



Advance

2010 International Robotic Urology Symposium

JAN. 15-17, 2010
WYNN LAS VEGAS, NEVADA, USA

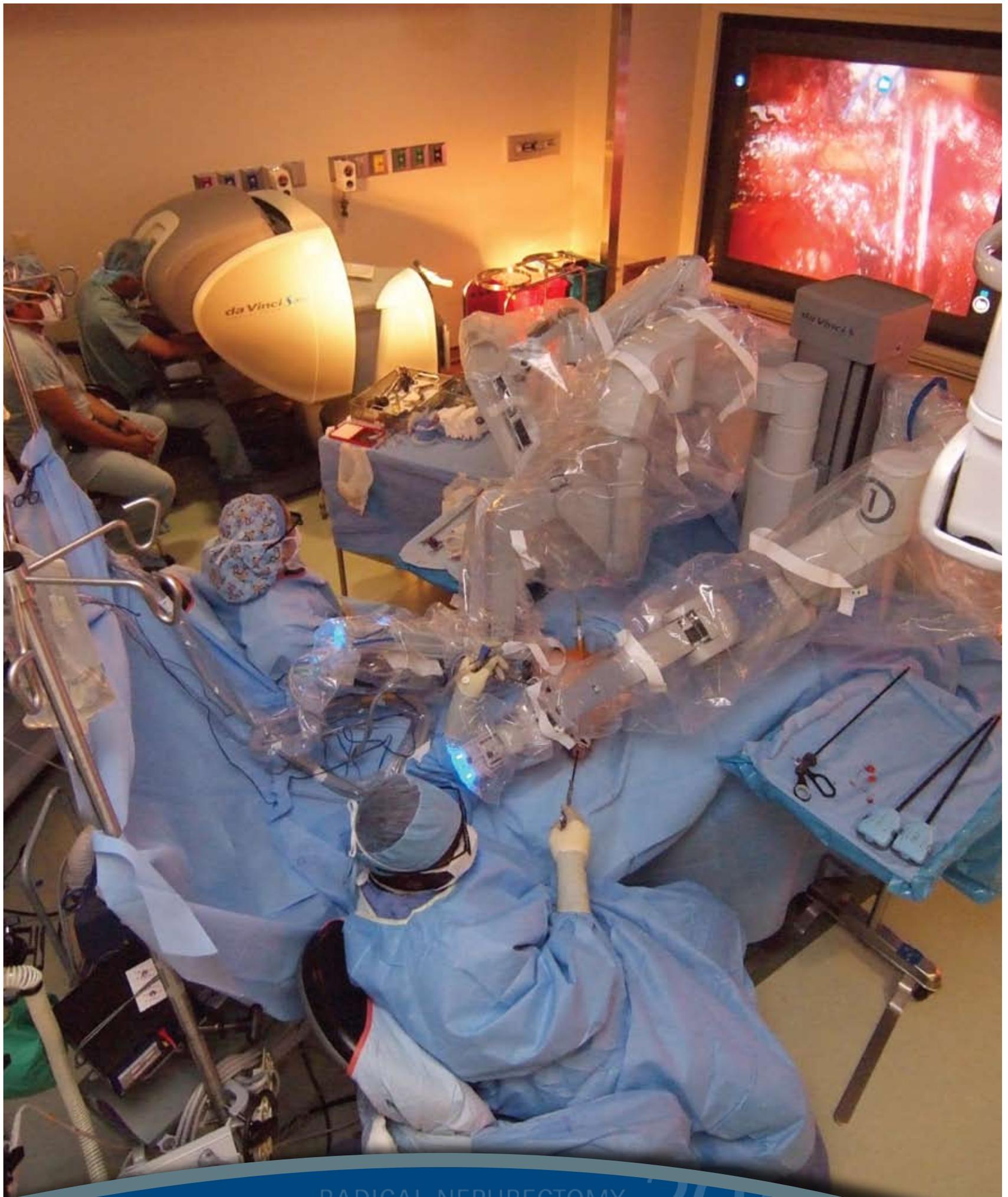


VATTIKUTI UROLOGY INSTITUTE

Advance ...

- »»» YOUR TECHNIQUES.
- »»» YOUR OUTCOMES.
- »»» YOUR EFFICIENCY.
- »»» YOUR RANGE OF PROCEDURES.
- »»» ... YOUR CAREER.

