DDCRS 2027

7–9 January 2027
Bush House
King's College London
London, UK

FOUR-DAY PROGRAMME

WEDNESDAY 6 - SATURDAY 9 JANUARY 2027

ABDOMINAL WALL RECONSTRUCTION MASTERCLASS

MASTERCLASS | FROM THE FIRST INCISION TO THE COMPLEX ABDOMINAL WALL

08:00–08:30 | Registration and coffee

08:30–08:35 | Welcome and introduction to masterclass

08:35–09:35 | SESSION 1 — PLAN IT BEFORE YOU CUT IT

Understanding the abdominal wall and selecting the right operation

08:35–08:50 | CT as the road map for abdominal wall reconstruction
Defect width, rectus morphology, loss of domain, previous mesh and operative planning: what should the surgeon look for?

08:50–09:05 | Optimising the high-risk AWR patient
Obesity, smoking, diabetes, malnutrition and prehabilitation: which factors really change outcomes and when should surgery be delayed?

09:05–09:20 | Mesh, plane and approach - getting the fundamentals right
Onlay, retrorectus, preperitoneal and intraperitoneal placement: how do I choose?

09:20–09:35 | Panel discussion

09:35–10:35 | SESSION 2 — BUILDING THE ABDOMINAL WALL

From retromuscular repair to TAR

09:35–09:50 | Rives-Stoppa retromuscular repair - how I do it
The operative steps, developing the retrorectus plane, mesh placement, technical tricks and common mistakes.

09:50–10:05 | Transversus abdominis release (TAR) - when and why?
When is TAR necessary, what additional release does it achieve, and how do you perform it safely?

10:05–10:20 | Operative video - TAR: how I do it
A step-by-step annotated operative video. Technical tips, danger points and where the operation can go wrong.

10:20–10:35 | Panel discussion

10:35–11:05 | Coffee break and exhibition

11:05–12:05 | SESSION 3 — GETTING THE MIDLINE CLOSED

Can we improve fascial closure before or in addition to component separation?

11:05–11:20 | Botox before abdominal wall reconstruction - does chemical component separation work?
Patient selection, timing, injection strategy and whether preoperative Botox can improve fascial medialisation and facilitate primary closure.

11:20–11:35 | Intraoperative fascial traction - can we close the giant hernia without a component separation?
Progressive mechanical traction of the fascial edges: can we reduce tension, gain additional medialisation and avoid a more extensive release?

11:35–11:50 | Loss of domain - Botox, progressive pneumoperitoneum, TAR or all three?
How should we prepare and reconstruct the patient with a giant hernia and significant loss of abdominal domain?

11:50–12:05 | Panel discussion

12:05–12:50 | SESSION 4 — MINIMALLY INVASIVE AND ROBOTIC ABDOMINAL WALL RECONSTRUCTION

12:05–12:20 | eTEP - the minimally invasive Rives-Stoppa?
Developing the extraperitoneal retromuscular plane, crossover, mesh positioning and which incisional hernias are best suited to an eTEP approach?

12:20–12:35 | Robotic AWR - eTEP, retromuscular repair or robotic TAR?
How do I choose the right robotic reconstruction, when is a robotic TAR required, and where are the limits of the robotic approach?

12:35–12:50 | Panel discussion

12:50–13:35 | Lunch, networking and exhibition

13:35–14:35 | SESSION 5 — WHEN THE ABDOMEN GETS DIFFICULT

Abdominal wall reconstruction for the colorectal surgeon

13:35–13:50 | The parastomal hernia - what would you do?
Keyhole, Sugarbaker, retromuscular and relocation: choosing the right repair.

13:50–14:05 | The contaminated abdominal wall - can I use mesh?
Bowel resection, stoma, enterotomy, fistula or previous infection: which mesh, which plane and when should you avoid mesh altogether?

14:05–14:20 | The hostile reoperative abdomen - one operation or two?
Dense adhesions, previous open abdomen, recurrent hernia and restoration of intestinal continuity: when should bowel surgery and abdominal wall reconstruction be combined, and when should they be staged?

