

Presidential Address from the International Pediatric Endosurgery Group (IPEG) 14th Annual Congress for Endosurgery in Children, Venice Lido, Italy, June 1–4, 2005

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DEAR FRIENDS,

IT IS A GREAT PRIVILEGE for me to have the opportunity to talk to you today as your president. I feel extremely honored, but at the same time humble, because the achievements of IPEG are the product of what many others have accomplished before me and more recently with me.

Talking about the history of an organization is dangerous, as there is a great chance that the wrong people are praised or that important people are forgotten. I apologize in advance and I will try to limit the damage, but not going back at all would not be fair.

There was the symposium on the use of laser in children, hosted by Jürgen Waldschmidt and organized by Felix Schier, in Berlin on November 10–11, 1989. The evening before that meeting, the Berlin Wall came down, so our history is closely related to that event. I feel that not only did the Berlin Wall come down but also the wall of open surgery started to disintegrate. In that symposium, there was a one-hour session on laparoscopy in which Götz and Pier, two general surgeons from Linnich, close to Köln in Germany, presented two papers on laparoscopic appendectomy which were later published.^{1,2} The American pediatric surgeons Keith Georgeson from Birmingham, Alabama, and Thom Lobe from Memphis, Tennessee, were present at that meeting; Keith Georgeson later visited these surgeons.

In 1992, Jürgen Waldschmidt hosted a symposium on Endoscopic Surgery in Children and again Felix Schier did the actual organization. I remember very well the first lecture, given by Mr. Göbel, from the small animal clinic of the Freie Universität of Berlin.³ He spoke about sex determination in exotic animals. I did not know that birds are ideal subjects for endoscopy because of their system of air sacs which ensures an excellent visualization with-

out the need for artificial insufflation. I wished that the same were true for humans. We presented a paper on the laparoscopic placement of gastrostomy catheters along the lesser curvature in neurologically impaired children, as antireflux properties had been claimed when the gastrostomy is inserted in that position.⁴ I doubt now that that is the case. At that meeting I met a number of pioneers as well as a number of novices in the field of endoscopic surgery in children: Jürgen Waldschmidt and Felix Schier; Keith Georgeson and Thom Lobe; Jürgen Schleef and Günther Willital, both from Münster, Germany; Jan Luc Alain from Limoge, France; Benno Ure from Köln, Germany; Yves Hérouy from Nantes, France; and David van der Zee from Utrecht, The Netherlands.

In 1994, Günther Willital hosted a symposium on endoscopy and laparoscopy in children. Jürgen Schleef was co-responsible for the organization. On the scientific committee were Thom Lobe, Takeshi Miyano from Tokyo, Japan, Steven Rubin from Ottawa, Ontario, Canada, Hock Lim Tan from Melbourne, Australia, and Jürgen Waldschmidt. Other participants were Zahavi Cohen from Beer-Sheba, Israel, Keith Georgeson, Vincenzo Jassoni from Genoa, Italy, and Perry Stafford from Philadelphia, Pennsylvania. The idea of creating an international organization gathering people interested in endoscopic surgery in children was worked out during a train trip to and a stay in Switzerland. Günther Willital became the first president and Perry Stafford the first secretary treasurer. Perry Stafford's wife created the International Pediatric Endosurgery Group (IPEG) emblem.

The first meeting under the IPEG flag was organized by Keith Georgeson, in Orlando, Florida, in 1995. Steven Rubin was chosen president at that meeting and in 1996 IPEG had its annual congress in Vancouver. The following congresses were in Tokyo, Hong Kong, Berlin,

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TABLE 1. IPEG ENDOSURGERY IN CHILDREN CONGRESSES PRIOR TO 2005

<i>IPEG president</i>	<i>Congress organizers</i>		<i>Congress location</i>	<i>Year</i>	<i>Congress number</i>
	Jürgen Waldschmidt	Felix Schier	Berlin, Germany	1989	I
	Jürgen Waldschmidt	Felix Schier	Berlin, Germany	1992	II
1	Günther Willital	Jürgen Schleeef	Münster, Germany	1994	III
	Keith Georgeson		Orlando, Florida	1995	IV
2	Steven Rubin		Vancouver, Canada	1996	V
3	Takashi Myano		Tokyo, Japan	1997	VI
4	Hock Lim Tan	CK Yeung	Hong Kong, China	1998	VII
5	Jürgen Waldschmidt	Felix Schier	Berlin, Germany	1999	VIII
6	Steve Rothenberg		Atlanta, Georgia	2000	IX
7	Peter Borzi		Brisbane, Australia	2001	X
8	Vincenzo Jassoni		Genoa, Italy	2002	XI
9	Craig Albanese		Los Angeles, California	2003	XII
10	C.K. Yeung		Maui, Hawaii	2004	XIII

Atlanta, Brisbane, Genoa, Los Angeles, and Maui (Table 1). All these congresses were very successful and each had its own flavor.

