA TO RESECTION – A SINGLE CENTER EXPERIENCE PART OF LAPCO ROMANIA PROGRAM

Cătălin Pîrîianu, Radu Pârvulețu, Victor Florescu, Valentin Calu

Spitalul Universitar de Urgenta Elias, Bucuresti, România

Background: Obstructive colorectal cancer (OCRC) poses urgent management challenges, often requiring a staged surgical approach to balance immediate decompression with definitive oncologic treatment. This study presents our single-center experience with various surgical strategies for OCRC.
Methods: We retrospectively reviewed all patients treated for OCRC over the last two years. Initial management included decompression via loop colostomy or ileostomy. Elective tumor resection followed after clinical stabilization.
Results: Initial stoma creation was performed in most of patients. The average interval to definitive resection was 4–6 weeks. Staged procedures were associated with lower morbidity and improved perioperative outcomes compared to emergency resection.
Conclusion: A structured, staged approach beginning with decompression and followed by elective resection provides safe and effective management for OCRC. This strategy allows for patient optimization, thorough oncologic assessment, and improved outcomes, supporting its role as a preferred pathway in managing colorectal obstruction.
Keywords: Obstructive colorectal cancer; Colorectal obstruction; Staged surgery; Loop stoma; Surgical outcomes.

C-08

EMERGENCY LAPAROSCOPIC TREATMENT OF HERNIAS. PRACTICE AND GUIDELINES

Costin Duțu[1], Bianca Chiru[1], Ioana Florea[1], Andreea Albici[1], Ovidiu Albița[1]

[1]*Spitalul Universitar de Urgenta Militar Central „Dr. Carol Davila" Bucuresti, România*
[2]*Royal Hospital, Bucuresti, România*

Background. Hernias represent a pathology that evolves over time; however, when treated at the appropriate moment, they are associated with a low complication rate. Nevertheless, in 6–9% of cases, hernias become a surgical emergency due to incarceration or strangulation. While the indication for emergency surgery is well established, the optimal surgical approach in these situations remains debated.
Methods. We present our experience with a minimally invasive approach in emergency hernia surgery. Patients with abdominal wall defects requiring urgent surgical intervention were treated laparoscopically. The emergency cases included strangulated right inguinal hernia involving the cecum and appendix, simultaneous incarcerated umbilical hernia and strangulated right inguinal hernia, Spigelian hernia incarcerated with the ovary, incarcerated umbilical hernia, and high digestive obstruction caused by total paraesophageal mesenteroaxial acute ischemic gastric volvulus.
Results. Laparoscopic management was successfully performed in all cases. The minimally invasive approach resulted in reduced postoperative pain, rapid recovery, short hospital stay (1–3 days), superior cosmetic outcomes, and a low risk of postoperative infection, despite the emergency setting.
Conclusions. Laparoscopy appears to be a safe and feasible approach for the treatment of emergency hernias. This strategy is supported by recent (2025) European Hernia Society guidelines, which endorse minimally invasive techniques in selected emergency cases.
Keywords: Hernias; Emergency surgery; Laparoscopic treatment.

C-09

MANAGEMENT OF COLORECTAL LIVER METASTASES

Rossen Madjov, Vasil Bozhkov, Plamen Chernopolsky

Universitatea de Medicina „Prof. Dr. Paraskev Stoyanov", Varna, Bulgaria

Introduction. Colorectal cancer (CRC) is the third most common cancer worldwide, accounting for approximately 10% of all cancers, and represents a major cause of morbidity and the second leading cause of cancer-related mortality. Survival outcomes in metastatic CRC have improved significantly over the past two decades. Disease stage remains one of the most

important prognostic factors, and colorectal liver metastases (CRLMs) are a key determinant of long-term survival.
Methods. Adequate pretreatment imaging is essential in patients with suspected CRLMs for diagnosis, staging, preoperative planning, treatment strategy selection, and post-treatment evaluation. Surgical resectability is assessed based on anatomical and oncological criteria, including tumor burden and the feasibility of achieving an adequate future liver remnant with sufficient vascular inflow, outflow, and biliary drainage. Treatment strategies include primary-first, simultaneous, and liver-first approaches, as well as non-surgical and adjunctive therapies.
Results. Surgical resection remains the most effective option for curative treatment and long-term survival in patients with CRLMs; however, not all patients are suitable candidates. In selected cases with solitary or limited liver metastases, hepatic resection offers the best chance for prolonged survival. Alternative and adjunct treatments commonly used in the management of CRLMs include systemic chemotherapy, biologic therapy, and ablative techniques such as radioembolization and radiofrequency ablation.
Conclusions. Optimal management of CRLMs requires a multidisciplinary approach. The best outcomes are achieved through coordinated decision-making within a multidisciplinary team involving oncologists, radiologists (cross-sectional, interventional, and nuclear medicine), colorectal surgeons, liver surgeons, histopathologists, and molecular biology specialists.
Keywords: mColorectal cancer; Colorectal liver metastases; Surgical resection; Multidisciplinary team; Treatment strategies.

C-10

PITFALLS OF WIDESPREAD AND OUTCOMES OF MINIMALLY INVASIVE DISTAL PANCREATECTOMY – DATA FROM THE ROMANIAN ASSOCIATION OF HBP SURGERY AND LIVER TRANSPLANT REGISTRY

Traian Dumitrașcu[1], Vladislav Brașoveanu[1], Cezar Stroescu[1], Cătălin Vasilescu[1], Octav Ginghină[2], Mihai-Adrian Eftimie[1], Sorin Alexandrescu[3], Constantin Ungureanu[1], Ali Alloub[1], Leonard David[1], Radu Zamfir[1], Victor Ștefănescu[4], Silviu Ciurea[1], Emil Matei[1], Adrian Bartoș[5], Andra Aiordachioae[1], Gabriel Mitulescu[1], Nicolae Bacalbașa[1], Cristian Lupașcu[6], Alexandru Martiniuc[7], Sorin Petrea[8], Andrei Diaconescu[1], Aurel Tonea[1], Codruț Stănescu[1], Dan Cacovean[1], Doina Hrehoreț[1], Florin Botea[1], Raluca Bodea[5], Răzvan Grigorie[3], Iulian-Benone Moșteanu[1], Oana-Maria Stănciulea[1], Sorin Aldoescu[8], Simona Manciu[1], Narcis Copca[7], Daniel Ion[3], Emil Moiș[5], Bogdan Tănase[2], Iulian Brezean[8], Irinel Popescu[1]

[1]*Institutul Clinic Fundeni, Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[2]*Sectia a III-a Chirurgie, Institutul Oncologic „Alexandru Trestioreanu", Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[3]*Spitalul Universitar de Urgenta Bucuresti, Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[4]*Spitalul Universitar de Urgenta Militar Central „Dr. Carol Davila", Bucuresti, România*
[5]*Sectia a III-a Chirurgie Generala, Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor", Cluj-Napoca, România*
[6]*Spitalul Clinic Judetean de Urgenta „Sfântul Spiridon", Universitatea de Medicina si Farmacie „Grigore T. Popa", Iasi, România*
[7]*Sectia a II-a Chirurgie, Spitalul „Sfânta Maria", Bucuresti, România*
[8]*Sectia a II-a Chirurgie Generala, Spitalul „Dr. I. Cantacuzino", Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*

Background/Aim: Data regarding current practice with a minimally invasive (MI) approach and outcomes for distal pancreatectomy (DP) in Romania are scarce. The present study aims to investigate the pitfalls of widespread adoption and the outcomes of minimally invasive distal pancreatectomy (MIDP), drawing on data from the Romanian Association of HBP Surgery and Liver Transplant Registry.
Patients and Methods: Between February 1st, 2017, and July 1st, 2025, data from all patients who underwent DP recorded in the Romanian Association of HBP Surgery Registry were analyzed.
Results: Forty-one patients, representing 10.9% of the 375 patients who underwent DP, received MIDP. The main pitfall limiting the use of MIDP was extended pancreatectomy (49.3%). After excluding patients with extended DP and emergency indications, 41 out of 186 patients who underwent standard DP were treated using an MI approach (22%). A statistically significant increase in the proportion of MIDP was observed between 2023 and 2025 compared with 2017–2022 (34.9% vs. 15.4%, $p = 0.004$). The main indication for MIDP was benign and low-grade malignant pancreatic pathology (70.7%). The overall and severe morbidity rates for MIDP were 51.2% and 7.3%, respectively, with no mortality. The rates of clinically relevant pancreatic fistula, delayed gastric emptying, and hemorrhage after MIDP were 19.5%, 4.9%, and 7.3%, respectively.
Conclusions: The most significant pitfall for the widespread adoption of MIDP is advanced disease requiring extended DP. However, a significant increase in MIDP has been observed over the last three years. Benign and low-grade malignant pathology represents the majority of indications for MIDP, with a low rate of severe morbidity and no perioperative mortality.

Keywords: Minimally invasive distal pancreatectomy; Distal pancreatectomy; Pancreatic surgery; Surgical outcomes; HPB surgery; National registry.

C-11

HYDATID DISEASE OF THE LIVER: OPEN VS LAPAROSCOPIC SURGERY: 20 YEARS EXPERIENCE OF A TERTIARY CENTRE (CHIRURGIE III)

Florin Zaharie

Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor", Cluj-Napoca, România

Background: Hydatid disease of the liver remains one of the most important health issues, especially in the Mediterranean Basin, the Balkans, and rural areas of the Middle East, posing a relatively high mortality for a benign disease that may require emergency surgery. Although minimally invasive surgery is considered the treatment of choice, certain criteria must still be met for patients to benefit from this approach. This study highlights the experience of our tertiary center in this field and aims to refine selection criteria for minimally invasive management.
Material and Methods: Over a 20-year period (January 2004 – December 2024), a total of 624 patients underwent surgical treatment in our department. Patients were divided into two groups corresponding to the first and the last 10 years of the study period. Demographic, intraoperative, and postoperative data were compared between the two groups, as well as between laparoscopic and open surgical approaches.
Results: Statistically significant differences were observed between the two time periods regarding conversion rates, frequency of laparoscopic procedures, and cyst size managed laparoscopically. Significant differences were also noted in cyst location and the incidence of cyst-related complications. When comparing laparoscopic and open approaches, statistically significant differences were identified in postoperative complication rates, duration of hospital stay, and overall morbidity.
Conclusion: A statistically significant improvement in the laparoscopic approach was observed in the last 10 years compared with the previous decade, particularly regarding postoperative recovery, expansion of selection criteria, and reduction in postoperative morbidity. Nevertheless, appropriate patient selection remains essential to achieve optimal postoperative outcomes.
Keywords: Hepatic hydatid disease; Laparoscopic surgery; Liver cysts; Minimally invasive surgery; Surgical outcomes.

C-12

"DIGITAL SURGERY" IMPROVING SURGICAL PERFORMANCE FOR TECHNICAL AND NON-TECHNICAL SKILLS

Bijendra Patel

Universitatea Queen Mary, Londra, Marea Britanie

The integration of digital technologies into surgical practice, collectively referred to as Digital Surgery is rapidly transforming how we train, assess, and improve surgical performance. This presentation explores how digital tools such as artificial intelligence (AI), machine learning, automated feedback systems, and immersive simulation platforms are enhancing both technical and non-technical skills across the surgical continuum. We will examine how motion tracking, performance analytics, and AI-driven feedback are being used to refine operative technique and decision-making, while also highlighting innovations that support non-technical skill development, including communication, situational awareness, and team-based behaviors in high-stakes environments. Case studies will be used to illustrate the practical application of digital platforms in real-world settings, including their role in competency-based training and surgical quality assurance. By bridging the gap between technology and clinical practice, Digital Surgery offers new opportunities to improve safety, consistency, and surgical outcomes empowering both trainees and experienced surgeons to reach higher standards of excellence.
Keywords: surgery, technology, AI.

C-13

LAPAROSCOPIC TREATMENT OF GIANT TORSIONED HEMATOSALPINX IN MORBID OBESITY MIMICKING AN OVARIAN TUMOR: A VIDEO CASE

Ruxandra Nicoleta Marian

Medicover Hospital Pipera, Bucharest, Romania

Introduction/Motivation: Giant pelvi-abdominal cystic masses in young women are frequently interpreted as ovarian tumors on imaging. In patients with morbid obesity, minimally invasive surgery is often avoided due to limited working space and a perceived high risk of conversion. This video case highlights a rare etiology and a feasible laparoscopic strategy.
Case presentation: A 28-year-old woman with body mass index (BMI) 54 kg/m² presented with severe abdominal pain for more than 7 days and inflammatory syndrome. Cancer antigen 125 (CA-125) was within normal range. Computed tomography (CT) described a massive cystic pelvi-abdominal lesion with marked mass effect. Laparoscopy was initiated with careful access and port placement. Controlled decompression was performed by aspirating approximately 6 liters of hemato-serous fluid to restore exposure. Intraoperative findings included turbid fluid, extensive adhesions, and a torsioned hematosalpinx. Laparoscopic right adnexectomy was completed without conversion. Recovery was uneventful, with discharge on postoperative day 2.
Discussion: Literature supports laparoscopy as beneficial for adnexal pathology, yet giant cystic masses and morbid obesity remain challenging due to reduced pneumoperitoneum tolerance, restricted maneuverability, and higher risk of complications during adhesiolysis. Stepwise decompression, meticulous adhesiolysis, and clear bailout criteria can allow safe completion while preserving minimally invasive advantages.
Singularity of the case: The rarity lies in a torsioned hematosalpinx presenting as a giant “tumor-like” mass in a morbidly obese patient, successfully managed laparoscopically despite inflammatory findings and severe workspace limitation.

C-14

MALNOURISHED PATIENT AFTER A HYPOABSORPTIVE PROCEDURE SINGLE ANASTOMOSIS ILEAL BYPASS (SASI).

Ionut Hutopila

Ponderas Academic Hospital, Bucharest, Roamnia

Background: Single anastomosis ileal bypass (SASI) it is a relative new investigational technique, effective for weight loss and obesity-associated medical problems. The procedure is based on the principle of bipartition. Technically combines a laparoscopic sleeve gastrectomy with a loop gastroileostomy, thus having a restrictive and hypoabsorptive action. To date, it is not a standardized technique, with reported results being variable and with complications such us severe nutritional deficiencies.
Case presentation: A 64-year-old man with a medical history of obesity and type II diabetes mellitus, for whom a SASI procedure was performed several years ago. At the presentation altered general condition with important weight loss and many symptoms (fatigue, nausea, numbness in hand and feet, food intolerance, liquid stools). An extensive evaluation of the patient was performed, establishing the diagnosis of protein-energy malnutrition, micronutrients malnutrition, sarcopenia and polineuropathy after SASI. Due to nutritional defficiencies and high risks, revisional surgery to laparoscopic sleeve gastrectomy was done after 4 weeks of intravenous and enteral nutritional optimization.
Conclusions: A serious complication of SASI is severe malnutrition, which may need surgery to reverse the effects on gut absorption function, but in this situation the risks are increased. Preoperative correction of micro and macronutrient deficiencies is mandatory and should be performed by an experienced multidisciplinary team. Nutritional support should be continued postoperatively until deficiencies are corrected with a strictly follow up.

COMUNICARI ORALE

O-01

GELATIN-BASED LIVER PHANTOMS FOR TRAINING PURPOSES: A COOKBOOK APPROACH

Radu Claudiu Elisei[1,2], Florin Graur[1,3], Amir Szold[4], Andreas Melzer[5,6], Sever Călin Moldovan[7], Mihai Motrescu[2], Emil Moiș[1,3,7], Călin Popa[1,3,7], Doina Pîsla[7], Călin Vaida[7], Tiberiu Tudor[2], Adrian Coțe[8], Nadim Al Hajjar[1,3,7]

[1]*Universitatea de Medicina si Farmacie „Iuliu Hatieganu", Cluj-Napoca, România*
[2]*Spitalul Judetean de Urgenta, Bistrita, România*
[3]*Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor", Cluj-Napoca, România*
[4]*Assuta Medical Center, Tel Aviv, Israel*
[5]*Universitatea Leipzig, Leipzig, Germania*
[6]*Universitatea Dundee, Marea Britanie*
[7]*Universitatea Tehnica din Cluj-Napoca, România*
[8]*Spitalul Judetean de Urgenta, Oradea, România*

Introduction: Patients with liver pathology benefit from image-guided interventions. Training for interventional procedures is recommended to be performed on liver phantoms until a basic proficiency is reached. In the last 40 years several attempts were made to develop materials to mimic the imaging characteristics of human liver in order to create liver phantoms. There is still a lack of accessible, reproducible and cost-effective soft liver phantoms for image-guided procedures training
Methods: Starting from a CT-scan DICOM file we created a 3D printed liver mold using InVesalius (Centro de Tecnologia da informação Renato Archer CTI, InVesalius open-source software, Brazil) for segmentation, Autodesk Fusion 360 with Netfabb (Autodesk software company, Fusion 360 with Netfabb, California, USA) for 3D modeling and Stratasys Fortus 380mc 3D printer (Stratasys 3D printing company, Fortus 380mc 3D printer, Minnesota, USA). Using the 3D printed mold we created 14 gelatin-based liver phantoms with 14 different recipes, using water, cast sugar and dehydrated gelatin, 32% fat bovine milk cream, intravenous lipid solution and technical alcohol in different amounts. We tested all these phantoms as well as ex-vivo pig liver, and human normal, fatty and cirrhotic liver by measuring the elasticity, shear wave speed, ultrasound attenuation, CT-scan density, MRI signal intensity and fracture force. We assessed the results of testing performed, as well as the optical appearance on ultrasound, CT and MRI, in order to find the best recipe for gelatin-based phantoms for image-guided procedures training.
Results: After the assessment of all phantom recipes, we selected as the best recipe for transparent phantom one with 14g of gelatin/100ml water and for opaque phantom the recipes with 25% cream.
Conclusion: These liver gelatin-based phantoms recipes are an inexpensive, reproducible and accessible alternative for training in image-guided and diagnostic procedures and will meet most requirements for a valuable training.
Keywords: gelatin-based phantom, liver mold, liver phantom, 3D printing.

