DU DE TECHNIQUES MICROCHIRURGICALES

www.diumicrochirurgie.com

**Créteil 13-22 Novembre 2023**

**Le cours permet au participant d'acquérir des techniques de base et avancées en microchirurgie vasculaire et nerveuse. Le cours intensif comprend un programme qui dure au moins 150 heures : 135 heures de pratique sur modèle animal (rat) et 15 heures de cours théoriques.**

**Les cours auront lieu à l’IUT de l’UPEC Bâtiment L1 porte 7, 5eme étage Code ascenseur 1476, IUT UPEC 61, avenue du Général de Gaulle, 94010 Créteil Cedex Arrêt métro (ligne 8) Créteil Université.**

**À la fin du cours, les compétences acquises seront évaluées à travers un test à choix multiples et un examen pratique. Les participants qui réussissent ces deux épreuves se verront décerner le Diplôme Universitaire en techniques de microchirurgie.**

**Tous les participants doivent rédiger un court mémoire/article en anglais (vous trouverez le template/schema à utilizer à la fin de ce document) sur l'un des sujets abordés ou sur une technique en particulier qui sera discutée pendant le cours. Ce travail pourra être envoyé même après la fin du cours à l'adresse e-mail suivante:** **simone.lapadula@unina.it** **. Les meilleurs travaux pourront être publiés sur la revue international PLASTIC RECONSTRUCTIVE & REGENERATIVE SURGERY - PRRS (**[**https://www.prrsjournal.com/about/submissions**](https://www.prrsjournal.com/about/submissions)**) en collaboration avec notre équipe.**

**Nous créerons un groupe WhatsApp pour partager du matériel pédagogique et des informations utiles avant le début du cours, donc veuillez dès maintenant envoyer vos coordonnées téléphoniques via un message WhatsApp au professeur La Padula au 0033615060354.**

**PROGRAMME**

LUNDI 13
Introduction à la microchirurgie, Utilisation correcte du microscope, Noeuds sur des compresses, Anastomoses sur konnyaku shirataki, Techniques de réparation vasculaire, Anatomie vasculaire du rat, Suture artérielle et veineuse término-terminale, Anastomose de l'aorte sous-rénale.

**MARDI 14**

Anastomose de la carotide et de la veine jugulaire externe.

**MERCREDI 15**

Anastomose de l'artère et de la veine fémorale, Anastomose término-terminale entre l'aorte et l'artère iliaque droite.

**JEUDI 16**

Greffe vasculaire : Greffe de la veine jugulaire externe sur l'aorte, Greffe de la veine épigastrique sur l'artère fémorale.

**VENDREDI 17**

Anastomose término-latérale, Pontage vasculaire.

**LUNDI 20**

Transplantation rénale. Anastomose des vaisseaux rénaux en TT et TL.

FREE TRAINING

**MARDI 21**

Lambeau inguinal microchirurgical anastomosé du côté controlatéral aux vaisseaux fémoraux et aux vaisseaux cervicaux (carotide et veine jugulaire).

**Free training**

**MERCREDI 22**

**EXAMEN PRATIQUE.**

INTERNATIONAL MICROSURGERY DIPLOMA

SITO WEB: www.diumicrochirurgie.com

**NAPOLI 8-19 MAGGIO 2023**

The course allows the participant to acquire basic and advanced techniques in vascular and nervous microsurgery. The intensive course includes a program that takes place over at least 150 hours: 135 hours of exercise on animal models (rats) and 15 hours of theoretical courses.

For the University Diploma of Paris, the courses are held at the IUT of the Université Paris XII. At the end of the course, the acquired competencies will be evaluated through a multiple-choice test and a practical exam. Participants who pass both tests will be awarded a University Diploma in microsurgical techniques. **All participants must write a brief thesis/article (you will find the template that must be used at the end of this document) on one of the topics covered or on a particular technique that will be discussed during the course.** This work can also be sent after the end of the course to the following email address: simone.lapadula@unina.it. The best papers will be considered for publication in the international journal PLASTIC RECONSTRUCTIVE & REGENERATIVE SURGERY - PRRS (<https://www.prrsjournal.com/about/submissions>) in collaboration with our team.

**DUTM PROGRAMME** 🇬🇧

MONDAY NOVEMBER 13 Introduction to microsurgery, Proper use of the microscope, Knots on gauze, Anastomosis on konnyaku shirataki, Vascular repair techniques, Vascular anatomy of the rat, End-to-end arterial and venous sutures, Subrenal aorta anastomosis.