14:20–14:35 | Panel discussion

14:35–15:10 | SESSION 6 — HOW DO WE STOP IT GOING WRONG?

14:35–14:45 | Surgical-site occurrence after AWR
Preventing wound infection, dehiscence, skin necrosis and seroma.

14:45–14:55 | Closing the abdomen - the last 30 minutes matter
Fascial closure, dead-space management, drains, quilting and closed-incision negative-pressure therapy.

14:55–15:10 | Panel discussion

15:10–16:55 | AWR PRACTICAL MASTERCLASS

Seven small-group dry-lab stations

15:10–16:55 | Rotating hands-on stations
Practical techniques, dry models, demonstration equipment and devices.

16:55–17:10 | Take-home messages
Ten things I will do differently on Monday morning. Faculty summary and key practical learning points from the day.

17:10–17:15 | Closing remarks

THURSDAY 7 JANUARY 2027

MORNING: THE DIFFICULT FUNTIONAL PELVIS

PELVIC FLOOR RECONSTRUCTION: PRECISION, PRESERVATION AND SALVAGE

07:45–08:20 | Registration and coffee

08:20–08:30 | Welcome and introduction to day 1
Joseph Nunoo-Mensah and Day 1 Co-Chair (TBC)

08:30–09:30 | SESSION 1 — RECTAL PROLAPSE: TAILORING THE OPERATION

Moderators: TBC

08:30–08:45 | The surgical pelvic-floor work-up
Which investigations genuinely change management? Physiology, defaecography, endoanal ultrasound and whole-pelvis assessment.

08:45–09:00 | External rectal prolapse: which rectopexy for which patient?
Ventral mesh, suture or resection rectopexy - matching the operation to anatomy, continence and constipation.

09:00–09:15 | Perineal operations are not only for frail patients
Delorme versus Altemeier: when a perineal approach is the best operation.

09:15–09:30 | Panel discussion

09:30–10:50 | SESSION 2 — INTERNAL RECTAL PROLAPSE AND ODS: OPERATE, REHABILITATE OR LEAVE ALONE?

Moderators: TBC

09:30–09:45 | When pelvic-floor surgery will fail
Dyssynergia, rectal hyposensitivity, chronic pain and unrealistic expectations.

09:45–10:00 | Internal rectal prolapse and obstructed defaecation
Who genuinely benefits from surgery - and who should not have an operation?

10:00–10:15 | Mesh in 2027: evidence, consent, governance and complication avoidance
A practical discussion for colorectal surgeons.

10:15–10:30 | How I do it - operative video: robotic ventral rectopexy
Safe planes, fixation, mesh selection, consent, governance and avoiding technical failure.

10:30–10:50 | Panel discussion

10:50–11:20 | Coffee break and exhibition

11:20–12:40 | SESSION 3 — FAECAL INCONTINENCE: RECONSTRUCT, STIMULATE OR SALVAGE?

Moderators: TBC

11:20–11:35 | The long-term consequences of OASI
Recognising occult injury, delayed symptoms and the right pathway for women with bowel dysfunction after childbirth.

11:35–11:50 | Faecal-incontinence phenotypes: a practical treatment algorithm
Stool optimisation, rehabilitation, physiology and the operative triggers that matter.

11:50–12:05 | Does sphincter repair still have a role in 2027?
Modern sphincteroplasty, delayed obstetric sphincter repair and when sacral neuromodulation is the better option.

12:05–12:20 | When neither sphincter nor nerve is the answer
Transanal irrigation, ACE, reconstruction and when a stoma restores quality of life.

12:20–12:40 | Panel discussion

12:40–14:10 | Lunch, networking and exhibition

AFTERNOON: RECTAL CANCER

14:10–16:00 | SESSION 4 — RECTAL CANCER IN 2027: THE RIGHT TREATMENT FOR THE RIGHT PATIENT

Moderators: TBC

14:10–14:25 | Total neoadjuvant therapy: universal standard or selective strategy?
Who really benefits - and who may be overtreated?

14:25–14:40 | dMMR/MSI-H rectal cancer and neoadjuvant immunotherapy
Can surgery safely be omitted?