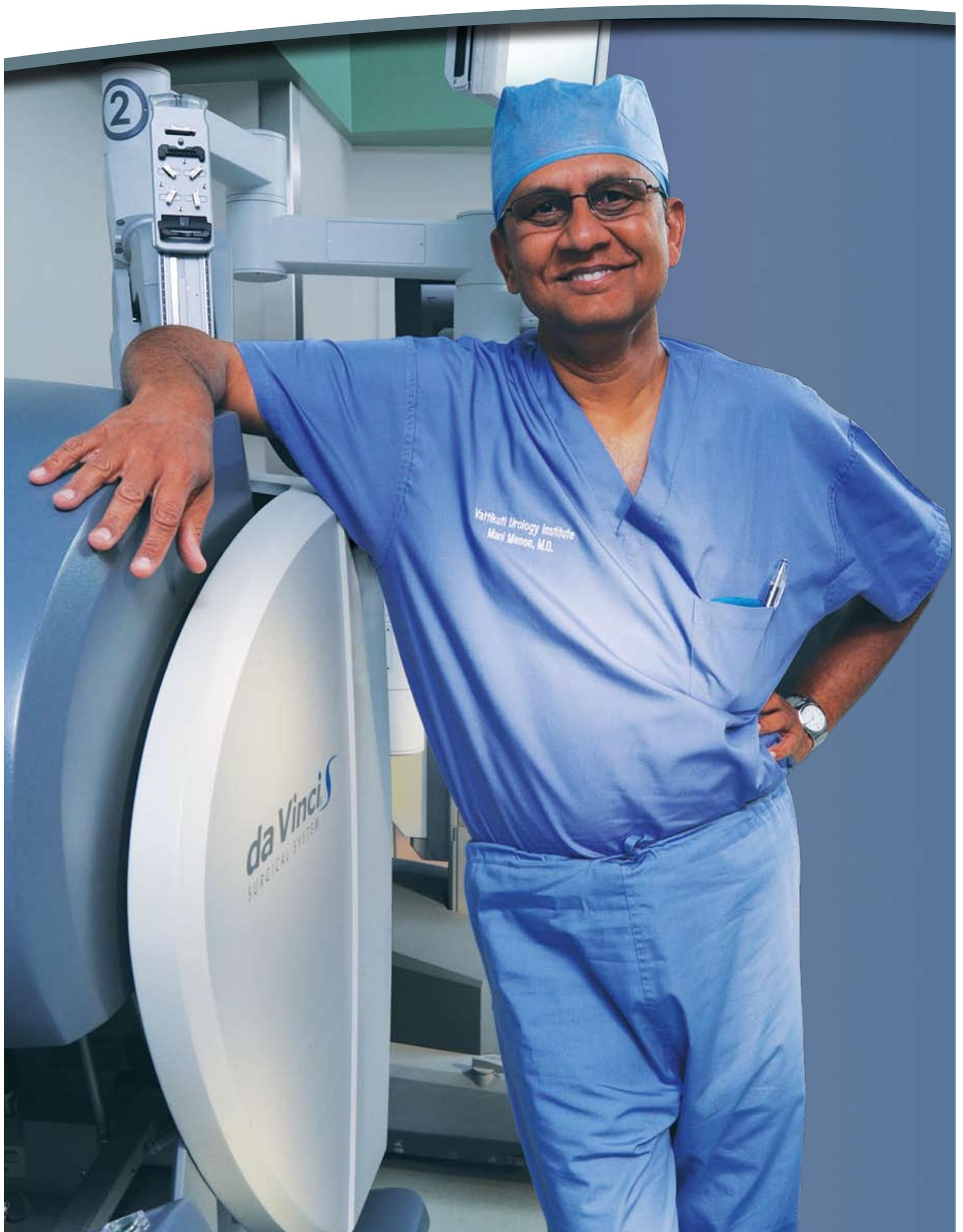
*Advance your techniques and
explore what is possible
... and could be.*



RADICAL NEPHRECTOMY

2010 IRUS
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2010 IRUS
RADICAL NEPHRECTOMY PARTIA
CYSTECTOMY PRC



MESSAGE FROM DR. MENON

ON BEHALF OF THE VATTIKUTI UROLOGY INSTITUTE AND HENRY FORD HOSPITAL, it is my great pleasure to invite you to participate in our 2010 International Robotic Urology Symposium. The theme of "Advance" continues, looking to the future with improved technique development.

This stimulating scientific program will feature numerous live, 3-D operative demonstrations as well as critique panels covering the foremost topics in robotic urology.

We are very excited to showcase the critique panel format in January. The world's leaders in robotic surgery will debate the advantages and disadvantages of techniques and share competing views on numerous topics, which will also invite registrant participation.

The program will be held at the magnificent Wynn Las Vegas and will include an opportunity to see the acclaimed show *Le Rêve*.

On behalf of the entire team, we look forward to seeing you in Las Vegas!



Mani Menon, M.D., FACS

*The Raj and Padma Vattikuti Distinguished Chair
Director, Vattikuti Urology Institute
Henry Ford Hospital, Detroit, Mich.*

› PROGRAM OVERVIEW

ROBOTIC SURGERY IS QUICKLY REPLACING CONVENTIONAL SURGERY in several surgical specialties. The Vattikuti Urology Institute (VUI) pioneered the technique of robotic prostatectomy and popularized it as the Vattikuti Institute Prostatectomy (VIP), now practiced globally. Subsequently, we have expanded the scope to other areas of urology by developing numerous other robotic procedures. Extensive research was conducted at the Institute to develop these techniques, including a sophisticated nerve sparing technique and catheter-free approach for radical prostatectomy.

