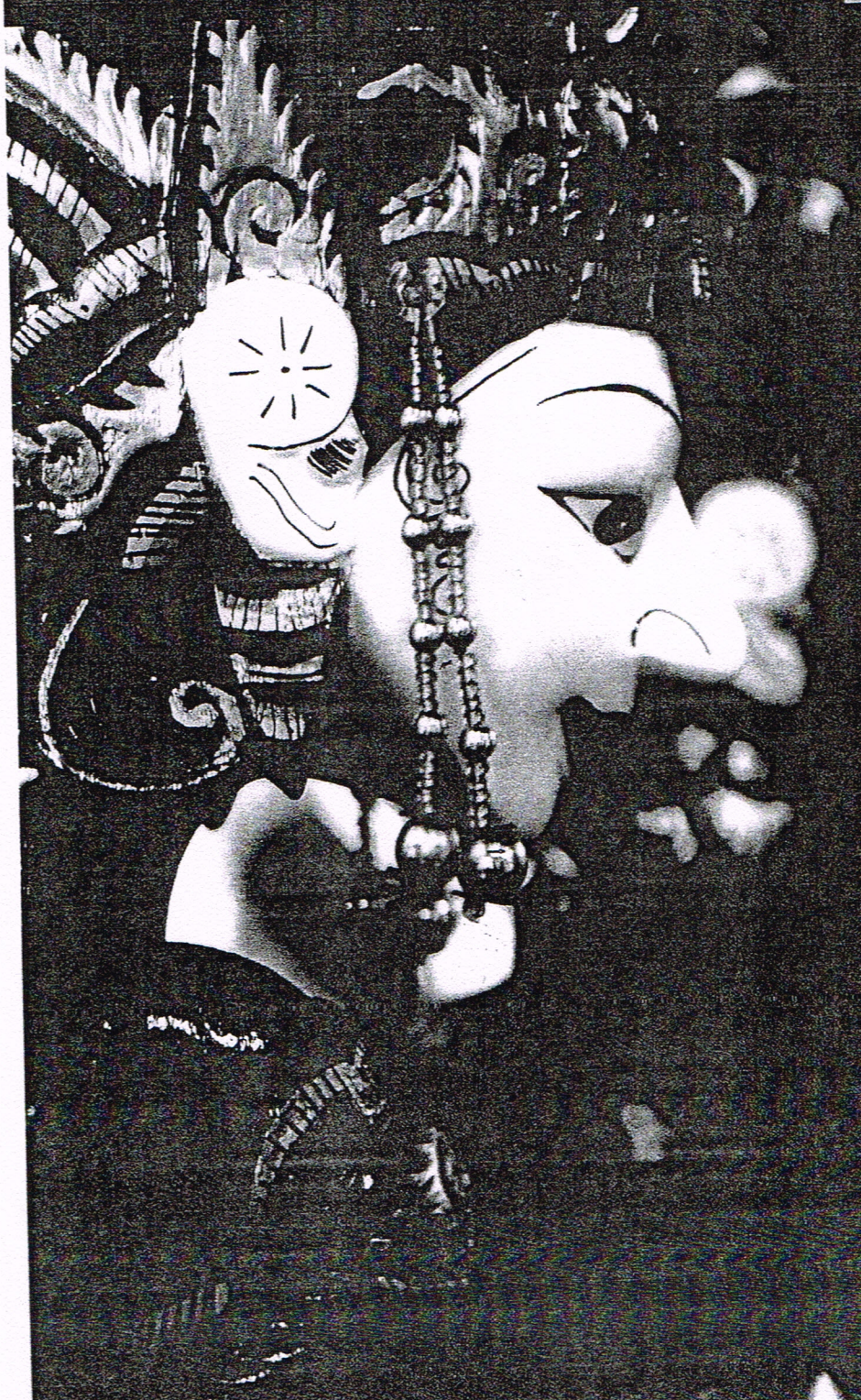
PROGRAMME BOOK
13-17 Mei 2014, Bandung

KONAS IV PABI 2014

Pengembangan Profesi Bedah Berkelanjutan
Persatuan Dokter Spesialis Bedah Umum Indonesia

"ACUTE CARE SURGERY"



Sambutan Ketua Panitia KONAS IV PABI 2014

Yth. Teman Sejawat anggota PABI

Selamat datang di Bandung dalam KONAS IV-P2B2 XI, kami panitia sangat bersuka cita atas kedatangan teman sejawat peserta dan keluarga di Bandung.

Acara P2B2 PABI sebagai sarana bertukar pengalaman dan penyegaran kembali Ilmu Bedah, kami harapkan berguna untuk kita semua, tetapi tetap jalannya organisasi harus terus berlanjut dan berkembang dengan diadakannya KONAS.

Banyak suka duka dalam pengalaman sebagai ahli bedah di daerah, mudah-mudahan kita semua yang mendapat berkat menjadi ahli bedah dan dapat berguna untuk seluruh masyarakat dan bangsa kita.

Terima kasih kami ucapkan kepada Pengurus Pusat PABI, seluruh teman panitia, perusahaan farmasi, dan Bagian Imu Bedah FKUP/RSHS yang telah bersama-sama membantu untuk berlangsungnya acara KONAS IV P2B2 PABI dan berbagai workshop.

Kami mohon maaf apabila ada hal-hal yang kurang berkenan pada penyelenggaraan acara ini.

Salam hormat,

Dr. Arthur H.L. Tobing, SpB.,FINACS

Sambutan Ketua PP PABI

Para hadirin Dokter Spesialis Bedah Umum Indonesia yang saya hormati

Pertama-tama sebagai Ketua PP PABI Periode 2010-2014 kami mengucapkan selamat datang di Bandung pada acara P2B2 ke XI dan Konas IV PABI yang bertema: Terwujudnya keselamatan pasien *(patien savety)* dalam palayanan Spesialis Bedah yang merata bagi seluruh masyarakat Indonesia.

Dengan jumlah anggota PABI yang cukup besar yaitu 1786 (per April 2014) dokter spesialis bedah, tentunya distribusi pelayanan spesialis bedah dapat merata untuk seluruh Indonesia. Dan saat ini sudah ada 34 cabang PABI di seluruh Indonesia.

Mendatang di era globalisasi yang akan dimulai tahun 2015, pimpinan baru PP PABI mempunyai tugas berat yakni yang pertama: menjadikan Indonesia (NKRI) ini sebagai tuan rumah bagi dokter spesialis bedah umum sehingga Dokter Spesialis Bedah Umum mengalami era yang sejahtera lahir batin serta disegani sebagai tenaga ahli bedah yang kompeten; yang kedua: mensukseskan program pemerintah didalam masalah BPJS/ JKN yang telah dimulai sejak Januari 2014.
Mudah-mudahan Pemerintah dimasa mendatang dapat mensejahterakan tidak saja masyarakat Indonesia untuk sehat tetapi mensejahterakan para dokter dan Rumah Sakit dengan menaikkan anggaran kesehatan 5% dari APBN. Tidak ada jalan lain anggaran keuangan harus ditingkatkan oleh Pemerintah/ DPR bila ingin mensukseskan masalah BPJS/ JKN.

Sebagai Ketua PP PABI Periode 2010-2014 kami mohon maaf kepada para anggota PABI yang tercinta selama periode tersebut belum dapat memenuhi amanah para anggota, mudah-mudahan periode mendatang PP PABI akan lebih memenuhi amanah organisasi sehingga organisasi PABI menjadi organisasi yang solid dan lebih sejahtera bagi para anggotanya.

Selamat mengikuti pertemuan dan diskusi ilmiah serta selamat ber-Kongres Nasional di kota yang indah Bandung ini dan kami berterima kasih sekali lagi kepada Dr. Arthur LH Tobing, SpB, FINACS dan seluruh Panitia penyelenggra P2B2 PABI Ke XI dan Kongres Nasional PABI ke IV yang sangat kooperatif dan bergotong royong mensukseskan amanah organisasi PABI tercinta ini dengan sukses.

Terakhir sebagai organisasi yang solid dan kompak serta mencintai organisasi, marilah kita tetap mensukseskan program wajib iuran anggota dan Pabi Sejahtera.

Wassalam,
Dr. Urip Murtedjo, SpB(K)KL., FINACS

Sambutan Ketua Presidium PP IKABI

Salam Sejahtera.

Para hadirin Dokter Spesialis Bedah Umum Indonesia yang saya hormati

Atas nama Pengurus pusat Presidium PP IKABI periode 2012-2015, kami menyampaikan selamat dan sukses dengan terselenggaranya Konas PABI ke-4 di Bandung semoga kita semua dalam keadaan bahagia dan sehat sejahtera.

