



ST. ELISABETH GRUPPE 
KATHOLISCHE KLINIKEN RHEIN-RUHR

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Because of the limited number of participants only those can be registered, who receive a confirmation from the organization office. You will receive detailed payment information together with the confirmation from our organization office.

Registration:
www.riwospine.com

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Organization Office:

RIWOspine GmbH
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Course Location:

Center for Spine Surgery and Pain Therapy,
Center for Orthopaedics and Traumatology
of the St. Elisabeth Group -
Catholic Hospitals Rhein-Ruhr,
St. Anna Hospital Herne
Hospitalstr. 19,
44649 Herne, Germany

Hotels:

For hotel information and booking please
contact the organization office.

CME Certification:

Certified for CME credit points.

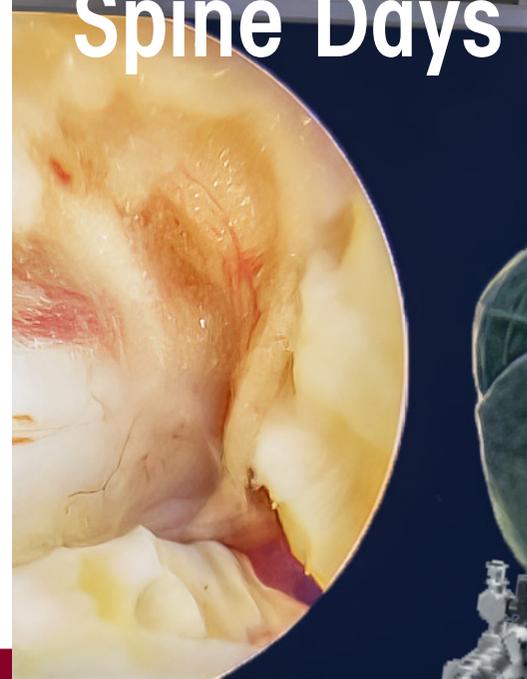
Language:

All lectures, presentations and
discussions will be conducted in **English**.

Course fee:

EUR 180,- + VAT

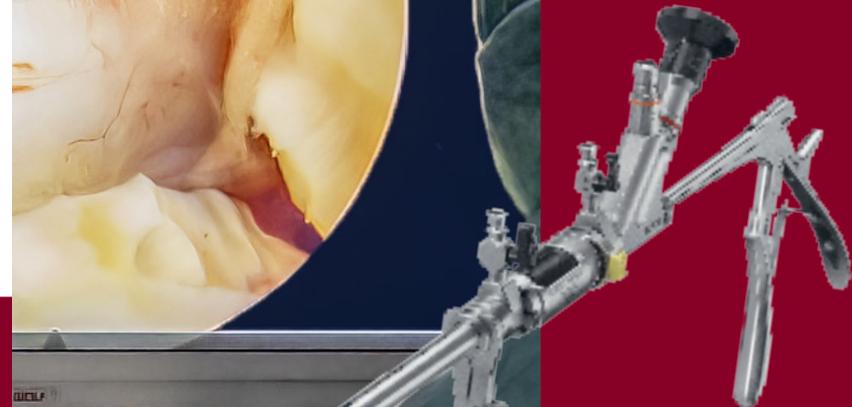
Global Endoscopic Spine Days



RIWOSPINE
A Richard Wolf Company

International Symposium

for full-endoscopic surgery
of the lumbar, cervical,
and thoracic spine



May 12th, 2023

9:00 - 17:00 h

Herne, Germany



ST. ELISABETH GRUPPE 
KATHOLISCHE KLINIKEN RHEIN-RUHR

Invitation

Dear Colleagues,

The therapy of degenerative diseases of the spine carries with it medical and socio-economic problems. After conservative measures are exhausted and where there are exacerbated pain conditions or neurological deficits, a surgical procedure may become necessary. Despite good therapy results, consecutive damage may ensue due to traumatisation. It is therefore of particular importance to optimize these procedures on a continuous basis. The goal we should strive for is the minimisation of surgically induced traumatisation and negative longterm consequences, taking into account the existing quality standard.