The VUI is pleased to present the 2010 International Robotic Urology Symposium (IRUS) to highlight world leaders in robotic techniques involving kidney, prostate, pediatric urology, adrenals, urinary bladder and female urologic surgery.

This program promises to be a valuable experience for health care professionals across many disciplines and levels of knowledge or skill with robotic surgery, including: urologists, pediatric urologists, female urologists, residents, fellows, hospital administrators, physician assistants, nurse practitioners, and operating room managers, technicians and nurses.

› CONFERENCE HIGHLIGHTS

THIS THREE-DAY SYMPOSIUM will bring the very best in robotic surgical education to the bright lights of America's entertainment destination – Las Vegas. The event will provide the ultimate informative experience for health care professionals with both basic and advanced knowledge. Attendees will:

- View numerous live, 3-D operative demonstrations, observing the recent modifications in prostate surgery developed at the VUI, key technical aspects of robotic kidney procedures and the key technical aspects of a robotic pediatric procedure.
- Learn new techniques and understand results in robotic prostatectomy, partial nephrectomy, radical nephrectomy, cystectomy and pediatric procedures.
- Listen to and take part in critique panels of faculty members presenting point and counterpoint discussions on the foremost urologic issues.
- Understand operating room management.

› ACCREDITATION STATEMENT

HENRY FORD HEALTH SYSTEM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. Henry Ford Health System takes responsibility for the content, quality and scientific integrity of this CME activity.

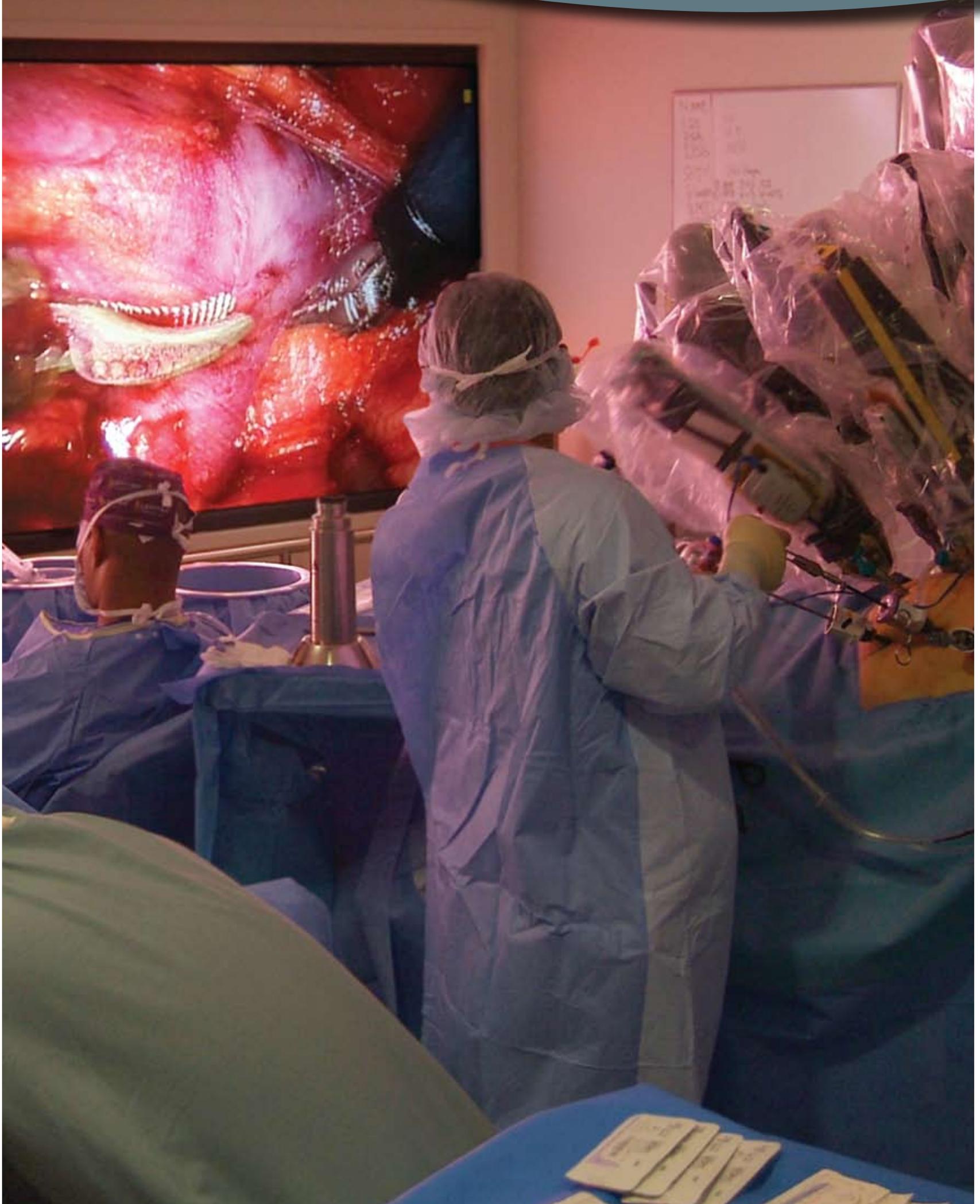
› DESIGNATION STATEMENT

HENRY FORD HEALTH SYSTEM designates this educational activity for a maximum of 21.5 hours of AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

In the state of Michigan, Category 1 physician credits are applicable to nursing contact hours.

