

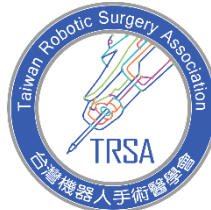
PROGRAM

ASIA IRCAD – TAIWAN

DA VINCI MASTERCLASS OF ROBOTIC COLORECTAL SURGERY

達文西大腸直腸外科手術進階課程

AUGUST 6 - 7, 2026



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INVITED FACULTY

✚ 陳建志 Peter Chien-Chih CHEN - Koo
Foundation Sun Yat-Sen Cancer Center,
Taipei, Taiwan

✚ 吳啓勇 James Chi Yong NGU - Changi
General Hospital, Singapore

OBJECTIVES

- To cover a broad spectrum of surgical procedures in robotic colorectal surgery
- To provide indications for robotic surgical treatments and discuss operative complications
- To highlight technical aspects of robotic surgical interventions through the broadcasting of live procedures
- To allow real-time discussion between operators and trainee surgeons
- To provide hands-on sessions to improve skills in robotic surgery through practice under expert tutorials

EDUCATIONAL METHODS

- Interactive theoretical sessions between faculty and course participants
- Pre-recorded operative demonstrations with step-by-step commentary
- Hands-on cadaveric session under expert tutorial — directly mapped to the lectures of Day 1

TARGET AUDIENCE

- Colorectal surgeons, fellows, and residents with basic robotic surgery experience and interest in advanced robotic colorectal procedures

Course Manager	柯宜汝 Sara 0937-929-310
Location	彰濱秀傳亞洲遠距微創手術中心 IRCAD-Taiwan (Asian Institute of TeleSurgery) https://www.ircadtaiwan.com/en-us/
Address	505 彰化縣鹿港鎮鹿工路6-1號 No. 6-1, Lugong Rd., Lukang Township, Changhua County, 505 https://maps.app.goo.gl/rLLajKYJR2KVdT3X9
Tel	+886-4-781-2988

Day 1 - Thursday, August 6th, 2026

13.00 pm Faculty & Participant Shuttlebus from Hotel to IRCAD-Taiwan

13.15 pm Registration

AFTERNOON

THEORETICAL SESSION – 2F Junn Yuan Conference Room

13.30-13.40 **Welcome & Course Introduction** 陳建志 C.C. CHEN

- ✚ Faculty and participant introduction
- ✚ Course objectives: lecture-to-cadaver continuity model
- ✚ Overview of the four target procedures and how Day 1 maps to Day 2

13.40-14.15 **Lecture 1: Robotic Setup for Colorectal Surgery** J. NGU

(30 min lecture + 5 min Q&A)

Choosing the right indication

- ✚ Tumor- and patient-related factors (T stage, BMI, prior abdominal surgery, narrow pelvis)
- ✚ When robotic adds value vs. when it doesn't — relative contraindications, learning-curve cases

Port arrangement and docking strategy

This program may be subject to modification.

- ✚ “One-port-map fits all” vs. procedure-specific port mapping for LAR, splenic flexure, right colon, pelvic sidewall
- ✚ Single-dock vs. re-docking decisions for multi-quadrant procedures
- ✚ Boom rotation, table tilt, and trocar geometry — avoiding arm collisions before they happen
- ✚ Pre-incision checklist — room setup, bedside assistant positioning, energy device layout

14.15-14.50 **Lecture 2: Robotic Colorectal Technique — Beyond Laparoscopy**
(30 min lecture + 5 min Q&A)

陳建志 C.C. CHEN

Why robotic ≠ “high-tech laparoscopy”

- ✚ Loss of tactile feedback → discipline of visual cues, traction–counter-traction
- ✚ Wristed instruments → access to angles laparoscopy can’t reach
- ✚ Fixed remote-center pivot → tissue-handling philosophy

Five key principles for safe robotic operation

- ✚ Camera–instrument–monitor alignment
- ✚ Disciplined use of the 4th arm for traction
- ✚ Energy device selection and pairing
- ✚ Bedside assistant communication (the “silent partner”)
- ✚ Anticipating the next move, not reacting to bleeding