TUESDAY, NOVEMBER 14 Anastomosis of the carotid and external jugular vein.

WEDNESDAY, NOVEMBER 15 Anastomosis of the femoral artery and vein, End-to-end anastomosis between the aorta and the right iliac artery.

THURSDAY, NOVEMBER 16 Vascular grafting: External jugular vein graft to the aorta, Epigastric vein graft to the femoral artery.

FRIDAY, NOVEMBER 17 End-to-side anastomosis, Vascular bypass.

MONDAY, NOVEMBER 20 Renal transplant. Renal vessel anastomosis in TT and TL. Free training.

TUESDAY, NOVEMBER 21 Microsurgical inguinal flap anastomosed on the contralateral femoral and cervical vessels (carotid and jugular vein). Free training.

WEDNESDAY, NOVEMBER 22 **PRACTICAL EXAM.**

**TEMPLATE FOR THE ARTICLE (MEMOIRE)**

# Template to prepare your manuscript for submission to Plastic Reconstructive & Regenerative Surgery (PRRS). We are now requesting a greater degree of conformity due to the ever-increasing number of papers being submitted to assist in the reviewing and publication process for the benefit of our readers. PLEASE PAY CAREFUL ATTENTION TO THE AUTHOR GUIDELINES

# Using This Template

The template consists of essential headings along with body text explaining what to include in each section. You can overwrite (or copy and paste (paste special – unformatted text) the body text with the corresponding text of section for your article. Obviously, add other headings as needed, and delete the examples and unnecessary text. Please adhere to the font size and type. Finally, please use British grammar and spelling, e.g.: tumour, colour, analyse. While accepted articles will be copy edited for consistency, authors should make every effort to submit a manuscript that is grammatically correct, which will also aid in the review process. Please pay attention to correct use of decimals (e.g. 1.37, and not 1,37). Articles not meeting general stylistic criteria upon submission may be returned to the authors for additional modification.

Be sure to display line numbers (1, 2, 3, and so forth) in the left margin of the manuscript as we have shown in this template. (Line numbering can be added from the Page Setup or Format menu of word processing programs). The line numbering should be continuous throughout the entire manuscript, from the first page through final page (i.e., do not begin numbering from 1 again at the top of each page). Pages should be numbered at the bottom right of the page.

**FIRST PAGE OF THE MANUSCRIPT**

**Title**

**English title:** the title (max 100 characters spaces included) should be specific to the study yet concise, and should allow easy electronic retrieval of the article. It should be comprehensible to readers outside your field. Avoid specialist abbreviations if possible.

**Running title:**

Provide a short comprehensive title of no more than 100 characters spaces included.

**Authors**

Please list all the authors, provide the first names and surnames, and affiliations (use numbers or symbols in superscript when more departments have been involved). Add a maximum of three academic degrees (e.g. MD, PhD).

e.g: Mario Rossi1, Francesco Bianchi\*

**Affiliation(s)**

Department, university or organization, city, state/province (if applicable), and country - for all authors.

**Type of Article**

* Categorise your article in one of the following types: *Original Article, Clinical trials; Cohort studies; Case-control studies; Case series studies; Systematic review (Meta-analysis); Case reports; Letters.*

**Section**

Authors can choose between reconstructive and regenerative & Aesthetic plastic surgery, distributed into 9 sections:

* **Breast Oncology** ((Breast cancer, Mastectomy, Breast-conserving therapy for breast cancer, Genetic in breast cancer, Radiation therapy, Surgical strategies for breast cancer risk reduction)
* **Breast** **Reconstruction** (Autologous Breast Reconstruction; Implant-based Breast Reconstruction, Oncoplastic Surgery, Congenital breast deformities, Lymphedema and lymph node transplantation, New technologies for breast surgery, Oncologic considerations associated with breast reconstruction)
* **Aesthetic** (Face, Liposuction, Botox/fillers, Laser, Keloids, Body contouring Genital surgery, Rhinoplasty, Periorbital Surgery)
* **Regenerative** (Fat transfer, Platelet rich plasma (PRP), Wound healing, Stem cell biology, Vascular biology, Tissue engineering)
* **Reconstructive** (Upper Extremity, Lower Extremity, Trunk, Burns)
* **Reconstructive Head and Neck** (Oral Cavity, Tongue, Mandible, Maxilla, Orbital Reconstruction, Facial Reconstruction, Scalp Reconstruction)
* **Hand/Peripheral Nerve** (Congenital, Carpal tunnel, Dupuytren’s disease, Fractures, Nerve graft, Tendons)
* **Craniofacial/Pediatric** (Cleft lip palate, Atrophy/hypoplasia conditions, Fractures; Maxillofacial surgery, Microtia, Craniosynostosis)
* **Research** (Deep venous Thrombosis, Tissue allotransplantation; Ischemia/reperfusion, Neurophysiology, Biomaterials, Medicolegal, Migraines, Anatomy, Antibiotic and infectious diseases, Economic considerations)