Minimally invasive techniques can reduce tissue damage and its consequences. Endoscopic surgeries demonstrate advantages which have raised these procedures to the standard in various medical areas. On the lumbar spine, as a result of the development of the interlaminar and lateral transforaminal access, the spinal canal with its adjoining structures can be reached full endoscopically. Technical problems have been solved by special rod-lens endoscopes with a large intra-endoscopic working channel and appropriate instruments. Working under a continuous stream of liquid offers options which have proved their worth in arthroscopic surgery through long experience. In the area of the cervical spine anterior or posterior access is possible.

Today, the combination of the new surgical access routes with the technical developments makes possible a full-endoscopic methodology coupled with excellent visibility which, taking into account the indication criteria, carries with it the advantages of a truly minimally invasive procedure and is sufficient, low in complications and economic. Principal indications are disc herniations, spinal canal stenosis and intradiscal procedures such as the introduction of implants.

Full-endoscopic surgeries are an addition and an alternative within the overall concept of spinal surgery. Nevertheless, because of clear indications and boundaries, open and maximally invasive procedures are necessary. These must be mastered by the spinal surgeon in order, while taking into account the respective pathology, to be able to offer the appropriate procedure as well as cope with problems and complications of full-endoscopic surgeries.

In order to be able to visualize the exact position in the space at any time during the surgery, detailed knowledge of the anatomy is a prerequisite. In addition, for the three-dimensional understanding of the anatomical and pathological structures, the imaginary linking of different imaging procedures and their sectional planes is necessary. This applies in particular to endoscopic techniques in which the direct visual reference between surgical access and working on the spot is lacking.

Having regard to the considerable demand for national and international training courses we hope we have pinpointed your field of interest in the enclosed program and would be happy to welcome you as a participant at our symposium and at the dinner.



Priv.-Doz. Dr. med.
Sebastian Ruetten



Dr. med. Martin Komp

Program

International Symposium

for Full-endoscopic Surgery of the Lumbar, Cervical and Thoracic Spine

08:30 h Registration

09:00 h **Welcome and Introduction**
D. Goethel, S. Ruetten, M. Komp

Lumbar spine:

09:10 h **The full-endoscopic foraminal approach in disc herniations – Technique and indications of trans-, intra-, and extraforaminal lateral approach**
S. Ruetten, M. Komp

09:40 h **Discussion**

09:50 h Instructional Video
Full-endoscopic surgery with lateral transforaminal access in a disc herniation
S. Ruetten, M. Komp

10:20 h **Break**

10:35 h **The interlaminar full-endoscopic approach in disc herniations – State of the art, possibilities and limitations**
M. Komp, S. Ruetten

11:00 h **Discussion**

11:10 h Instructional Video
Full-endoscopic surgery with interlaminar access in a disc herniation
M. Komp, S. Ruetten

11:40 h **Full-endoscopic decompression in lateral and central stenosis – Application of the interlaminar and foraminal approach**
S. Ruetten, M. Komp

12:10 h **Discussion**

12:20 h **Lunch**

13:15 h **Access information for full-endoscopic surgery of the lumbar spine – Criteria for the foraminal and interlaminar technique**
M. Komp, S. Ruetten

13:30 h **Complications (dural and nerve injury) in full-endoscopic decompression – How to reduce and how to manage**
S. Ruetten, M. Komp

13:50 h **Discussion**

14:00 h **Case presentation**
selected participants

14:45 h **Break**

Cervical spine:

15:00 h **The full-endoscopic surgery of the cervical spine with anterior and posterior access – Possibilities and limitations**
M. Komp, S. Ruetten

15:25 h **Discussion**

15:35 h Instructional Video
Full-endoscopic surgery with posterior approach in a disc herniation
M. Komp, S. Ruetten

Thoracic spine:

16:05 h **Operation of thoracic disc herniations and stenosis in the full-endoscopic technique – Interlaminar, foraminal, and transthoracic access**
S. Ruetten, M. Komp

16:25 h **Discussion**

17:00 h **Closing**
D. Goethel, S. Ruetten, M. Komp