

PALES OPEN GUIDELINES

Important

1. Eliminations for the PALES Open are to be held on July 14, 2022, at the Palawan Room at the EDSA Shangri-La Hotel at 1300-1500H.
2. Registration begins at 1230H followed by a brief orientation.
3. Participants must have registered for the convention
4. For inquiries please contact the PALES Secretariat at pales_06@yahoo.com or 09176002073.

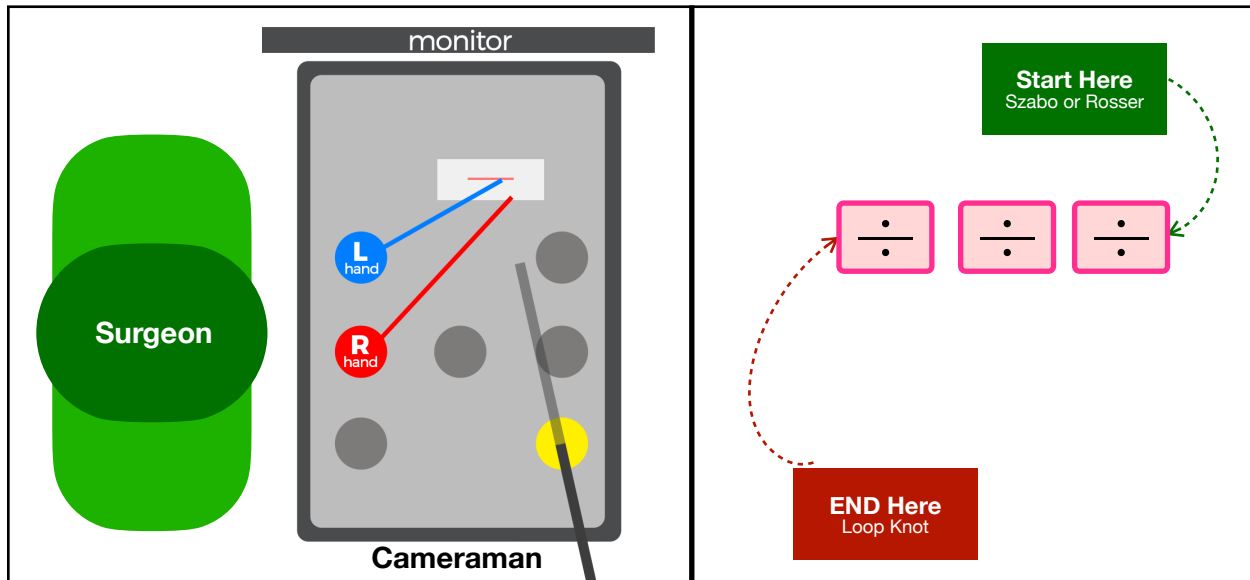
The PALES Open Contestant:

1. A contestant of the PALES Open may be a surgeon of any specialty, in-training or practicing.
2. The surgeon MUST have pre-registered for the PALES Annual Convention 2022 prior to joining the PALES Open.
3. The organizing committee encourages participating surgeons to bring anyone who can act as a cameraman when the surgeon is performing the task. The cameraman must also be registered in the PALES Annual Convention.
4. If the contestant cannot bring a cameraman, he or she will either be paired with another contestant who will act as a cameraman or one of the staff members of the organizing committee.

General Rules During The Contest:

1. The PALES Open is a single-skill, best-time competition.
2. Only one of four advanced laparoscopic skills will be used during the whole elimination
3. The choice of which skill will be done using The Wheel of Fortune. The organizing committee will use a randomizing app to digitally simulate the wheel of fortune.
4. Participation in the elimination is first come, first served basis.
5. Only the contestant in line, together with their cameraman are allowed at the game zone
6. Contestants are to start only when the judge is present and has given the go signal
7. The total time clocked is the time when the contestant starts the clock and until the time he stops the clock. Time penalties will be added by the judges.
8. A contestant is given a maximum of 10 minutes to finish the skill. Beyond this time, the contestant is disqualified.
9. The flow of the contestant should follow this order: start the clock -> pick up instruments -> execute the skill -> remove instruments -> stop the clock
10. Any deviation to the aforementioned pattern warrants disqualification
11. All sutures to be used shall be only 20cm in length
12. If the contestant prematurely finishes a task, the judge will give a single verbal warning of "incomplete task". Should the contestant continue the task and stops the clock despite the warning, a penalty is incurred
13. Should the contestant deem his or her skill execution is erroneous, they are given a single lifeline suture so that they may repeat the skill. He or she must, however, remove the previous sutures from the field prior to using the lifeline suture. The contestant's time will continue to
14. Teams joining are free to use any combination of available hand instruments at the contest in any of the skills. They are also allowed to bring their own equipment, at their own risk.
15. Care to any of the equipment should also be a priority among participants. As such, improper use or damage to the instrumentation warrants disqualification.
16. Three contestants with the fastest times will proceed to the championship the following day.