Ikatan Ahli Bedah Indonesia (IKABI) didirikan tahun 1967 melalui Kongres pertama (1-6 Juni 1967) di Semarang oleh Dr. R. Soeharso, R. Moenadjat Wiratmadja, dkk, dimana saat itu seluruh dokter ahli bedah Indonesia bersatu dalam pengabdian-pelayanan (Ropanasuri-Sutiksna Husada Sudarma Marga) untuk mensejahterakan rakyat Indonesia. Sebelumnya Tahun 1955 berdiri organisasi Perhimpunan Ahli Bedah & Ahli Anestesi Indonesia (PABAAI) dengan Ketua Dr. M. Soekaryo.

Dalam perkembangannya IKABI terfragmentasi menjadi 10 OPLB (PABOI, IAUI, PERSPEBSI, IKABDI, PERABOI, PERBANI, PERAPI, HBTKVI, PABI(2002)) karena tuntutan zaman & anggota untuk lebih fokus pada pelayanan & pendidikan serta kemajuan IPTEK masing-masing OPLB.

Sejak tahun 2000 timbul kerinduan untuk bersatu dalam ilmu & pengabdian, dan baru tahun 2012 terwujud dalam acara Konker IKABI di Jakarta (27 Oktober 2012).

Langkah strategis IKABI pertama adalah PENDEKATAN :

1. Pendekatan ke Kemenkes, sampai saat ini (30 April 2014) sudah 53 kali pertemuan, diantaranya 5 kali pertemuan dengan bu Menkes.
2. Pendekatan ke mitra kerja yang lain: PB IDI 12x, KKI 5x, MKDKI 1x, MPPK 1x, MKEK 2x, Wantimpres 1x, Ketua BNPB 1x.

Tahapan berikutnya berupa langkap-langkah konkret pelaksanaan program dan selalu di evaluasi sehingga dapat diselesaikan dengan baik:

1. Konsolidasi organisasi melalui Konker IKABI (27 Oktober 2012), hasilnya
   a. Penataan organisasi presidium PP IKABI berdasarkan AD/ART, Visi, Misi, Tujuan, Nilai
   b. Penyusunan Renstra jangka pendek dan menengah (selanjutnya berupa road map)
   c. Membuat 10 komitmen bersama PP IKABI, OPLB, M KIBI dan Kolegium terkait, yang dituangkan dalam Buku Kewenangan Tindak Medik Dokter Spesialis Bedah Indonesia (terbit 2013) dan buku tersebut sekarang masuk didalam katalog nasional di Perpustakaan Nasional (29 April 2014)
2. Pembentukan asosiasi RS khusus bedah (42 buah) dengan ketua Dr. Eddy Sutrisno,SpBP (Medan)
3. Menerbitkan buku PNPK Penangganan Trauma (2011, terbit 2013), disusul dengan 3 buah PNPK lagi (PNPK Mega Colon Congenital, PNPK Peritonitis, PNPK Keganasan Payudara, 2014)
4. Membantu menyelesaikan tariff BPJS dengan mengumpulkan semua pendapat OPLB dan Korwil-korwil, kemudian diserahkan ke Kemenkes.
   Prinsip yang diperjuangkan: 1. Azas BPJS : Proporsional, Adil, Transparan ; 2. Jasa Medik & Jasa Pelayanan terpisah termasuk Alkes; 3. Klaim harus lebih cepat (± 2 bulan); 4.Pengawasan oleh Komite Medik RS
5. Menerbitkan Buku Kewenangan Tindak Medik Dokter Spesialis Bedah Indonesia (2013) yang mendapat apresiasi dari Bu Menkes RI, Ketua KKI, Ketua PB IDI, Ketua Persi
6. Persiapan program MRA 2015 (lihat Perkonsil KKI no. 22 tahun 2014)
7. Membantu mendorong program PDS-BK Kemenkes (2013) tentang percepatan akses pendidikan (target ± 3000 peserta, baru tercapai 30%), termasuk untuk mengisi kekurangan dokter bedah di DTPK
8. Membantu Kemenkes dalam penyusunan (dalam proses) :
   a. SOP Penangganan Rabies (IKABI & OPLB)
   b. Formularium Nasional (IKABI & OPLB)
   c. Clinical Pathway dan 4 Pedoman PPK 1, PPK 2, PPK 3 (terbit Mei 2014)
9. Membuat Distribusi & Mapping Dokter Spesialis Bedah Indonesia: untuk tingkat propinsi

telah selesai, akan diteruskan ke tingkat kabupaten/kota dan tingkat RS (jumlah RS di Indonesia.

10. Membantu meng-advokasi kasus kelalaian tindak medik yang dilaporkan ke Polda Metro Jaya dan ke MKDKI. Bekerjasama dengan MKDKI melakukan sosialisasi program MKDKI dan mengkaji laporan-laporan MKDKI tentang kasus-kasus yang menyangkut dokter spesialis bedah. (contoh kasus RS Tangerang, RS Pertamina Jakarta, RS Permata Hijau, RS Kupang, RS di Jatim, dll)
11. Melakukan pembenahan organisasi Komisi Komunikasi & Publikasi menjadi Komisi Ilmiah dan dilengkapi dengan subkomisi Publikasi Ilmiah (JIBI) dan subkomisi Karya Ilmiah (diagendakan di Konker IKABI Semarang Agustus 2013).
12. Menerbitkan kembali JIBI yang sudah tidak terbit 3 tahun. Untuk dikembalikan ke akreditasi A (syarat 6 kali terbit dan lancar). Sekaligus menerbitkan Buletin Ropanasuri sebagai Media Komunikasi antar kita. Program lomba karya ilmiah (2 kali setahun) mulai dilaksanakan di PIT IKABI XIX di Semarang 20-25 Agustus 2013
13. Menyelesaikan permasalahan Komisi Ambulans 118 sebagai Badan Usaha milik IKABI melalui 2 kali pertemuan (I: Panitia kecil-26 nopember 2012 & II Rapat Presidium-22 april 2013)
14. Menyelesaikan permasalahan Komisi Trauma dan Yayasan Komisi Trauma :
    Daftar tunggu peserta ATLS telah berhasil diperpendek dari rata-rata 12 bulan menjadi 2 bulan
    Bersama anggota Komisi Trauma dan yayasannya, Ketua PP IKABI & Sekjen di sertai 2 (dua) orang senior IKABI (Prof. Syamsuhidayat & Dr. Soerarso) telah menyepakati beberapa hal: a. Semua aset Komisi Trauma (yayasan) ± 7 M adalah milik IKABI; b. Selanjutnya akan dibuat memorandum dan hibah akan hal tersebut (dalam proses penyelesaian) supaya jelas kedudukan antara IKABI, Komisi Trauma IKABI, Yayasan dan para instruktur; c. Menyusun konsep penanggulangan korban bencana bersama Pusat Krisis Kemenkes & BNPB yang berpusat di 3-5 wilayah (dalam proses) untuk secara cepat & mudah digerakkan
15. Kesimpulan muktamar luar biasa: Semarang, 20 Agustus 2014: masa kepengurusan PP IKABI yang semula 2 tahun menjadi 3 tahun. PIT di Medan ditetapkan 2014 ... (berubah menjadi 2016 karena adanya Kongres International College of Surgeons sedunia ke-39, 22-24 Oktober 2014 di Bali)
16. Tahun 2015 Multamar IKABI ditetapkan di Surabaya

Dengan mengetahui Program PP IKABI periode 2012-2015 serta implementasinya sampai saat ini menunjukkan bahwa keberadaan IKABI sebagai organisasi Profesi Kedokteran memberikan kontribusi yang sangat positif bagi mendukung program-program Kemenkes sebagai mitra kerja yang paling dekat dan institusi lainnya seperti PB IDI, KKI, dll., sehingga diharapkan akan tercapai masyarakat Indonesia yang sehat dan sejahtera. Disamping itu IKABI sebagi organisasi federasi yang menghimpun 10 OPLB dapat memberikan kontribusi dan pengayoman kepada Dokter Spesialis Bedah Indonesia.

Kepada Dokter Spesialis Bedah Umum Indonesia yang saat ini mengikuti Konas ke-4 PABI di Bandung, diharapkan menghasilkan keputusan yang strategis untuk kepentingan para anggotanya maupun bangsa dan rakyat Indonesia.

