Schedule

INTRODUCTION

Renato Di Martino - Mectron SpA

Manlio Galiè - EACMFS Education & Training Officer

LECTURES

Advanced bone surgery: Piezosurgery in maxillo & cranio-orbito-facial area - Luigi C. Clauser, Riccardo Tieghi, Ferrara - Italy

Piezosurgery in mandibular osteotomies, reconstructive procedures, distraction osteogenesis & regeneration - *Manlio Galiè, Ferrara - Italy*

Morphostructural analysis of human fibula bone osteotomies with piezosurgical device in jaws reconstruction: a mirror of a new faster piezoelectrical osteotome - Alexandre Anesi, Modena - Italy

Experience with the Mectron Medical Piezosurgery unit - Mark McGurk, London - Great Britain

Hands on - Practical session - All faculty + MECTRON Staff

TARGET AUDIENCE

- Oral Surgeons & Dentists
- Maxillo-Facial Surgeons
- Orbital Surgeons
- Plastic Surgeons
- ENT Surgeons

- Orthognatic Surgeons
- Craniofacial Surgeons
- Oculoplastic Surgeons
- <mark>Ne</mark>urosurgeons

PRODUCT TRAINING COURSE INFORMATION

- Free course for Congress participants only - For further information, please contact:

> ELISA MUSANTE MECTRON - MARKETING DEPARTMENT Tel: + 39 0185 353677 E-mail: e.musante@mectron.com www.mectron.com

ABOUT MECTRON

Mectron has been active since 1979, developing and producing top-quality devices. The company has always stood out on the market for its continuous process of development and innovation and the excellent design of its products.

Thanks to these qualities and to a sales network covering over eighty countries, mectron has earned itself a position of great prestige on International markets.

When Mectron introduces PIEZOSURGERY[®] in 2001, the technology was revolutionary for bone surgery, providing precision, safety, the highest cutting quality to surgeons all around the world. The new technology became the state-of-theart for bone surgery devices. Once appreciated the intraoperative advantages obtained from the technology, Mectron developed PIEZOSURGERY[®] devices, which are today the best ultrasonic bone cutting devices for medical fields.

Today more and more surgeons also discover the postoperative benefits brought by PIEZOSURGERY[®] devices and specifically faster and better bone healing, reduced postoperative pain, swelling and edema.

Maximum efficiency, maximum control, maximum performance: the new PIEZOSURGERY[®] plus is the device for everyone who wants everything – and can be used for nearly all surgeries, from reconstructive to thoracic, from maxillofacial to neurosurgery.

Day after day Mectron continues to pursue the same philosophy of technical innovation and scientific research to which it owes its history.



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EACMFS2016

Ancient and Modern - Surgery Meets Technology

23rd Congress of the European Association for Cranio Maxillo-Facial Surgery

The Queen Elizabeth II Conference Centre London UK 13-16 September 2016



PIEZOSURGERY IN FACIAL - CRANIOFACIAL OSTEOTOMIES & BONY REGENERATION

Faculty: Alexandre Anesi, Luigi C. Clauser, Manlio Galiè, Mark McGurk, Riccardo Tieghi

> Monday 12th September 2016 10.00 - 12.00 Elizabeth Windsor Room QEII Conference Centre

MECTRON PRODUCT TRAINING COURSE Monday 12th September 2016 10.00 - 12.00 Elizabeth Windsor Room QEII Conference Centre

PIEZOSURGERY IN FACIAL - CRANIOFACIAL OSTEOTOMIES & BONY REGENERATION

Faculty: Alexandre Anesi, Luigi C. Clauser, Manlio Galiè, Mark McGurk, Riccardo Tieghi.

The Mectron Product Training Course will be a unique opportunity to learn about PIEZOSURGERY®. The Workshop will be structured into fundamentals and hands-on.

Fundamentals will include clinical presentations given by Experienced Surgeons from all over the Europe: Alexandre Anesi, Luigi C. Clauser, Manlio Galiè, Mark McGurk and Riccardo Tieghi.

Presentation abstracts:

Morphostructural analysis of human fibula bone osteotomies with Piezosurgical device in jaws reconstruction: a mirror of a new faster piezoelectrical osteotome - Alexandre Anesi, Modena - Italy

BACKGROUND: Segmentation of vascularized bone flaps with piezoelectrical device is a valuable alternative to conventional cutting methods because it improves the intraoperative safety of the procedure. The time needed for completion of a single osteotomy with the piezoelectric device is longer than with the oscillating saw. However, the time normally needed to dissect and protect both the periosteum and the pedicle at each osteotomic site is greatly reduced. In 2015 a new piezoelectrical device suitable for highly mineralised bone and significantly efficient through all the cutting depth was engendered. Hardness and thickness of human fibula bone cortex may be fitting for this new piezoelectrical osteotome.