SUTURING IN THE VERTICAL PLANE



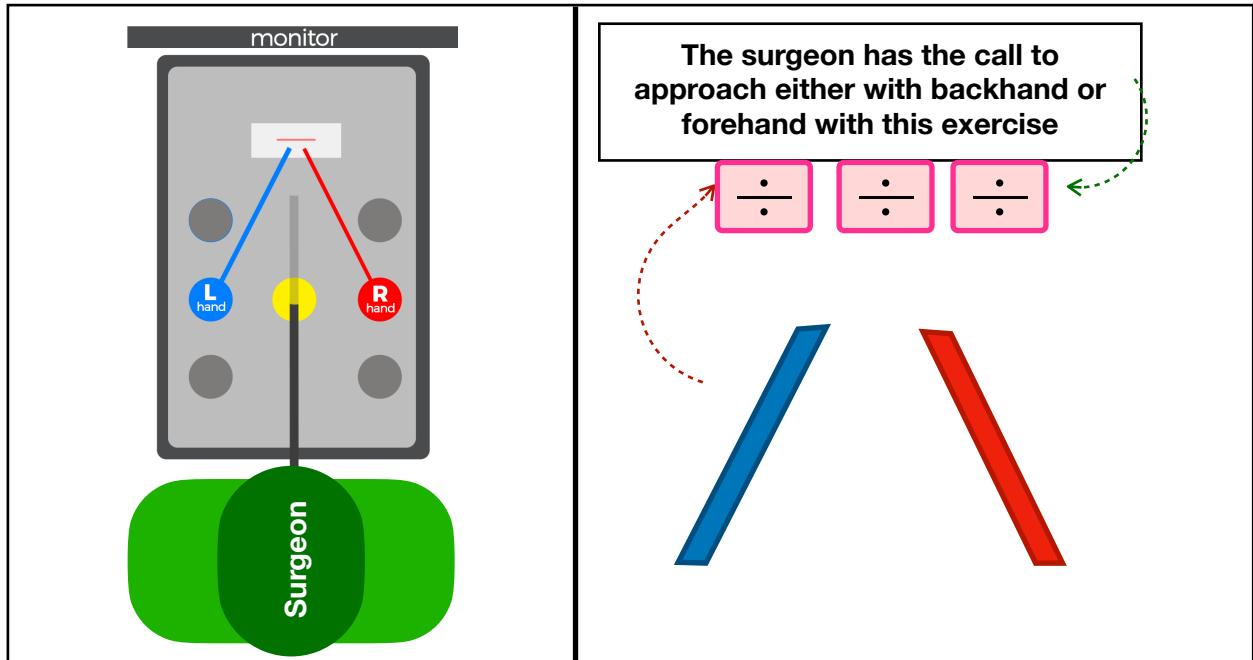
Description:

Suturing in the vertical plane simulates instances that the surgeon is located at the right side of the patient and the camera is located lateral to both of the working ports. This creates a more ergonomic orientation for the surgeon at the expense of maximum visualization. The entry of the needle is ideal for the surgeon since the hand instruments are parallel to the incision line. However, as seen the monitor, viewers will note that the the right hand instrument is closer to the camera which would sometimes partially obstruct the view. Execution of the knot is also slightly different because of the less ideal viewing angle. It will now be more of a piston-like motion rather than spreading motion.