Jakarta, 30 April 2014

Paul Tahalele
Ketua Presidium PP IKABI

INFORMASI ACARA

KONAS IV PABI
2014

SUSUNAN PANITIA

P2B2 (PENGEMBANGAN PROFESI BEDAH BERKELANJUTAN) XI
KONAS (KONGRES NASIONAL) KE - IV PABI
15 - 17 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

PELINDUNG
- Dekan FKUP
- Ketua IDI

PENASEHAT
- Ketua PP PABI
- Ketua IKABI Jabar
- Prof. Dr. Pisi Lukito, Sp.B(K)Onk
- Prof. DR. Dr. Basrul Hanafi, Sp.B-KBD
- Prof. DR. Dr. Suwandi Sugandi, Sp.B-Sp.BU

KETUA UMUM : Dr. Arthur H.L. Tobing, SpB, FINACS

KETUA I : Dr. Danny Ganiarto Sugandi, SpB, FINACS
- Kord Sie Workshop & Sie Poster : DR. Dr. Reno Rudiman, MSc, SpB-KBD, FINACS
- Kord Sie Ilmiah : Dr. Dradjat R. Suardi, SpB(K)Onk, FICS, FINACS
  Dr. Bustanul Arifin, SpB(K)BA
  DR. Dr. Tri Wahyu Murni, SpB-TKV(K),MH.Kes
  Dr. Haryono Yarman, SpB-KBD, FINACS
  DR. Dr. Kiki Lukman, M.Sc, SpB-KBD, FINACS
  Dr. Maman Abdurrachman, SpB(K)Onk

- Kord Sie Acara Ilmiah : Dr. Danny Ganiarto Sugandi, SpB, FINACS
  Dr. Liza Nurshanty, Sp.B, FINACS
  Dr. Sudardjat, Sp.B, FINACS
  Dr. Dik Adi, Sp.B, FINACS
- Kord. Sie Malam Keakraban : Dr. Tatang Eka Rahayu, SpB-KBD, KIC
  Dr. Sudardjat, Sp.B, FINACS

KETUA II : Dr. Hadiyana Suryadi, SpB, FINACS
- Kord Sie Dana : Dr. Nurhayat Usman, SpB-KBD, FINACS
  Dr. Rachim Sobarna, SpB-TKV
  Dr. Alfoncius Simon, SpB, FINACS
- Kord Sie Pameran : Dr. Arief Guntara, SpB, FINACS
- Kord Sie Konsumsi : Dr. Dini S. Warsodoedi, SpB, FINACS
  Dr. Maya Sofa, SpB, FINACS
  Dr. Conny Concepcion Gracia, SpB, FINACS

KETUA III : Dr. Maruhum Simamora, SpB, FINACS
- Kord Sie Transportasi : Dr. Deddy Kurniawan, SpB, FINACS
- Kord Sie Publikasi/Dokumentasi : Dr. Jo Kheng Tek, SpB, FINACS
- Kord Sie Keamanan : Dr. Danny Ganiarto Sugandi, SpB, FINACS
- Kord Sie Perlengkapan : Dr. Lucky Nursyam Arif, SpB, FINACS
- Kord Sie Ladies Programme : Dr. Helini Lubis, Sp.M
  Dra. Ita Yusnita Hadiyana

SEKRETARIS UMUM : Dr. Monty P. Soemitro, SpB(K)Onk, M.Kes, FICS, FINACS
- Sekretaris : Dr. Laely Yuniasari, SpB, FINACS

BENDAHARA : Dr. R. Yohana, SpB(K)Onk
Diana Rosidah, Amd

SEKRETARIAT STAF : Ayu Rahayu Nugraha, S. Kom
Ratna Wulan, S.Sos
Cucu Sugrianti, SE
Andri Firmansyah

JADWAL ACARA

P2B2 (PENGEMBANGAN PROFESI BEDAH BERKELANJUTAN) XI DAN KONAS (KONGRES NASIONAL) KE - IV PABI

15 - 17 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

WAKTU	ACARA P2B2 XI PABI	PEMBICARA	MODERATOR
Hari Pertama, Kamis/15 Mei 2014			
07.00 – 07.45	**PENDAFTARAN / REGISTRASI**		
07.45 – 07.55	Rampak gendang		
08.00 – 08.05	Lengser menjemput Pedel dan Tim Kolegium di holding room		
08.05 – 08.15	untuk diantar ke ruang Convention Centre Prosesi kolegium dipimpin Pedel berjalan menuju podium dan duduk sesuai urutan kursi protokoler menjemput Dirjen BUK		
08.15 – 08.17	MC menyampaikan bahwa acara akan segera dimulai		
08.17 – 08.27	Menyanyikan lagu Indonesia Raya oleh Paduan Suara		
08.27 – 08.37	Menyanyikan Mars PABI oleh Paduan Suara		
08.37 – 08.42	Laporan Ketua P2B2 dan KONAS		
08.42 – 08.47	Sambutan Ketua Umum PABI		
08.47 – 09.00	Sambutan Ketua Umum IKABI		
09.00 – 09.10	Sambutan Kepala Dinas Kesehatan Jawa Barat		
09.10 – 09.30	Sambutan Dirjen BUK Kementerian Kesehatan		
09.30 – 09.40	Pemukulan Gong Pembukaan P2B2		
09.40 – 09.48	MC mengundang Ketua Kolegium		
09.48 – 11.08	Acara Pelantikan Anggota Baru Spesialis Bedah dari 16 Center Pendidikan Bedah dari seluruh Indonesia		
11.08 – 11.18	Penghargaan kepada para tokoh yang berjasa pada Ilmu Bedah : **- Prof. Syamsu** **- Dr. Surarso** **- Dr. Warko (Alm.)**		
11.18 – 11.20	MC memanggil Ketua Kolegium		
11.20 – 11.25	Ketua Kolegium menyampaikan pidato sehubungan dengan Penghargaan pada **Mr. Roger J. Leicester OBE FRCS**		
11.25 – 11.30	Pembacaan CV Penerima Penghargaan		
11.30 – 11.35	Penyerahan Award		
11.35 – 11.55	Pidato **Mr. Roger J. Leicester OBE FRCS**		
11.55 – 12.00	MC mengucapkan bahwa acara telah selesai, Hadirin dipersilahkan ISHOMA untuk kemudian acara selanjutnya		

JADWAL ACARA

P2B2 (PENGEMBANGAN PROFESI BEDAH BERKELANJUTAN) XI DAN KONAS (KONGRES NASIONAL) KE - IV PABI

15 - 17 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

WAKTU	ACARA P2B2 XI PABI	PEMBICARA	MODERATOR
12.00 - 12.45	ISHOMA		
LUNCH SYMPOSIA : SUPPORTIVE THERAPY IN ADVANCED BREAST CANCER (Sponsor oleh PT. Roche Indonesia)			
12.45 - 13.00 13.00 - 13.15 13.15 - 13.30 13.30 - 13.45	Management of Locally Advanced Breast Cancer Penanganan Metastase Tulang Penanganan Nutrisi Discussion	Dr. I Wayan Sudarsa, SpB(K)Onk (Bali) Dr. Benny Kusuma, SpB(K)Onk, MARS(Palembang) Dr. Widyanti Soewoto, SpB(K)Onk (Solo)	Dr. Daan Khambri, SpB (K)Onk, M.Kes, FINACS (Padang)
PLENARY : PATIENT SAFETY IN SURGICAL CARE			
13.45 - 14.00 14.00 - 14.15	National Policy in Implementing Patient Safety at Hospital in Indonesia Hospital Risk Management For Improving Surgical Patient Safety	Dr. Nico A. Lumenta, K.Nefro, MM, MHKes Komite (Nasional) Keselamatan Pasien Rumah Sakit Dr. dr. Fathema D. Rachmat, Sp. B., Sp.BTKV	Dr. Djoni Darmadjaja, SpB., MARS., FINACS,FICS (Karawang)
14.15 - 14.45	REHAT KOPI		
SYMPOSIA : GUIDELINE FOR COLORECTAL CANCER MANAGEMENT			
14.45 - 15.00 15.00 - 15.15 15.15 - 15.30 15.30 - 15.45 15.45 - 16.00	Screening, Diagnosis and surveillance Surgical Management The Role of Chemotherapy The Role of Radiotherapy Discussion	DR. Kiki Lukman, dr, Msc., SpB-KBD (Bdg) Dr. Ibrahim Basir, SpB-KBD (Jkt) Prof. DR. Aru Soedoyo, dr, SpPD-KHO (Jkt) Prof. DR. Soehartati Gondowiarjo, dr, Sp.Rad (K). Onk.Rad (Jkt)	Prof. DR. IGN Riwanto, dr, SpB-KBD, FINACS (Semarang)
CASE DISCUSSION : MANAGEMENT OF INTESTINAL OBSTRUCTION			
16.00 - 16.15 16.15 - 16.30 16.30 - 16.45	A case of small bowel obstruction A case of large bowel obstruction Discussion	Dr. Imam Sofii, SpB-KBD DR. Ibrahim Labeda, dr., SpB-KBD (Makassar) Dr. Heber Bombang Sapan, SpB-KBD (Menado) Dr. Asrul, SpB-KBD (Medan)	Dr. Nurhayat Usman, Sp.B-KBD, FINACS (Bandung)