Making robotic surgery feel like open surgery

- ✚ Recreating open-style triangulation and exposure
- ✚ Restoring the dissection-plane logic familiar from open colorectal surgery
- ✚ When to deliberately “unlearn” laparoscopic habits

Group Photo @ 2F Junn Yuan Meeting Room

14.50-15.05 Coffee Break

15.15-15.35 **Video-Based Learning 1: Robotic Low Anterior Resection**
→ Day 2 Cadaveric: LAR

陳建志 C.C. CHEN

- ✚ Standardized stepwise approach: IMA isolation, medial-to-lateral mobilization, autonomic nerve preservation
- ✚ High vs. low ligation — oncologic and functional implications
- ✚ TME in the deep pelvis: the robotic advantage of wristed dissection along the holy plane
- ✚ Distal transection and anastomosis: stapler alignment, leak-prevention checklist
- ✚ Troubleshooting: bulky tumor, narrow male pelvis, post-neoadjuvant fibrosis

15.35-16.05 **Video-Based Learning 2: Robotic Right Colon CME**
→ Day 2 Cadaveric: Right CME

J. NGU

- ✚ Embryologic planes: Toldt’s fascia, retropancreatic plane, mesofascial integrity
- ✚ Central vascular ligation at the SMV — caudal-to-cranial vs. medial-to-lateral

sequence

- + Henle's gastrocolic trunk: identification, dissection, and bailout for venous bleeding
- + Intracorporeal anastomosis — leveraging the robotic suturing advantage
- + Oncologic rationale: what CME adds over conventional right hemicolectomy

16.05-16.35 **Video-Based Learning 3: Robotic Splenic Flexure Mobilization** 陳建志 C.C. CHEN

→ **Day 2 Cadaveric: SFM**

- + Three approaches and when to choose each
 - Medial (suprapancreatic / IMV-first)
 - Lateral (Toldt's white-line)
 - Inferior / transmesenteric (lesser-sac through gastrocolic ligament)
 - + Anatomic danger zones: IMV, pancreatic tail, splenic capsule, marginal artery
 - + Working "out of plane" at the LUQ — camera angle and arm-reach considerations
 - + Combining flexure mobilization with LAR: single-dock workflow vs. re-docking, port-reuse strategy
- Avoiding the two most common complications: splenic capsular tear and pancreatic-tail injury

16.35-17.05 **Video-Based Learning 4: Robotic Pelvic Sidewall Lymph Node Dissection** J. NGU

→ **Day 2 Cadaveric: Pelvic Sidewall LND**

- + Indications: lateral pelvic node involvement in low rectal cancer — Eastern vs. Western perspectives
- + Pelvic sidewall anatomy: obturator, internal iliac, external iliac, common iliac stations
- + Nerve-preservation roadmap: obturator nerve, hypogastric nerve, pelvic splanchnic, lumbosacral trunk
- + Stepwise dissection: medial-to-lateral, ureter-first, internal iliac skeletonization
- + Hemostasis in the pelvic venous plexus — why the robot makes this reproducible

17.05-17.25 **Closing & Briefing for Day 2**

- + Recap: linking each lecture to tomorrow's cadaveric procedure
 - + Day 2 logistics: group assignments and OR etiquette
- Q&A and evaluation of the day

17.25 pm End of session
Evaluation of the day at reception desk (1F)

17.40 pm Faculty & Participant Shuttlebus from IRCAD Taiwan to Congress Dinner

18.00 pm Congress Dinner

Day 2 - Friday, August 7th, 2026

08.00 am Faculty & Participant Shuttlebus from Hotel to IRCAD-Taiwan

Evaluation of the previous day at reception desk (1F)

MORNING

EXPERIMENTAL LABORATORY – 3F Laboratory VIP & OR1 – Da Vinci XI

Hands-On Robotic Training (Cadaver Model)

- ✚ 4 participants, divided into 2 groups (2 per group)
- ✚ 2 robotic systems and 2 cadavers — one per group
- ✚ Groups swap procedures across the morning and afternoon sessions