O-02

PELVIC NERVE ENTRAPMENT – SURGICAL TREATMENT – ROBOTIC APPROACH

Gabriel Mitroi

Centrul de Endometrioza – Spitalul Life Memorial, Bucuresti, România

Introduction: Pelvic nerve entrapment is an increasingly recognized cause of chronic pelvic pain, with significant implications for patients' quality of life. Despite its frequency, it remains frequently underdiagnosed due to symptom overlap with gynecologic, urologic, or gastrointestinal disorders. The most commonly involved nerves include the pudendal, obturator, ilioinguinal, genitofemoral nerves, as well as sacral plexus and lumbosacral trunk. *Objective:* To present the experience of the Bucharest Endometriosis Center in the surgical management of pelvic nerve entrapments, highlighting the diagnostic approach, surgical techniques employed, and clinical outcomes.
Methods: Between 2021 and 2024, approximately 350 patients with suspected pelvic nerve entrapment were evaluated and treated

surgically in our center. Diagnosis was based on thorough clinical evaluation, imaging (pelvic MRI, MR neurography), and confirmatory diagnostic nerve blocks. Surgical nerve decompression was performed via laparoscopic or robotic approaches, tailored to the specific nerve and anatomical site involved.
Results: Significant symptom relief was observed in the majority of patients, with a mean reduction in VAS pain scores of over 60%. Postoperative recovery was generally favorable, with minimal complication rates and no major neurological deficits reported. The most frequently decompressed nerve structures were the pudendal nerve and sacral plexus, often associated with severe endometriosis or fibrotic postsurgical changes.
Conclusion: Surgical decompression of entrapped pelvic nerves represents a valuable therapeutic option in selected patients with refractory chronic pelvic pain. The experience of our center supports the efficacy and safety of this approach, emphasizing the importance of multidisciplinary evaluation and precise anatomical knowledge in achieving optimal outcomes.
Keywords: nerve entrapment, laparoscopic surgery, robotic surgery, chronic pelvic pain.

0-03

LAPAROSCOPIC LIVER RESECTIONS: NEW HORIZONS, CLINICAL EXPERIENCE

Victor Pîrvu, Adrian Hotineanu, Serghei Burgoci, Ivan Cucu, Grigore Ivancov, Cazacu Dumitru, Ion Cotoneț, Irina Lisnic, Natalia Lisnic

Universitatea de Stat Medicina si Farmacie „Nicolae Testemitanu”, Chisinau, Republica Moldova

Introduction: Minimally invasive techniques offer several advantages of laparoscopic liver surgery over open liver surgery. *Objectives:* A multitude of studies, mostly retrospective, suggest what are the indications, contraindications, risks regarding minimally invasive liver surgery. The aim of the paper is to report the experience of our center on laparoscopic liver resections.
Materials and methods: Over a period of 4 years, we performed 12 liver resections for malignant tumors (8 liver metastases; 4 primary malignant tumors) and 10 benign lesions (8 benign tumors; 2 hydatid cysts), 6 left hepatectomies; 9 trisegmentectomies; 5 cases of local resections.
Results: There was no perioperative mortality. The 1-, 3-, and 5-year survival rates for primary malignant tumors were 100%, 85%, and 60%, and for colorectal metastases were 92, 82, and 52%, respectively. The median length of hospital stay was 4.5 days.
Conclusion: In recent years, liver surgery has focused on surgical safety and low complication rates. These increasing quality demands have paved the way for safe, minimally invasive techniques in complex liver surgery. There are now a large number of studies, mostly retrospective, that have repeatedly confirmed the intra- and postoperative advantages over conventional open liver surgery.
Keywords: hepatectomy, laparoscopic liver resection.

O-04

LAPAROSCOPIC SURGERY OF PANCREAS: EXPERIENCE OF OUR CLINIC

Dumitru Cazacu[1], Adrian Hotineanu[2], Ivan Cucu[2], Elena Plesco[2]

[1]*Spitalul Clinic Republican „Timofei Mosneaga”, Chisinau, Republica Moldova*
[2]*Universitatea de Stat de Medicina si Farmacie „Nicolae Testemitanu”, Chisinau, Republica Moldova*

Introduction: Laparoscopic pancreatic surgery can be applied for different pathologies: chronic pancreatitis, congenital hyper-insulinism, neoplasms of the pancreas, etc. Of course, minimally invasive approach has multiple benefits vs open techniques: reducing postoperative pain, decreasing the patient’s hospitalization time and the economic impact. There is also rapid recovery with a return to normal life and superior aesthetic results vs open approach. *Aim of study:* To study the postoperative results in patients treated laparoscopically for neoplastic pathology of the pancreas.
Materials and methods: The present study included 11 patients who underwent surgery during the period 2024-2025: distal resection of pancreas without spleen preservation – 5 cases; distal resection of pancreas with spleen preservation – 4 and in 2 cases – Whipple pancreaticoduodenectomy. Indications for surgical treatment were malignant neoplastic processes. The ratio of women (n=5) and men (n=6) was 1:1.2. The postoperative period was complicated by pancreatic fistula monitored by drainage tube in 2 cases after pancreatoduodenal resection; in patients after distal resection of pancreas, pancreatic fistulas were not recorded. All patients were discharged in satisfactory condition.
Results: Thus, the laparoscopic approach to patients with pancreatic pathology is associated with a reduced rate of post-

operative complications, including postoperative wound complications, early recovery, decreased hospital length of stay, this parameter being 5.63±1.33 bed-days.
Conclusion: In the context of presented data, we can conclude that laparoscopic treatment of pancreatic diseases is a safe procedure, acceptable even in malignant lesions, with a low rate of postoperative complications and a major economic impact.
Keywords: laparoscopic pancreatic surgery, pancreaticoduodenectomy, distal pancreatectomy.

O-05

PANCREATIC PRECISION: MINIMALLY INVASIVE SURGERY FOR PANCREATIC NEUROENDOCRINE TUMORS

Alexandra Trotea[1], Iulian-Benone Moșteanu[1], Elena-Mihaela Vrabie[1], Andreea-Maria Godja[1], Irina Bălescu[1], Oana Stănciulea[1], Cezar Stroescu[1,3,4], Mihai-Adrian Eftimie[1,2,3,4], Vladislav Brașoveanu[1,2], Nicolae Bacalbașa[1,2]

[1]*Institutul Clinic Fundeni, Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[3]*Spitalul Memorial Baneasa, Bucuresti, România*
[4]*Spitalul NORD Pipera, Bucuresti, România*

Introduction: Pancreatic neuroendocrine tumors (pNETs) represent a rare and heterogeneous group of neoplasms with variable malignant potential. Minimally invasive surgery (MIS), including laparoscopic and robotic approaches, has gained popularity for surgical management of these tumors, offering potential benefits over open surgery. The objective of this study is to evaluate the safety, feasibility, and outcomes of MIS for pNETs, focusing on perioperative results and oncological adequacy.
Materials and methods: We retrospectively analyzed data from 22 patients who underwent MIS for pNETs between 2014 and 2025 at Fundeni Clinical Institute. Surgical procedures included central and distal pancreatectomy with or without splenectomy, performed using laparoscopic or robotic techniques.
Results: The most common procedure performed was distal pancreatectomy, with spleen preservation achieved in 4 of these cases. Conversion to open surgery occurred in 14% of cases. The mean tumor size was approximately 2.5 cm, with most tumors staged as T1 and T2. The median operative time was 220 minutes, and the average blood loss was 100 ml. The overall complication rate was 18%, with clinically significant pancreatic fistula in 1 case. R0 resection was achieved in all patients. The median hospital stay was x days. During a median follow-up of 20 months, no disease recurrence was observed.
Conclusion: MIS for pNETs is a safe and effective approach when performed by experienced surgical teams, offering favorable perioperative outcomes and excellent short- to mid-term disease-free results. Optimal patient selection remains a critical factor in achieving the best clinical outcomes.
Keywords: pancreatic neuroendocrine tumors pNETs, pancreatectomy minimally invasive surgery.

O-06

LAPAROSCOPIC APPROACH OF THE PANCREATIC TAIL LESIONS- A SAFE AND FEASIBLE TREATMENT OPTION

Elena-Mihaela Vrabie[1,2], Mihai-Adrian Eftimie[1,2], Oana Stănciulea[1], Iulian-Benone Moșteanu[1], Irina Bălescu[1,2], Traian Dumitrașcu[1,2], Vladislav Brașoveanu[1,2], Nicolae Bacalbașa[1,2]

[1]*Institutul Clinic Fundeni Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*

Introduction: Laparoscopic surgery for pancreatic tail pathology has became popular due to multiple short-term benefits. The aim of our study is to present a mini-series of laparoscopic distal pancreatic resections and the short-term postoperative results with emphasis on the safety and feasibility of this approach.
Methods: We present a mini-series of 3 patients aged 43, 36 and 68 old diagnosed with intraductal papillary mucinous neoplasm (IPMN), solid pseudopapillary neoplasm (SPN) and ductal adenocarcinoma of the pancreatic tail. The patients benefited of complete preoperative evaluation with computed-tomography scan with pancreas protocol, endoscopic ultrasound with fine-needle aspiration and histopathology confirmation of the diagnosis, colonoscopy and tumoral markers assessment. The surgical interventions performed were: distal pancreatectomy with splenic vessel resection and spleen preservation for IPMN and radical antegrade modular pancreato-splenectomy for SPN and ductal adenocarcinoma.
Results: The median length of operating time was 200 minutes and estimated blood loss was 200 ml. The intensive care unit stay was 1 day and the postoperative hospital stay 5 days. The patient treated for IPMN had an initial favorable postoperative evolution,

but, in the fifth postoperative day presented a pancreatic leakage associated with left reactive pleural effusion percutaneously drained with favorable evolution. The histopathological result in the cases of ductal adenocarcinoma and SPN proved the R0 resection with an appropriate number of retrieved lymph nodes
Conclusion: The minimally invasive approach for pancreatic tail lesions offers short-term benefits such as faster recovery, reduced postoperative pain, shorter hospital stay and rapid social reintegration after surgery, without compromising surgical outcomes, even in resections for malignant tumors.
Keywords: distal pancreatectomy, pancreatic tail tumors, laparoscopic surgery, robotic surgery.

O-07

POSTERIOR RECTUS SHEATH BREAKDOWN - A COMPLICATION AFTER ETEP PROCEDURE

Mihai Daniel Hrițcu, Shahin Iyad, Nicolae Ciufu, Paris Stamule

Spitalul Clinic Ovidius, Constanta, România

Introduction: The development of the eTEP technique (enhanced-view totally extraperitoneal) introduced in 2012, combined with the principles of eRS retromuscular procedure (endoscopic Rives-Stoppa) led to the development of a complex procedure that solved a range of problems posed by the presence of ventral defects of the abdominal wall, either primary or incisional.
Method: This procedure uses 3-4 access ports, depending on the complexity of the defects and their location. After the dissections of the retromuscular plane and crossover to the contralateral side, the two retromuscular planes are united, adding transversus abdominis release procedure (TAR) if needed. The dissection is followed by the suture of peritoneal defect and musculo-aponeurotic defect and the reinforcement with synthetic mesh. Some patients can develop a rare complication – a posterior rectus sheath breakdown (PRS) – that can lead to bowel obstruction if not recognized and treated.
Results: In our experience, from November 2018 until present, 193 patients underwent an endoscopic retromuscular procedure, of which 4 patients developed a PRS breakdown that needed a reoperation with eTEP-TAR. Several steps have been taken to reduce the incidence of this complication.
Conclusion: Although a fairly rare complication, if left untreated the PRS breakdown can lead to bowel obstruction and high comorbidity rates.
Keywords: eTEP, abdominal wall reconstruction, laparoscopic surgery.

O-08

LAPAROSCOPIC APPROACH OF THE PERFORATED PEPTIC ULCER: ANALYSIS OF EFFICACY AND OUTCOMES

Alin Mihai Vasilescu[1], Eugen Târcoveanu[1], Cristian Lupașcu[1], Valentin Bejan[1], Alina Plesca[1], Valeria Batraneac[1], Ana Maria Păuna[1], Denisa Prisecariu[1], Iuliana Sova[1], Costel Bradea[1]

[1]*Departamentul de Chirurgie, Universitatea de Medicina si Farmacie „Grigore T. Popa", Iasi, România*
[2]*Spitalul Universitar „Sfântul Spiridon", Iasi, România*

Introduction: Perforation is one of the most frequent and severe acute complications of peptic ulcer disease, representing a major surgical emergency due to the dramatic clinical presentation and the severity of its evolution. Perforated peptic ulcer (PPU) complicates ulcer disease in 2–14% of cases, with reported morbidity rates of 21–43% and mortality rates of 3–14%, reaching up to 30% in elderly patients.
Methods: Between January 2013 and December 2024, we conducted a prospective, non-randomized study.
Results: During this period, 287 patients underwent surgery for PPU. A laparoscopic approach was used in 76 cases, consisting of simple suture with or without omentopexy, while an open approach was performed in 211 cases. We compared outcomes between gastric and duodenal ulcers, as well as between laparoscopic and open surgical approaches.
Conclusions: Laparoscopic suture combined with antiulcer therapy (proton pump inhibitors and Helicobacter pylori eradication) is effective in the treatment of PPU. The Boey score and the Mannheim Peritonitis Index represent viable selection criteria for the laparoscopic approach in PPU. Laparoscopic repair was associated with lower overall complication rates and a reduced risk of mortality compared with open repair. Therefore, in emergency repair of PPU, laparoscopic surgery should be performed by experienced surgeons to ensure patient safety.
Keywords: Perforated peptic ulcer; Emergency surgery; Laparoscopic repair; Open surgery; Surgical outcomes.

O-09

SINGLE TEAM EXPERIENCE IN LAPAROSCOPIC COLORECTAL CANCER SURGERY IN HIGH-VOLUME CENTER. START AND PROGRESSION

Elena-Mihaela Vrabie[1,2], Mihai-Adrian Eftimie[1,2], Cătălin Savin[1,2], Luiza Tirca[1,2], Alexandra Trotea[1,2], Cezar Stroescu[1], Ali Alloub[1], Oana Stănciulea[1], Irinel Popescu[1], Vladislav Brașoveanu[1,2]

[1]*Institutul Clinic Fundeni Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*

Introduction: Colorectal cancer surgical treatment has evolved from the open approach to minimally-invasive approach in selected cases as the experience of the surgical teams has improved. The learning curve is not conclusively known, but there are multiple parameters defining the proficiency of the surgical team.
Materials and Methods: The aim of our study was to review 8 years of a single surgical team experience in the laparoscopic approach for colorectal cancer in a high-volume center and to define those parameters which led us to better results over time. Initially, we approached early-stage tumors in highly selected patients under the constant supervision of an expert tutor. Progressively, we have been able to include a wider range of colorectal tumors in a heterogeneous population of patients. We have succeeded in reducing the operative times, the blood loss, the length of the hospital stays, while improving the oncologic efficacy measured by the negative resection margins, the adequate number of harvested lymph nodes and the lower rate of loco-regional recurrence.
Conclusion: The literature reports that a surgical team's experience highly correlates with the safety and the feasibility of the colorectal cancer laparoscopic approach and our review concluded the same. The training period should provide progressive challenges for the team under the supervision of an expert in order to gain proficiency and be able to treat more difficult cases without compromising the oncologic results. The success of the surgical procedure depends not only on the surgical team's preparation, but also on its harmony and its standardized steps established over time.
Keywords: colorectal laparoscopic surgery, colorectal cancer.