JADWAL ACARA

P2B2 (PENGEMBANGAN PROFESI BEDAH BERKELANJUTAN) XI DAN KONAS (KONGRES NASIONAL) KE - IV PABI

15 - 17 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

WAKTU	ACARA ILMIAH P2B2 XI PABI	PEMBICARA	MODERATOR
Hari Kedua, Jumat / 16 Mei 2014			
CASE DISCUSSION			
07.30 - 07.45 07.45 - 08.00 08.00 - 08.15	Penatalaksanaan Varicocele pada infertilitas pria Medicamentosa pada BPH Discussion	Dr. Ricky Adriansjah, Sp.U (Bandung) Dr. Tjahjodjati, SpB, Sp.U (Bandung)	Dr. Sukarno Kasmuri, Sp.B (Ketua PABI Surabaya)
CASE DISCUSSION : ACUTE MANAGEMENT OPEN FRACTURE			
08.15 - 08.30 08.30 - 08.45 08.45 -09.00 09.00 - 09.15	Penatalaksanaaan Compartement Syndrome in Extremities Wound Care Management Damage Control Surgery in Open Fracture Discussion	Dr. Yoyos Dias Ismiarto, SpOT(K), M.Kes, CCD,FICS Dr. Yoyos Dias Ismiarto, SpOT(K), M.Kes, CCD,FICS Dr.H.M.RizalChaidir,SpOT(K),M.Kes(MMR), MH.Kes, FICS (Bandung)	Dr. Gazali Haeruddin, Sp.B., FINACS (Ketua PABI Surakarta) Dr. Andre Yanuar, SpOT (Bandung)
CASE DISCUSSION			
09.15 - 09.30 09.30 - 09.45 09.45 - 10.00	Malformasi Anorektal Nyeri Perut Pada Anak Aspek Bedah Discussion	Dr. Dikki Drajat Kusmayadi, SpB., SpBA (Bandung) Dr. Poerwadi, Sp.B., Sp.BA (Surabaya)	Dr. Bustanul Arifin Nawas, SpB(K)BA (Bandung)
10.00 - 10.30	**REHAT KOPI**		
LUNCH SYMPOSIA : ONCOLOGY			
10.30 - 10.45 10.45 - 11.00 11.00 - 11.15	Basic Oncology Update Breast Cancer Discussion	DR. Yan Wisnu, dr., SpB(K)Onk (Semarang) Dr. Monty P. Soemitro, SpB(K)Onk., M.Kes., FICS., FINACS (Bandung)	Dr. JDP. Wisnubroto, SpB(K)Onk (Malang)
11.15 - 13.00	**ISHOMA**		

WAKTU	ACARA KONAS IV PABI	PEMBICARA	MODERATOR
Hari Kedua, Jumat / 16 Mei 2014			
Sidang Pleno 1 di Lantai 2 Trans Grand Ballroom			
08.00 - 08.10 08.10 - 08.20 08.20 - 08.30 08.30 - 08.40 08.40 - 08.55 08.55 - 09.30 09.30 - 10.45	Pembukaan Konas (o/Ketua PP) Pemilihan Ketua Sidang Pembacaan Agenda Konas (o/ Ketua Sidang) Penetapan Komisi Sidang Pertanggungjawaban Ketua PP PABI Tanya Jawab Peserta pindah ruangan untuk sidang komisi : - Komisi Organisasi di Boardroom 11 - Komisi P2B2/P2KB di Boardroom 16 - Komisi Satgar PKB AM2 di Boardroom 2 - Komisi Pabi Sejahtera di Boardroom 8 *(Coffe Break disajikan di masing-masing ruangan)*	Dr. Ricky Adriansjah, Sp.U (Bandung) Dr. Tjahjodjati, SpB, Sp.U (Bandung)	Dr. Sukarno Kasmuri, Sp.B (Ketua PABI Surabaya)
Sidang Pleno 2 di Lantai 2 Trans Grand Ballroom			
10.45 - 11.45	Pemilihan Ketua PP PABI Baru		
11.45 - 13.00	**ISHOMA**		
Sidang Pleno 3 di Lantai 3 Trans Convention Centre			
13.00 - 13.30	Pengumuman Hasil Pleno 1 & 2 Serah terima Ketua PP PABI & Penandatanganan Berita Acara		
19.00 - END	**MALAM KEAKRABAN**		
ACARA ILMIAH PESERTA DIDIK DOKTER SPESIALIS BEDAH			
13.00 - 17.00	◈ **Poster dalam bentuk visual elektronik** (Di Lantai 2 Trans Grand Ballroom) ◈ **Presentasi Ilmiah** (Di Boardroom 3-5-6 Lantai 2 Mezanin)		
19.00 - END	**MALAM KEAKRABAN**		

JADWAL ACARA

P2B2 (PENGEMBANGAN PROFESI BEDAH BERKELANJUTAN) XI DAN KONAS (KONGRES NASIONAL) KE - IV PABI

15 - 17 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

WAKTU	ACARA	PEMBICARA	MODERATOR
Hari Ketiga, Sabtu/17 Mei 2014			
PLENARY : TRAINING IN GENERAL SURGERY AND THE ROLE OF GENERAL SURGEON IN THE FUTURE			
08.00 - 08.15 08.15 - 08.30 08.30 - 08.45 08.45 - 09.00	The National matching program towards better distribution of surgical service in Indonesia Surgical Training in Indonesia : The future role of General Surgeons in Indonesia The role of General Surgeons in the UK The Role of General Surgeons in the development of minimally Invasive Surgery in Vietnam	Kabid PPSDM Kemenkes Dr. Untung Suseno Sutarjo, M.Kes DR. Kiki Lukman,dr,MSc.,SpB-KBD (Bdg) Mr. Ian Ritchie, PRCSEd (Perwakilan Royal College Surgeons of Edinburgh) Prof. Nguyen Hoang Bac, PhD (Ho Chi Minh Hospital) Vietnam	Prof.DR. Dr. Aryono D.Pusponegoro, SpB-KBD, FINACS (Jakarta) Dr. R. Yoga Wijayahadi, SpB(K)KL, FINACS (Surabaya)
09.00 - 09.30	**REHAT KOPI**		
CASE DISCUSSION : PENGALAMAN KASUS DOKTER SPESIALIS BEDAH DI DAERAH			
09.30 - 09.45 09.45 - 10.00 10.00 - 10.15 10.15 - 10.30 10.30 - 11.00	Kasus Urologi: Hypospadia Kasus Bedah Vaskuler : Tips & trik Cimino sebagai akses Hemodialisa Kasus Bedah Digestif : Hemorrhoidectomy Kasus Reseksi Hepar Discussion	Dr. Hadiyana Suryadi, SpB, FINACS (Garut) Dr. Tommy Halauet, SpB, FINACS(Jkt) Dr. Alfonsius Simon, SpB, FINACS(Bdg) Dr. Suharto Prawirodharmo,Sp.B,FINACS (Solo)	Dr. Riana Pauline, Sp.B, SpBA (Jakarta)
11.00 - 12.00	**ISHOMA**		
PLENARY : ETIKA KEDOKTERAN			
12.00 - 12.15	Pentingnya memelihara etika sebagai konsensus bersama Dokter Spesialis Bedah	Prof. DR. PaulTahalele, dr., SpB,B-TKV., FCTS., FINACS (Surabaya)	Prof. DR. Basrul Hanafi, dr., Sp.B-KBD (Bandung)

JADWAL ACARA

P2B2 (PENGEMBANGAN PROFESI BEDAH BERKELANJUTAN) XI DAN KONAS (KONGRES NASIONAL) KE - IV PABI
15 - 17 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

