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BIOGRAPHY

Michael Stark specializes in Obstetrics and Gynecology. His main interest is in gynecological oncology. He initiated the VIEZION project which combines targeted chemotherapy, PIF, immunology and stem-cell therapy for improving post-surgical oncological treatment. He is currently the scientific and medical advisor of ELSAN, a 120 hospital group in France and is a guest scientist at the Charité University Hospital in Berlin. He has been the President of the New European Surgical Academy (NESA), an international inter-disciplinary surgical organization with members in 54 countries and a formal cooperation agreement with FIGO concerning transmission of knowledge to countries with limited resources since 2004. In 2011, he was nominated as the Medico Del Anno (Doctor of the Year) in Italy and is an Honorary Member of the French, Polish, Russian, Serbian and Italian Gynecological Associations and Honorary Professor at the University of Chisinau. He developed the concept of single-entry natural orifice surgery. He was involved in the development of the trans-oral thyroidectomy and Transdouglass abdominal surgery.

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AN EVIDENCE-BASED CESAREAN SECTION FOR UNIVERSAL USE

As most abdominal operations today have endoscopic alternatives, caesarean section will remain the only abdominal operation in the future. Therefore it is of utmost importance to constantly evaluate the different steps for their necessity and for their optimal way of performance in order to achieve a unified evidence-based method all over France. The modified Joel-Cohen method results in a shorter incision to delivery time, lower rate of febrile morbidity compared to the traditional Pfannenstiel or longitudinal incisions. Opening peritoneum using bi-digital repeated stretching rather than the use of sharp instruments proved to be safer. The uterus should be opened in the lower segment where less muscle tissue and more fibrous tissue is present. Exteriorization of the uterus makes stitching easier and avoids unnecessary bleeding. Suturing the uterus with one layer only results in stronger scars and reduced pain. Leaving both peritoneum layers open proved in standardized studies to reduce adhesions and result in less need of painkillers and closure should be avoided in all other surgical disciplines as well, including endoscopy. The fascia being sutured continuously with first knot underneath the fascia prevents irritation in the sub-cutis. Since the introduction of this modified and simplified method 30 years ago, it has been evaluated by dozens of peer-reviewed studies. Without exception, all showed various advantages of this method: Shorter operation time, shorter hospitalization, quicker mobilization, less blood loss, lower rate of febrile morbidity, lower costs and less need for painkillers. In order to standardize this operation, it is important to use constantly the same needles and instruments. A big needle is necessary for the uterus, as fewer steps are done and therefore less foreign body reaction. A recent re-evaluation of the embryology contributed to the optimization of the technique. This method should become an example for re-evaluation and standardization for surgical methods in other disciplines. The risk of overuse of the cesarean section and possible influences on human evolution will be addressed.