› DISCLOSURE STATEMENT

ALL FACULTY AND PLANNING COMMITTEE MEMBERS PARTICIPATING in continuing education activities sponsored by Henry Ford Health System are required to disclose to the audience any relevant commercial relationships and/or non-FDA approved use of a drug or device that is included in the presentation.



› LOCATION

The extraordinary Wynn Las Vegas Resort and Country Club continues to set the bar for luxury and excellence with its Mobil 5-star and AAA 5-diamond awards. We are delighted to host our 2010 IRUS at Wynn Las Vegas and hope you will join us in staying at the hotel for the symposium.

Rooms are being held at the hotel on a first-come, first-served basis at the special rate of \$179 a night for Thursday and \$219 a night for Friday and Saturday. Reservations must be made by Monday, Dec. 14, 2009, to receive the discounted rate. After this date, reservations will be accepted based on space and rate availability. Reservations can be made directly with the hotel by calling 1-866-770-7555, referencing our program.

For assistance with any of your needs during your stay, the Wynn Concierge can be reached at 1-888-320-7122.

In addition to a full casino, the Wynn Las Vegas is home to dozens of shops, restaurants and nightclubs. Additional highlights include:

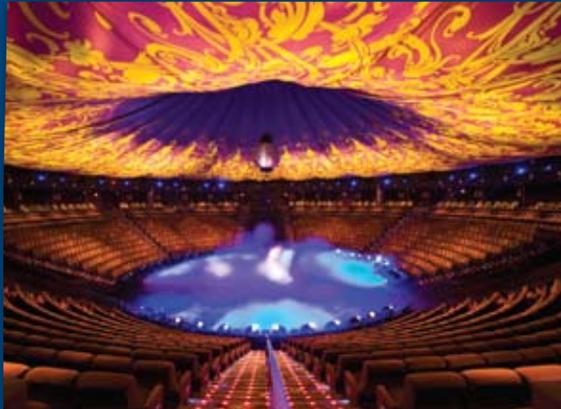
- The Wynn Golf and Country Club, featuring an 18-hole, par-70 golf course designed by Tom Fazio and Steve Wynn. To schedule your tee time, please call 1-888-320-7122.
- Five-star, award-winning spa. For reservations, please call 1-702-770-3900.
- Penske Wynn Ferrari Maserati – Visit Nevada's exclusive, factory-authorized Ferrari and Maserati dealership, and admire the unparalleled craftsmanship and design of some of the world's finest vehicles displayed in the showroom.

For additional information, please visit wynnlasvegas.com



› SHOW INFORMATION

LE RÊVE, PRESENTED EXCLUSIVELY AT WYNN LAS VEGAS, offers breathtaking performances in an intimate aqua arena. The show features aerial acrobatics, provocative choreography and artistic athleticism. Live music and elaborate special effects immerse the audience into a world of fantasy, adventure and intrigue.



Please join us for Le Rêve on Saturday, Jan. 16 at 7 p.m., at a discounted ticket price of \$121.27, inclusive of tax and service charge, for premium seating (box office price is \$141.90).

To make your reservation, please contact the Wynn show sales at 1-888-320-7110 and reference code G-Meet15Pr and mention that you are attending IRUS. Tickets will be available for purchase from Oct. 26 until the day of the show, based on seat availability.

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*For their educational support,
we gratefully acknowledge
Intuitive Surgical.*

UNIQUE PATIENT EXPERIENCE

The International Robotic Urology Symposium (IRUS) is an opportunity to highlight the triumphs and possibilities of a breakthrough that already has revolutionized surgery around the world. This event promises to bring together the true pioneers of the field as they present their research and investigate new potential for this technology. We have invited former Henry Ford patients to attend a special dinner as part of IRUS. This presents an excellent opportunity for them to interact with physicians who are helping to change medicine.

