

Venue: ARCOTEL Kaiserwasser Wien, Wagramer Str. 8, 1220 Wien, Vienna, AUSTRIA

Details: 28 September 2019 9am – 6pm **Early bird cost**: EUR 150 / US 170

9AM

Welcome (Dietrich Doll)
Morphology & Terminology (Peter Wysocki)
Clinical update (Dietrich Doll)
Classification (Ekmel Tezel)
Anaesthesia and risks (Markus Lüdi)
Wound healing (Rhiannon Harries)
Hidradenitis suppurativa (Georgios K. Georgiou)
The long distance patient (Steve Immerman)
PITSTOP – study design (Steven Brown)

11AM

Discussion)

Spectrum of surgical PSD therapy (Nora Peters)
What I learnt from doing Pit Picking (Jan Jongen)
Minimally invasive evolution (Cigdem Arslan)
Gips technique (TBA)
modified Lord–Millar (Roland E Andersson)
Edremit minimal surgery (Vahit Onur Gul)
What your patient needs to know about minimally invasive treatment outcome (Roland E Andersson)
Role of phenol (Cüneyt Kayaalp)
EPSiT (Marco Milone)
Midwest Pediatric Surgical Consortium (Nelson Rosen)
The ideal minimally invasive technique (Panel

2PM

Bascom cleft lift (Asha Senapati)
Limberg flap design (Mehment Kaplan)
Limberg flap standardization (M. Eren Yuksel)
Karydakis flap (Peter Wysocki)
Managing the failed flap (Igors Iesalnieks)
Cleft lift as a rescue (Steve Immerman)
Laser treatment (Georgios K. Georgiou)
Discussion

4PM

PSD and Body Mass Index? (Heidi Sievert)
Paediatric pilonidal disease (João Moreira Pinto)
Pilonidal abscess (Burhan Kanat)
Muzi tension free closure (Marco Muzi)
Isik method (Arda Isik)

Free paper presentations

Conclusion and wrap up (Doll and Wysocki)

RACS CPD / CME Points in Maintenance of Knowledge and Skills - TBA

Register online using PayPal http://www.pilonidal.com.au/conferences

Email Credit Card Authorization to vienna@pilonidal.com.au





International Pilonidal Society ABN: 8212 4337 493

APPLICANT'S INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME:
COMPANY NAME:		
E-MAIL ADDRESS:		
	CREDIT CARD INFORMATION	
NAME AS IT APPEARS ON CREDIT CARD:		
STREET ADDRESS:		
APT / UNIT / P.O. BOX		
CITY	STATE	ZIP
	_	
TOTAL AMOUNT DUE: EUR 150 / A	UD 235	
PAYMENT AUTHORIZATION		
Please charge to the following credit card	:	
□ MasterCard □ Visa		
Exp. Date: (month) (year) _		
Credit card number:	- - -	
If there is a problem processing this pa	ayment, we would like to be able to reac	h you by phone
		in you by phone.
Optional (daytime phone number) () -	
Card holder's signature:		
Date:		
<u></u>		