WAKTU	ACARA	PEMBICARA	MODERATOR
SYMPOSIA: PERMASALAHAN YANG DIHADAPI DOKTER BEDAH UMUM DI DAERAH			
12.15 - 12.30	Pelaksanaan SJSN 2014 Pelayanan Primer, Sekunder, Tertier	Dr. Djoni Darmadjaja,SpB., MARS, FINACS, FICS (Karawang) Dr. HN. Nazar, Sp.B., FINACS (Bogor)	Dr. Urip Murtedjo, SpB(K)KL., FINACS (Surabaya)
12.30 - 12.45	Pola Tarif BPJS		
12.45 - 13.00	Discussion		
LUNCH SYMPOSIA : ACUTE CARE SURGERY INCONJUNCTION WITH P2B2			
13.00 - 13.15	Hypoperfusion, shock state and abdominal compartement syndrome	Dr. J. Iswanto Hendrawijaya, SpB-KBD (Sby)	Dr. Ronald E. Lusikooy, SpB-KBD (Makassar)
13.15 - 13.30	Damage control in intraabdominal sepsis	Prof. DR. IGN Riwanto, dr., SpB-KBD, FINACS (Semarang) Dr. Hendro Wartatmo, SpB-KBD (Yogyakarta)	
13.30 - 13.45	Current guidelines in the management of acute cholangitis and acute cholecystitis		
13.45 - 14.00	Management of complications of colorectal anastomosis, leak and bleeding	DR. M. Alsen Arlan, dr., SpB-KBD (Palembang)	
14.00 - 14.15	Discussion		
14.15 - 14.45	**REHAT KOPI**		
CASE DISCUSSION : PERMASALAHAN HUKUM			
14.45 - 15.00	Permasalahan Hukum yang sering dijumpai sehari-hari	Dr. Darwito, SpB(K)Onk, SH (Semarang) DR. Roberto Hutagalung, SH., MH (Bandung) Kombes (Purn)Dr. Rullyanto Wirahardja, MPH., DFM., SH., MH.Kes (Bandung) Dr. Candra Svaras, Sp.B (Jakarta) Prof.Dr.Med. Ali Baziad, Sp.OG(K) (Jakarta)	Prof. DR. PaulTahalele, dr., Sp.BBTKV., FCTS., FINACS (Surabaya) Dr. HN. Nazar, Sp.B., FINACS (Bogor)
15.00 - 15.15	Sengketa Medik, Prespektif dari Praktisi Hukum		
15.15 - 15.30	Sengketa Medik, Presfektif dari IDI		
15.30 - 15.45	Apa yang dapat dijadikan pelajaran dari "kasus" Manado		
15.45 - 16.00	Peran MKDKI di dalam permasalahan Sengketa Medik Bidang Pembedahan		
16.00 - 16.15	Discussion		
16.15 - 17.15	**PENUTUP**		

JADWAL ACARA
MALAM KEAKRABAN
KONAS (KONGRES NASIONAL) KE - IV PABI
15 MEI 2014, THE TRANS LUXURY HOTEL BANDUNG

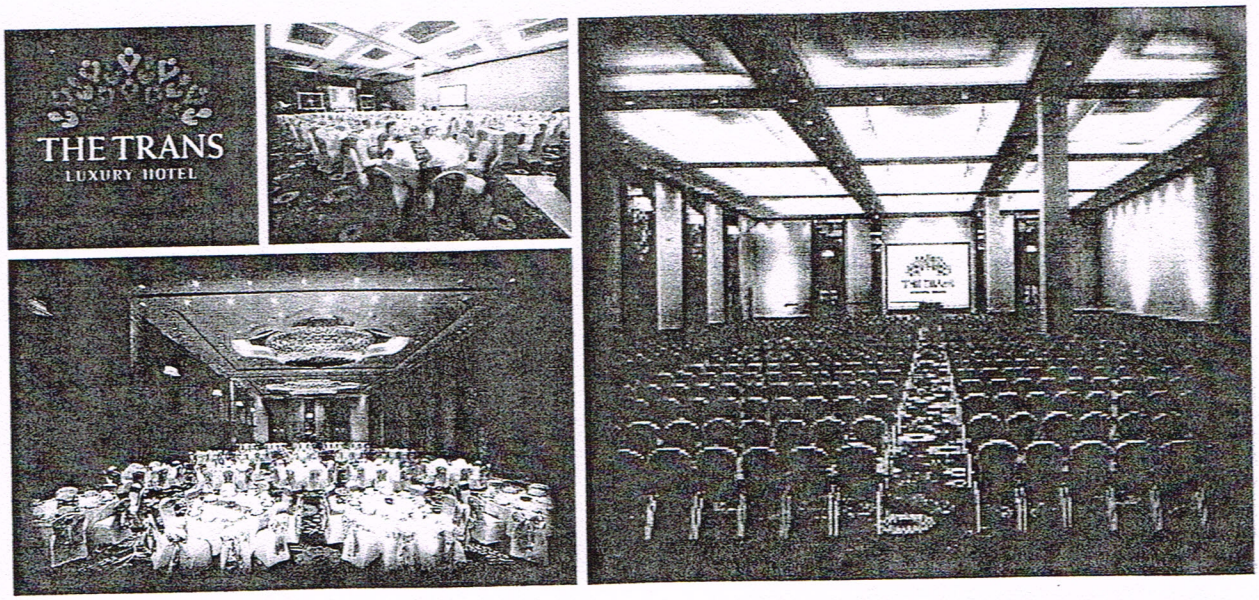
NO.	WAKTU	ACARA	TALENT	DURASI
1.	18.30-19.00	Kecapi Suling	Bedah	30'
		Voice Over (MC)		
2.	19.00-19.15	Opening Art	**Rampak Kendang Ega Robot Percussion**	15'
3.	19.15-19.20	MC	Fonda & Aci	5'
4.	19.20-19.30	Sambutan Ketua PABI	Dr. Arthur H.L. Tobing, SpB., FINACS	10'
5.	19.30-19.33	MC	Fonda & Aci	3'
6.	19.33-19.50	Pembacaan Juara Poster & Abstrak	Dr. Laely Yuniasari, Sp.B., FINACS Dr. Sudardjat, Sp.B., FINACS	17'
7.	19.50-20.00	Pertunjukan Angklung	Saung Angklung Mang Udjo	10'
8.	20.00-20.05	Lagu Sunda 1	**Nita Tila**	5'
9.	20.05-20.10	Lagu Sunda 2	**Nita Tila**	5'
10.	20.10-20.20	Doorprize	Fonda, Aci & Nita Tila	10'
11.	20.20-20.25	Lagu-lagu	**Samantha Band**	5'
12.	20.25-20.30	Lagu-lagu	**Samantha Band**	5'
13.	20.30-20.40	Pengumuman Hasil KONAS	PABI	10'
14.	20.40-20.45	Lagu-lagu	**Samantha Band**	5'
15.	20.45-20.50	Lagu-lagu	**Samantha Band**	5'
16.	20.50-20.55	MC	Fonda & Aci	5'
17.	20.55-21.50	Lagu-lagu	**Wachdach Band**	55'
18.	21.50-22.00	Doorprize	Fonda, Aci & Nita Tila	10'
19.	22.00-22.45	Lagu-lagu	**Wachdach Band**	45'
20.	22.40	Closing before last performance		