› FRIDAY, JANUARY 15, 2010

TIME	TITLE
6 a.m. – 7:20 a.m.	Registration and continental breakfast
7:20 a.m. – 7:30 a.m.	WELCOME
7:30 a.m. – 8 a.m.	MOLECULAR BIOLOGY OF RENAL CANCER
8 a.m. – 3 p.m.	LIVE OPERATIVE DEMONSTRATIONS IN 3-D*:
	<ul style="list-style-type: none"> • Robotic radical prostatectomy • Partial nephrectomy • Radical nephrectomy/partial nephrectomy • Mitrofanoff/transuretero-ureterostomy (TUU)
12 p.m. – 1 p.m.	Lunch
3 p.m. – 3:30 p.m.	Break
3:30 p.m. – 4:30 p.m.	EVIDENCE-BASED MEDICINE IN UROLOGY
	<ul style="list-style-type: none"> • Randomized control trials: The gold standard • Randomized trials: The gold standard, or are they?
4:30 p.m. – 5:30 p.m.	FEMALE UROLOGY
	<ul style="list-style-type: none"> • Role of robotics in pelvic reconstruction • Why robotic surgery for urinary fistula?
5:30 p.m. – 6 p.m.	UROLOGISTS AS PATIENTS
	<ul style="list-style-type: none"> • My prostate cancer (J. Barry) • Treater to treated: <i>Another urologist's view of prostate cancer</i> (P. Schellhammer)

*Case selection depends upon patient availability

TIME	TITLE
6 a.m. – 7 a.m.	Continental breakfast
7 a.m. – 8:45 a.m.	<p>CRITIQUE PANEL – ROBOTIC KIDNEY SURGERY</p> <ul style="list-style-type: none"> • Robotic radical nephrectomy • Robotic partial nephrectomy
9 a.m. – 4 p.m.	<p>SPECIAL SESSION: PEDIATRIC UROLOGY</p> <ul style="list-style-type: none"> • Pyeloplasty • Intravesical and extravesical ureteral reimplantation • Heminephrectomy • Nephrectomy
8:45 a.m. – 10:30 a.m.	<p>CRITIQUE PANEL – ROBOTIC RADICAL CYSTECTOMY AND URINARY DIVERSION</p> <ul style="list-style-type: none"> • When does non-muscle invasive bladder cancer require radical cystectomy? • Contemporary review of functional and oncologic outcomes after robotic cystectomy and comparison to open series <p><i>TECHNIQUES:</i></p> <p><i>Robotic cystectomy with early development of perivesical spaces</i></p> <p><i>Robotic cystectomy with early ligation of ureters and lymphadenectomy</i></p> <p><i>Extracorporeal and intracorporeal urinary diversion after robotic cystectomy</i></p> <p><i>Intracorporeal Studer ileal neobladder after robotic cystectomy – updated analysis</i></p>

Saturday program continued on next page

› SATURDAY, JANUARY 16, 2010

TIME	TITLE
10:30 a.m. – 12:15 p.m.	CRITIQUE PANEL – ERECTILE DYSFUNCTION FOLLOWING ROBOTIC RADICAL PROSTATECTOMY – NEW HORIZONS
	<ul style="list-style-type: none"> • Techniques of nerve sparing: Hypothermic; athermic; attractive • Erectile function: Beyond nerve sparing: Role of endothelial factors
12:15 p.m. – 1:15 p.m.	Lunch**
1:15 p.m. – 3 p.m.	CRITIQUE PANEL – URINARY CONTROL
	<ul style="list-style-type: none"> • Early return of continence following robotic radical prostatectomy • Emerging techniques: Hypothermia; anatomic restoration; apical dissection
3 p.m. – 3:15 p.m.	Break
3:15 p.m. – 4:15 p.m.	E-NOTES AND NOTES – HYPE OR REALITY?
7 p.m.	Le Rêve show at Wynn Las Vegas <i>(optional ticket purchase)</i>
	**Separate from symposium