Objectives:

1. The surgeon is at the located at the left side of the table. The camera man is at the back facing the monitor.
2. Port placements as indicated in the image above
3. Once the surgeon taps the timer, he or she can begin picking up the instruments and perform the task
4. The surgeon must execute a three interrupted intracorporeal suturing technique that closes the incision located at the tissue sample. He or she begins the bite at the right farthest edge of the incision, closing with either a Rosser or a Szabo technique. The contestant must then proceed with at least three more bites, with the last bite closing the suturing by doing a loop knot.
5. The surgeon proceeds in cutting the first suture to proceed to the second tissue sample. He or she must continue using the remaining suture.
6. The surgeon finishes the exercise by cutting the suture and returning the instruments to the original position and stopping the clock

SUTURING PERPENDICULAR TO THE INCISION



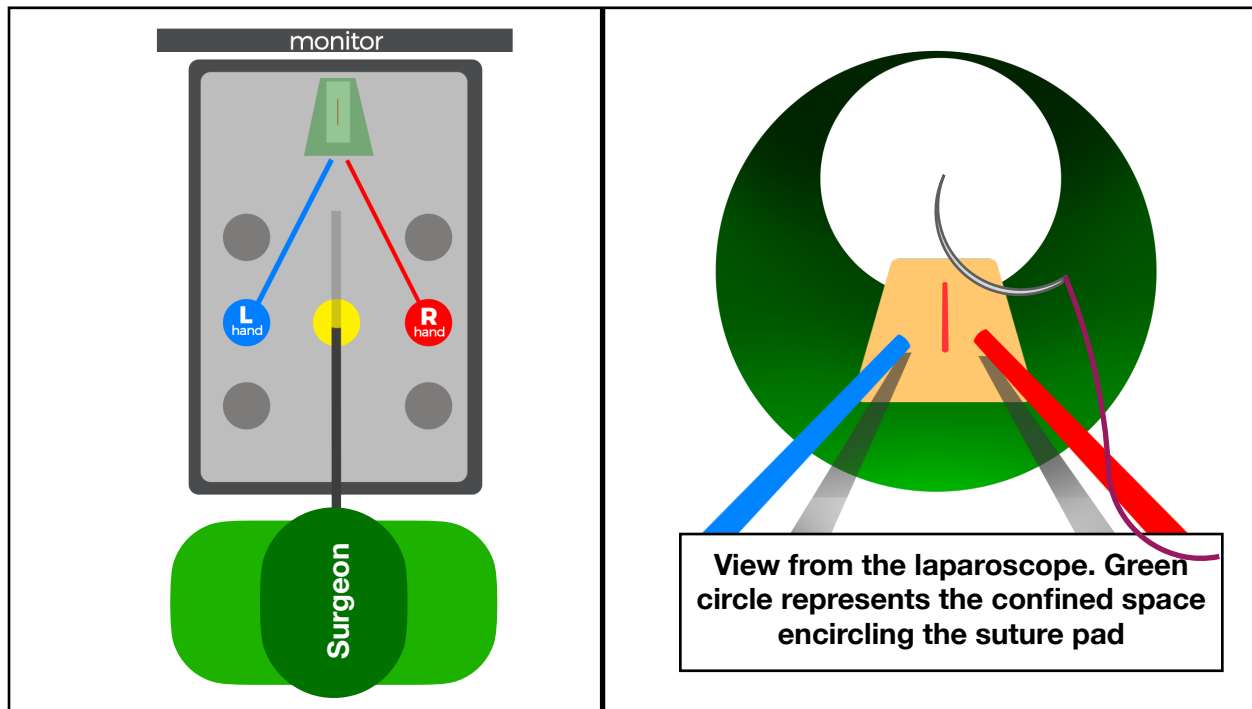
Description:

This situation occasionally occurs even in the simpler laparoscopic procedures, the port placements are ideally placed with the camera in the middle of the working ports but the incision line is perpendicular to the orientation of the hand instruments. Surgeons make novel approaches using the basic suturing equipment available. Truly a test of skill and patience.

Objectives:

1. The contestant is behind the lap box with the monitor in front. Both working ports are lateral to the optical port which is located exactly at the middle. The cameraman will stand at either side of the surgeon
2. The contestant will then close the incision from either side they choose. The surgeon must execute a three interrupted intracorporeal suturing technique that closes the incision located at the tissue sample. The first bite should be closed with either a Rosser or a Szabo technique. The contestant must then proceed with at least three more bites, with the last bite closing the suturing by doing a loop knot.
3. The suture is cut and the contestant proceeds doing the second suturing media using the same suture.
4. The surgeon finishes the exercise by cutting the last suture and returning the instruments to the original position and stopping the clock