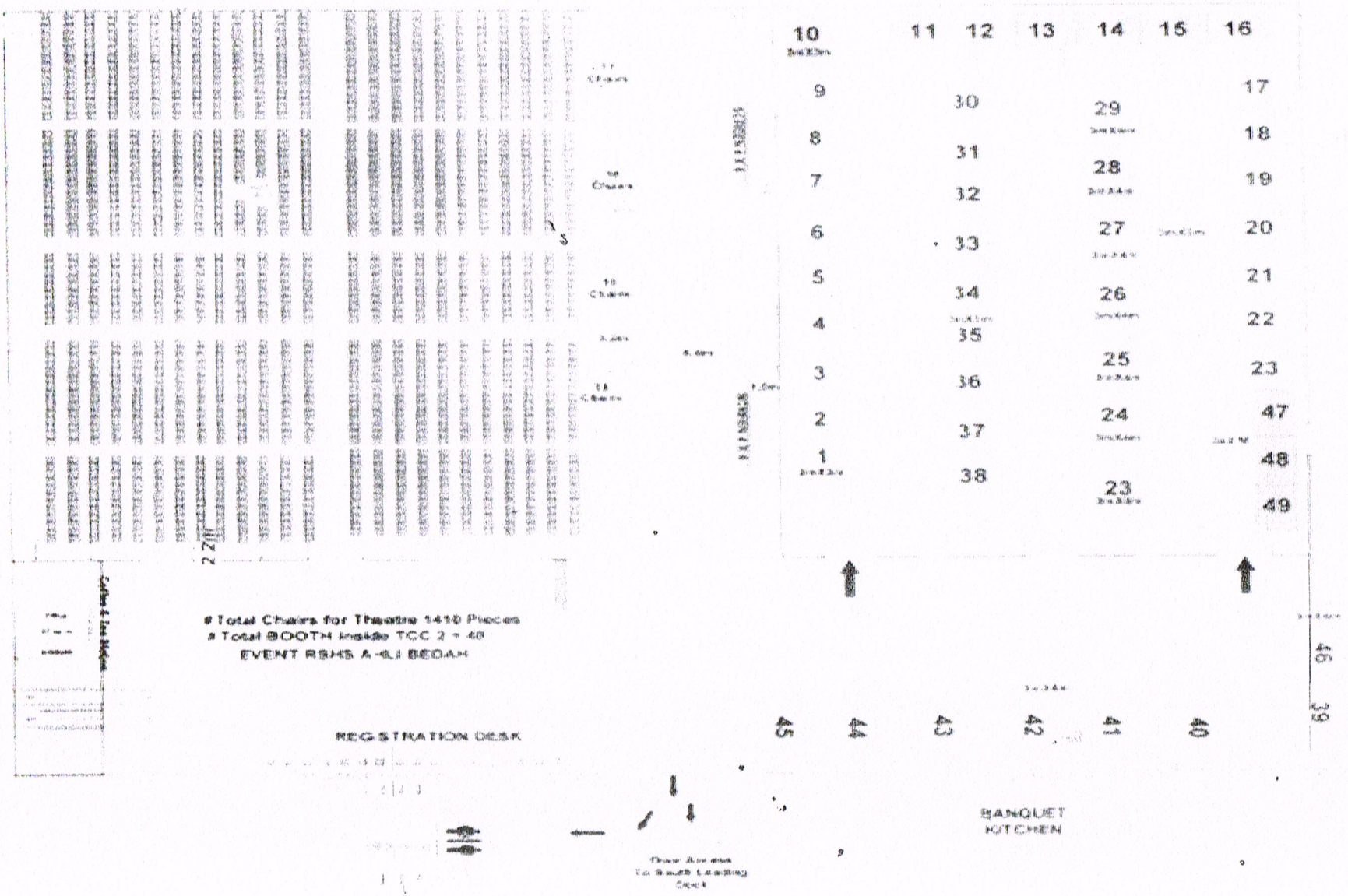
Informasi Umum

Acara	:	P2B2 (pengembangan profesi bedah berkelanjutan) PABI ke-XI dan Kongres Nasional PABI IV bersama dengan Acute Care Surgery
Tema	:	Terwujudnya keselamatan pasien (Patient safety) dalam pelayanan spesialistik bedah yang merata bagi seluruh masyarakat Indonesia
Sub Tema	:	Meningkatkan profesionalisme bedah, mengupayakan distribusi dokter spesialis bedah yang komprehensif dan bermutu ke seluruh pelosok tanah air
Penyelenggara	:	Persatuan Dokter Spesialis Bedah Umum Indonesia

Tempat Penyelenggaraan

- **Trans Luxury Hotel**
  Jl. Gatot Subroto 289 Bandung, Jawa Barat
- **Trans Convention Center Lantai III**
- **Trans Grand Ballroom Lantai II**

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49
Total Chairs for Theatre 1410 Pieces
Total BOOTH inside TCC 2 = 48
EVENT RSHS A-GJ BEOAH
REGISTRATION DESK
BANQUET
KITCHEN

Round Table 480 pax

Dessert

720 CM x 360 CM x 60

soup appetizer

Butter

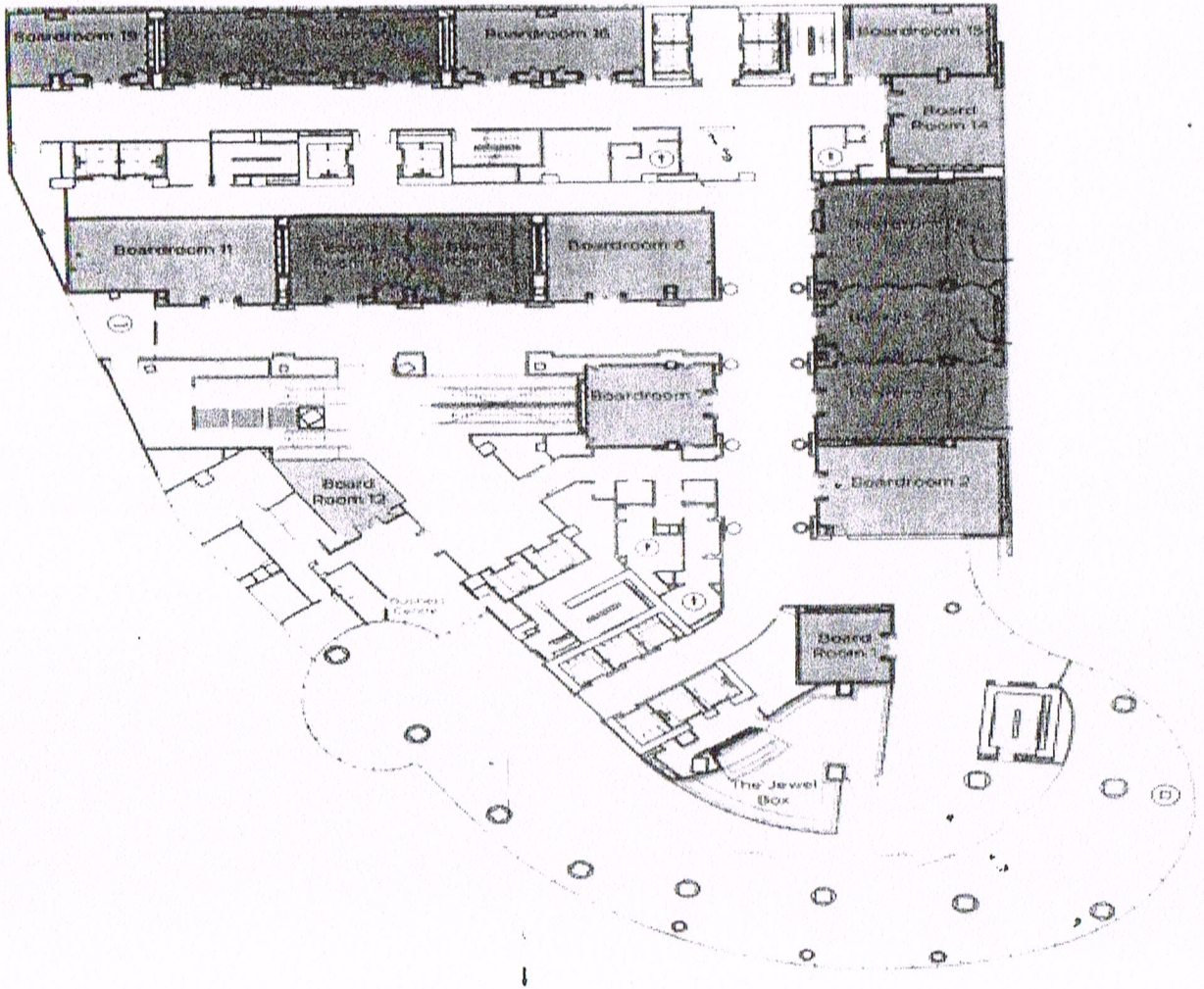
Butter

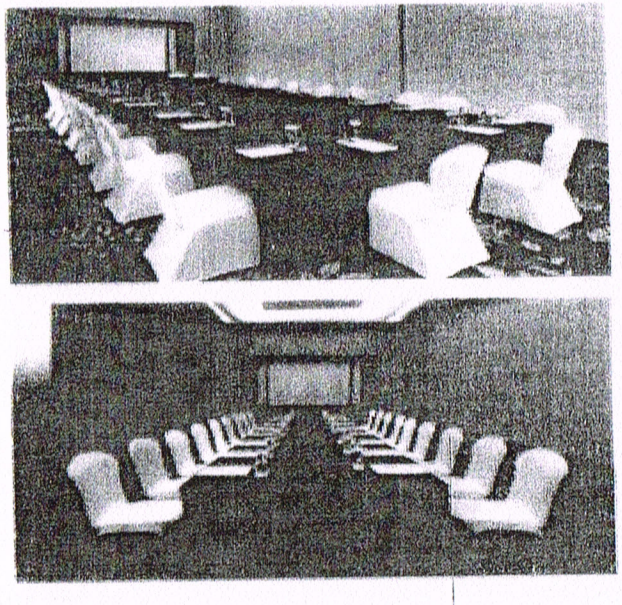
Butter

soup appetizer

Dessert

Ruang Presentasi Podium Residen, Sekretariat
Ruang Satelit (ketika diperlukan)





Adjoining Boardrooms

Boardroom

The Jewel Box

Informasi Umum

Agenda

Kamis-Jumat-Sabtu, 15-16-17 Mei 2014
P2B2 PABI XI-KONAS IV

- Simposium
- Pengalaman Spesialis bedah daerah
- Presentasi Paper
  1. Podium
  2. Poster

Acara Ladies program

Dilaksanakan 2 hari, peserta dibatasi 200 peserta

Peserta

Dokter Bedah Umum, Dokter Spesialis Konsultan dan Para Peserta Didik Spesialis Bedah

Makalah

Peserta terutama residen diundang untuk mengirimkan makalahnya bebas, yang telah melewati seleksi KPS masing-masing. Presenter yang memenuhi syarat harus terdaftar sebagai PESERTA. Abstrak tidak akan diproses sampai biaya pendaftaran telah diterima dan diakui. Abstrak harus diserahkan dalam bahasa inggris paling lambat februari 2014.