› SUNDAY, JANUARY 17, 2010

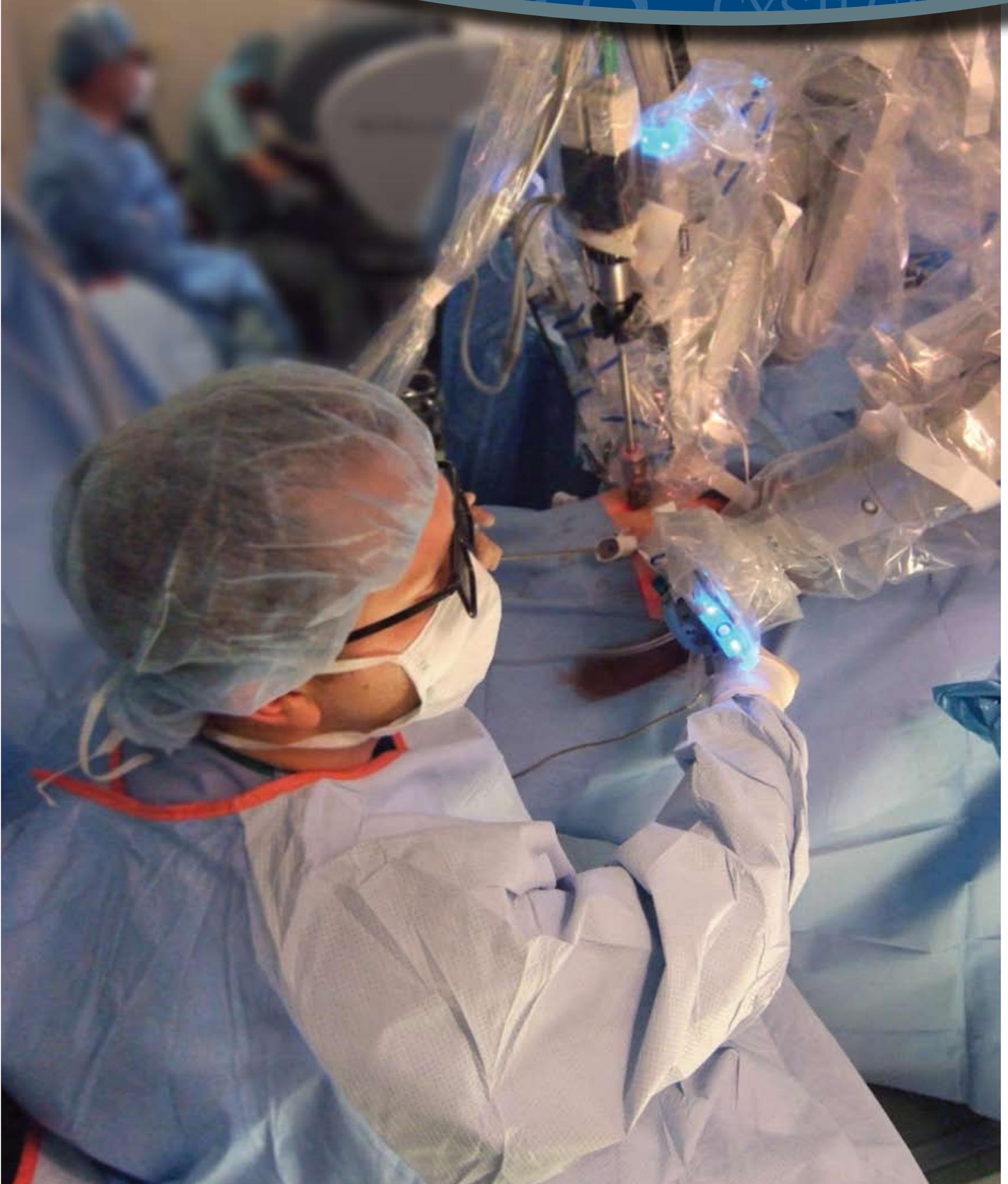
6:30 a.m. – 8:30 a.m.	Continental breakfast and abstract presentations
8:30 a.m. – 11:30 a.m.	SPECIAL SESSION: ASSISTANCE/OPERATING ROOM MANAGEMENT FOR ROBOTIC SURGERY

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CYSTECTOMY



»»»»» Advance your career

THE JACKSON HOLE FORMAT

Discussion of the topics on Saturday will follow the format successfully developed by Ralph E. Hopkins for his Jackson Hole Seminars. Expert faculty will make presentations, and the critique panel of knowledgeable experts will scientifically analyze and evaluate the evidence. The moderators will conduct sessions and audience members will have an opportunity to participate in the discussions.

» LECTURES

EVIDENCE-BASED MEDICINE IN UROLOGY

FEMALE UROLOGY

UROLOGISTS AS PATIENTS

» CRITIQUE PANELS

ROBOTIC KIDNEY SURGERY

ROBOTIC RADICAL CYSTECTOMY AND URINARY DIVERSION

ERECTILE DYSFUNCTION FOLLOWING ROBOTIC RADICAL
PROSTATECTOMY – NEW HORIZONS

URINARY CONTROL

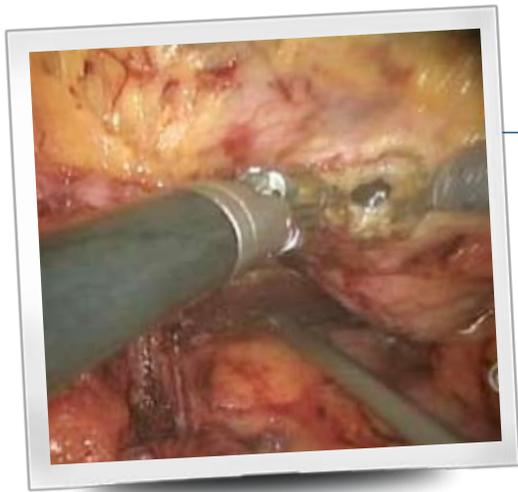
» SPECIAL SESSIONS

PEDIATRIC UROLOGY

ASSISTANCE/OPERATING ROOM MANAGEMENT
FOR ROBOTIC SURGERY

› EVIDENCE-BASED MEDICINE IN UROLOGY

Critical appraisal of medical evidence is the foundation of evidence-based medicine (EBM). The key ingredients in the practice of EBM are asking pointed questions and conducting studies under strict control to produce a high level of evidence, which could affect clinical practice. Well-conducted, randomized control trials, interventions and cohort studies provide the highest level of evidence. High levels of evidence in urological publications prompt the inclusion of this panel. However, randomized control trials are not appropriate or feasible for all medical problems. The method of study depends on the problem studied. These lectures will focus on research methodology and give examples of such methodology in studies of urologic oncology.