O-10

LAPAROSCOPIC COLORECTAL SURGERY – NON-INFERIOR OR SUPERIOR TO OPEN APPROACH?

Marius Bică, Dragoș Mărgăritescu, Ștefan Pătrașcu, Silviu Daniel Preda, Alina Manolică, Alexandru Mușuroi, Mario Milcu, Denisa Dragomir, Bogdan Alexandru Mărunțelu, Valeriu Șurlin

Universitatea de Medicina si Farmacie Craiova, România

Introduction: The laparoscopic approach in colorectal surgery is becoming a standard treatment procedure for colorectal pathology. Once the learning curve is overcome, the advantages of laparoscopy are clear compared to the open approach.
Materials and methods: Retrospective and prospective study on patients with colorectal pathology operated on electively in our clinic during the period 2021 - 2025. We followed the incidence of the laparoscopic approach, the patient profile, the type of procedure performed, the duration of the intervention, the Hp result of the resected specimen, the postoperative outcome (time to resume transit, postoperative complications, postoperative hospitalization).
Results: 145 patients benefited from laparoscopic colorectal interventions during the studied period. The incidence of the laparoscopic approach increased from 32% in 2021 to over 70% in 2024. The average duration of the intervention decreased during the 4 years of study, along with the advancement on the learning curve, being relatively similar in the last year to the duration of open interventions. The resected specimens had similar resection margins and number of resected nodes in the two types of approach (Lap vs. Open). Postoperative outcomes were significantly better in cases with laparoscopic approach (resumption of transit at 48 hours 74% vs. 54%; postoperative hospitalization 5.8 days vs. 8.5 days; similar postoperative complication rate).
Conclusion: The laparoscopic approach can be considered a standard in the treatment of benign and malignant colorectal pathology, once the learning curve has been overcome. Postoperative outcomes of patients operated laparoscopically is significantly better compared to the open approach.
Keywords: colorectal surgery, laparoscopic surgery.

O-11

INDOCYANINE GREEN NEAR-INFRARED FLUORESCENCE GUIDED SENTINEL LYMPH NODE BIOPSY AND LYMPHATIC MAPPING FOR COLON CANCER: ADVANTAGES AND LIMITATIONS

Vlad Făgărășan, Giorgiana Făgărășan, Vasile Bințințan, George Călin Dindelegan

Universitatea de Medicina si Farmacie „Iuliu Hatieganu" Cluj-Napoca, România

Introduction: Near-infrared (NIR) fluorescence imaging using indocyanine green (ICG) is an emerging technique for visualizing lymphatic drainage. This study aimed to assess the effectiveness of ICG-guided NIR fluorescence for lymphatic mapping and sentinel lymph node (SLN) biopsy in a cohort of patients with colon cancer, and compare the observed results with recently published evidence from the literature.
Materials and Methods: A total of 30 patients with colon cancer undergoing surgery at our institution were included. ICG was injected peritumorally to identify SLNs, which were marked intraoperatively and harvested ex vivo after resection, as well as to identify aberrant lymphatic drainage. The limitations and advantages of this technique are discussed in comparison with data presented in the literature.
Results: The diagnostic accuracy of the method was 92% and the false-positive rate was 6.6% for our cohort. Atypical lymphatic drainage patterns were observed in 6.6% of patients, all of whom developed metastases during follow-up. Immunohistochemistry analysis did not offer additional benefit for the detection of micrometastatic disease in our study. Despite the advantages of the technique, several limitations were identified concerning its applicability in minimally invasive surgery.
Conclusion: ICG-guided NIR fluorescence imaging is a safe and feasible method for sentinel lymph node biopsy in colon cancer. This technique allows for real-time intraoperative identification of atypical lymphatic drainage, which may influence the extent of lymphadenectomy in surgical management and may influence oncological outcomes for patients diagnosed with colon cancer.
Keywords: indocyanine green, sentinel lymph node, colon cancer, near-infrared fluorescence.

O-12

TYPE IV HIATAL HERNIA - CHALLENGING LAPAROSCOPIC APPROACH

Bogdan Alexandru Mărunțelu, Ștefan Pătrașcu, Alina Manolică, Roxana Sandu, Mircea Ionescu, Valeriu Șurlin

Spitalul Clinic Judetean de Urgenta Craiova, România

A hiatal hernia is a medical condition characterized by the abnormal protrusion of the upper part of the stomach or other internal organs through the diaphragm's hiatus. The most characteristic manifestation found in hiatal hernia is gastroesophageal reflux, manifested through regurgitation and heartburn. It has multiple stages ranging from type I-IV according to severity, type IV hernias consist of a structure other than the stomach herniating into the thoracic cavity (small bowel, colon, omentum, pancreas or spleen). Laparoscopy provides enhanced clarity for observing the hiatus, enabling precise dissection of the esophagus and hernia sac, even deep into the mediastinum, all under direct visualization. This method offers several advantages over open repairs, including shorter hospital stays, reduced reliance on nasogastric tubes, diminished postoperative discomfort, and lower morbidity rates. Additionally, laparoscopy offers improved aesthetic outcomes. Currently, it is the preferred method for most hiatal hernia repairs.
We present a type IV hiatal hernia with intrathoracic migration of the transverse colon, initially diagnosed approximately 20 years ago, who presented to our clinic following a computed tomography scan for surgical evaluation, complaining of intestinal transit disorders, predominantly constipation, abdominal bloating with recent progressive worsening, for which hiatal hernia repair was performed using a laparoscopic approach.
Keywords: hiatal hernia, GERD, hiatal hernia repair, laparoscopy.

O-13

ICG-GUIDED LAPAROSCOPIC LIVER RESECTION FOR HYDATIC LIVER CYST

Sorin Aldoescu, Elena Niculescu, Andra Marcu, Iulian Brezean, Mihaela Mișcă

Spitalul Clinic „Dr. I. Cantacuzino”, Bucuresti, România

Introduction: Hydatid liver cysts, continue to be an important cause of morbidity and mortality in eastern Europe. Although different treatment options have been employed, with a definitive trend towards a conservative - less invasive approach, there are many instances when a hepatic resection is warranted and preferable for the patient. The main objective of radical surgery is to reduce the rates of recurrence and postoperative complications related with the cyst. In order to achieve this goal, it is advised to perform pericystectomy, anatomic, or nonanatomic liver resections taking care not to disrupt the wall of the cyst.
Material and Method: We present the case of a 59-year-old patient, diagnosed 5 years prior with hepatic cystic leasion of segments II-III suggestive of hydatid liver cyst, confirmed by imaging and serology. Laparoscopic ICG-guided complete pericystectomy was performed, thus aiding in important anatomoical landmark identification and parenchyma-sparing resection. Postoperative course proved to be uneventful and pacient was discharged on postoperative day 3.
Conclusion: Hepatic resection remains a viable option for hydatid liver cysts, including recurrences, with better results on long-term followup. Current wide-spread development of fluorescence-guided minimally-invasive liver surgery – supports the use of ICG for approach to hydatid liver disease.
Keywords: Hydatid, liver, ICG.

O-14

TAPP VS OPEN REPAIR OF INGUINAL HERNIAS IN CIRRHOTIC PATIENTS WITH ASCITES: A COMPARATIVE STUDY

Sergiu Pisarenco[1], Gheorghe Anghelici[1], Tatiana Zugrav[1], Ion Pîrțac[2]

[1]Universitatea de Stat de Medicina si Farmacie „Nicolae Testemitanu”, Departamentul de Chirurgie nr. 2, Chisinau, Republica Moldova
[2]IMSP Spitalul Clinic Municipal „Sfânta Treime”, Chisinau, Republica Moldova

Introduction: To compare the feasibility, safety and early clinical outcomes of TAPP vs Lichtenstein repair in patients with cirrhosis and ascites.
Methods: This was a prospective observational study including 26 patients with liver cirrhosis (Child B/C) and moderate-to-severe ascites who underwent elective inguinal hernia repair. Group I -11: TAPP Group II -15: Lichtenstein. Mean age 59.4 ± 6.2 years; 81% male. Primary endpoints included postoperative complications, pain intensity (VAS-score), analgesic consumption, length of hospital stay, and hernia recurrence at 10-month follow-up.
Results: In Group I, no major complications were recorded. No surgical site infections, ascitic fluid leaks, or hematomas were observed. The mean VAS score on postoperative day 1 was significantly lower (4.1 ± 0.8 vs. 6.2 ± 1.0, $p = 0.002$), and analgesic use was reduced. The mean length of stay was shorter in the TAPP group (4.1 ± 0.5 days vs. 6.3 ± 0.6 days, $p = 0.01$). In Group II, minor complications included 1 hematoma and 1 seroma. No patients in either group developed chronic pain or hernia recurrence during follow-up.
Conclusion: TAPP repair appears to be a safe and effective approach for inguinal hernia repair in cirrhotic patients with ascites. The technique is associated with lower postoperative pain, faster recovery, and shorter hospitalization compared with open repair. Furthermore, TAPP offers intra-abdominal visualization, which may be useful for assessing hepatic pathology. Despite promising results, the study is limited by the small sample size and intermediate follow-up duration. Larger randomized studies are needed to confirm these findings and define optimal patient selection criteria.
Keywords: inguinal hernia, TAPP, Lichtenstein, cirrhosis.

O-15

THE SURGICAL TREATMENT OF INCISIONAL HERNIAS – OPEN SURGERY VERSUS LAPAROSCOPIC TECHNIQUE

Cristian Botezatu[1,2], Cosmin Alexandru Popa[1,2], Adrian Zarafin[2], Constantin Tihon[2], Valentin Popescu[1,2], Martina Nichilò[2], Dumitru-Dragoș Chitca[1,2], Ion Mircea Radu[1,2], Radu Mihnea[2], Radu-Eduard Mastalier[3], Bogdan-Stelian Mastalier-Manolescu[1,2]

[1]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[2]*Spitalul Clinic Colentina, Bucuresti, România*
[3]*Universitatea „Ruprecht Karl" din Heidelberg, Germania*

Introduction: Postoperative incisional hernias represent a common pathology among patients with a history of abdominal surgery, significantly impairing their quality of life. Beyond the physical discomfort, these hernias may lead to serious complications such as strangulation or erosion of the overlying skin. Surgical intervention, typically indicated no earlier than six months following the initial operation, can be performed using either the open or laparoscopic approach — each with distinct advantages and limitations.
Materials and Methods: Between 2021 and 2025, a total of 358 patients with postoperative incisional hernias underwent surgical treatment at the General Surgery Clinic of Colentina Hospital, Bucharest. Of these, 238 hernias were located along the midline, 110 were right subcostal, and 10 were left subcostal. Uncomplicated hernias accounted for 269 cases. 71 patients presented with intestinal obstruction due to strangulation, and 18 exhibited overlying skin erosions at admission. The open surgical approach was employed in 216 cases, while 142 patients underwent laparoscopic repair.
Results: Long-term postoperative complications following open repair included recurrence and parietal suppuration caused by mesh rejection. In the laparoscopic group, complications primarily consisted of bowel obstruction due to postoperative adhesions, and hernia recurrence.
Conclusion: Clearly defined indications for selecting the appropriate surgical approach, meticulous surgical technique, and the use of suitable alloplastic materials are critical factors in minimizing postoperative complications and ensuring favorable outcomes in the management of incisional hernias.
Keywords: incisional hernia, laparoscopic surgery; open surgery.

O-16

A DIFFICULT GASTRIC GIST APPROACHED LAPAROSCOPICALLY

Silviu-Tiberiu Makkai-Popa, Cătălin Dumitrache

Spitalul Regina Maria, Brasov, România

Introduction: We present the case of a subcardial GIST resection treated with a combined endoscopic and laparoscopic approach.
Case presentation: A 66 year-old female presented with chronic epigastric discomfort and was evaluated initially by a CT scan of the thorax, and an MRI of the abdomen and pelvis that found a tumor in the cardial region. Endoscopy with biopsy was performed and found evidence of a mesenchymal tumor located about 1 cm distal to the esophagogastric junction, on the posterior wall of the stomach. As there was no evidence of disseminated disease, we scheduled the patient for surgical excision. A five port laparoscopic wedge resection was performed under endoscopic guidance, as the difficulty was to be able to resect the lesion without damaging or tightening the cardia. The duration of the procedure was 125 minutes. The postoperative course was uneventful and she was discharged on postoperative day 2. The pathology results showed a pT2Nx GIST with negative resection margins, the closest being at 0.5 cm from the lesion.
Discussion: In cases involving gastric resections, sometimes, the difficulty of the case is related to the location of the tumor and in that case, a multidisciplinary approach ensures good results.
Uniqueness of the case: we present a gastric wedge resection case in a patient with a difficult location of the lesion.
Keywords: GIST, gastric wedge resection, laparoscopic surgery.

O-17

WHAT ARE THE LIMITS OF MINIMALLY INVASIVE ESOPHAGECTOMY – WHEN TO CONVERT?

Diana Schlanger, Emil Gherasim, Călin Popa, Nadim Al Hajjar

Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor, Cluj-Napoca, România

Introduction: Minimally invasive esophagectomy has become the gold standard procedure in many high-volume centers, assuring good oncological outcomes together with enhanced postoperative recovery. Even though the benefits of this minimally invasive procedure are undeniable, this is a technical challenging procedure and has its limitations; considering this point, a discussion regarding situations that prompt conversion to open surgery is of high importance.
Methods: We conducted a retrospective study in which we collected videos from the esophagectomies performed in our center in the last 2 years. We afterwards selected the cases that needed conversion, and all videos were reviewed in order to identify the reason for conversion.
Results: In the selected time frame, we identified cases of conversion to open surgery either in the abdominal part (3 cases) or the thoracic part (3 cases) of the procedure. The reasons for conversion from laparoscopy to laparotomy were previous abdominal surgery with adhesions, bleeding arising from an aberrant left hepatic artery and large esophagogastric tumor with difficult laparoscopic mobilization. Conversion from thoracoscopy to thoracotomy was performed always due to large tumors that were not able to be properly dissected from the surrounding tissues; in one case, there was a suspicion of invasion in the trachea, while in 2 other cases, suspicion of invasion in the aorta existed.
Conclusion: Minimally invasive approach should be the first option of treatment for esophagectomy, being a safe procedure, even though some selected cases will need conversion. Conversion to open surgery should not be seen as a failure of the procedure.
Keywords: laparoscopic esophagectomy, thoracoscopy, conversion.

PREZENTARI VIDEO

V-01

TAPP FOR UMBILICAL HERNIA, A VIABLE OPTION IN THE THERAPEUTIC ARSENAL

Petre Angel Hoară[1,2], Mircea Gheorghe[1,2], Mihai Alexandru Pavel[1]

[1]*Spitalul Clinic „Sfânta Maria", Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*

Umbilical hernia is a relatively common pathology, for which the therapeutic options include classical and minimally invasive methods, with or without mesh, depending on the size of the defect. The TAPP (transabdominal preperitoneal) approach has proven its effectiveness in the case of inguinal hernia, offering very good results. This approach is more recently being used in multiple other abdominal parietal pathologies, including umbilical hernia, especially in overweight or obese patients, with defects between 2 and 4 cm. We present our experience with this procedure, limited for now, but with encouraging results.
The TAPP approach in umbilical hernias is safe and with satisfactory results, in selected cases.

Keywords: Umbilical hernia; TAPP approach; Minimally invasive surgery; Abdominal wall repair; Mesh repair

---

V-02

TROUBLE SHOOTING COMPLICATIONS IN MIS

Bijendra Patel

Universitatea Queen Mary, Londra, Marea Britanie

Minimally Invasive Surgery (MIS) has transformed surgical practice, offering significant benefits in terms of reduced postoperative pain, shorter hospital stays, and faster recovery. However, MIS presents unique technical challenges and is associated with specific complications that may be more difficult to detect or manage compared to open procedures. This presentation will provide a practical and case-based overview of common intraoperative complications encountered in MIS, with a focus on bleeding, bowel injury, and bile duct injury. We will discuss key strategies for early recognition, intraoperative decision-making, and technical troubleshooting, as well as the role of anatomical variation and risk factors that predispose to such events. The session will also address the critical importance of situational awareness, communication within the surgical team, and thresholds for conversion to open surgery. Additionally, the role of surgical simulation and team-based training in preparing for high-stakes complications will be highlighted. The goal is to equip surgeons with practical tools and confidence to manage complications effectively, ensuring safer outcomes for patients undergoing MIS.

Keywords: surgery, surgical team, practice, MIS.