08.30-09.00 **Robotic System Setup & Docking**

ALL FACULTIES

09.00-12.00 **Hands-On Session 1: Splenic Flexure Mobilization & Low Anterior Resection**

Group Photo @ 3F Laboratory

12.00-13.00 Lunch (1F Cafeteria)

13.00-16.00 **Hands-On Session 2: Right Side CME & Pelvic Sidewall Lymph Node Dissection**


16.00-16.20 **Debriefing & Course Evaluation**


16.30 pm End of the course
Evaluation of the day at reception desk (1F)
Delivery of certificate of attendance

16.45 pm Participant & Faculty Shuttlebus from IRCAD-Taiwan to Hotel & Taichung HSR Station


ASIA IRCAD – TAIWAN DA VINCI MASTERCLASS OF ROBOTIC COLORECTAL SURGERY AUGUST 6 - 7, 2026

交通車時刻表 Shuttlebus Time Schedule


出發時間 Departure Time	路線 Route
Day 1: August 6 (星期四 Thursday)	
13:00	彰化秀傳紀念醫院 → 彰濱秀傳微創手術中心 Changhua Show Chwan Memorial Hospital → IRCAD-Taiwan
17:40	彰濱秀傳微創手術中心 → 大會晚宴 IRCAD-Taiwan → Congress Dinner
20:00	大會晚宴 → 鹿港永樂酒店 → 樂活紓壓俱樂部 Congress Dinner → Lukang Union House → Lugang Lohas Relaxing Club
Day 2: August 7 (星期五 Friday)	
08:00	鹿港永樂酒店 → 彰濱秀傳微創手術中心 Lukang Union House → IRCAD-Taiwan
16:45	彰濱秀傳微創手術中心 → 鹿港永樂酒店 → 高鐵台中站 IRCAD-Taiwan → Union House Lukang → Taichung HSR Station  高鐵接駁車將從 IRCAD直接出發，請您於早上退房後，將行李一併帶至 IRCAD 報到。 <i>*The HSR shuttle will depart directly from IRCAD-Taiwan. Please check out of your hotel in the morning and bring your luggage with you to IRCAD.</i>

 行李寄放：退房後請將行李帶至 IRCAD，櫃台後方備有行李間。

Luggage: After check-out, please bring your luggage to IRCAD. A storage area is available behind the front desk.

 停車：可停放於醫院停車格，課程結束後至 IRCAD 櫃台領取免費停車券。

Parking: Park in the hospital lot and get a free parking voucher at the IRCAD front desk after the course.

 計程車：若需叫車，請提前告知工作人員協助安排。

Taxi: Let our staff know in advance if you need a taxi, and we'll assist with booking.

Hotel Information	鹿港永樂酒店 Yong Le Lukang, a Tribute Portfolio Hotel (UNION HOUSE Lukang) https://www.yonglelukang.com.tw/
Address	505彰化縣鹿港鎮三民路152號 No. 152, Sanmin Road, Lukang Township, Changhua County, 505 https://goo.gl/maps/xVGxf1XecPLAd4z4A
Tel	+886-4-776-2999

彰濱秀傳醫療園區地圖 Map of Chang Bing Show Chwan Health Park



Hotel Information	樂活紓壓俱樂部 LOHAS RELAXING CLUB Lukang https://www.facebook.com/lukanglohas
Address	505彰化縣鹿港鎮鹿工路6號 (彰濱秀傳心理健康大樓2F) 2F, No. 6-2, Lugong Road, Lukang Township, Changhua County, 505 (Chang Bing Show Chwan Memorial Hospital, Mental Health Building 2F) https://maps.app.goo.gl/9JDCZZjYwPuC4g1M7
Tel	+886-4-781-1163

Local Dining Options	
LeeLi's	Taiwanese-Western Fusion Bistro
海味珍海鮮餐廳	Hai Wei Zhen Seafood
木生海鮮會館	Mu Sheng Seafood
王罔麵線糊	Wang Wang Noodle
永香民俗小吃	Yong Xiang Taiwan Snack
掬翠拾煙蔬食創作料理 (素)	Ju Cui Shi Yan (Vegetarian)
勝豐吧	Sheng Feng Bar