**Corresponding author**

Please enter information for the Corresponding author: Name and Surname, complete mailing address, telephone and fax numbers, e-mail address.

From here onwards, the paper should be written with line spacing of 1.5.

**Summary**

The abstract should not exceed 250 words or 1.700 characters including spaces and should be clear and concise. See specific instructions for article categories for further indications.

**Key words**

Provide 5 to 10 key words using Mesh terms for indexing purposes.

**MAIN BODY OF MANUSCRIPT FOR ORIGINAL ARTICLES, CLINICAL TRIALS, COHORT STUDIES, CASE-CONTROL STUDIES, CASE SERIES STUDIES**

For other article types (*Review article/Meta-analysis*, *Case Report, Letters)* see “Specific instructions for article categories”, in the Author Guidelines.

Text should not exceed 3000 words or 20.000 characters including spaces from the Introduction to the Conflict of Interest Statement. The summary should not exceed 250 words or 1.700 characters and should be structured in: Objective, Methods, Results, Conclusions.

**Introduction**

The introduction should put the focus of the manuscript into a broader context, and keep in mind readers who are not experts in the field. The introduction should conclude with a brief statement of the overall aim of the study.

1 Citations should be included in order of appearance with numbers in superscript.

**Materials and methods**

This section should provide enough details to allow full replication of the study by suitably skilled investigators.

**If your study involves human or animal subjects or records of human patients, you MUST have obtained ethical approval. Ethical approval or exemption are required for retrospective studies on patients’ records. Please state in the “Ethical consideration” section, at the end of the textwhether ethical approval was given, by whom and the relevant Judgement’s reference number).**

**Results**

The results section should provide details of all the data that are required to support the conclusions of the paper. There should be a brief introduction of each section and end with a summarising sentence of the main findings without discussion. The section may be divided into subsections, each with a concise subheading (in *italics*).

We recommend that the results section be written in the past tense.

**Discussion**

Include a review of the key literature. If there are relevant controversies or disagreements in the field, they should be mentioned so that a non-expert reader can delve into these issues further. The discussion should consider the major conclusions of the work along with some explanation and/or speculation on their significance. How do the conclusions affect the existing assumptions and models in the field? How can future research build on these observations? What are the key experiments that remain? The discussion should be concise with solid arguments.

**Conclusions**

Conclusions and hypotheses should be firmly established/supported by the data presented, and any speculations should be clearly identified as such. No new data should be presented in the discussion.

**Ethical consideration**

All manuscripts submitted to *PRRS* must include a statement detailing this, including the name of the ethics committee and the reference number where appropriate. In case a study has been granted an exemption from requiring ethics approval, this should be detailed in the manuscript, together with the name of the ethics committee that granted the exemption.
Manuscripts may be rejected if the Editor considers that the research has not been carried out within an appropriate ethical framework.

If a study has not been submitted to an ethics committee prior to commencing, retrospective ethics approval usually cannot be obtained, and it may not be possible to consider the manuscript for peer review. How to proceed in such cases is at the Editor(s)’ discretion.

Authors will be expected to have obtained ethics committee approval and informed patient consent for any experimental use of a novel procedure or tool where a clear clinical advantage based on clinical need was not apparent before treatment.

For retrospective/protocol studies in which only aggregate data (e.g., incidences of TB in a certain region) are analysed, the Ethical Approval by an appropriate Committee is usually not required, as the data cannot be traced back to specific patients.

**Acknowledgements**

Within this section, list those contributors who have not met the authorship criteria.