V-03

VIDEO-ASSISTED TRANSPLEURAL FIRST RIB RESECTION FOR THORACIC OUTLET SYNDROME

Ioana-Medeea Tițu[1], George Bucur Delaca[2], Sergiu Adrian Ciulic[3], Florin Teterea[2], Emanuel Palade[1]

[1]*Universitatea de Medicina si Farmacie „Iuliu Hatieganu", Cluj-Napoca, România*
[2]*Spitalul Clinic de Pneumologie „Leon Daniello", Cluj-Napoca, România*
[3]*Spitalul Judetean de Urgenta Alba Iulia, România*

Introduction: Thoracic Outlet Syndrome (TOS), first described by Peet in 1956, encompasses a spectrum of three interrelated syndromes characterized by compression of neurovascular structures in the upper thoracic and lower cervical regions. Current therapeutic protocols adopt a multimodal approach, combining conservative treatments and surgical interventions tailored to the syndrome type and clinical severity. The main objective is to promote first rib resection as the most effective therapeutic option for

cases refractory to conservative management. Additionally, the study highlights the long-term impact of surgical treatment on pain relief, functional improvement, and patient satisfaction.
Materials and methods: This paper summarizes data from 19 open-access English-language articles indexed in PubMed over the last five years. The selected studies include prospective cohort and comparative designs, meeting inclusion criteria such as confirmed diagnosis via clinical and imaging evaluations, symptoms persisting despite six months of conservative treatment, nerve conduction velocity below 60m/s, significant daily activity impairment or severe symptoms. The paper also details the surgical technique supported by documented case series.
Conclusions: Although no standardized surgical protocol exists for TOS, literature supports a high success rate for transpleural first rib resection using video-assisted thoracic surgery (VATS), which is considered superior to other approaches (transaxillary, supra-clavicular, posterior). This method targets the first rib as the central compressive element and allows optimal visualization for precise resection. However, it may involve complications like chylothorax, paresthesia, neurovascular injury, or persistent pneumothorax.
When applied to well-selected cases, first rib resection offers excellent therapeutic outcomes, with minimal morbidity and negligible mortality.

V-04

LEFT LAPAROSCOPIC ADRENALECTOMY FOR CUSHING SYNDROME IN A PATIENT WITH SITUS INVERSUS TOTALIS

Elena Adelina Toma[1,2], Valentin Calu[1,2], Cătălin Pîrîianu[1,2], Cătălin Ștefan Avadanei[1], Adrian Miron[1,2], Octavian Enciu[1,2]

[1]*Spitalul Universitar de Urgenta Elias, Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila”, Bucuresti, România*

Introduction: Situs inversus totalis (SIT) is a rare congenital condition characterized by the mirror-image transposition of thoracic and abdominal organs. While individuals with SIT typically exhibit normal organ function, anatomical variations pose unique challenges during surgical interventions.
Material and method: We present a case of laparoscopic left adrenalectomy performed for Cushing's syndrome in a patient with SIT. A 37-year-old female with a history of SIT diagnosed with overt Cushing's syndrome and a left adrenal adenoma was referred for surgery. The standard position for left transperitoneal laparoscopic adrenalectomy was used. Trocar placement was altered to adjust to the peculiar anatomy and an extra working trocar was needed for exposure. The left main adrenal vein was identified and had a typical left-sided disposition draining in the renal vein. The procedure was completed laparoscopically without complications, with an operative time of 100 minutes. The patient had an uneventful recovery, was discharged on POD3 and final pathology confirmed an adrenal adenoma.
Conclusion: This case underscores the feasability and safety of laparoscopic adrenalectomy in SIT. Surgeons should be cognizant of the anatomical variations and adjust their techniques accordingly to ensure optimal patients outcomes.

V-05

LAPAROSCOPIC MANAGEMENT OF BILIARY ILEUS: TWO RARE CASES OF SMALL BOWEL OBSTRUCTION SUCCESSFULLY TREATED VIA ENTEROTOMY WITH ENTERORRHAPHY AND ENDOBAG EXTRACTION

Alexandru Doșa[1,2], Tudor Florea[1], Angelica Ionescu[1], Edgar Monsch[2]

[1]*Spitalul Municipal “Anghel Saligny”, Fetesti, România*
[2]*Spitalul Civils de Colmar, Franta*

Introduction: Biliary ileus is a rare cause of small bowel obstruction, most frequently affecting elderly patients and often diagnosed intraoperatively. We present two cases of patients admitted with signs of small bowel obstruction, where preoperative imaging suggested a rare biliary pathology causing ileal obstruction. The singularity of these cases lies in the clear preoperative diagnosis and their successful laparoscopic management.
Material and method: Two patients were admitted to the Emergency Department with symptoms of intestinal obstruction. Clinical evaluation and CT scans revealed ectopic gallstones obstructing the terminal ileum, consistent with gallstone ileus. Both patients underwent laparoscopic surgery. An enterotomy was performed to extract the impacted calculi, which were placed in an

endobag and removed through a suprapubic incision, using the classical approach for laparoscopic appendectomy. Both cases had uneventful postoperative recovery and were discharged in stable condition.
Results: Biliary ileus accounts for less than 5% of mechanical small bowel obstruction cases and is associated with significant morbidity, especially in elderly patients. Traditionally managed by open surgery, minimally invasive approaches are increasingly reported. Our cases add to the limited literature demonstrating that laparoscopic enterolithotomy, even without fistula repair, is a safe and effective option in selected patients.
Conclusion: These cases are rare due to the clear preoperative identification of gallstone ileus and their successful purely laparoscopic treatment. The extraction technique mimicked that of a laparoscopic appendectomy, providing a safe, reproducible method for gallstone removal. This presentation includes intraoperative video demonstrating the key steps of the procedure.

V-06

LAPAROSCOPIC MANAGEMENT OF GASTRIC GASTRO-INTESTINAL STROMAL TUMORS GIST – TAILORED APPROACH-

Rodica Bîrla[1,2], Petre Angel Hoară[1,2], Mircea Gheorghe[1,2], Dragoș Predescu[1,2]

[1]*Spitalul Clinic „Sf. Maria", Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*

Introduction: Gastro-intestinal stromal tumors are rare malignancies of the digestive tract and not only, with more favorable prognostic comparing with commoner adenocarcinoma.
In case of gastric GIST, localization of the tumor dictates the type of resection to be performed.
Material and method: After a short literature review about gastric GIST management, we present two cases, managed laparoscopic, each one with particular localization, that required different approach regarding the type of resection.
Conclusion: Laparoscopic management of gastric GIST is safe and feasible, but usually requires a tailored approach.

V-07

ROBOTIC RESECTION OF A SPLENIC CYSTIC TUMOR.PARTIAL SPLENECTOMY UNDER ICG GUIDANCE

Splenic cystic tumors are rare clinical entities, representing less than 1% of splenic pathologies, and are most frequently encountered in young women. Although often asymptomatic, larger lesions may cause significant mass effect on adjacent structures or lead to complications such as rupture, infection, or hemorrhage. Surgical management is recommended in symptomatic or uncertain cases, with a current trend toward minimally invasive, spleen-preserving approaches. We present the case of a 22-year-old female with an incidentally discovered splenic cystic tumor measuring 49 × 35 × 35 mm, exerting compression on the stomach, pancreas, splenic vein, and left kidney. Her past medical history included ovarian cystectomy, appendectomy, thoraco-abdominal trauma, and suspected endometriosis. Laboratory evaluation revealed a mildly elevated CA 19-9 level, without evidence of malignancy or acute inflammation. Given the symptomatic nature and local compression, surgical resection was indicated. The patient underwent robotic-assisted central partial splenectomy on July 22, 2025, using the Da Vinci system. Indocyanine green (ICG) fluorescence was applied intraoperatively to assess real-time splenic perfusion, thereby guiding resection margins and ensuring preservation of viable splenic tissue. The cyst was resected en bloc with meticulous dissection from adjacent gastric and pancreatic structures, while preserving upper pole vascularization. Postoperative recovery was uneventful, with stable hemoglobin levels, early mobilization, and discharge on postoperative day four. Final pathology confirmed a benign mesothelial splenic cyst. This case underscores the value of robotic-assisted partial splenectomy as a safe and effective treatment modality for complex splenic cystic lesions, particularly in young patients where spleen preservation is desirable. The integration of ICG fluorescence enhances intraoperative vascular assessment, reducing the risks of bleeding or ischemia. Robotic surgery, with its superior dexterity and three-dimensional visualization, represents an optimal strategy for managing challenging splenic pathology in selected cases.

V-08

LAPAROSCOPIC CENTRAL SPLENECTOMY FOR LARGE SPLENIC CYSTIC TUMORS

Ana Maria Nedelcu, Cătălin Copaescu

Background: Splenic cystic tumors are relatively rare, and their management often requires careful surgical planning to preserve splenic function. The advent of laparoscopic surgery has introduced a minimally invasive approach that offers precision, reduced recovery time, and improved surgical outcomes. *Aim:* To present the successful use of laparoscopic central splenectomy (LCS) for the management of a large cystic splenic mass in a young patient, with an emphasis on splenic tissue preservation and intra-operative vascular assessment.
Method: A 26-year-old female patient with a history of left para-ovarian cyst, dyslipidemia, psoriasis, and paresthesia presented with right upper quadrant pain, significant weight loss, anorexia, and nausea. Imaging studies revealed a large cystic mass (15 cm in diameter) within the spleen. Laparoscopic central splenectomy was planned, focusing on maximizing spleen parenchyma sparing by taking advantage of the superior and inferior splenic pole vascular bundles. Indocyanine green (ICG) was utilized for intra-operative vascular assessment.
Results: The laparoscopic surgery was successfully performed with the preservation of the inferior and superior splenic poles (9x5 cm and 4x4 cm, respectively). The splenic artery and vein were carefully dissected, and adequate blood flow to the remaining splenic tissue was confirmed using ICG. The patient had an uneventful recovery, with a rapid return to normal activities. Follow-up examinations at 30 days and 3 months using Doppler ultrasound demonstrated progressive revascularization in the preserved splenic areas.
Conclusion: Laparoscopic central splenectomy, with its precise and minimally invasive approach, proved to be an effective method for managing large splenic cystic masses. The technique allowed for maximal spleen preservation, ensuring the maintenance of immune function while minimizing the risk of postoperative complications. Intraoperative vascular assessment using ICG further enhanced the precision of the procedure, confirming the viability of partial splenectomy.

V-09

LAPAROSCOPIC PANCREATOGASTROSTOMY AFTER HYBRID PANCREATODUODENECTOMY: INDICATIONS, TECHNIQUE AND EARLY OUTCOMES

Nica-Ghidanac Maria, Dumbrava Bogdan, Copaescu Catalin

Department of Surgery, Ponderas Academic Hospital, Bucharest, Romania

Background: Pancreatoduodenectomy (PD) remains a technically demanding procedure, with postoperative pancreatic fistula (POPF) representing the most relevant cause of morbidity. Pancreatogastrostomy (PG) has been proposed as an alternative to pancreatojejunostomy (PJ), particularly in high-risk patients. The use of minimally invasive and hybrid techniques may improve precision during pancreatic reconstruction.
Methods: Between 2021 and 2024, 13 patients underwent pancreatoduodenectomy using a hybrid approach, combining laparo-scopic dissection and resection with robotic reconstruction. Pancreatogastrostomy was selectively performed based on pancreatic texture, duct diameter, and anatomical considerations. Postoperative outcomes were prospectively analyzed, including clinically relevant POPF, delayed gastric emptying (DGE), bleeding, reinterventions, and 30-day mortality.
Results: Pancreatogastrostomy was performed in 4 patients. No clinically relevant postoperative pancreatic fistula occurred in the PG group. One patient developed delayed gastric emptying, and two patients experienced prolonged postoperative ileus. Two patients required endoscopic hemostasis for intraluminal bleeding at the gastro-pancreatic anastomosis. No surgical reinterventions were necessary, and no 30-day mortality was recorded
Conclusios: Laparoscopic pancreatogastrostomy following hybrid pancreatoduodenectomy is feasible and safe in carefully selected patients, with encouraging early outcomes. PG may represent a valuable reconstruction option in high-risk pancreatic remnants. The choice of reconstruction should be individualized, while surgeon experience, standardization, and center volume remain critical determinants of success.

POSTERE

P-01

CURRENT SURGICAL STRATEGIES FOR LOW-RECTAL CANCER – FROM ABDOMINO-PERINEAL RESECTION TO SPHINCTER-SAVING TECHNIQUES

Sorin Aldoescu, Mihaela Mișcă, Elena Niculescu, Iulian Brezean

Spitalul Clinic „Dr. I. Cantacuzino", Bucuresti, România

Introduction: Management of low rectal cancer has seen an important evolution in recent years, moving from standard abdomino-perineal resections to less invasive and more conservative resectional approaches. While intersphincteric resections can be safely performed from an oncologic viewpoint, the rate of complications and the functional results are still a matter of debate.
Material and method: In a retrospective study from 2014 to 2024 in the 2nd Surgery Department of the Cantacuzino Clinical Hospital, we studied the patients treated for low rectal cancer. From a total of 127 patients, 98 had an abdomino-perineal resection, while 29 had a sphincter -preserving resectional approach. We notice a growing trend of restorative procedures during the examined period, but with an increase in morbidity and development of new complications associated with these procedures.
Conclusion: Low rectal cancer management has seen a paradigm shift through the growing number and variation of resectional-reconstructive procedures, aided by current oncological therapies. The possibility of preserving sphincteric continence and the continuity of the digestive tract is demanded more often by patients and represent a growing challenge for the modern surgeon.
Keywords: rectal, low, sphincter, preserve

P-02

LAPAROSCOPIC HERNIA APPROACH: EMERGENCY HOSPITAL OF MOINESTI EXPERIENCE

Daniela Andriescu[1], Adrian Cotîrleț[1,2,3], Eduard Popa[1], Mircea Hogea[4]

[1]*Spitalul Municipal de Urgenta Moinesti, România*
[2]*Academia Oamenilor de Stiinta din România, Bucuresti, România*
[3]*Universitatea „Vasile Alecsandri", Bacau, România*
[4]*Facultatea de Medicina, Brasov, România*

Introduction: Ralph Ger described the first potential laparoscopic inguinal hernia repair in 1982. He describes a metallic clip applying device to close the hernia sac during laparotomy for other operations. He eventually describes one case of laparoscopic inguinal hernia repair in a similar fashion with metallic clips only. His approach was applicable to hernia sacs with defects less than 1.25 cm. The first TEP approach for inguinal hernia repair was first described by McKernon and Laws in 1993. As with the transabdominal approach (TAPP), the principles touted by Rives and Stoppa for open preperitoneal repair of a large mesh providing coverage over all defects, distributing intraabdominal pressure over the large mesh area, and requiring minimal fixation, were primary principles of the laparoscopic approach to inguinal hernia repair.
Material and method: The aim of this manuscript is showing our experience and results of laparoscopic approach for hernia repair. A retrospective review of a prospectively maintained database between January 2020 until present time of hernias that were operated laparoscopically in our hospital.
Results: In this period, we identified 212 patients with parietal defects that benefitted laparoscopic approach (168 inguinal hernias, 33 umbilical hernias and 11 incisional hernias).
Conclusions: Laparoscopic approach is a safe, feasible and effective therapeutic option for the treatment of abdominal parietal defects, requiring above medium laparoscopic skills. A minimally invasive laparoscopic approach has many advantages when compared to open approaches both during surgery and in postoperative results.
Keywords: inguinal hernia repair, laparoscopic, abdominal parietal defects

---

P-03

RETROPERITONEAL TUMOR: CASE REPORT

Dumitru Cazacu[1], Adrian Hotineanu[2], Ivan Cucu[2], Elena Plesco[2]

[1]*Spitalul Clinic Republican „Timofei Mosneaga”, Chisinau, Republica Moldova*
[2]*Universitatea de Stat de Medicina si Farmacie „Nicolae Testemitanu”, Chisinau, Republica Moldova*

Introduction: The retroperitoneum is one of the most complex regions of human organism as its contains a variety of organs and structures. These belonging to the urinary and digestive tracts and the vascular systems. A wide range of different tumors, both benign and malignant, are recorded in the respective area. Various investigations are used to evaluate the retroperitoneal area, the most informative being high-performance diagnostic imaging techniques, such as: computed tomography, nuclear magnetic resonance, PET-tomography, etc. Owing to the location in the retroperitoneal space of the different organs of the digestive tract and the vascular system, a multidisciplinary approach is necessary.
Case report: Patient, female, 44 years old, was hospitalized for elective surgery with a mass in the retroperitoneal space suspected for several pathologies, such as: chronic hematoma, lymphangioma, pseudocyst, liposarcoma, teratoma or tumor of neurogenic genesis. The patient underwent surgery via laparoscopic approach with complete removal of the respective mass, measuring 9.0x8.0 cm, located superior to the renal vein, posterior to the pancreas and to the diaphragm. The postoperative period was without particularities; the patient was discharged in satisfactory condition on the 4th day after surgery. Histopathologically, the benign origin of the tumor characteristic of retroperitoneal ganglioneuroma was confirmed.
Conclusions: The patient's condition was monitored postoperatively. However, laparoscopic approach to patients with retroperitoneal masses is a safe technique, acceptable for both benign and malignant tumors, with a low rate of complications in the postoperative period, and early recovery.
Keywords: malignant , laparoscopic approach ,retroperitoneal masses

