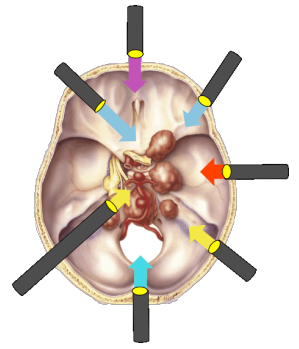


SKULL BASE 360°

Endoscopic and microscopic skull base course

Skull base – Neurosurgery – ENT



Introduction

The aim of this course is to provide a full comprehensive view of the surgical approaches, techniques and strategies in skull base surgery.

Access to deep seated lesions of the skull base located requires mastering microsurgical and endoscopic tools as well as all possible surgical approaches in order to choose the most suited corridors/tools for a specific pathology and location and for which the benefit/risk ratio is more favorable to the patient.

We will bring together a unique panel of expert in skull base surgery coming from all over the world. Neurosurgeons and ENT Experts will present the anatomical and technical aspects of each surgical approach by emphasizing the indications, advantages and limitations, and risks of each technique.

Our goal is to learn from each other and to enable a productive and friendly interaction between students and faculty.

Course Location



IRCAD-Taiwan

The address is No.6-1, Lugong Rd., Lukang Township, Changhua County, 505, Taiwan, R.O.C.

Faculty

Course director

Sebastien Froelich
Christian Debry
Yon-Kwang Tu

Honored Guest

Takashi Kawase, Japan

Invited Faculty

Sanford Hsu, Taiwan
Narayan Janikaram, India
Wittipong Kiratokai, Thailand
Doo-sik Kong, Korea
Kyu Sung Lee, Korea
James Liu, USA
Jens Lehmberg, Germany
Kenichi Oyama, Japan
Chiung-Chyi Shen, Taiwan

Who should attend ?

Our SKULL BASE 360° course is aimed at trainees and specialists, with an interest in skull base surgery.

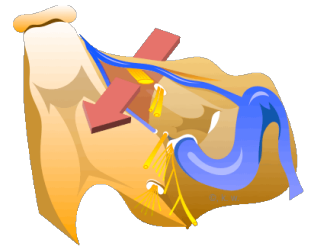
This advanced intensive course is designed for neurosurgeons, otolaryngologists, head and neck surgeons, and skull base surgeons, interested in the most recent advances in skull base techniques and tools.

Course program

DAY 1: ANTEROALATERAL and POSTEROLATERAL CORRIDOR *Microscopic and Endoscopic assisted*

MORNING: **ANTEROALATERAL CORRIDOR**
From FTOZ to Keyhole

AFTERNOON: **POSTEROLATERAL CORRIDOR**
From Far lateral to Anterolateral



DAY 2: LATERAL CORRIDOR, *Microscopic and Endoscopic assisted*

MORNING: **POSTERIOR TRANSPETROSAL**

AFTERNOON: **ANTERIOR TRANSPETROSAL, COMBINED
PETROSAL AND COMPLETE PETROSECTOMY**

DAY 3: ANTERIOR CORRIDOR, ENDOSCOPIC ENDONASAL

MORNING: **ENDONASAL STEPS**
*Concept, ergonomics, endonasal steps,
sellar region*

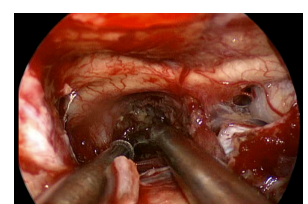


AFTERNOON: **CAVERNOUS SINUS, CLIVUS, PETROUS APEX**

DAY 4: ANTERIOR CORRIDOR, ENDOSCOPIC ENDONASAL

MORNING: **TRANSCRIBRIFORM – ANTERIOR SKULL BASE**

AFTERNOON: **CRANIOCERVICAL JUNCTION
INFRATEMPORAL FOSSA
MULTIPORTAL APPROACHES**

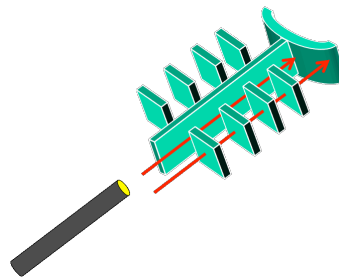
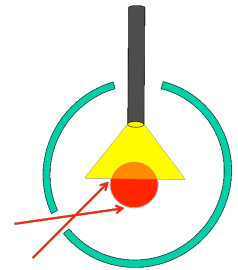


Course Objectives

The aim of this course is to provide a global view of the surgical approaches and strategies in skull base surgery:

- Open microsurgical,
- Minimally invasive endoscopic endonasal approach,
- Keyhole approach,
- Endoscopic assisted microsurgery,
- Combined microscopic and endoscopic approach,
- Multiportal approach,

In order to tailor the surgical strategy to each clinical situation.



Objectives:

- **Global view of the complex anatomy of the skull** and the relationship of critical structures. Lectures will focus on the important anatomical details for the realization of each surgical approach
- **Description of technical steps of microscopic and endoscopic skull base approaches**
- **Discussion of the rational and specific indication of skull base approaches**
- **Improve skills with hands-on session on cadaveric specimens**
- **Overview of the anatomical pearls, lesion features and clinical characteristics critical to consider in choosing the best surgical strategy**
- **Tips and tricks to avoid and manage complications**
- **Understanding of the therapeutic challenge of the most common skull base lesions**, through clinical case presentations
- **Discussion between expert in the field of skull base surgery and trainees**

Course feature

- Lecture-cases discussion time/day: **2H30** – Dissection time/day: **7H00**
- Step by step demos by expert at the main working station that can be followed on a dedicated screen at each participant station
- 3D main working station screen
- Fixed softened cadaveric specimens
- Two participants per station
- 1:2 faculty to participant ratio
- Assistant nurse at each station
- State of the art equipment (Microscope/VITOM, Endoscope and HD camera, high speed drills, neuronavigation system, surgical instrument including micro-instrument set,...)
- USB stick with lectures and high definition dissections included

