European Colorectal Congress: Munich 2014

It was on the recommendation of a colleague that I submitted an abstract for the European Colorectal Congress in Munich 2014. And it was only once my abstract had been accepted that I actually took a look at the programme. I was completely gobsmacked by the line-up of talks to be given.

The European Colorectal Congress takes place annually in the Swiss town of St Galen. This tiny village can accommodate just over 800 delegates with overflow hosted in hotels and guest houses in neighbouring towns. These must then commute in daily to the meeting. It was for this reason that the organising committee decided to move the 2014 venue from St Galen to Munich.

This proved to be serendipitous for me as SAA flies directly to Munich. On the day I landed, I rushed to the main station to catch a train to Fussen where Schloss Hohenswangu, the castle of mad Prince Ludwig, stands. This is the castle that was the inspiration for the Disneyland castle: all turrets and vaulted ceilings. There is even a grotto in the basement and an opera theatre occupying the whole of the top floor.

Schloss Hohenswangu at Fussen

I then returned to the hotel to prepare for the conference the next day.

With the limited time available, presentations focussed on malignancy but some time was set aside for diverticular disease and IBD among other topics. I had the opportunity to attend talks by such influential clinicians as Gina Brown, Willem Bemmelman, Antonio Lacy, Tim Rockall, Paul Sugarbaker, Richard (Bill) Heald and

others. There even was opportunity to corner these poor souls during tea and lunch and press them for discussions on my own questions.

Among the many topics presented, some completely new concepts were discussed. These included the reappearance of natural orifice surgery in the form of natural orifice specimen extraction (NOSE) which is proving to be very popular in Europe. Using this technique, the surgery is performed laparoscopically with the specimen removed via the distal colonic/rectal stump. Most surgeons reserved this for left sided resections, but there were several who had removed right sided specimens with the aid of a colonoscope.

Paul Sugarbaker put forward the interesting concept of prophylactic HIPEC. At the time of primary surgery, Hipec is performed in the hope that this will reduce the rate of peritoneal metastases. This relies on the concept that peritoneal spread relies on tumour exfoliation into the peritoneal cavity with seeding. There is not much data to support this but a formal study is starting in the USA.

The other big topic for discussion was the trans anal TME (ta-TME). This involved TME done via the anus using either a SILS port and laparoscopic instruments or a robot. The benefit is that it allows you to resect lower tumours and preserve the sphincters.

On the second day of the congress, live surgery was screened from Hamburg. An open and a laparoscopic rectal resection were performed and discussion was held around the surgery. I was left wondering just how confident one would have to be to have more than 1 500 colorectal surgeons from across the world watching your every move from the same venue and then discussing it.

After an amazing programme of presentations from some of the foremost experts in colorectal surgery, I had just a little time to spend in the Christmas markets in Munich which involved drinking copious quantities of cherry gluwein to prevent myself from freezing to death. I would like to thank the Gastro Foundation for helping me to take this opportunity and attend one of the most prestigious meetings in my field where I was able to showcase some of my own work as well as hear the experts explain theirs.

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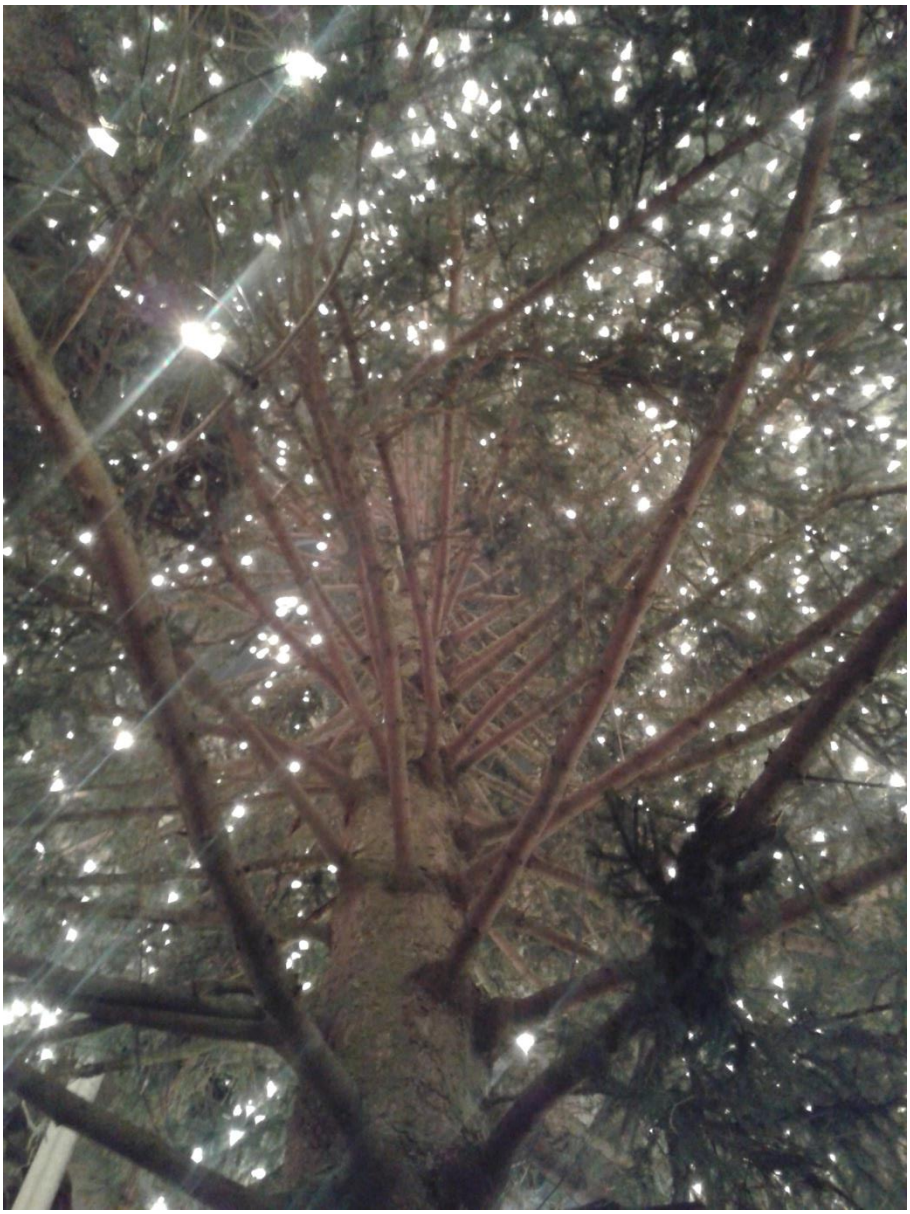

Looking up from under the giant Christmas tree outside the Rathaus