---

P-04

FUNCTIONAL AND QUALITY OF LIFE OUTCOMES ACCORDING TO ANASTOMOSIS TYPE POST-TME

Liviu Chiriac, Gheorghe Anghelici, Sergiu Pisarenco, Sava Cernei

Universitatea de Stat de Medicina si Farmacie „Nicolae Testemitanu”, Chisinau, Republica Moldova

Introduction: This review aims to assess how different colorectal anastomosis techniques impact postoperative functional outcomes and quality of life (QoL) in patients undergoing total mesorectal excision (TME) for rectal cancer.
Materials and Methods: A systematic literature search was conducted in PubMed, Embase, and Cochrane Central up to April 1st, 2025. Out of 4594 entries, 24 randomized controlled trials were included, comparing end-to-end anastomosis (EEA) with colonic J-pouch (CJP) and/or side-to-end anastomosis (SEA). QoL was evaluated at 6, 12, 18, and 24 months using validated instruments.
Results: EEA showed no significant differences compared to CJP in terms of anastomotic leakage (RR: 1.03; CI: 0.84–1.26), mortality (RR: 0.77; CI: 0.30–1.98), or postoperative ileus (RR: 0.64; CI: 0.40–1.01). At 12 months, the average difference in bowel frequency was 1.59 movements/day (CI: –0.66 to 3.84). QoL scores at 6 and 12 months were comparable (SMD: –0.22; CI: –0.82 to 0.37). Similarly, no major differences were found between EEA and SEA regarding leakage (RR: 1.59; CI: 0.54–4.72) or QoL (SMD: –0.04; CI: –0.66 to 0.58).
Conclusion: EEA is a viable and technically simpler reconstruction method after TME, offering comparable surgical and functional outcomes to more complex techniques, without negatively affecting patient quality of life.
Keywords: colorectal anastomosis, rectal cancer, quality of life, mesorectal excision, surgical reconstruction

---

P-05

FROM SIMULATION TO SCALPEL: ENHANCING INTRAOPERATIVE LAPAROSCOPIC SKILLS THROUGH STRUCTURED TRAINING IN ROMANIA

Dumitru-Dragoș Chitca[1,2], Valentin Popescu[1,2], Cristian Botezatu[1,2], Martina Nichilò[2], Maria-Theodora Lăpădat[2], Cosmin Alexandru Popa[1,2], Radu-Eduard Mastalier[3], Bogdan-Stelian Mastalier-Manolescu[1,2]

[1]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[2]*Spitalul Clinic Colentina, Bucuresti, România*
[3]*Universitatea „Ruprecht Karl", Heidelberg, Germania*

Introduction: This study investigates the impact of simulation-based laparoscopic training on enhancing intraoperative performance among novice surgical trainees in Colentinas Surgical Clinic.
Materials and Methods: Conducted at the Center for Innovation and E-Health, Carol Davila University of Medicine and Pharmacy (Bucharest), the program involved an intensive curriculum using high-fidelity box and haptic laparoscopic simulators. Trainees focused on core technical skills, including precision, spatial orientation, and procedural efficiency. Objective task metrics and qualitative assessments by experienced surgical mentors were used for pre- and post-training evaluation.
Results: Participants demonstrated significant improvements in task completion time and accuracy. All trainees reported increased confidence and procedural familiarity. Senior evaluators noted enhanced instrument control and smoother dissection during live procedures, indicating effective skill transfer from simulation to the operating room.
Conclusions: The findings support the integration of laparoscopic simulation into surgical training, especially for early-career surgeons. Simulation-based curricula can accelerate technical skill acquisition, improve operative readiness, and ultimately enhance patient safety.
Keywords: simulation-based laparoscopic training, technical skills, simulation-based curricula

---

P-06

WHEN PELVIC PAIN HIDES A HEMOPERITONEUM: LAPAROSCOPICALLY TREATED OVARIAN CYST RUPTURE

Ali Shadi Elayan[1], Dumitru-Dragoș Chitca[1,2], Valentin Popescu[1,2], Olena Teodorescu[1], Martina Nichilò[1], Cristian Botezatu[1], Radu-Eduard Mastalier[3], Bogdan-Stelian Mastalier-Manolescu[1,2]

[1]*Spitalul Clinic Colentina, Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[3]*Universitatea „Ruprecht Karl", Heidelberg, Germania*

Introduction: Ovarian cysts are common gynecological findings, often asymptomatic and benign. However, in certain cases, they may lead to significant complications, including ovarian torsion, rupture, hemorrhage, infection, or potential malignant transformation.
Case presentation: A 59-year-old German woman with national medical insurance presented to the emergency department with sudden, intense pelvic pain lasting eight hours, accompanied by a 38.5°C fever. Examination showed right lower quadrant peritoneal irritation. Blood tests indicated leukocytosis ($13.11 \times 10^3/\mu L$), elevated C-reactive protein (69.07 mg/L), and high inflammatory markers. Abdominal ultrasound detected significant pelvic fluid without a clear adnexal lesion, prompting a CT scan that revealed a hemorrhagic ovarian cyst. Notably, the German insurance provider contacted the physician, specifying that only the acute adnexal issue would be covered, excluding chronic conditions like a left ovarian cyst and micropolycystic ovary, potentially leading to legal issues if the indication is not respected. Chronic conditions could be managed back in Germany if needed. Exploratory laparoscopy confirmed hemoperitoneum caused by rupture of a right ovarian cyst. Spontaneous hemostasis was noted due to omental adhesion to the ovary. A laparoscopic right adnexectomy with thorough peritoneal lavage, hemostasis, and drainage was performed.
Result: The postoperative course was uneventful. The patient was discharged on day 4 in good condition. Surgery successfully resolved the hemoperitoneum, restored hemostasis, relieved symptoms, and prevented legal conflict with the insurer.
Conclusion: Laparoscopic surgery enabled prompt diagnosis and treatment, ensuring rapid recovery and reduced complications. This case underscores its value in managing gynecological emergencies.
Keywords: hemorrhagic ovarian cyst, laparoscopic surgery, gynecological emergencies.

P-07

BOX SIMULATION-BASED TRAINING FOR EARLY-CAREER SURGEONS: ENHANCING TECHNICAL PERFORMANCE IN LAPAROSCOPY

Dumitru-Dragoș Chitca[1,2], Valentin Popescu[1,2], Cristian Botezatu[1,2], Martina Nichilò[1,2], Maria-Theodora Lăpădat[2], Cosmin Alexandru Popa[1,2], Radu-Eduard Mastalier[3], Bogdan-Stelian Mastalier-Manolescu[1,2]

[1]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[2]*Spitalul Clinic Colentina, Bucuresti, România*
[3]*Universitatea „Ruprecht Karl", Heidelberg, Germania*

Introduction: To assess the impact of a high-fidelity laparoscopic simulation program on the intraoperative technical performance of young surgical trainees, with emphasis on skill acquisition, procedural confidence, and operative safety.
Material and method: A cohort of six general surgery residents (PGY1–PGY5) participated in a four-week laparoscopic simulation course hosted at the Center for Innovation and E-Health, Carol Davila University. Training modules targeted core laparoscopic skills (e.g., peg transfer, intracorporeal suturing, knot tying) using validated simulation platforms. Performance was evaluated before and after training using objective simulator metrics (task time, error rates) and intraoperative assessments during elective laparoscopic cholecystectomies. Senior surgical mentors rated participants using structured performance observation tools.
Results: Participants showed a 31% reduction in average task completion time and a 47% decrease in errors post-training. Junior residents exhibited the greatest relative gains in instrument control and procedural fluency. Intraoperative assessments by senior faculty highlighted improved depth perception, bimanual coordination, and tissue handling. Subjective feedback indicated increased confidence in performing laparoscopic procedures. Training sessions are ongoing for additional participant groups.
Conclusions: High-fidelity laparoscopic simulation significantly improves technical performance and confidence in novice surgeons. This training modality promotes early skill acquisition, smooths the transition to live surgery, and enhances patient safety. These findings support the integration of structured simulation into early surgical training curricula.
Keywords: high-fidelity laparoscopic simulation, general surgery residents, training sessions, surgical training curricula

---

P-08

ARTIFICIAL INTELLIGENCE IN MEDICINE – NEW CHALLENGES FOR MALPRACTICE LIABILITY

Călin Tiu, Raluca Nanu, Florian Nanu

Fundatia Medis, Câmpina, România

Introduction: In the light of the recently adopted AI Act where AI medical systems are considered to be of high risk, given that in recent years advances in medicine have allowed the development of more and more advanced systems, capable of learning from experience; the presentation will be useful because the participants will find out:
• Under what circumstances could the doctor be relieved of liability?
• Are there any specific rules of law regarding liability in the case of the use of an AI system?
• Where can errors appear into the system and who is responsible in each case, from the system producer to the hospital and doctors who use it.
• How can AI robots malfunction when some of the computer hardware, programs/software have errors.
Conclusion: By analyzing several (hypothetical) cases that could attract liability in the event of a patient's bodily injury because of a medical procedure, we will seek to understand the possible hypotheses that would lead, on the one hand, to the malfunctioning of the artificial intelligence medical system, and on the other hand, to the establishment of medical liability.
Keywords: AI Act, advances in medicine, malfunctioning of the artificial intelligence

---

P-09

HIATAL HERNIA REPAIR, REINFORCE WITH BIOSYNTHETIC MESH

Ivan Cucu, Adrian Hotineanu, Alexandru Ferdohleb, Dumitru Cazacu, Victor Pîrvu, Ion Cotoneț

Spitalul Multidisciplinar „Repromed+”, Chisinau, Republica Moldova

Introduction: laparoscopic Nissen fundoplication and esophagoplasty are the standards for gastroesophageal reflux disease (GERD) and hiatal hernia (HH) repair. Biosynthetic mesh is also associated with reduced recurrence.
Material and methods: this study attempted to evaluate the effectiveness of a biosynthetic mesh in the laparoscopic repair of HH. This retrospective study reviewed patients with a severe GERD complicated with HH from 2020 to 2025. All patients underwent the HH repair using a biosynthetic mesh Phasix ST, accompanying Nissen fundoplication.
Results: up to 12 months postoperatively, GERD-health-related quality-of-life (GERD-HRQL) scale, radiologic studies on HH recurrence, and symptoms were recorded. The mean surgical time and postoperative hospital stay were 86.5 ± 8.56 min, 4.1 ± 0.45 days, respectively. The postoperative symptom relief rate was 94.8%, and no recurrence exhibited during follow-up. There were no intraoperative vagus nerve injury or postoperative complications, mesh infection, and reoperation for mesh.
Conclusions: the repair of HH with the biosynthetic mesh is an option for clinical use, with effectiveness and few short-term complications being reported.
Keywords: Nissen fundoplication, GERD, biosynthetic mesh, retrospective study, short-term complications

---

P-10

PREOPERATIVE COLON TUMOR MARKING WITH ICG IN MINIMAL INVASIVE SURGERIES

Alexandra Ioana Doicescu[1], Ștefan Teofil Petrea[1], Ioan Popescu[2]

[1]*Spitalul Academic Ponderas, Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila”, Bucuresti, România*

Introduction: Preoperative indocyanine green (ICG) marking of colorectal tumors during colonoscopy is a safe and effective method, essential for improving the precision of laparoscopic and robotic surgical interventions.
Material and method: This technique allows for the precise intraoperative identification of tumor extension, without compromising the visibility of surgical plans. Preoperative ICG marking has contributed to correct identification of small colorectal tumors and the lymphatic drainage, which have lead to reducing local recurrences, shortening operating time and minimizing the risk of intra-operative complications. Submucosal administration on ICG doesn't interfere with intraoperative intravenous administration of ICG for optimal visualization of the vascularization of the section slices.
In addition, lymph node mapping during tumor marking offers the possibility of an adequate surgical treatment, facilitating the excision of all lymph nodes, even aberrant ones. ICG is distinguished by its adequate persistence in tissues, optimal tolerance and the lack of significant adverse reactions.
Conclusion: In the last three months, this method has been successfully applied to ten patients diagnosed with colorectal cancer, ensuring preoperative tumor marking and node mapping. The results obtained with this technique of preoperative ICG tumor marking and node mapping were excellent, indicating a complication and mortality rate of 0%.
Keywords: Preoperative indocyanine green, colorectal tumors, lymph node mapping, node mapping

---

P-11

ILEAL POLYPOID LESION MIMICKING GIST: A CASE OF INTUSSUSCEPTION AND SEVERE ANEMIA REVEALING AN ARTERIOVENOUS MALFORMATION

Alexandru Doșa[1], Radu Andrei Baz[2], Tudor Florea[1], Angelica Ionescu[1], Luminița Micu[2,3]

[1]*Spitalul Municipal „Anghel Saligny", Fetesti, România*
[2]*Spitalul Clinic Judetean de Urgenta „Sf. Apostol Andrei”, Constanta, România*
[3]*Centrul Medical Universitar Regina Maria, Constanta, România*

Introduction: Polypoid lesions of the small intestine are rare but clinically significant causes of chronic anemia and gastrointestinal symptoms. This case presents an unusual ileal arteriovenous malformation (AVM) initially suspected to be a gastrointestinal

stromal tumor (GIST), highlighting the diagnostic and surgical challenges.
Case presentation: 79-year-old female with a history of hypertension, one normal vaginal delivery, and no prior surgical history presented with severe anemia (Hb 6 g/dL) and significant fatigue. Preoperative upper and lower gastrointestinal endoscopy identified hemorrhoids and a small rectal polyp, but no active source of bleeding in the upper or lower GI tract. Both MRI and CT scansdescribed a suspicious tumor located at the terminal ileum, raising the strong preoperative suspicion of a gastrointestinal stromal tumor (GIST).
Surgical Management: An exploratory laparoscopy was initiated and revealed an ileal intussusception secondary to the suspected lesion. The affected segment was exteriorized through a small umbilical incision using a Small Alexis wound protector. A segmental enterectomy was performed, with a latero-lateral entero-enterostomy using a GIA stapler. During the same procedure: rectal polyp excision was performed. hemorrhoidal bundle excision with hemorrhoidopexy was completed. The presentation includes intraoperative photos, video documentation, and detailed histopathological findings.
Conclusion: Final pathology identified the lesion as an arteriovenous vascular malformation of the ileum Type 2, rare and often overlooked cause of chronic gastrointestinal bleeding and demonstrates the diagnostic complexity of ileal vascular lesions, which may clinically and radiologically mimic GISTs and shows the benefits of MIS and the feasibility of managing associated pathologies in a single operation.
Keywords: Polypoid lesions , gastrointestinal stromal tumor , laparoscopy , stapler

---

P-12

ADVANCING MINIMALLY INVASIVE SURGERY IN A SMALL MUNICIPAL HOSPITAL: SURGICAL EXPERIENCE AND DEVELOPMENT PATHWAYS

Alexandru Doșa, Mohammad-Jamil-Hamed Aldabsheh, Tudor Florea, Stelian Barcari, Angelica Ionescu, Gabriel Preda, Dana Shaher, Robert Ionel, Alina Lăzărescu, Salem Zahra

Spitalul Municipal "Anghel Saligny", Fetesti, România

Introduction: Minimally invasive surgery (MIS) is often perceived as being accessible primarily in large university centers. However, with proper training, teamwork, and efficient use of available resources, advanced laparoscopic procedures can be successfully implemented even in small municipal hospitals. This presentation showcases the growth and surgical outcomes achieved in such a setting, emphasizing that skill, not location, defines the surgical opportunity.
Material and method: Surgical Activity Overview: Over the past period, I have developed and consolidated a wide range of minimally invasive procedures in our municipal hospital, supported by a dedicated surgical and anesthesiology team:
• Laparoscopic Colorectal Resections
• Laparoscopic Intestinal Resections
• Laparoscopic Hernia Repairs
• Laparoscopic Cholecistectomy and Appendectomy
• Laparoscopic Salpingo-Oophorectomy
Ambulatory Surgical Procedures: Placement of port-a-caths via the cephalic vein for chemotherapy, ultrasound guided biopsies
Educational Message: This experience demonstrates that, with access to modern technology, and structured surgical training, complex minimally invasive procedures can thrive outside large academic centers. The key success factors are:
- Continuous skills development through dedicated practice.
- A strong, motivated surgical team that I have proudly built and supported locally.
- Adaptability and responsible resource management.
I aim to inspire fellow surgeons to recognize the growth potential in smaller hospitals and to embrace the challenge of developing MIS programs when properly trained.
Conclusion: MIS is not reserved for elite centers. It can and should be expanded to municipal hospitals when the surgeon is well-trained, motivated, and surrounded by a collaborative team. This approach increases patient access to modern surgical care, reduces recovery time, and enhances overall outcomes.
Keywords: Minimally invasive surgery, proper training, resource management, collaborative team