Pameran

Panitia akan menjadi tuan rumah pameran ilmiah termasuk teknologi baru, peralatan untuk manajemen klinis dan penelitian, produk farmasi dan buku literatur. Perusahaan yang tertarik dapat meminta informasi lebih lalnjut dan formulir pemesanan dari sekretariat.

Bahasa Resmi

Bahasa resmi yang digunakan dalam acara KONAS IV & P2B2 XI 2014 *in conjuction with acute care surgery* adalah Bahasa Indonesia dan Bahasa Inggris

Penolakan/Sangkalan

Setiap program akan dibuat dalam bentuk cetakan. Namun, panitia memiliki hak untuk mengubah atau membatalkan, tanpa pemberitahuan sebelumnya, seperti : pengaturan, jadwal, rencana atau barang-barang lainnya yang berkaitan langsung atau tidak langsung pada pertemuan ilmiah, untuk alasan apapun di luar kendali yang wajar. Dalam hal pembatalan pertemuan ilmiah, semua biaya pra-bayar akan dikembalikan secara penuh. Namun, penyelenggara tidak bertanggung jawab atas segala kerugian atau ketidaknyamanan yang disebabkan sebagai akibat dari perubahan/pembatalan tersebut.

Sekretariat

IGD Lt. 3 RSUP Dr. Hasan Sadikin Bandung
Jl. Pasteur No. 38 Bandung 40161, Telp. 022-70888720/70888721, Telp./Fax. 022-2033925
Email : pabibandung2014@gmail.com

PT. Bernofarm (Registrasi Counter)
Kompleks Harmoni Plaza Blok J3-J4, Jl. Suryopranoto, Jakarta Pusat 10130 – Indonesia

PT. Universal Holiday Travel (Hotel/Akomodasi)
Jl. Anggrek No. 11 Bandung 40114, Email : akomodasipabi2014@gmail.com

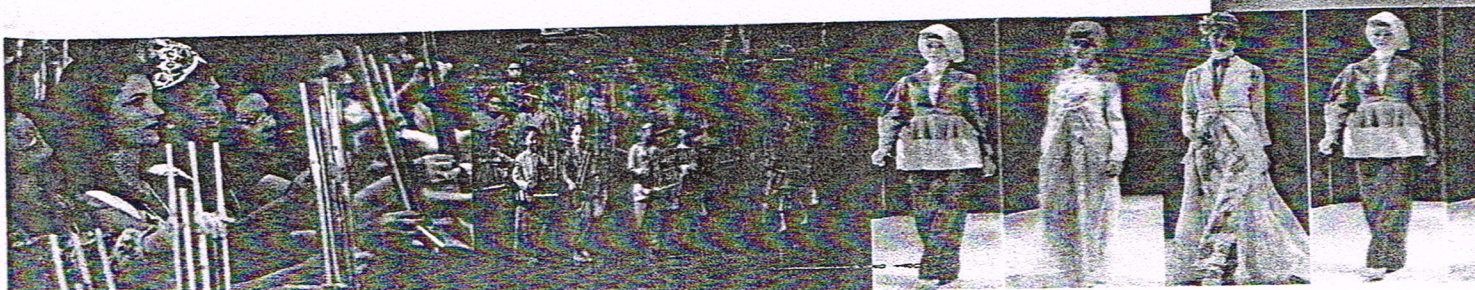
RUNDOWN
LADIES PROGRAMME

15 Mei 2014 : BANDUNG CITY TOUR

07.30 – 08.00	:	Peserta berkumpul di Lobby Hotel The Trans Luxury
08.00 – 09.00	:	Perjalanan menuju Pasar Baru
09.00 – 11.30	:	Berbelanja di Pasar Baru
11.45 – 12.30	:	Perjalanan menuju daerah Setiabudhi
		Snack Box
12.30 – 13.30	:	Makan siang di Daun Pisang
13.30 – 16.00	:	Berbelanja ~~di~~ Rumah Mode
16.45 – 17.30	:	Berbelanja oleh-oleh khas Bandung di Karya Umbi Cihampelas
		Fruit Basket
17.30 – 18.30	:	Perjalanan kembali ke Hotel Trans Luxury

16 Mei 2014 : SAUNG ANGKLUNG UDJO

07.30 – 08.00	:	Peserta berkumpul di Lobby Hotel Trans Luxury
08.00 – 09.00	:	Perjalanan menuju Saung Angklung Udjo
09.00 – 10.00	:	Fashion Show dan Hijab Class by Shafira
10.00 – 11.30	:	Berbelanja di stand pameran yang telah disediakan (Shafira, Batik Komar, House of Leather)
		Coffee Break : Makanan Khas Bandung
11.30 – 12.30	:	Makan siang di Saung Angklung Udjo
13.00 – 14.30	:	Menonton pertunjukkan Saung Angklung Udjo
15.00 – 16.00	:	Perjalanan kembali ke Hotel
		Fruit Basket



MANAGEMENT OF LEAKAGE ANASTOMOSIS

M. ALSEN ARLAN
Digestive Surgery sub division , Departemen of Surgery
Faculty of Medicine, Universitas Sriwijaya / Moh Hoesin Hospital Palembang

Abstract

Introduction: Leakage anastomisis is the Extraluminar extravasation from the region near anastomosis, as a complete defect in the bowel wall near the surgical line resulting in communication between intraluminar and extraluminar space. Advers factors in anastomosis healing are the *local factors*; Persisting disease (cancer, chronic inflammation), Distal obstruction, Poor blood supply (rectum), Poor technical aspects (hematoma, dead space), Foreign body, Gross contamination (infection). *Sistemic factors;* Metabolic disease (DM), Shock, Immunosupression (AIDS, steroid) and Malnutrition. *Technical factors*; Ischaemia of bowel ends, Oedema of bowel ends, Anastomotic tension, Poor suturing technique, Haemorrhage and Sepsis. *Patient factors;* Anaemia, Sepsis, Malnutrition, Steroids, Radiotherapy, Cardiovascular problems, and (Bowel preparation)

Diagnosis: Clinical signs (Faecal peritonitis, Clinically ill patient with abscess, no gross abdominal signs, Clinically ill patient without abscess, no gross abdominal signs, Clinically well patient with enterocutaneous fistula), Leucocytosis, Positive blood cultures, Abdominal/chest X-ray, Gastrograffin enema, CT scan, Labelled white cell scan, Fistulogram

Management: *Faecal peritonitis – management;* Confirm diagnosis, Urgent resuscitation, iv fluids, CVP monitoring, Antibiotics, Urinary catheter, Urgent re-exploration. *Clinicalli ill pasient with abscess;* Drainage, Nutritional support and Antibiotics. Enterocutaneus fistula management; Improve general condition, Feeding line with specialist nursing, Control if possible with stoma or proximal loop, Drain abscess / collection if possible, Intensive attention to input / output, Specialised skin / stoma care, ? Help from fistula unit.

Key words: *Bowel anastomosis, Leakage anastomosis, Peritonitis, fistula enterocutan.*

Anastomotic leakage: Aspects of prevention, detection and treatment (Colorectal Surgery)

INTRODUCTION

Anastomotic leakage is extraluminar extravasation from the region near anastomosis, as a complete defect in the bowel wall near the surgical line resulting in communication between intraluminar and extraluminar space. Anastomotic leakage after colorectal resection (CAL) is adreaded complication and is reported to have a significant mortality (6%-22%)[1]. Morbidity is dramatically increased opposed to patients without CAL and leads to reoperations,
radiological interventions and permanent stoma in 56%[2]. CAL is the leading cause of postoperative death after colorectal surgery, increases the risk of a permanent stoma significantly. Although available data on the effect of CAL on long-term oncologic outcome is not univocal, most papers on this topic report worse oncologic outcome in terms of increased local recurrence and negative association with survival[3]. Despite great numbers of studies investigating risk factors, surgical techniques and prevention of CAL, over the last three decades incidence has not reduced. In a recent publication by the Dutch Surgical Colorectal Audit incidence of CAL after restorative colon and rectum resections in 9192 registered patients in The Netherlands over 2010 was 8.7% (Table 1). Additionally, with patients expected to become older and to have more co morbidities, every patient but also every colorectal surgeon will increasingly be exposed to CAL and forthcoming difficulties in diagnosis and treatment. Incidence should be reduced and outcome must improve. Understanding current developments and its omissions will lead to design of relevant future research.