› FEMALE UROLOGY

Robotic application in the field of female urology is increasing. Several significant modifications have been made in robotic pelvic floor reconstruction and urinary fistulae techniques. The panelists will update the participants by highlighting the evolution of techniques in the field of female urology. Their vast personal experience will facilitate a healthy debate on the true value of robotic surgery in female urology.

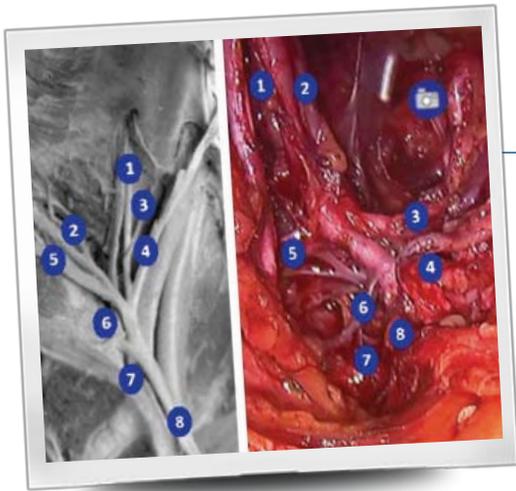
› UROLOGISTS AS PATIENTS

These lectures will provide the unique experience of urologists who have suffered prostate cancer. Notes from their personal diaries will highlight their journey from disease to cure. They will share their moments of conflict in their roles as the treater and the treated.



› ROBOTIC KIDNEY SURGERY

The preceding year has established the role of robotic partial nephrectomy, and an increasing number of urologists find value in performing robot-assisted partial nephrectomy for their patients. However, controversy still exists on the role of robotic assistance for kidney surgery. This panel will discuss the different techniques used for robotic partial nephrectomy and other upper urinary tract procedures. Highlights of the panel discussion will include: surgical steps of vascular clamping, intraoperative imaging, role of the assistant and fourth arm, in situ cooling, renorrhaphy, and management of complex renal tumors. The critique panel will scientifically evaluate and discuss each technique.

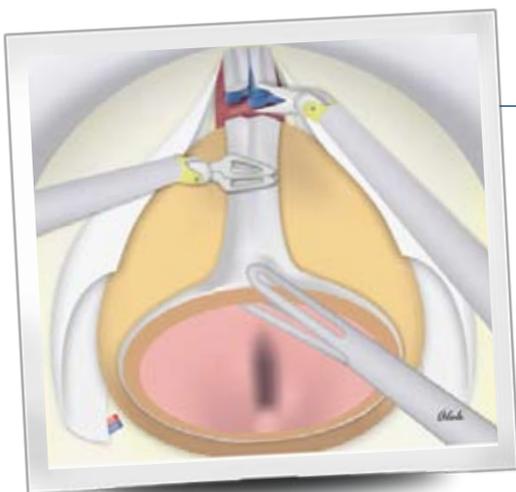


› ROBOTIC RADICAL CYSTECTOMY AND URINARY DIVERSION

Whether or not robotic application has improved the functional and oncological outcomes of cystectomy and urinary diversion will be the subject of discussion. The panel will debate the indication of cystectomy for non-muscle invasive bladder cancer. It will discuss several finer points of techniques – such as development of perivesical spaces, early ligation of ureters and lymphadenectomy – where consensus has yet to emerge. New for 2010 is an emphasis on the technique for intracorporeal urinary diversion.

› ERECTILE DYSFUNCTION FOLLOWING ROBOTIC RADICAL PROSTATECTOMY – NEW HORIZONS

Despite the best quality nerve preservation, erectile dysfunction continues to be a significant cause of morbidity following radical prostatectomy. Early return of sexual function has improved significantly with the preservation of nerves, in addition to standard neurovascular bundles and robotic techniques. The consensus is evolving that post-prostatectomy erectile dysfunction needs much more than surgical dexterity to preserve nerves. A discussion on the contribution of endocrine and endothelial dysfunction on erectile dysfunction will take place. The panel will discuss the protocols of preoperative evaluation and postoperative rehabilitation of these patients.



› URINARY CONTROL

In experienced hands, more than 98 percent of patients have a return of continence at their one-year follow-up after a radical prostatectomy. Incontinence in the immediate postoperative period is a noteworthy cause of morbidity, and the focus now is on how soon after surgery patients could have normal continence. Surgical efforts have taken the direction of complete anatomical restoration during robotic radical prostatectomy and protection of neural function by hypothermic preservation. In other hands, the precision of apical dissection is the most important factor that predicts continence. Critique panelists will analyze the presented evidence to rationalize the application of these techniques.