---

P-13

GASTRO-GASTRIC INTUSSUSCEPTION LEADING TO GASTRIC OUTLET OBSTRUCTION. A VERY RARE COMPLICATION AFTER GASTRIC PLICATION FOR OBESITY

Oliviu-Cristian Borz[1], Arpad Soo[1], Paul-Cristian Borz[2]

[1]*Spitalul Clinic Judetean de Urgenta Târgu-Mures, Clinia Chirurgie 2, România*
[2]*Institutul de Gastroenterologie, Cluj-Napoca, România*

Introduction. Sleeve gastrectomy and gastric bypass procedures are the most common operations in bariatric and metabolic surgery. Gastric plication is a less-used procedure, but for certain indications has promising results. Complications after gastric plication may occur.
Material and method. Between 2018 and 2024, a series of 280 gastric plications (GP) were performed. We excluded from the study patients with a BMI greater than 35 (n = 75). The rest of the 205 patients had a BMI between 30 and 35 and underwent GP after a standardized technique. In 62 cases that also had gastroesophageal reflux disease (GERD), we performed a Toupet fundoplication and plication of the rest of the stomach.
Discussion. The excess weight loss (EWL%) at 1 year was 68% and 65% at 2 years. There was no recurrence of the reflux disease. We had no major yearly complications (leakage or bleeding). As late complications, we had 1 patient with gastric outlet obstruction that needed surgery. The cause of the obstruction was a gastro-gastric intussusception triggered by the breakdown of the plication at the level of the fundus. We performed the reduction of the intussusception and a new plication of the prolapsed portion of the great curvature.
Conclusion. GP is an option for selected patients with lower BMI and GERD, who prefer to avoid gastric resection. Gastric outlet obstruction can occur. A very rare complication is the gastro-gastric intussusception, caused by the breakdown of the plication at the level of the fundus with consequent prolapse of the great curvature.
Keywords: Sleeve gastrectomy, bypass procedures, Toupet fundoplication, Gastric outlet obstruction

---

P-14

A 3D PRINTED, HIGH FIDELITY PELVIS TRAINING MODEL: COOKBOOK INSTRUCTIONS AND FIRST EXPERIENCE

Radu Claudiu Elisei[1,2], Florin Graur[1,3,4], Amir Szold[5,6], Răzvan Couți[2], Sever Călin Moldovan[2], Emil Moiș[1,3,4], Călin Popa[1,3,4], Doina Pîsla[4], Călin Vaida[4], Nadim Al Hajjar[1,3,4], Paul Tucan[4]

[1]*Universitatea de Medicina si Farmacie „Iuliu Hatieganu", Cluj-Napoca, România*
[2]*Spitalul Judetean de Urgenta, Bistrita, România*
[3]*Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor", Cluj-Napoca, România*
[4]*Universitatea Tehnica din Cluj-Napoca, România*
[5]*Assuta Medical Centre, Tel Aviv, Israel*
[6]*Sheba Medical Centre and School of Medicine, Tel Aviv University, Israel*

Introduction: Since laparoscopic surgery became the gold standard for colorectal procedures, specific skills are required to achieve good outcomes. The best way to acquire basic and advanced skills and reach the learning curve plateau is by using dedicated simulators: box-trainers, video-trainers and virtual reality simulators. Laparoscopic skills training outside the operating room is cost-beneficial, faster and safer without harming the patient. As compared to box trainers, virtual reality simulators and cadaver models have no additional benefits. Several laparoscopic trainers available on the market as well as home-made box and video-trainers, most of which them using plastic boxes and standard webcams, were described in the literature. The majority of them involve training on a flat surface without any anatomical environment. In addition to their demonstrated benefits, box trainers which add anatomic details can improve the training quality and skills development of surgeons.
Methods: We created a 3D-printed anatomic pelvi-trainer which offers a real-size narrow pelvic space environmnt for training. The model was created starting from a CT-scan performed on a woman pelvis from the Anatomy Museum (Cluj-Napoca University of Medicine and Pharmacy, Romania), using Invesalius 3 software (Centro de Tecnologia da informação Renato Archer CTI, InVesalius open-source software, Brazil) for segmentation and Fusion 360 with Netfabb software (Autodesk software company, Fusion 360 with Netfabb, California, USA) for 3D-modelling and a FDM technology 3D printer (Stratasys 3D printing company, Fortus 380mc 3D printer, Minnesota, USA). In addition, a metal mold for casting silicone valves was made for camera and endoscopic instruments ports. The trainer was tested and compared using a laparoscopic camera, a standard full HD webcam and "V-Box" (INTECH – Innovative Training Technologies, Milano, Italia), a hard paper dedicated box. The pelvi-trainer was tested by 33 surgeons with different qualifications and expertise.

Results: We made a complete box-trainer with a versatile 3D-printed pelvi-trainer inside, designed for a wide range of basic and advanced laparoscopic skills training in the narrow pelvic space. We assessed the feedback of 33 surgeons regarding their experience using the anatomic 3D-printed pelvi-trainer for laparoscopic surgery training in the narrow pelvic space. Each surgeon tested the pelvi-trainer in three different setups: using a laparoscopic camera, using a webcam connected to a laptop and a "V-BOX" hard paper box. The experiments being performed, each participant completed a questionnaire regarding his/her experience using the pelvi-trainer. The results were very positive, validating the device as a valid tool for training.
Conclusions: We validated the anatomic pelvi-trainer designed by our team as a valuable alternative for basic and advanced laparoscopic surgery training outside the operating room for pelvic organs procedures proving that it supports a much faster learning curve for colorectal procedures without harming the patients.
Keywords: laparoscopic surgery, a 3D-printed anatomic pelvi-trainer, faster learning curve

---

P-15

LIVER PHANTOMS CAST IN 3D-PRINTED MOLD FOR IMAGE-GUIDED PROCEDURES

Radu Claudiu Elisei[1,2], Florin Graur[1,3,4], Andreas Melzer[5,6], Sever Călin Moldovan[2], Călin Tiu[7], Călin Popa[1,3,4], Emil Moiș[1,3,4], Doina Pîsla[4], Călin Vaida[4], Horia Ștefănescu[1,3], Adrian Coțe[8], Nadim Al Hajjar[1,3,4]

[1]Universitatea de Medicina si Farmacie „Iuliu Hatieganu", Cluj-Napoca, România
[2]Spitalul Judetean de Urgenta, Bistrita, România
[3]Institutul Regional de Gastroenterologie si Hepatologie „Prof. Dr. Octavian Fodor", Cluj-Napoca, România
[4]Universitatea Tehnica din Cluj-Napoca, România
[5]Universitatea Leipzig, Leipzig, Germania
[6]Universitatea Dundee, Dundee, Marea Britanie
[7]Spitalul Municipal Câmpina, România
[8]Spitalul Judetean de Urgenta, Oradea, România

Introduction: Image-guided invasive procedures on the liver require a learning curve to acquire the necessary skills. The best and safest way to achieve these skills is during hands-on courses that include simulations and phantoms of different complications, without any risks for patients. There are many liver phantoms on the market made of various materials; however, there are few multimodal liver phantoms, and only two are cast in a 3D-printed mold.
Methods: We created a virtual liver and 3D-printed mold by segmenting a CT scan. The InVesalius and Autodesk Fusion 360 software packages were used for the segmentation and 3D modeling. Using this modular-mold we cast and tested silicone- and gelatin-based liver phantoms with tumor and vascular formations inside. We tested the gelatin liver phantoms for several procedures, including ultrasound diagnosis, elastography, fibroscan, ultrasound-guided: biopsy, drainage, radio-frequency ablation, CT-scan diagnosis, CT – ultrasound fusion, CT-guided biopsy and MRI diagnosis. The phantoms were also used in hands-on ultrasound courses at four international congresses.
Results: We evaluated the feedback of 33 doctors regarding their experiences in using and learning on liver phantoms to validate our model for training in ultrasound procedures.
Conclusions: We validated our liver phantom solution, demonstrating its positive impact on the education of young doctors who can safely learn new procedures improving the outcomes of patients with different liver pathologies.
Keywords: liver phantoms, virtual liver, education of young doctors

---

P-16

RE-SLEEVE GASTRECTOMY: IS IT A SAFE REVISIONAL PROCEDURE?

Rami Hajjar, Caius Lazar, Tudor Aurel Mateescu, Mehdi Berrada, Răzvan-Mihai Orha, Amadeus Dobrescu, Ciprian Constantin Duță

Spitalul Clinic Judetean de Urgenta Timisoara, România

Introduction: Obesity is a chronic disease with a multifactorial etiopathogeny and an increased global risk which presumes an interdisciplinary management and care. Sleeve gastrectomy (SG) is a bariatric procedure with good results on weight loss, low complication rates and good remission of comorbidities. The challenge of weight regains or insufficient weight loss post-SG, leading to revisional interventions. For patients with weight regain and an enlarged sleeved stomach, laparoscopic re-LSG can be a

revisional option. *Objective:* The objective of the study is to evaluate the safety and efficacy of Re-Sleeve Gastrectomy as a revisional bariatric procedure in patients with weight regain after LSG.
Methods & Patient Selection: A retrospective evaluation of a prospective database of our patients, in number of 14 patients who underwent laparoscopic gastric re-sleeve after LSG. The study included patients that underwent re-sleeve gastrectomy from January 2022- December 2024. Other criteria were weight regain, anatomical dilation of the stomach and absence of GERD, also preoperative radiologic imaging showing a dilated gastric pouch.
Results: The procedure was performed laparoscopic approach with al 14 cases. No intraoperative complications were found except one case of bleeding from the trocar site.
Conclusion: Re-Sleeve Gastrectomy can be difficult procedure due to postoperative adhesions and fibrotic tissue, and it is a viable revisional procedure for select patients, it presents an acceptable safety profile when performed by experienced surgeons.
Keywords: Obesity, revisional interventions, re-sleeve gastrectomy

---

P-17

MUSCULOSKELETAL PAIN AMONG SURGEONS PERFORMING LAPAROSCOPIC SURGERY AND ROBOT-ASSISTED LAPAROSCOPIC SURGERY: A SYSTEMATIC REVIEW

Ionuț Eduard Iordache, Piotr Gorodețchi, Teodora Tudorache, Elena Sandu, Nicoleta Leopa, Liliana Steriu, Andrei Iordache, Răzvan Popescu

Spitalul Clinic Judetean de Urgenta „Sf. Apostol Andrei”, Constanta, România

Introduction: A major problem in the workplace for surgeons is musculoskeletal pain. Surgeons may experience negative effects on their general well-being as well as their professional effectiveness. We sought to comprehensively assess the published literature that contrasted the two surgical methods in this study.
Material and methods: A methodical search of the literature was used. We looked through the Medline, Pubmed, and Cochrane databases for "muscle strain," "musculoskeletal pain," "laparoscopic surgery," and "robot-assisted laparoscopic surgery." Observational studies and surveys evaluating musculoskeletal discomfort in surgeons doing laparoscopic and/or robotically assisted procedures were among the studies that qualified. Data on the anatomical regions affected, the frequency of pain, and ergonomic considerations were gathered.
Results: 14 studies in all were included. Both modalities' surgeons reported musculoskeletal pain, although laparoscopic surgery reported more neck, shoulder, and back pain. Because of better ergonomic workstations, robotic-assisted surgery showed a comparatively decreased occurrence of pain; however, several reports showed ongoing discomfort, especially in the lower back and upper arms. Long operational hours, stagnant posture, and a lack of ergonomic awareness were all significant contributors to musculoskeletal pain.
Conclusions: Compared to laparoscopic surgery, robotic surgery typically provides superior ergonomics and less musculoskeletal pain. To reduce the chance of pain and injury, ergonomic procedures must be followed throughout both kinds of operation. To safeguard their long-term musculoskeletal health, surgeons should receive the appropriate training and be urged to take preventative actions.
Keywords: musculoskeletal pain, anatomical regions, robotic surgery

---

P-18

MINIMALLY INVASIVE SURGERY FOR THE ABDOMINAL PATHOLOGY: CURRENT TRENDS AND FUTURE PERSPECTIVES

Tatiana Malcova[1,2], Elina Shor[1], Radu Gurghis[1,2], Gheorghe Rojnoveanu[1,2]

[1]*Universitatea de Stat de Medicina si Farmacie „Nicolae Testemitanu”, Chisinau, Republica Moldova*
[2]*Institutul de Medicina Urgenta, Chisinau, Republica Moldova*

Introduction: 1987 was a truly remarkable year in the history of surgery, marking the start of the laparoscopic revolution and the widespread adoption of minimally invasive techniques (MIT). The first laparoscopic procedure in abdominal surgical pathology in Moldova, namely laparoscopic cholecystectomy for chronic calculous cholecystitis, was performed at the Institute of Emergency Medicine, Chisinau, on 6th December 1992. This study aimed to perform an analysis of the evolution of laparoscopic abdominal surgeries over the last years.

Material and methods: The study included patients hospitalized between January 2020–May 2025 and diagnosed with abdominal pathology requiring surgical intervention, MIT being preferred. Cases needing diagnostic laparoscopy in challenging cases for problem localizing were excluded.
Results: Qualitative analysis supports that the laparoscopic approach was used exclusively for benign conditions (biliary lithiasis, inguinal and hiatal hernia repair, acute appendiceal pathology), while patients presenting malignant gastrointestinal pathologies benefited only from traditional open surgery. The total number of laparoscopies in the mentioned period was 3286, with an alarmingly low incidence (n=104, 3.16%) in operations for the acute abdominal diseases performed in emergency settings. A substantial proportion has been noted only in the gallbladder disease group (n=3063), 93% of patients being treated by MIT.
Conclusions: The total number of laparoscopic operations, including emergency operations, remains unacceptably low and does not meet the current trends. The training of young specialists and residents must be in line with the technical revolution. It can be realized by implementing specialized courses and workshops at the national level and through professional international collaboration.
Keywords: laparoscopic procedure, abdominal pathology , emergency operations

---

P-19

SUBOPTIMAL WEIGHT LOSS AFTER BARIATRIC SURGERY: MULTIDISCIPLINARY APPROACHES TO OPTIMIZE LONG-TERM OUTCOMES

Ruxandra Marian, Mihai Ionescu

Introduction: Suboptimal weight-loss (SWL) after bariatric surgery or endoscopic devices affects up to one-fifth of patients, eroding metabolic benefits. Evidence supports a stepped, multidisciplinary (MD) response that integrates behavioural, pharmacological and psychosocial interventions.
Multidisciplinary Approach: The poster will devote the theoretical pillars of SWL management, summarising current consensus algorithms: (i) early detection using %TWL(percentage total weight loss) and %EWL (percentage excess weight loss) nomograms; (ii) structured nutritional re-education; (iii) cognitive-behavioural therapy for maladaptive eating; (iv) second-line anti-obesity pharmacotherapy with GLP-1 receptor agonists ± SGLT-2 inhibitors
Clinical Case 1 – Sleeve Gastrectomy A 38-year-old woman (baseline BMI 46 kg/m^{-2}) achieved only 34 %EWL 12 months post-sleeve. Weekly semaglutide was titrated to 2.4 mg and paired with psychologist-guided emotional-eating sessions. At 24 months she gained an additional 22 %EWL, with resolution of hypertension and pre-diabetes.
Clinical Case 2 – Swallowable Gastric Balloon A 45-year-old man (baseline BMI 36 kg/m^{-2}) regained 9 kg four months after Allurion™ balloon deflation. An MD team (endocrinology, sports medicine, dietetics) initiated medical therapy—semaglutide 2.4mg. Nine-month follow-up showed 16 % total weight loss and remission of mild obstructive sleep apnoea.
Conclusions: These vignettes illustrate that guideline-concordant pharmacotherapy, combined with tailored psychological and lifestyle support, can rescue SWL after both surgical and purely restrictive endoscopic interventions. Early trajectory monitoring, coordinated follow-up and patient-centred dose titration are pivotal to optimise durable outcomes and may obviate the need for revisional surgery.