AIM: We present and discuss the use a new generation of the piezoelectric bone-cutting device in microvascular free bone flap for the reconstruction of jawbone defects. The aim of this study was to evaluate on human fibula the time required for completion of each osteotomy comparing new piezoelectrical device and previous commercial device. A comprehensive study that evaluates and compares histomorphometry and histology of bone surfaces created with two piezosurgical devices is carried out. MATERIALS AND METHOD: In 2016 four consecutive patients underwent microsurgical reconstruction of the jaws. One specimen

from each fibular bone diaphysis was harvested with the piezoelectric device and histologically evaluated. Co-authors A. Anesi, L. Chiarini - Azienda Ospedaliero-Universitaria Policlinico, Cranio-maxillo-facial Unit, MODENA, Italy

Advanced bone surgery: Piezosurgery in maxillo & cranio-orbito-facial area - Luigi C. Clauser, Riccardo Tieghi, Ferrara - Italy

Traditionally, a variety of surgical tools like saws, drills and osteotomes have been used in cranio and orbito-maxillo-facial surgery. Cranio, orbito and maxillofacial osteotomies risk injury to the adjacent structures and soft tissue. The piezoelectric system (PS) is a relatively new surgical device that was first introduced in 2000 by the Italian Tomaso Vercellotti in oral and dental-implant preprosthetic surgery. The system uses microvibrations at a specific frequency range in the order of 20 to 30 kHz to cut mineralized tissue selectively, thus sparing surrounding soft tissue. Since its introduction, PS has been used in a variety of surgical fields, including neurosurgery, hand, otologic and facial reconstructive surgeries (craniofacial, orbital-periorbital, orthognathic, distraction osteogenesis, and bone harvesting). The potential benefits of PS are particularly helpful in cranio-orbital surgery because of minimal damage to the surrounding soft tissue, improved visualization and optimal bone healing. Longer operation time has been reported as a limit in orthognathic surgery. This is probably due to larger bone volume in mandibular osteotomies compared with the thin orbital and periorbital bones. In any case postoperative recovery is faster when using PS. Piezosurgery also requires a short learning curve and adequate dexterity. The aim of this presentation is to describe the use of the piezoelectric ultrasonic device particularly in the upper orbito-cranio & maxillofacial area.

Piezosurgery in mandibular osteotomies, reconstructive procedures, distraction osteogenesis & regeneration - Manlio Galiè, Ferrara - Italy

Mandibular osteotomy is a surgical procedure which involves cutting of mandibular bone for shortening, lengthening or changing the position. Conventional tools used in osteotomy and osteoplasty of the mandible include rotating/oscillating saws, drills, hammers and chisels. Using rotating and oscillating tools the risk of damage to fine bone and soft tissue appears substantial. This represents a great concern when navigating around extremely delicate structures during neurological, craniofacial, maxillofacial, oral and orthopaedic surgeries. The Piezosurgery device was developed with the aim of enhancing the surgeon's ability to perform meticulous bone surgery, while reducing the risk of intraoperative and postoperative morbidity. The advantage of the Piezosurgery device over conventional tools is its ability to cut soft and hard tissues selectively, thus enabling the surgeon to confine tissue destruction to the areas planned and preserve adjacent structures, such as neurovascular tissue. These advantages appears to be substantial in paediatric and neonatal mandibular DO for the treatment of syndrome micrognathia and Pierre Robin sequence. Distraction Osteogenesis procedure requires minimally invasive approaches indeed and some studies confirmed the detrimental effect of an oscillating saw on bone formation. The use of Piezosurgery is mandatory in small surgical fields with limited view and and in small mandibles to protect soft tissue, nerves and tooth buds. Distraction Osteogenesis and Pioezosurgery appears to be synergic as DO requires microvascularity from the periosteum, preservation of soft tissue and a dynamic biological microenviroment as provided by Piezosurgery bone cutting.

Experience with the Mectron Medical Piezosurgery unit - Mark McGurk, London - Great Britain

Presentation of experience with Piezosurgery in Maxillofacial Recontruction and Oral Surgery.

Hands-on will give to the participants the chance of trying PIEZOSURGERY[®] devices. Mectron will fully equip working stations and animal bones will be available to the surgeons to experience the advantages of PIEZOSURGERY® devices.