14:40–14:55 | Contact X-ray brachytherapy - does Papillon have a role in 2027?

14:55–15:10 | R1 after local or endoscopic rectal resection - now what?

15:10–15:25 | Lateral pelvic lymph nodes - radiation, dissection or both?
Who needs lateral pelvic lymph-node dissection in 2027?

15:25–15:40 | The near-complete response
Wait longer, biopsy, local excise or operate?

15:40–16:00 | Panel discussion

16:00–16:30 | Coffee break and exhibition

16:30–17:50 | SESSION 5 — WHEN RECTAL CANCER TREATMENT DOESN'T FOLLOW THE TEXTBOOK

Moderators: TBC

16:30–16:45 | Salvage after organ-preservation failure and locally recurrent rectal cancer

16:45–17:00 | Local regrowth during Watch-and-Wait
Have we really lost the window for cure?

17:00–17:15 | Protecting autonomic nerve function during rectal cancer surgery
What can the surgeon actually do differently?

17:15–17:30 | The patient is cured, but cannot leave the house!
Prediction, prevention and treatment of low anterior resection syndrome.

17:30–17:50 | Panel discussion

17:50–17:55 | Day 1 take-home messages and closing remarks

FRIDAY 8 JANUARY 2027

MORNING: INFLAMMATORY BOWEL DISEASE 2027

MEDICINE & SURGERY SESSION | THE RIGHT TREATMENT AT THE RIGHT TIME

07:45–08:20 | Registration and coffee

08:20–08:30 | Welcome and introduction to day 2
Joseph Nunoo-Mensah and IBD Gastroenterology Co-Chair

08:30–10:05 | SESSION 1 — CROHN'S DISEASE: WHEN MEDICINE MEETS SURGERY

Moderators: Gastroenterologist + Colorectal Surgeon

08:30–08:45 | Medical management of Crohn's disease in 2027
When should we call the surgeon?

08:45–09:00 | Early surgery for isolated ileocaecal Crohn's disease
Has the 10-year LIRIC evidence changed practice?

09:00–09:15 | The Crohn's stricture
Medical therapy, balloon dilatation, stricturoplasty or resection?

09:15–09:30 | Preparing the high-risk Crohn's patient for surgery
Nutrition, steroids and advanced therapies.

09:30–09:45 | Kono-S, conventional anastomosis and the mesentery
What does the evidence support in 2027?

09:45–10:05 | Panel discussion

10:05–10:35 | Coffee break and exhibition

10:35–12:25 | SESSION 2 — COMPLEX IBD: PERIANAL DISEASE, COLITIS AND THE POUCH

Moderators: Gastroenterologist + Colorectal Surgeon

10:35–10:50 | Complex perianal Crohn's disease: getting the sequence right
Sepsis, setons and advanced therapy.

10:50–11:05 | MRI-defined healing in perianal Crohn's
What is success and when can the seton come out?

11:05–11:20 | After Alofisel
Is there a future for cell and tissue-based regenerative therapy?

11:20–11:35 | Acute severe ulcerative colitis: rescue therapy or surgery
Are we still operating too late?

11:35–11:50 | The failing pouch
Inflammation, Crohn's disease or a surgical problem?

11:50–12:05 | Fertility, sexual function and quality of life after IBD surgery
What every gastroenterologist and surgeon should discuss.

12:05–12:25 | Panel discussion

12:25–14:00 | Lunch, networking and exhibition

AFTERNOON: COLON CANCER

14:00–15:50 | SESSION 5 — COLON CANCER IN 2027: WHO NEEDS MORE THAN SURGERY?

Moderators: TBC

14:00–14:15 | Beyond conventional TNM staging
Identifying the high-risk colon cancer.

14:15–14:30 | FOxTROT and beyond
Who should receive neoadjuvant chemotherapy?

14:30–14:45 | Molecular profiling before colectomy
When should MSI, BRAF, POLE and other biomarkers change the treatment strategy?

14:45–15:00 | ctDNA after curative colon cancer surgery
Is it ready to guide adjuvant treatment and surveillance?

