Agenda

State of the Art Consensus Development Conference on Prevention of Bile Duct Injury (BDI) During Cholecystectomy
Boston, MA

Saturday, October 20, 2018	
7:30 am – 8:00 am	*Continental Breakfast*
8:00 am - 8:10 am	Introduction and goals for the consensus conference *Presenter: Michael Brunt, MD*
8:10 am - 8:25 am	Overview of laparoscopic cholecystectomy and BDI as a public health problem *Presenter: Dana Telem, MD*
8:25 am - 8:40 am	Overview of key PICO questions on BDI prevention *Presenter: Steven Strasberg, MD*
8:40 am - 8:50 am	Description of the methodology used to frame and answer the key question *Presenter: Mohammed Ansari, MD MMedSC MPhil*
8:50 am – 9:00 am	Description of the methodology for conducting the consensus conference meeting and gaining expert consensus on the key questions for which there are poor or little data *Presenter: Dimitrios Stefanidis, MD*
	Presentation and review of the literature findings and recommendations for key questions. Each section will include: • Summary of relevant literature review and consensus recommendations • Discussion and audience response with voting • Discussion of gaps and future steps
9:00 am - 10:00 am	BDI Prevention and Anatomic Identification *Presenters: Daniel Deziel, MD, Marian McDonald, MD, and Maria Altieri, MD* • **PICO 1.** Should one technique of anatomical identification (critical view of safety) versus another be used for limiting the risk or severity of bile duct injury in patients undergoing laparoscopic cholecystectomy? • **PICO 2.** Should the top-down technique of complete cholecystectomy versus subtotal cholecystectomy be used for limiting the risk or severity of bile duct injury when the critical view of safety cannot be achieved? • **PICO 3.** Should requirements for one type of documentation of the critical view of safety (photos) versus another (operative notes or video) are no documentation requirement be used for limiting the risk of severity of bile duct injury during cholecystectomy?)
10:00 am - 10:15 am	*Break*
10:15 am – 11:10 am	Imaging and Prevention of Biliary Injury *Presenters: Michael Brunt, MD, Adnan Alseidi, MD, and Michael Ujiki, MD* • **PICO 4**. Should intraoperative biliary imaging (cholangiography, ultrasound, infrared cholangiography close) versus no imaging be used for limiting the risk or severity of bile duct injury during cholecystectomy? • **PICO 5.** Should one type of intraoperative biliary imaging versus alternative biliary imaging be used for limiting the risk or severity of bile duct injury during cholecystectomy?
11:10 am -12:10 pm	Biliary Injury and Disease Factors *Presenters: Taylor Riall, MD and Dana Telem, MD* • **PICO 6.** Should surgical (complexity) risk stratification (risk factors or risk prediction models) guided surgery vs alternative risk stratification or no risk stratification guided surgery be used for limiting the risk or severity of bile duct injury in candidates for cholecystectomy? • **PICO 7.** Should surgery guided by prior risk stratification that accounts for cholecystolithiasis vs no risk stratification or alternative risk stratification be used? • **PICO 9**. Should subtotal cholecystectomy vs total laparoscopic or open cholecystectomy be used for limiting the risk or severity of bile duct injury in patients who at the time of their operation have marked acute local inflammation or chronic cholecystitis with biliary inflammatory fusion (BIF) of tissues and tissue contraction?

12:10 pm - 1:00 pm	*Lunch in Plaza Ballroom*
1:00 pm – 1:50 pm	Biliary Injury and Disease Factors *Presenters: Steven Strasberg, MD and Chet Hammill, MD* • **PICO 8.** Should immediate cholecystectomy (within 72 hrs from symptom onset) vs cholecystectomy delayed beyond 72 hours (but <10 days from symptom onset) vs cholecystectomy delayed beyond 6 weeks vs cholecystectomy delayed beyond 12 weeks be used for patients with acute cholecystitis? • **PICO 11.** Should interval/delayed laparoscopic cholecystectomy vs no additional treatment be used for patients previously treated by cholecystostomy and high co-morbidity score (Charleson 6 or>ASA3/ASA4)?
1:50 pm- 2:30 pm	Biliary Injury and Surgeon Factors *Presenters: Carol-Anne Moulton, MD* • **PICO 10.** Should standard 4-port lap cholecystectomy vs SILS laparoscopic cholecystectomy vs robotic cholecystectomy vs open cholecystectomy vs other technique be used for limiting the risk or severity of bile duct injury in candidates for cholecystectomy? • **PICO 12.** Should conversion of laparoscopic cholecystectomy to open cholecystectomy vs no conversion be used for limiting the risk or severity of bile duct injury during difficult laparoscopic cholecystectomy? • **PICO 13.** Should surgeons taking a time out to verify the critical view of safety vs no time out be used for limiting the risk or severity of bile duct injury? • **PICO 14.** Should two surgeons vs one surgeon be used for limiting the risk or severity of bile duct injury?
2:30 pm - 3:00 pm	Management of Acute BDI *Presenters: Horacio Asbun, MD, Rowan Parks, MD and Jaap Bonjer, MD* • **PICO 18.** Should immediate reconstruction by the operating surgeon vs referral to a specialty center be used for patients with bile duct injury during laparoscopic cholecystectomy?
3:00 pm - 3:15 pm	*Break*
3:15 pm – 4:00 pm	Education and Training *Presenter: Rajesh Aggarwal, MD* • **PICO 15.** Should critical view of safety coaching of surgeon vs no specific critical view of safety coaching be used for limiting the risk or severity of bile duct injury? • **PICO 16.** Should training of surgeons by simulation method or video-based education vs alternatively surgeon training be used for limiting the risk or severity of bile duct injury? • **PICO 17.** Should more surgeon experience vs less surgeon experience be used for limiting the risk or severity of bile duct injury?
4:00 pm - 4:30 pm	Open Panel Discussion with Audience Participation
4:30 pm - 4:40 pm	*Closing Remarks*