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traditional osteotome and piezosurgery.



surgery, traumatology, orbital surgery, oral surgery, treatment of temporomandibular joint dysfunctions, and aesthetic surgery. He is an expert in the treatment of congenital craniofacial malformations and in the multidisciplinary treatment of exophthalmos in Graves' disease. Reconstruction of facial volumes by using fat grafting is also one of his main interests. Prof. Clauser was one of the last of Paul Tessier's pupils in Paris. From 2006 to 2008, he held the position of President of the EACMFS. He is an advocate for promoting Maxillofacial Surgery in Eastern Europe and other continents with limited resources. Prof. Clauser has had the privilege of being an invited speaker at many congresses and scientific events worldwide. He has authored over 230 scientific publications, 8 chapters in books, and is a reviewer for many international scientific journals. In May 2012, Prof. Clauser was invited to deliver the prestigious Wilhelmsen Lecture in Baltimore, USA, as a special recognition for his remarkable contributions to craniofacial sciences.

Dr. Alexandre Anesi attended his Maxillo-facial Surgery training at the Medical University of Verona with Prof. Pier Francesco Nocini and

Prof. Luigi Chiarini. Since November 2008: Assistant Professor in Maxillo-facial Surgery at the University Hospital of Modena with prof. Luigi Chiarini. He is in charge of head & neck microsurgical reconstruction in Maxillo-facial Surgery at the University Hospital of Modena.

Speaker in the following congress: Società Italiana di Chirurgia Maxillo-facciale (SICMF); European Association for Cranio-Maxillo-Facial Surgery (EACMFS); Cervico-cephalic Oncological Italian Society (AIOCC - Associazione Italiana di Oncologia Cervico-Cefalica), Skull-base Italian

He currently collaborates with the Faculty of Engineering, University of Modena and Reggio Emilia for the development of new bone substitutes, both in vitro and in vivo. He is cooperating in a histomorphometric anatomical group for bone analysis after osteotomy with

Prof. Luigi C. Clauser is a specialist in Maxillofacial Surgery and Odontostomatology and is Clinical Professor and Director of the Unit of

Cranio-Maxillo-Facial Surgery of the University Hospital of Ferrara, Italy. His expertise covers facial reconstruction, implantology, orthognathic

society (SIB - Società Italiana Basicranio), 2nd Italian Congress on Cranioplasty (Secondo Convegno Nazionale sulla Cranioplastica).



Prof. Manlio Galiè is clinical Professor at the St. Anna University Hospital of Ferrara, Department of Cranio Maxillo Facial Surgery - Center for Orbital Pathology & Surgery. He has completed formal training in both Medicine MD and Dentistry DMD and he specializes in Maxillo-Facial Surgery and in ENT Surgery. Dr. Galiè has lectured as invited speaker to numerous Seminars, Meetings, Roundtables and Congresses in Italy, Europe, and Worldwide. Author of over 70 publications in National and International Journals he is a Member of the Editorial Board of the Journal of Cranio-Maxillofacial Surgery and of the Journal of Craniomaxillofacial Trauma and Reconstruction. International Fellow at University of California, Los Angeles (UCLA), Craniofacial Center. Fellow of the European Board of Oro - Maxillo - Facial Surgery (FEBOMFS). Education & Training Officer of the European Association for Cranio-Maxillo-Facial Surgery (EACMFS). Member of the European Clinical Network: EUROCRAN and ORPHANET. Member of the following Associations: EACMFS (Member of the

Executive Committee), SILPS, SICMFS (Member of the Executive Committee), IAOMS, ISCFS.



Prof. Mark McGurk's clinical practice has centred on oral/head and neck cancer surgery and the minimally invasive management of salivary gland disease. His research has focused on early diagnosis of head and neck cancer, factors leading to complications of surgery and the introduction of minimally surgery to the head and neck cancer. Professor McGurk is part of the south east London Head and Neck Cancer Group and provides a highly specialist service in oral/head and neck cancer and reconstruction. He has championed minimally invasive surgery for benign parotid tumours and obstructive salivary gland disorders. He has led a European trial of sentinel node biopsy which has led to a ction for early mouth cancers (first in the UK). Professor McGurk's work has changed the practice of salivary gland 75% reduction in neck diss surgery away from excision to the gland preservation surgery (first in the UK). He lectures widely at national and international conference and runs annual masterclasses on salivary gland surgery in London, Paris and Erlangen for maxillofacial and ear, nose and throat consultants. He is Past President of the British Association of Oral and Maxillofacial Surgeons and Past Editor of the British Journal of Oral and Maxillofacial



Maxillofacial Surgery (EACMFS), International Society of Craniofacial Surgery (ISCFS). He is also responsible for promoting Maxillofacia Surgery throughout Europe and Eastern Countries (EACMFS Educational Rolling Programmes).

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