P-20

RECTOPEXY AFTER HEMORRHOIDECTOMY: A DEEPER LOOK INTO A HOLE

Adriana Mihăilă, György-Szakács Csaba
Spitalul Judetean de Urgenta „Dr. Fogolyan Kristof", Sfântu Gheorghe, România

Introduction: Rectal prolapse is a debilitating condition that can severely affect a patient's quality of life, particularly when it occurs as a complication of prior anorectal surgery such as hemorrhoidectomy. Treatment approaches vary and must consider both anatomical and functional outcomes, as well as patient access to care.
Case Presentation: A 54-year-old woman developed full-thickness rectal prolapse following a hemorrhoidectomy. She initially underwent perisphincteric mucocutaneous circular sutures with no symptom relief. She continued to experience persistent prolapse, mucous discharge, and significant limitations in daily functioning, including the inability to work. Prior to presenting to our clinic, she was evaluated abroad, where a two-stage plan was proposed: laparoscopic rectopexy followed by sphincteric graciloplasty if

needed. Due to financial constraints, she was unable to pursue private care and sought treatment at our public hospital. We performed a laparoscopic rectopexy with mesh. The patient had an uneventful recovery and, at one-month follow-up, demonstrated complete resolution of the prolapse with no incontinence and a full return to daily activities and work.
Conclusion: This case illustrates the limitations of perineal procedures in managing rectal prolapse secondary to hemorrhoidectomy and supports laparoscopic rectopexy with mesh as an effective treatment. It also underscores the importance of accessible surgical care in achieving successful outcomes for patients with complex colorectal conditions.
Keywords: Rectal prolapse, laparoscopic rectopexy, hemorrhoidectomy, complex colorectal conditions

---

P-21

INTRAOPERATIVE INDOCYANINE GREEN (ICG) CHOLANGIOGRAPHY FOR MANAGEMENT OF COMMON BILE DUCT LITHIASIS

Mihaela Mișcă, Iulian Brezean, Sorin Aldoescu, Elena Niculescu
Spitalul Clinic „Dr. I. Cantacuzino”, Bucuresti, România

Introduction: Common bile duct (CBD) lithiasis is a present more and more often in the cholecystectomies patient population. Changes in the hepatic pedicle after cholecystectomy, such as inflammation, fibrosis and CBD dilation, often make surgical exploration difficult and increase the risk of local accidents and injuries to hepatic vessels, especially in a laparoscopic setting. As such, laparoscopic approach to this particular pathology, although benign, can prove to be particularly complex. We investigate the applicability and advantages of using ICG-cholangiography for management of complex common bile duct lithiasis.
Material and method: In order to decrease the risks of such a perilous surgery, we propose the use of low-dose iv ICG injection at the time of anaesthesia induction, which can highlight the CBD within the first 30-40 min and thus facilitate laparoscopic dissection. Moreover, the use of a very low dose of ICG ensure that only the biliary tree is visible in the NIR spectrum and overlay mode helps the surgeon identify and dissect de CBP under clear vision.
Results: This approach can reduce operative time by nearly half, blood loss for injury to hepatic pedicle structures and intra-operative and postoperative complications, such as haemorrhage and bile leak.
Conclusion: ICG intraoperative cholangiography can help improve the fast identification rate of the CBD, shorten operative time and prevent unwarranted biliary and major vessel injury. We propose the use of ICG cholangiography for routine use of CBP in the management of complex lithiasis.
Keywords: CBD, ICG, lithiasis, common

P-22

MANAGING LATE-ONSET BLEEDING AFTER METABOLIC SURGERY IN AN ELDERLY SUPER-OBESE PATIENT WITH COMORBID CONDITIONS – A CASE REPORT

Barbulescu Loredana, Nedelcu Ana-Maria

Introduction: Late-onset bleeding after sleeve gastrectomy is a rare but potentially life-threatening complication. Elderly super-obese patients with multiple comorbidities represent a particularly fragile group, requiring individualized postoperative surveillance and management strategies.
Case presentation: We report the case of a 64-year-old male with a BMI of 48.4 kg/m² and significant comorbidities, including insulin-dependent type 2 diabetes mellitus, hypertension, obstructive sleep apnea, chronic kidney disease stage II, and dyslipidemia. The patient underwent laparoscopic sleeve gastrectomy with an initially uneventful recovery. At 4 weeks postoperatively, he presented with fatigue, asthenia, and poor oral hydration. Laboratory tests revealed severe anemia (hemoglobin 6 g/dL) associated with elevated inflammatory markers.
Investigations and management: Computed tomography identified a perigastric and omental hematoma with moderate intra-peritoneal fluid, without evidence of active bleeding or staple line disruption. Upper gastrointestinal contrast study excluded leak or fistula. Emergency laparoscopy revealed a well-organized hematoma without ongoing hemorrhage. Extensive peritoneal lavage and multiple drains were placed, with trocar positioning adapted to the patient’s abdominal morphology.
Results: The postoperative course was favorable. The patient required transfusion of three units of red blood cells and supportive medical therapy. Hemoglobin levels improved to 9.4 g/dL by postoperative day three, oral intake was well tolerated, and the patient

was discharged with multidisciplinary follow-up recommendations.
Conclusion: Late-onset bleeding after sleeve gastrectomy, although uncommon, may be life-threatening in elderly super-obese patients. Early imaging, vigilant follow-up, and a multidisciplinary approach are essential for timely diagnosis and optimal outcomes.

P-23

DIFFICULT CHOLECYSTECTOMIES IN CIRRHOTIC PATIENTS WITH ACUTE CALCULOUS CHOLECYSTITIS: SURGICAL TECHNIQUES AND HEMOSTATIC STRATEGIES

Gheorghe Anghelici, Sergiu Pisarenco, Viorel Moraru, Tatiana Zugrav
Universitatea de Stat de Medicina si Farmacie „Nicolae Testemitanu”, Chisinau, Republica Moldova

Introduction: Performing cholecystectomy in patients with advanced liver cirrhosis (Child-Pugh C) presents a significant surgical challenge due to high risks of bleeding, altered anatomy, coagulopathy, and perioperative decompensation.
Methods: A prospective observational study was conducted on 17 patients with Child-Pugh C cirrhosis, all undergoing cholecystectomy for acute calculous cholecystitis. The mean age was 61.3 ± 7.4 years, and the mean MELD score was 14.6 ± 2.3, indicating moderate-to-severe hepatic dysfunction.
Baseline hematologic parameters reflected decompensated liver disease: Mean platelet count: 78,000/mm³ (range: 52,000 – 109,000), INR: 1.56 ± 0.21, Prothrombin time (PT): 18.7 ± 2.1 s., Serum albumin: 2.7 ± 0.4 g/dL. Intraoperatively, fibrin sealant was infiltrated into the pericholecystic space in 10 cases to improve hemostasis and facilitate safe dissection. In 7 patients, due to dense adhesions, fibrosis, and unclear anatomy, subtotal cholecystectomy was performed.
Results: All procedures were completed without intraoperative hemorrhagic complications. The pericholecystic use of fibrin glue significantly improved bleeding control and tissue handling. No conversions to open surgery were necessary. Postoperatively, no hemorrhagic events or wound complications were observed. All patients had favorable recovery, with an average hospital stay of 4.2 days (range 3–6 days).
Conclusion: Difficult cholecystectomy in Child-Pugh C cirrhotic patients can be performed safely using tailored surgical strategies. Pericholecystic infiltration of fibrin sealant and subtotal cholecystectomy represent effective tools for minimizing intraoperative bleeding and ensuring safe dissection in fibrotic, coagulopathic tissue.
Keywords: cholecystectomy, advanced liver cirrhosis, tailored surgical strategies

---

P-24

ACUTE CALCULOUS CHOLECYSTITIS COMPLICATED BY HEPATIC ABSCESS REVEALING A HYDATID CYST

Rareș Munteanu, Andrei Popa, Roni Gherghinoiu, Elena Enciu, Petrișor Cârstea
Spitalul de Urgenta „Prof. Dr. Dimitrie Gerota”, Bucure sti, România

Introduction: Acute cholecystitis complicated by hepatic abscess is uncommon and may conceal underlying hepatic pathology. This case highlights a rare association between lithiasic cholecystitis, liver abscess, and a previously undiagnosed hydatid cyst discovered intraoperatively.
Case presentation: A 70-year-old female, known with symptomatic gallstone disease, stage 2 chronic kidney disease, type 2 diabetes mellitus, and a history of Pseudomonas urinary infections, was admitted for diffuse abdominal pain, leukocytosis, and acute kidney injury. Imaging (ultrasound and CT) revealed acute calculous cholecystitis associated with a hepatic collection in segment IV, suggestive of an abscess. The patient underwent emergency laparoscopic cholecystectomy, during which an infected hydatid cyst was unexpectedly identified. The surgery was fully laparoscopic, combining cholecystectomy with the evacuation of an infected hydatid cyst and daughter cysts, completed by pericystectomy. Postoperative evolution was favorable under targeted antibiotic and antiparasitic therapy.
Discussion: Hydatid disease can remain asymptomatic and present unexpectedly, especially when secondarily infected. In patients with complex comorbidities and atypical abdominal infections, echinococcosis should be considered, particularly in endemic regions. Laparoscopy offers both diagnostic and therapeutic advantages in such uncertain scenarios.
Singularity of the case: The laparoscopic identification and management of an infected hydatid cyst in the context of acute cholecystitis and liver abscess is extremely rare. This case emphasizes the need for intraoperative adaptability and supports the role of laparoscopy in complex hepatobiliary emergencies.
Keywords: Acute cholecystitis, Hydatid disease, laparoscopy in complex hepatobiliary emergencies

P-25

ATYPICAL PRESENTATION OF ACUTE APPENDICITIS IN A YOUNG MALE WITH SITUS INVERSUS TOTALIS: DIAGNOSTIC AND THERAPEUTIC CHALLENGES

Andrei Popa, Petrișor Cârstea, Rareș Munteanu, Roni Gherghinoiu

Spitalul de Urgenta „Prof. Dr. Dimitrie Gerota" Bucuresti, România

Introduction: Situs inversus totalis is a rare congenital condition in which the thoracic and abdominal organs are mirrored from their normal positions. This anatomical anomaly can delay diagnosis in acute surgical conditions such as appendicitis, due to atypical symptom localization.
Case Presentation: We report the case of a 21-year-old male who presented to the emergency department with acute abdominal pain located in the left iliac fossa and left flank. The patient had a past surgical history of left testicular torsion. Clinical examination revealed localized tenderness in the left lower quadrant. Laboratory investigations showed leukocytosis and elevated inflammatory markers. Abdominal ultrasound and CT scan revealed situs inversus totalis and signs of acute appendicitis, with the appendix located in the left iliac fossa. The patient underwent laparoscopic appendectomy with intraoperative confirmation of the reversed anatomy. The postoperative course was uneventful, and the patient was discharged on postoperative day two.
Discussion: Situs inversus totalis is found in less than 0.01% of the population and may cause significant diagnostic delay if not recognized. In such cases, clinicians must maintain a high index of suspicion when symptoms are atypically located. Imaging plays a crucial role in identifying the reversed anatomy and guiding the surgical approach. Laparoscopy is particularly advantageous in such scenarios, offering excellent visualization and adaptability.
Singularity of the case: This case emphasizes the importance of considering anatomical variants in acute abdomen and highlights laparoscopy as a safe and effective approach in patients with situs inversus totalis.
Keywords: Situs inversus, congenital condition, Laparoscopy, anatomical variants

---

P-26

HEPATITIS B VIRUS ASSOCIATED CIRRHOSIS: OVERVIEW OF PROGNOSTIC AND MANAGEMENT

Marilena Stoian[1,2], Bogdan Stoian[3]

[1]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*
[2]*Spitalul Clinic „Dr. Ion Cantacuzino", Bucuresti, România*
[3]*Polimed Apaca, Bucuresti, România*

Introduction: Hepatitis B virus(HBV) infection is a global public health problem ; two billion people worldwide have evidence of past or present infection with HBV, and 296 million individuals are chronic carriers (i.e., positive for hepatitis B surface antigen [HBsAg]), of whom approximately 887,000 dies annually from HBV-related liver disease: chronic hepatitis B-associated cirrhosis and hepatocellular carcinoma.
There are described some risk factors to the development of cirrhosis to HBV-infected persons: alcohol consumption, HBeAg status, metabolic syndrome, HBV genotypes and variants, and the level of HBV replication. The observation of a strong association between the development and decompensation of cirrhosis as well as between the development of HCC and the level of HBV replication suggests that suppression of HBV replication by long-term antiviral treatment may decrease the risk of complications in patients with HBV-related cirrhosis.
Conclusion: The indication for antiviral treatment is given if any HBV DNA levels are detectable in the serum of HBV-infected patients with cirrhosis. Into the new era of antiviral treatment with nucleos(t)ide analogs we can prevent the development of cirrhosis in patients with chronic HBV infection and hepatic decompensation in many patients with HBV-related cirrhosis.
Keywords: Hepatitis B virus, genotypes and variants, antiviral treatment

---

P-27

LOW-TECH-VATS LOBECTOMY: STRATEGIES TO REDUCE COSTS IN MINIMALLY-INVASIVE ANATOMICAL LUNG RESECTIONS

Ioana-Medeea Tițu, Emanuel Palade

Universitatea de Medicina si Farmacie „Iuliu Hatieganu", Cluj-Napoca, România

Introduction: Minimally invasive surgery (MIS), particularly video-assisted thoracoscopic surgery (VATS), has become the standard approach for early-stage non-small cell lung cancer (NSCLC) due to its advantages in reducing postoperative pain, hospitalization, and facilitating earlier adjuvant therapy. However, the widespread use of costly disposable staplers remains a financial burden. The objective of this study was to evaluate the feasibility, safety, and cost-reduction potential of a Low-Tech VATS (LT-VATS) lobectomy technique that replaces staplers with classical methods such as vessel ligation and manual suturing of the bronchus and, if suitable, the lung parenchyma.

Material and methods: A retrospective, propensity score-matched cohort analysis was conducted. From a pool of 81 patients who underwent conventional VATS (C-VATS) lobectomy between 2013 and 2019, 26 were selected through 2:1 matching with 13 patients who received LT-VATS. Perioperative outcomes, complication rates, oncological adequacy, and cost metrics were analyzed. Statistical significance was determined using Mann-Whitney U and chi-squared tests, with $p<0.05$ considered significant.

Results: LT-VATS was associated with a significantly longer median operative duration (200 vs. 162 minutes, $p=0.002$). Additionally, LT-VATS demonstrated significantly lower operating theater costs ($p=0.002$) and total hospitalization expenses ($p=0.001$). Complication rates, ICU admissions, and transfusions were comparable or lower in LT-VATS, without reaching statistical significance.

Conclusion: LT-VATS offers a viable, lower-cost alternative to conventional VATS, maintaining clinical safety despite longer operative times. These findings underscore its potential as a scalable model for minimally invasive thoracic surgery, especially in resource-limited healthcare settings.

Keywords: Minimally invasive surgery, video-assisted thoracoscopic surgery , invasive thoracic surgery

---

P-28

SIMULTANEOUS LAPAROSCOPIC RESECTION OF THE COLORECTAL CANCER WITH SYNCHRONOUS LIVER METASTASES-11 YEARS OF EXPERIENCE IN FUNDENI CLINICAL INSTITUTE

Elena-Mihaela Vrabie[1,2], Iulian-Benone Moșteanu[1], Gheorghe Potlog[1,2], Cătălin Savin[1,2], Alexandra Trotea[1,2], Cezar Stroescu[1], Ali Alloub[1], Irinel Popescu[1], Vladislav Brașoveanu[1,2]

[1]*Institutul Clinic Fundeni, Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila", Bucuresti, România*

Introduction: Colorectal cancer is associated with synchronous liver metastases in 15-25% of the patients. The surgical approach is represented of simultaneous resection or staged resection by open or minimally-invasive surgery (MIS). MIS is valided for colorectal cancer treatment and is also recognized as an optimal approach for synchronous liver metastases.

Material and method: The aim of our study is to present our experience of simultaneous laparoscopic resection of colorectal cancer with synchronous liver metastases between 2013-2023 and to underline the patient selection and short-term benefits.

Results: During this period, we performed 241 open resections and 13 laparoscopic resections. The laparoscopic approach was selected at first for minor hepatectomies, but progressively it was also used in major ones as the experience of the surgical team increased. The surgery duration did not differ significantly between the two approaches, but the MIS reduced the intraoperative blood loss, the postoperative pain and recovery time. Also, the patients treated by MIS benefited of shorter hospitalization and faster initation of the adjuvant oncological treatment.