Endoscopic surgery took off in Europe. A very important early endoscopic pediatric surgical organization was and is Groupe d'Etude de Coeliochirurgie Infantile (GECI), founded in 1990 in Limoge, France. Its first president was Jean Luc Alain, who did pioneering work on laparoscopic pyloromyotomy.⁵ Jeff Valla was an important co-founder of that society, and I draw your attention to the fact that in 1991 he published a series of 465 laparoscopic appendectomies.⁶ That paper mentions Philippe Montupet from Paris, who is one of the pioneers of pediatric endoscopic surgery as well. I have enjoyed GECI very much for providing a European forum for endoscopic pediatric surgeons.

The Arbeitsgemeinschaft Minimal Invasive Chirurgie der Deutschen Gesellschaft für Kinderchirurgie in Germany was founded in 1994 and its first president was Jürgen Waldschmidt.

In 1995, David van der Zee and I organized a symposium on laparoscopic surgery in children in Utrecht, The Netherlands, titled "Sense or Nonsense." The symposium was very successful but very much a European happening. Among the faculty members at that meeting were Jean Luc Alain, Azad Najmaldin from Leeds, Philippe Montupet, Felix Schier, and Jeff Valla. The participants included Francois Becmeur from Strasbourg, Frederico Ferro from Rome, Yves Hérouy, Girolamo Mattioli from Genoa, and Michel Robert from Tours.

The Societa Italia di Videochirurgia Infantile (SIVI) was founded in 1997 and its first president was Giovanni Esposito. I am very happy that its current president, Mario Lima from Bologna, is here.

The British Association of Pediatric Endoscopic Surgeons (BAPES) was founded in 1999, with Azad Najmaldin as its president and I am happy that he is here.

As an IPEG president with European roots, I truly hope that the different European organizations will increase their contacts with IPEG to endorse its international flavor.

During my sabbatical leave in 1999, I visited a number of gurus in the field of endoscopic pediatric surgery: Peter Borzi in Brisbane, Steve Rothenberg in Denver, Keith Georgeson in Birmingham, Alabama, Thom Lobe in Memphis, and Whit Holcomb in Nashville. I also visited my old friend Chris Kimber in Melbourne, who had started doing endoscopic surgery in children there.

We all faced the same initial problems, including anesthesiologists who did not like the long duration of the procedures, as well as pediatric surgeons who accused us of unethical practice. My contacts with my colleagues strengthened me in my belief that endoscopic surgery in children was the way the go. It provided me, and I am sure many of you, with a forum of people who were very enthusiastic about endoscopic surgery. It allowed us to discuss new procedures without being immediately attacked and asked whether scientific value had been proven by randomized controlled trials. As important, these contacts initiated many friendships that I still cherish today. A comprehensive book on endoscopic surgery with Keith Georgeson, Azad Najmaldin, Jean Stephane Valla and myself on the editorial board and with many other contributors from all over the world was produced.⁷

Let's get back to IPEG. The number of papers presented at IPEG, and their scientific value, has increased considerably over the years. This year we have received more abstracts than ever before. I thank the program committee for all the work that has been done. Without the chairman and co-chairmen of this committee we would not have such a nice program. Thank you, Mark Wulkan, CK Yeung, and Benno Ure. I have to say a special word to Benno. Benno, it was great working with you on this year's program. Thank you so much for your input both

on the content side as well as on the organization side. I must admit that this year you skied faster on the slopes of the Tyrol.

The hands-on course on suturing for both IPEG and the European Association for Endoscopic Surgery (EAES) was an enormous success as the course sold out immediately. I thank Gordon MacKinley, Henri Steyaert, and David van der Zee, who organized it with Graeme Adamson from the Cuschieri Skills Centre in Dundee, Scotland. I am proud that the EAES asked to participate in this course. Also the symposium on bariatric surgery has been a great success. Thom Inge, thank you so much for the organization. The video session selection has been done by Munther Haddad and Girolamo Mattioli. Thank you, gentlemen. I also thank all session chairmen, all panel participants, and of course you members, for presenting what we really want to know.