15:00–15:15 | Tailored surgery for right-sided colon cancer - beyond CME and central vascular ligation
Should every right-sided cancer have the same operation?

15:15–15:30 | Young-onset and hereditary colon cancer
Germline testing, extent of colectomy and implications for the patient and family.

15:30–15:50 | Panel discussion

15:50–16:10 | Coffee break and exhibition

16:10–16:25 | SESSION 6 — COMPLEX COLON CANCER SURGERY: WHEN THE OPERATION IS NOT STRAIGHTFORWARD

Moderators: TBC

16:10–16:25 | Operative video - the high-risk right colectomy
Right colectomy with CME/D3 dissection, central vascular control and intracorporeal anastomosis: how I do it and where it can go wrong.

16:25–16:55 | SESSION 7 — DDCRS DEBATE

16:25–16:55 | This house believes complete mesocolic excision with central vascular ligation should be the standard operation for all right-sided colon cancers

16:55–17:55 | SESSION 8 — CONSULTANT CORNER

16:55–17:55 | Consultant Corner

SATURDAY 9 JANUARY 2027

PELVIC FLOOR DIAGNOSTICS AND SACRAL NEUROMODULATION MASTERCLASS

08:25–08:30 | Welcome and introduction to masterclass

08:30–10:05 | SESSION 1 — FROM SYMPTOMS TO PHYSIOLOGY AND IMAGING

08:30–08:40 | How should we investigate the patient with pelvic floor dysfunction?

08:40–08:55 | Anorectal physiology in 2027
What tests do we actually need?

08:55–09:10 | High-resolution anorectal manometry
From the test to the London Classification.

09:10–09:30 | Physiology meets imaging: putting the pieces together
Integrating anal physiology, including THD Anopress, and THD EAUS - 360-degree transanal ultrasound into clinical assessment and treatment decisions (TBC).

09:30–09:45 | Beyond manometry
Balloon expulsion, rectal sensation and functional testing - what do they add?

09:45–10:05 | Interactive cases: physiology and imaging
What would you do next?

10:05–10:25 | Coffee break and exhibition

10:25–12:25 | SESSION 2 — ROTATING SMALL-GROUP HANDS-ON MASTERCLASS

Station 1 - High-resolution anorectal manometry (HRAM)
Practical demonstration of the HRAM system, catheter placement, standardised testing protocol, pressure topography and interpretation.

Station 2 - Anal physiology: THD Anopress
Practical assessment, measurements and interpretation using alternative physiology technology.

Station 3 - THD EAUS: 360-degree transanal ultrasound
Probe technique, sphincter anatomy, identification of sphincter defects and interpretation of images.

12:25–13:10 | Lunch, networking and exhibition

ISUCRS-MEDTRONIC SACRAL NEUROMODULATION EDUCATIONAL COURSE

13:10–14:40 | SESSION 3 — FROM DIAGNOSIS TO TREATMENT

13:10–13:25 | From investigation to treatment
Where does sacral neuromodulation fit?

13:25–13:40 | The history of sacral neuromodulation

13:40–14:10 | Sacral neuromodulation for bowel dysfunction
Patient selection, indications and where SNM fits within the treatment pathway.

14:10–14:40 | SNM surgical technique - basic principles
The procedural pathway and principles of successful implantation.

14:40–15:00 | Coffee break and exhibition

15:00–15:15 | SNM technique videos
Practical operative steps, tips and troubleshooting.

15:15–15:45 | SNM equipment and technology
Understanding the system, components and technology used in contemporary SNM.

15:45–16:30 | SESSION 4 — PRACTICAL SMALL-GROUP SESSIONS

Station 1 - PNE model workshop
Practical introduction to PNE technique and procedural principles.

Station 2 - Implant model workshop

Hands-on demonstration of implantation technique and equipment.

Station 3 - Postoperative management and programming

Follow-up, programming principles and practical patient management.

16:30–16:45 | SESSION 5 — CLOSING DISCUSSION AND QUESTIONS

How do I start and develop an SNS service in my own unit?

16:45–16:50 | Closing remarks

DRAFT PROGRAMME | The organisers reserve the right to amend the programme if required.