Conclusion: Recent studies showed that the simultaneous resection prevents the loss of surgical opportunity that may result from tumor progression without increasing surgical morbidity compared to staged resection. The surgical approach must be chosen according to patient's ability to tolerate prolonged pneumoperitoneum, the tumor's characteristics and the surgeon's expertise. Over the years, we developed a two-teams-approach consisting of a hepatic resection team followed by a specialized colorectal resection team which permitted the pursuit of the learning curve and improved the surgical outcome.

Keywords: Colorectal cancer, laparoscopic resection, liver metastases

---

P-29

LAPAROSCOPIC VERSUS OPEN APPROACH IN GALLBLADDER CANCER TREATMENT-9-YEAR EXPERIENCE IN FUNDENI CLINICAL INSTITUTE

Elena-Mihaela Vrabie[1,2], Mihai-Adrian Eftimie[1,2], Iulian-Benone Moșteanu[1,2], Gheorghe Potlog[1,2], Alexandra Trotea[1,2], Irina Bălescu[1,2], Traian Dumitrașcu[1,2], Irinel Popescu[1], Vladislav Brașoveanu[1,2], Nicolae Bacalbașa[1,2]

[1]*Institutul Clinic Fundeni Bucuresti, România*
[2]*Universitatea de Medicina si Farmacie „Carol Davila”, Bucuresti, România*

Introduction: Gallbladder cancer represents the most common biliary malignancy, frequently asymptomatic and diagnosed incidentally on cholecystectomy specimens, but with a poor prognosis. In histopathologically confirmed cases, the treatment must be completed by radical surgery and the laparoscopic approach seems to be safe and feasible.
Material and method: The aim of our study was to present the experience of our surgery clinic in treating 83 patients with gallbladder cancer between 2015-2024 and to underline the role of the laparoscopic surgery.
Results: We performed 60 radical surgeries, 14 cases of re-resection after histopathological confirmation of the gallbladder cancer on index cholecystectomy specimens for presumed acute or chronic cholecystits. The laparoscopic approach was used in 3 cases of re-resection after laparoscopic index cholecystectomy and in 2 per-primam resections. The patients in this group had a lower disease stage and ASA score compared to the open approach group. The average operation time did not differ significantly between the laparoscopic and the open approach, but the complication rate was remarkably higher in the open group. The number of harvested lymph nodes was similar regardless of the surgical approach. The laparoscopic group had a lower postoperative pain, faster recovery of the oral tolerance and shorter hospitalization.
Conclusion: Laparoscopy is a reasonable alternative to the open approach in treating early-stage gallbladder cancer. It provides oncological safety with similar R0 resections rates and similar number of harvested lymph nodes compared to the open approach. The maximum benefit of the laparoscopic approach is
obtained in selected patients, well trained surgical teams and high-volume centers.
Keywords: Gallbladder cancer, lymph nodes, Laparoscopy

S-01

LAPAROSCOPIC MANAGEMENT OF LATE-ONSET GASTRO-PLEURAL FISTULA FOLLOWING REVERSIONAL BARIATRIC SURGERY – CASE REPORT

Bogdana Bănescu

Ponderas Academic Hospital, Bucuresti, România

Introduction: Late-onset fistulas after bariatric surgery are rare but severe complications. When extending transdiaphragmatically, they pose significant diagnostic and therapeutic challenges, requiring advanced surgical expertise and a multidisciplinary approach.
Case Presentation: We report the case of a 56-year-old male with a complex surgical history: primary gastric sleeve 18 years earlier, uneventful redo gastric sleeve with hiatal hernia repair for weight regain and GERD in September 2023, and right radical nephrectomy in December 2023 for clear cell renal cell carcinoma (ISUP grade 2, pT3a Nx Mx R0). The patient was included in an oncologic follow-up program, and radiological studies were performed every six months.
Eighteen months after the revisional bariatric surgery, the patient presented with progressive left shoulder pain for 3–4 months, without fever or chills. Contrast-enhanced CT of the chest, abdomen, and pelvis revealed a paragastric collection with left subphrenic extension and imminent pleural communication, consistent with a gastric fistula. The collection measured 3.4 × 3.7 cm, containing air and fluid, with a fistulous tract traversing the diaphragm that had increased in diameter from 4.2 mm to 9 mm. Mixed supra- and subphrenic collections encasing the diaphragm, with perisplenic and perihepatic air–fluid levels, were also noted.
Interventional endoscopy was discussed. Image-guided drainage was performed, along with extensive antibiotic therapy, with limited local effect. Surgical therapy was decided.
Intraoperatively, multiple adhesions, an inflammatory subphrenic block, and a purulent collection were found.
A complex laparoscopic procedure was performed, consisting of extensive adhesiolysis, transmesocolic fistulojejunostomy, Roux-en-Y jejunojejunostomy, and extensive drainage. Anastomotic perfusion and integrity were confirmed using indocyanine green (ICG) fluorescence angiography and methylene blue. The postoperative evolution was uneventful.
Conclusions: Late post-bariatric fistulas with transdiaphragmatic extension pose a major medical challenge. Surgical reintervention with digestive diversion and drainage represents a very efficient therapeutic option. ICG was valuable in ensuring anastomotic vascularization and safety, potentially reducing recurrence risk.
Keywords: Late gastric fistula; Bariatric surgery; Transdiaphragmatic fistula; Laparoscopic surgery; Revisional surgery; Indocyanine green fluorescence.

S-01

METABOLIC SURGERY IN PATIENTS AGED OVER 60: A VALUABLE STRATEGY FOR COMORBIDITY CONTROL? UPDATE AND IMPROVEMENT

Loredana Bărbulescu

Ponderas Academic Hospital, Bucuresti, România

Background: The global rise in obesity among older adults presents unique clinical challenges, as advanced age is associated with sarcopenia, frailty, and an increased comorbidity burden. Metabolic surgery, though well established in younger populations, remains underutilized in patients aged ≥60 years due to concerns regarding safety and efficacy. *Objective:* To evaluate the outcomes of metabolic surgery in elderly patients with obesity, focusing on weight reduction, comorbidity control, and perioperative safety, and to compare these results with those observed in younger adults.
Methods: A retrospective analysis was conducted on 271 elderly patients (mean age 63 ± 3 years, range 60–76; 60.5% female, 39.5% male; mean BMI 40 ± 7 kg/m^2) who underwent bariatric surgery at Ponderas Academic Hospital between 2022 and 2025. Surgical procedures included sleeve gastrectomy (96.3%), Roux-en-Y gastric bypass (2.2%), one-anastomosis gastric bypass (0.37%), SASI (0.74%), and gastric plication (0.37%). Preoperative assessment incorporated ASA classification, the Charlson Comorbidity Index, the Clinical Frailty Scale, and comprehensive geriatric evaluation.
Results: The most frequent comorbidities were type 2 diabetes, hypertension, dyslipidemia, sleep apnea (17%), and early-stage

chronic kidney disease. At 12 months, mean BMI decreased by 9.5 points, with weight loss slower but consistent compared with younger adults. Type 2 diabetes achieved 35% complete remission and 65% significant improvement; hypertension achieved 25% remission, with 90% of patients reporting improved control and medication reduction; and more than 70% of patients with sleep apnea no longer required CPAP therapy. The overall complication rate was approximately 12%, with bleeding, stenosis, and thrombosis observed, but no leaks or mortality reported.
Conclusion: Metabolic surgery in carefully selected elderly patients is safe and effective, achieving meaningful weight loss and substantial comorbidity improvement. Although elderly patients demonstrate slightly reduced weight loss and a higher complication risk compared to younger adults, the benefits of improved metabolic control and enhanced quality of life support its role as a valuable therapeutic strategy in this population.
Keywords: Metabolic surgery; Elderly patients; Obesity; Bariatric surgery outcomes; Comorbidity remission; Perioperative safety.

S-03

OBESITY ON THE EDGE

Doina Catrinoiu

Spitalul Clinic Judetean de Urgenta „Sf. Apostol Andrei”, Constanta, România

The problem of obesity represents a major challenge today. Effective methods of weight control are still being sought, as lifestyle changes alone cannot ensure long-term weight maintenance. Currently, several therapeutic options provide important support for patients. In addition to metabolic surgery, which has demonstrated significant and sustained weight reduction, pharmacological therapies are now available that offer benefits not only in weight control but also in protection against metabolic and cardiovascular diseases. GLP-1 receptor agonists (GLP-1 RAs) and dual GLP-1/GIP receptor agonists have shown that meaningful weight loss can be achieved and maintained in the long term, representing an effective solution to the major public health challenge posed by obesity.
Keywords: Obesity; Metabolic surgery; GLP-1 receptor agonists; Dual GLP-1/GIP agonists

---

A

Aiordachioae Andra S26
Al Hajjar Nadim S29, S37, S48, S49
Albici Andreea S24, S25
Albița Ovidiu S24, S25
Aldabsheh Mohammad-Jamil-Hamed S47
Aldoescu Sorin S26, S35, S42, S52
Alexandrescu Sorin S26
Alloub Ali S26, S33, S55
Andriescu Daniela S42
Anghelici Gheorghe S35, S43, S53
Avadanei Cătălin Ștefan S39

B

Bacalbașa Nicolae S26, S31, S56
Barcari Stelian S47
Bartoș Adrian S26
Batraneac Valeria S32
Baz Radu Andrei S46
Bălescu Irina S31, S56
Bănescu Bogdana S57
Bărbulescu Loredana S52, S57
Bejan Valentin S32
Berrada Mehdi S49
Bică Marius S33
Bințințan Vasile S34
Bîrla Rodica S40
Bodea Raluca S26
Borz Oliviu-Cristian S48
Borz Paul-Cristian S48
Botea Florin S26
Botezatu Cristian S36, S44, S45
Bozhkov Vasil S25
Bradea Costel S32
Brașoveanu Vladislav S26, S31, S33, S55, S56
Brezean Iulian S26, S35, S42, S52
Bucur Delaca George S38
Burgoci Serghei S30

C

Cacovean Dan S26
Calu Valentin S25, S39
Catrinoiu Doina S58
Cazacu Dumitru S30, S43, S46
Cârstea Petrișor S53, S54
Cernei Sava S43
Ćeranić Miljan S22
Chernopolsky Plamen S25
Chiriac Liviu S43
Chiru Bianca S24, S25
Chitca Dumitru-Dragoș S36, S44, S45
Ciufu Nicolae S32
Ciulic Sergiu Adrian S38
Ciurea Silviu S26
Constantinescu Gabriel S24
Copaescu Cătălin S41
Copca Narcis S26
Cotîrleț Adrian S42
Cotoneț Ion S30, S46
Coțe Adrian S29, S49
Couți Răzvan S48
Cucu Ivan S30, S43, S46

D

David Leonard S26
Diaconescu Andrei S26
Diaconu Victor S23
Dindelegan George Călin S34
Dobrescu Amadeus S49
Doicescu Alexandra Ioana S46
Doșa Alexandru S39, S46, S47
Dragomir Denisa S33
Dumbrava Bogdan S41
Dumitrache Cătălin S36
Dumitrașcu Traian S26, S31, S56
Duță Ciprian Constantin S49
Duțu Costin S24, S25

E

Eftimie Mihai-Adrian S26, S31, S33, S56
Elisei Radu Claudiu S29, S48, S49
Enciu Elena S53
Enciu Octavian S39

F

Făgărășan Giorgiana S34
Făgărășan Vlad S34
Ferdohleb Alexandru S46
Florea Ioana S24, S25
Florea Tudor S39, S46, S47
Florescu Victor S25

G

Gheorghe Mircea S38, S40
Gherasim Emil S37
Gherghinoiu Roni S53, S54
Ginghină Octav S26
Godja Andreea-Maria S31
Gorodețchi Piotr S50
Graur Florin S29, S48, S49
Grigorie Răzvan S26
Gurghis Radu S50
Günșahin Deniz S24
György-Szakács Csaba S51

H

Hajjar Rami S49
Hoară Petre Angel S38, S40
Hogea Mircea S42
Hotineanu Adrian S30, S43, S46
Hrehoreț Doina S26
Hrițcu Mihai Daniel S32
Hutopila Ionut S28

I

Ion Daniel S26
Ionel Robert S47

Ionescu Angelica S39, S46, S47
Ionescu Mihai S51
Ionescu Mircea S34
Iordache Andrei S50
Iordache Ionuț Eduard S50
Ivancov Grigore S30
Iyad Shahin S32

L

Lazar Caius S49
Lăpădat Maria-Theodora S44, S45
Lăzărescu Alina S47
Leopa Nicoleta S22, S50
Lisnic Irina S30
Lisnic Natalia S30
Lupașcu Cristian S26, S32

M

Madjov Rossen S25
Makkai-Popa Silviu-Tiberiu S36
Malcova Tatiana S50
Manciu Simona S26
Manolică Alina S33, S34
Marcu Andra S35
Marian Ruxandra S51
Marian Ruxandra Nicoleta S28
Martiniuc Alexandru S26
Mastalier Radu-Eduard S36, S44, S45
Mastalier-Manolescu Bogdan-Stelian S36, S44, S45
Mateescu Tudor Aurel S49
Matei Emil S26
Mărgăritescu Dragoș S33
Mărunțelu Bogdan Alexandru S33, S34
Melzer Andreas S29, S49
Micu Luminița S46
Mihăilă Adriana S51
Mihnea Radu S36
Milcu Mario S33
Miron Adrian S39
Mișcă Mihaela S35, S42, S52
Mitulescu Gabriel S26
Moiș Emil S26, S29, S48, S49
Moldovan Sever Călin S29, S48, S49
Monsch Edgar S39
Moraru Viorel S53
Moșteanu Iulian-Benone S26, S31, S55, S56
Motrescu Mihai S29
Munteanu Rareș S53, S54
Mușuroi Alexandru S33

N

Nanu Florian S45
Nanu Raluca S45
Nedelcu Ana Maria S41, S52
Nica-Ghidanac Maria S41
Nichilò Martina S36, S44, S45
Niculescu Elena S35, S42, S52

O

Orha Răzvan-Mihai S49

P

Palade Emanuel S38, S55
Patel Bijendra S27, S38
Pavel Mihai Alexandru S38
Păuna Ana Maria S32
Pătrașcu Ștefan S33, S34
Pârvulețu Radu S25
Petrea Sorin S26
Petrea Ștefan Teofil S46
Pisarenco Sergiu S35, S43, S53
Pîrîianu Cătălin S25, S39
Pîrvu Victor S30, S46
Pîrțac Ion S35
Pîsla Doina S29, S48, S49
Plesca Alina S32
Plesco Elena S30, S43
Popa Andrei S53, S54
Popa Călin S29, S37, S48, S49
Popa Cosmin Alexandru S36, S44, S45
Popa Eduard S42
Popescu Ioan S46
Popescu Irinel S26, S33, S55, S56
Popescu Valentin S36, S44, S45
Răzvan Popescu S50
Potlog Gheorghe S55, S56
Preda Gabriel S47
Preda Silviu Daniel S33
Predescu Dragoș S40
Prisecariu Denisa S32

R

Radu Ion Mircea S36
Rojnoveanu Gheorghe S50

S

Sandu Elena S50
Sandu Roxana S34
Savin Cătălin S33, S55
Schlanger Diana S37
Shadi Elayan Ali S44
Shaher Dana S47
Shor Elina S50
Soo Arpad S48
Sova Iuliana S32
Stamule Paris S32
Stănescu Codruț S26
Stănescu Diana Nicoleta S23
Stănciulea Oana-Maria S26, S31, S33
Steriu Liliana S50
Stoian Bogdan S54
Stoian Marilena S54
Stroescu Cezar S26, S31, S33, S55
Szold Amir S29, S48

Ș

Șandru Vasile S24
Ștefănescu Horia S49
Ștefănescu Victor S26
Șurlin Valeriu S33, S34

T

Tănase Bogdan S26
Târcoveanu Eugen S32
Teodorescu Olena S44
Teterea Florin S38
Tihon Constantin S36
Tirca Luiza S33
Tiu Călin S45, S49
Tițu Ioana-Medeea S38, S55
Toma Elena Adelina S39
Tonea Aurel S26
Trotea Alexandra S31, S33, S55, S56
Tucan Paul S48
Tudor Tiberiu S29
Tudorache Teodora S50

U

Ulmeanu Dan-Ioan S23
Ungureanu Constantin S26

V

Vaida Călin S29, S48, S49
Vasilescu Alin Mihai S32
Vasilescu Cătălin S26
Vrabie Elena-Mihaela S31, S33
S55, S56

W

Wilhem Dinu S23

Z

Zaharie Florin S23, S27
Zahra Salem S47
Zamfir Radu S26
Zarafin Adrian S36
Zugrav Tatiana S35, S53