**Funding**

Authors should describe in the “Funding” section, at the end of the manuscript, all funding sources (e.g. full name of funding organizations, grant numbers). The role of the sponsor, if any, in the study design, in the acquisition analysis and interpretation of data, in drafting the manuscript should be briefly described. If the sponsor has not been specifically involved in the research this should be stated.

**Conflict of interest**

Authors must fully disclose any existing or potential conflicts of interest of a financial, personal or any other nature that could affect or bias their research. If applicable, authors are also requested to describe the role of the finding source(s) in the study design, data acquisition, analysis, interpretation, and writing of the manuscript. No potential conflicts of interest must also be explicitly stated.

**Authors’ contributions**

The individual contributions of authors to the manuscript should be specified in this section.

**REFERENCES**

See “Specific instructions for article categories” in the Author Guidelines for number of references required.

References should be limited to the most essential and relevant, published allegedly in the last decade, identified in the text with consecutive numerals (with numbers in superscript) and listed at the end of the manuscript in the order in which they are cited (use the numbering function of your word processor – do not number by hand).

Only published or accepted manuscripts should be included in the reference list. Meeting abstracts, conference presentations or papers that have been submitted but not yet accepted should not be cited. Limited citation of unpublished work should be included in the body of the text only.

Multiple citations in the body of the text should be separated by commas. Where there are more than three sequential citations, they should be given as a range. Example: “... has been shown previously 1,4-8,22”. Make sure the parts of the manuscript are in the correct order before ordering the citations.

The format of the references listed at the end of the article should conform with the examples indicated below. For papers with more than three authors only the first three authors must be indicated, followed by “et al.”. Abbreviate journal names as in Index Medicus.

**DOI NAME MUST BE INCLUDED WITH EACH REFERENCE (when available).**

Examples of the correct format for citation of references:

Journal article: Shapiro AMJ, Lakey JRT, Ryan EA, et al. Islet transplantation in seven patients with type 1 diabetes mellitus using a glucocorticoid-free immunosuppressive regimen. N Engl J Med 2000;343:230-238 https:// doi.org/10.14639/0392-100X-1583

Books: Smith DW. Recognizable patterns of human malformation. Third Edition. Philadelphia: WB Saunders Co. 1982.

Chapters from books or material from conference proceedings: Krmpotic-Nemanic J, Kostovis I, Rudan P. Aging changes of the form and infrastructure of the external nose and its importance in rhinoplasty. In: Conly J, Dickinson JT, Eds. Plastic and reconstructive surgery of the face and neck. New York, NY: Grune and Stratton 1972. p. 84

**TABLES**

See “Specific instructions for article categories” in the Author Guidelines for number of tables required.

Tables should be typewritten and numbered consecutively with Roman numerals at the end of the text after the references. The same data should not be presented twice, both in the text and tables. Each table should have above a brief title and be self-explanatory and be cited in the text (Tab. I, Tab. II, etc.). The table should be supplement the material in the text rather than duplicate. Insert any notes at the end of the table. Explain all the abbreviations.

**FIGURES**

See “Specific instructions for article categories” in the Author Guidelines for number of figures required.

Figuresshould be uploaded in separate files. Do not include the figures in the text file but cite them only, numbered consecutively with Arabic numerals (Fig. 1, Fig. 2, etc.). Figure legends should be indicated at the end of the text file and allow the reader to understand the figures without reference to the text. All symbols used in figures should be explained. Remove any information that can identify a patient. Deduct from the text 1,250 characters including spaces for figures a quarter of a page in size, 2,500 characters including spaces half a page in size and 5,000 characters including spaces entire page in size. Software and format: preferably send images in .TIFF or .JPEG format, resolution at least 300 dpi. Composed figures must be saved as a single file in .JPEG or .TIFF format with a resolution of at least 300 dpi. The individual images within a compound figure must all have the same size (IMPORTANT: maximum dimension for each single file/image is from minimum of 800 kb to maximum of 2 Mb).

**VIDEOS**

Video files (file extensions accepted will be *.wmv* and *.mp4*, formatted with a screen size no smaller than 320 x 240 pixels, no longer than 5 minutes in length. Any video submission more than 30 seconds in length must have English-language subtitles or narration.

**AUTHORSHIP STATEMENT FORM**

The Authorship Statement form should be filled in, signed by the Corresponding Author (who accepts direct responsibility for the manuscript in agreement with all authors), saved as .pdf and uploaded during the submission process. It is not the role of editors to make authorship/contributorship decisions or to arbitrate conflicts related to authorship.