Our organization has not only grown scientifically but also professionally. Previous presidents usually organized the IPEG meeting in their home country and city. They had to organize it themselves. The meetings were fabulous but most of them lost considerable sums of money. It is Steve Rothenberg's great achievement that he professionalized IPEG in terms of organization and finances. He hired BSC, the Barbara Salzman Corporation, as a professional organization behind IPEG. As treasurer of IPEG, he (and BSC) managed to get good basic sponsorship, providing financial stability. He also disassociated the meeting from the place in which the president was working and has looked for partners. Since the meeting in Atlanta, 2000, IPEG meets together with the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) in the United States. I agree with him that meeting together with our colleagues in endoscopic surgery for adults is very important, as new technology is usually applied first in adults. Exposure to the industry is extremely important and this is well achieved by meeting together with the adult endoscopic surgeons, where we can share the same exhibition space. So thank you, Steve.

It is appropriate to thank our sponsors here. They not only support us financially but without them our motto, "Love for children through technology," would be meaningless.

Like Steve Rothenberg, I also feel that IPEG should meet together with organizations that promote minimally invasive surgery in adults, which is why this IPEG meeting is linked to the annual meeting of the EAES. This is why IPEG is meeting again in Italy, after it did so in Genoa in 2002. The EU is not a nation like the United States. As you all know, the EU now includes 25 countries, and the EAES reflects that. I am both proud and happy that this joint meeting succeeded. I thank Jack Jakimowicz, president of the EAES, Emanuele Lezoche, congress president of the EAES, and Ria Palmén, executive director of

the EAES. Without BSC and Erin Schwartz, this would not have been possible. In Maui, Joyce Hasper became executive director of IPEG, and we worked closely together. Joyce, thank you so much for all your support and especially for your belief that it would happen. I must admit I have two bosses now, a temporary one, that is you Joyce, and a permanent one, my wife, Bieke. Bieke, I am not going to apologize for all the time I put into IPEG as I would have to promise better, and you and I know that this would be a lie, but I do love you.

For many years I have had a warm relationship with the Italian Society for Videosurgery in Children (SIVI). I want to thank SIVI and its current president, Mario Lima, for organizing its sixth meeting here, together with us. When I was in Catanzaro in July of last year at the SIVI meeting, I saw the motto "Il bambino fra amore et tecnologica." I was taken by it. Is this not what binds us together in IPEG, our "love for children through technology"? We believe that technology can make medicine less invasive and that we have an obligation to apply technological advances into our practice. While we have been accused of unethical behavior when we started with endoscopic surgery in children, shouldn't we turn the question around, today? Do we not think it is unethical

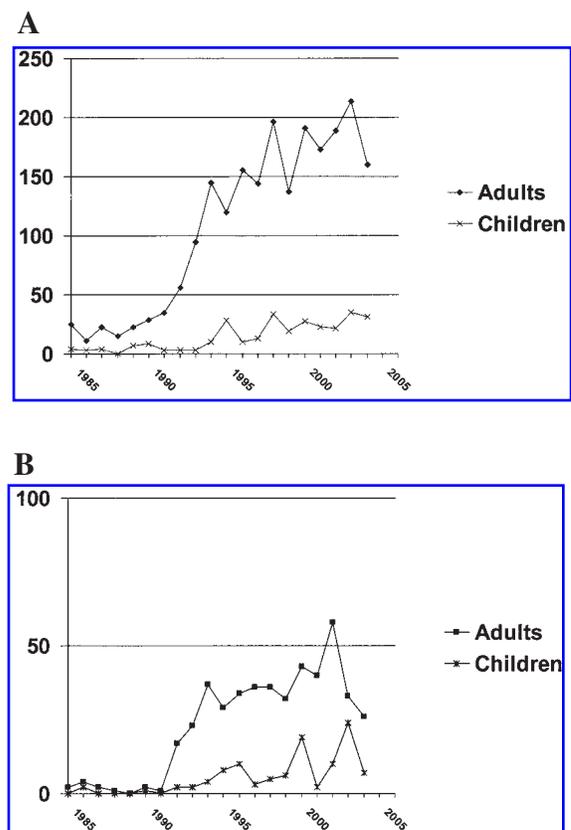


FIG. 1. The number of articles referenced in PubMed regarding **A.** laparoscopy and **B.** thoracoscopy in adults and in children since 1984.

to apply invasive techniques when less invasive techniques are available?