› PEDIATRIC UROLOGY

In the field of urology, robotic surgical techniques have made phenomenal contributions. Similar growth has been seen in the field of pediatric urology. This is a natural evolution, as minimally invasive technology, miniature instruments and 3-D magnification are ideally suited for pediatric operations.

Keeping in mind the needs of the community pediatric urologist, this course showcases the latest surgical procedures being performed worldwide in centers of excellence. An exceptional group of experts in the field of robotic pediatric surgery will demonstrate port placements, robotic pyeloplasty, ureteric reimplantation, bladder surgery and complex pediatric reconstruction. Participants will have the added benefit of interacting with these experts in a unique 3-D stop-frame visual environment.

This meeting also aims to provide unique insights into establishing a robotic pediatric program. Operations such as ureteroureterostomy, heminephrectomy, augmentation cystoplasty and bladder neck surgery will be showcased to provide opportunities for academic interaction and honing surgical skills. We also are providing an opportunity for participants to preregister their queries regarding challenging scenarios they find in their practices, which may be addressed by the experts.



› ASSISTANCE/OPERATING ROOM MANAGEMENT FOR ROBOTIC SURGERY

Mastery of robotic surgery requires a comprehensive understanding of how to fully exploit the tremendous artificial intelligence of the surgical robot. This knowledge begins with a systematic understanding of optimal operating room (O.R.) setup. All O.R. personnel, including surgeons, perioperative nurses, O.R. technicians and managers, will benefit greatly from this understanding. The use of teamwork and technology to their fullest potential is the aim of this unique session. Participants will receive fresh insights into O.R. teamwork, port placement, left and right assistant roles and the new surgical developments with the robot. All robotic programs, whether new or experienced programs, aim to improve their turnover time. This program addresses strategies to complete operations faster, regardless of the surgery performed and console time, without compromising safety. Indeed, the understanding and experience provided in this session can be the difference between an average clinic and an elite center of excellence.



»»» *Advanced Faculty*

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RADICAL NEPHRECTOMY
PROSTATECTOMY
2010 IRUS
RADICAL NEPHRECTOMY
CYSTECTOMY



› POST-CONFERENCE LIVE SURGICAL EXPERIENCE

January 18-19, 2010

For participants interested in a more intensive training experience to supplement the 2010 International Robotic Urology Symposium, a post-conference package has been designed for training directly with leaders in the field of robotic surgery.

Training will include live surgery demonstrations at the Vattikuti Urology Institute of Henry Ford Hospital in Detroit, Mich. (Limited to 20 participants.)

TRAINING WILL INCLUDE: Vattikuti Institute Prostatectomy, radical cystectomy, continent diversion, partial nephrectomy, radical nephrectomy, retroperitoneal approach and adrenalectomy (based on case availability).

The post conference includes two nights of accommodations at the Henry Ford Apartments as well as breakfast, lunch and dinner for Jan. 18 and 19.



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In the state of Michigan, Category 1 physician credits are applicable to nursing contact hours.

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› *Abstract Submission Form for Videos and Posters*

GUIDELINES

1. The abstract must be in English with no more than 250 words, and it must be typed using Arial, 12-point font. Care must be taken when typing the submission, which will be directly photo printed.
2. The title must be in CAPITAL LETTERS on the first line. It should be short and concise.
3. The names of the authors should follow immediately under the title. Type initials and family name of the authors in CAPITAL LETTERS (e.g., L. SMITH) and underline the name of the presenter. DO NOT include degrees or professional designations. Names of institutions, city and country should be lowercase, following immediately after the authors.
4. Leave one line between the title/author/institution block and the body of the abstract.
5. Organize the body of the abstract as follows:
 - a. Objectives
 - b. Materials
 - c. Summary of results
 - d. Statement of conclusions
6. The use of standard abbreviations is desirable. Place special or unusual abbreviations in brackets after the full word the first time it appears. Use numerals to indicate numbers, except when beginning a sentence.
7. Do not include graphs, tables or references in the abstract.
8. Use single-line, vertical spacing and leave one line between paragraphs.
9. Mark clearly which kind of presentation you prefer.
10. Please ensure that all posters are 24" x 36".
11. All submissions of abstracts will be accepted through e-mail only.

The abstracts and materials should be submitted by **NOV. 23, 2009**.

Abstracts should be e-mailed to ecarbot1@hfhs.org

Mail videos (DVD/NTSC format) to:

Emily Carbott

Henry Ford Hospital

Vattikuti Urology Institute, K-9

2799 W. Grand Blvd.

Detroit, MI 48202 USA

Note: Only authors who have paid the registration fee are entitled to submit an abstract.

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Please register online at: henryford.com/irus

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CANCELLATIONS

A refund (less a \$200 processing fee) will be given only if a cancellation is made prior to Dec. 1, 2009. After that date, all cancellations and no-shows will be nonrefundable. Participants are responsible for canceling their accommodations and travel arrangements.



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