RISK FACTORS

Extensive literature is available on the topic of risk factors for anastomotic leakage. Among other factors are male gender, smoking, obesity, alcohol abuse, preoperative steroid and non-steroidal anti-inflammatory drugs use, longer duration of operation, preoperative transfusion, contamination of the operative field and timing during duty hour[4-7]. Increasingly, aspects of case volume for rectal surgery are discussed in respect to postoperative complications. Asteria *et al*[8] described case volume per centre < 20 is correlated to CAL. In line with this finding, Biondo *et al*[9] described in their study over 1046 emergency colorectal resection that CAL occurred less frequent in patients who were treated by specialized colorectal surgeons. Recently, risk factor studies have also been undertaken for laparoscopic colorectal surgery, identifying body mass index, tumour distance from the anal verge, tumour depth, and pelvic outlet as independent predictors for increased operative time and morbidity after laparoscopic total mesorectal excision[10]. Furthermore, American Society of Anesthesiologists □ /□ patients and operative time longer itself are risk factors for CAL after laparoscopic colorectal surgery[11]. It is debatable whether leakage rates might have been lower if preoperative radio-chemotherapy is not applied as

widely as is done nowadays, since neo-adjuvant therapy is one of the strongest risk factors amongst the above mentioned. This great abundance of literature does not provide colorectal surgeons with clear guidance in the decision of when to renounce from restorative surgery. To provide an objective assessment of the risk of anastomotic leakage, Dekker *et al*[12] developed and tested the Colon Leakage Score (CLS). In this score multiple risk factors were taken up and points were attributed to the patients per risk factor. As a predictor, CLS had an excellent area under the curve of the receiver-operating characteristics curve (AUC 0.95, 95%CI: 0.89-1.00), and an odds ratio of 1.74 (95%CI: 1.32-2.28). To our knowledge this tool is unique in its ability to detect high-risk patients preoperatively and objectively assesses the necessity for diverting ileostomy or non-restorative surgery.

SURGICAL TECHNIQUE

A recent review from our group addresses all the important steps that surgeons need to take into mind whe creating a colorectal anastomosis[13]. Although some prerequisites should be present as adequate blood flow, without any tension in the absence of peritonitis, no clear value can be given for these aspects. When the little evidence that is available for the hand-sewn anastomosis is evaluated, it can be concluded that an inverting single layer continuous suture technique with slowly absorbable monofilament material seems preferable. Strong evidence lacks for other important aspects as distance from the suture to the edge of the anastomosis, distance between the sutures, layers included in the suture, suture tension and the optimal configuration. The highest level of evidence exists for the equality regarding to CAL of stapling *vs* hand sewn anastomosis, without evidence for one technique being superior to the other[14]. Following the above mentioned statements, currently stapling techniques might be of preference since the technique is uniform and easy to learn, making it ideal for comparing results between hospitals and surgeons and for teaching young surgeons. There is a need for development of new techniques since all previous research has not lead to radically decreased leakage rates. Many experimental techniques have been investigated and some have shown at least equal result in comparison to hand-sewn techniques. Not many techniques tested in animal experiments have been translated to the human setting. Reasons for this could be that no standard models and robust translatable outcome measures exist for colorectal experiments. In humans, the so-called compression anastomosis is shown to have similar leakage rates compared to hand-sewn anastomosis[14,15]. Extra-luminal sealing using fibrin glue or acrylates have been reported mostly in animal studies, few reports on their use in human colorectal anastomosis have not shown beneficial effects on CAL[16]. Endo-luminal sealing by means of a biodegradable barrier has shown to be successfully applied in humans and a multicentre randomised clinical trial is currently being undertaken (Figure 1)[17]. Future studies should in our opinion focus on techniques that are easy to learn and have high reproducibility. To enhance reproducibility, animal studies should use the same animal models that are currently available or under construction.

EARLY DETECTION

Clinical signs depend upon: Severity of leak, degree of localisation, time of leak post op, *Whether the anastomosis is covered.* Clinical signs of systemic inflammatory response syndrome, fever, ileus and pain are frequent but have low positive predictive value for CAL, when observed separately. In a study by den Dulk *et al*[19] these clinical features were combined into a clinical scoring system (Dutch Leakage Score), with which patients were scored daily in a systematical and uniform way. Points are attributed to certain clinical symptoms (*i.e.*, fever, heart rate), nutritional status (signs of ileus, gastric retention, type of intake) and laboratory findings [*i.e.*, C-reactive protein (CRP) level, leucocytes, kidney function]. After applying the score system retrospectively on a historical cohort, the score was used prospectively. It was shown that patients with a higher score were prone to CAL requiring intensive clinical observation or radiological evaluation. This scoring system reduced delay in diagnosis of anastomotic leak from 4 to 1.5 d, decreasing false negative diagnostic imaging representing a major factor of delay in diagnosis[20]. Although it is not known if the application of the score leads to an increase of negative imaging, the score could be especially beneficial in daily clinical practise where young doctors and nursing staff could identify high risk patients very easily and in a standardised manner. Furthermore, it could improve comparability of studies when applied more universally.

This interval between surgery and clinical onset suggests a preclinical phase in which non-clinical methods could be used to predict CAL. Consequently, routine postoperative measurement of serum level CRP is studied for infectious complications after colorectal surgery in general and CAL in particular. In a meta-analysis by Warschkow *et al*[21] including six studies, a cut-off of 135 mg/L on postoperative day 4 resulted in a negative predictive value of 89% for infectious complications. CRP and other biochemical parameters detect systemic reactions, while other techniques are recently applied to detect local, juxta-anastomotical changes in metabolism and ischemia. Microdialysis of the peritoneal cavity is such a technique using an indwelling two-lumen catheter that detects changes in oxygenation locally at the site of anastomosis. Few studies have shown the ability to distinct patients with CAL after rectum resection from patients with an uncomplicated course, although these have insufficient samples to provide predictive values[22,23]. Future studies should focus on preclinical detection of CAL, since patients that are reoperated in an early phase could be protected from septic sequellae of clinical CAL.

TREATMENT

When facing and treating patients with CAL, surgeons have to take into account many different aspects, *i.e.,* age, health status and current clinical condition of the patient, extent of dehiscence, time between operation and reoperation, indication of primary resection, presence of diverting stoma and localisation of the anastomosis. These variables lead to individualisation of treatment strategies and incomparable outcome. However, few studies, showing that surgeons believe that the anastomosis can be repaired rather than dismantled, have paved the way for a

trial in which next to mortality and morbidity, preservation of the anastomosis could be one of the endpoints[24,25]. Difficulties in designing such a trial are the aforementioned large variety of clinical course, the unpredictability of CAL and the relatively low incidence of CAL per centre. Re-evaluation and laboratory investigation within 12 h; Ctscan with rectal contrast? ≤ 3 points 4-7 points ≥ 8 points Clinically proven AL No action CT-scan with rectal contrast Positive CT-scan (confirmed AL): Initiate treatment. Relaparotomy? Negative CT-scan (no AL): Other focus? Relaparotomy? If not, re-evaluation with laboratory investigation after 12 h.

CONCLUSION

Colorectal anastomotic leakage is a serious complication that has great clinical impact on patients, putting surgeons in dilemmas of prevention, diagnosis and treatment. Many aspects of colorectal anastomotic leakage like etiology remain unclear. Current practise however should comprise intra-operative risk assessment and subsequent adaptation of operative technique when necessary. Current optimal suture technique appears to be using slowly absorbable monofilament sutures applied in a continuous, inverting, single layer manner or stapling. Postoperatively, early detection plays a key role and a leakage score system and routine laboratory tests (CRP at postoperative day 3-4) contribute strongly to it. When reoperating, sparing the anastomosis should be kept in mind as a valid treatment option, although more research is needed on which clinical state allows this option.

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Dr. M. Alsen Arlan, dr, SpB-KBD

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