Critics will still, even today, demand the evidence that endoscopic surgery is better for the patient. Since I spoke in Berlin in 1999 on research on endoscopic surgery,⁸ there has been good news. We know now that the CO₂ pneumoperitoneum is not as dangerous as we initially thought. A consensus conference on that was organized by the EAES and published in *Surgical Endoscopy*.⁹ More and more papers are being published in the literature showing the superiority of endoscopic surgery. An overview by Novitsky et al. concluded that there is a net immunologic benefit of laparoscopic surgery compared to open surgery.¹⁰ Recently, Catarci et al. published an evidence-based appraisal of antireflux fundoplication.¹¹ They did a meta-analysis of 6 randomized controlled trials and concluded that laparoscopic surgery is at least as safe and effective as its open counterpart, has a lower morbidity, results in a shortened hospital stay, and results in shorter sick leave.

The safety of laparoscopic colorectal surgery has been a hot issue since the first publication on a port site metastasis after removal of a gallbladder with unexpected adenocarcinoma,¹² and a second one on port site metastasis after laparoscopic surgery for colonic cancer.¹³ Since that time, the hypothesis that the incidence of metastasis in laparoscopy wounds would be increased has not been substantiated. On the contrary, patients seem to do better both in the short- and long-term after laparoscopic removal of colonic cancer.^{14,15} Several long-term follow-up studies regarding this issue are underway. I am not aware of any of these studies having been aborted.

Research on endoscopic surgery in children has not been as plentiful. A number of randomized controlled trials on appendicitis have had conflicting results, although overall the laparoscopic approach seems no worse than the open approach. Large nonrandomized studies are also rare. In a large series of pyloromyotomy, comparing 232 open with 225 laparoscopic pyloromyotomies, the overall complication rates were similar.¹⁶ The open group had a higher incidence of mucosal perforation, the laparoscopic group a higher incidence of repyloromyotomy. Our group published a series of 182 laparoscopic pyloromyotomies and concluded that this procedure is well teachable.¹⁷ Despite the lack of hard data, there is no reason to believe that the situation in children should be different from the situation in adults.

A literature search of papers indexed in PubMed regarding laparoscopy and thoracoscopy in adults and in children shows that we took off later, and that we are still not producing many papers (Fig. 1).

I want to take the opportunity to thank Thom Lobe for all his efforts in creating an endoscopic pediatric surgical journal. Certainly in the initial years of endoscopic surgery in children, we needed an easily accessible, non-

hostile forum for exchanging data on what we were doing in the field of endoscopic surgery in children. It served a great purpose. The time has now come to seek affiliation with an indexed journal. We have grown up and want to export our knowledge as widely as we can. The executive committee will make a proposition to officially affiliate IPEG with the Mary Ann Liebert publication, *Journal of Laparoendoscopic & Advanced Surgical Techniques*, which will be presented to you all tomorrow at the general assembly.

When I ask myself, what has been new in the past few years, I conclude that not many operations are left that have no endoscopic surgical counterpart. For me, one of the greatest changes has been that we are doing more and more reiterative surgery endoscopically, such as recurrent tracheoesophageal fistula, perforation after Heller myotomy, too tight fundoplication, and, for persistent hyperinsulinemic hypoglycemia in infancy, from subtotal to near total pancreatectomy.

One of the greatest challenges we have to face is teaching and training. The load of complicated pathology (eg, esophageal atresia) is rather small and the learning curve for doing complicated pediatric surgery rather long. I think that time has come to further centralize pediatric surgery, at least in Europe. The EU directive on work hours is another threat to the dissemination of endoscopic surgery. IPEG should try to establish fellowships in endoscopic pediatric surgery. I hope that technology will make endoscopic surgery simpler and I am sure this will come. I expect very much from technology and I feel that IPEG's motto should be "love for children through technology." After all, endoscopic surgery is not a goal: the goal is the least invasive yet effective surgery possible. I have no doubt that this is linked to technology.

The future of IPEG is bright. Maybe in the foreseeable future, IPEG should stand for International Pediatric Endo- and Innovative Surgery Group. It was a privilege serving you.

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