SUTURING THROUGH A CONFINED SPACE



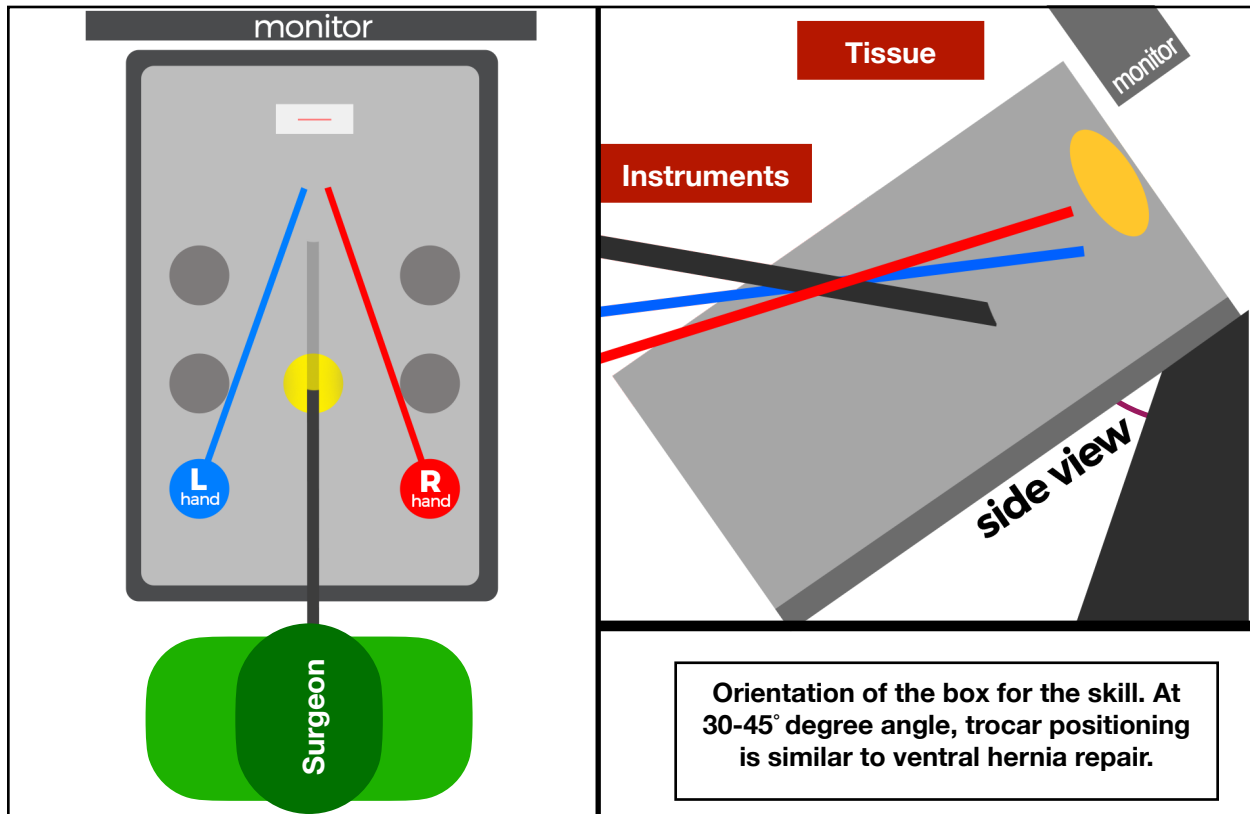
Description:

There are certain situations in laparoscopy that put the operative into a very small viewing and working space. Surgeries within the pelvis or underneath the retrogastric space. Within this confined space, the limitations of movement and visualisation also become apparent. In this exercise, the confined space is simulated by placing a cylinder around the suturing pad. The surgeon has to make adjustments in applying the knot because of the limited freedom of motion.

Objectives:

1. The contestant is behind the lap box with the monitor in front. Both working ports are lateral to the optical port which is located exactly at the middle. The cameraman will stand at either side of the surgeon
2. The contestant will then close the incision from the side furthest from him or her. The surgeon must execute a continuous intracorporeal suturing technique that closes the incision located at the tissue sample. The first bite should be closed with either a Rosser or a Szabo technique. The contestant must then proceed with at least three more bites, with the last bite closing the suturing by doing a loop knot
3. The surgeon finishes the exercise by cutting the suture and returning the instruments to the original position and stopping the clock

SUTURING THE ANTERIOR WALL



Description:

A technically demanding skill that occurs when surgeons are performing laparoscopic ventral hernia repairs and even inguinal hernia repairs. The position of the suture line is located above eye level, requiring the surgeon to apply uncommon movements to perform suturing. This exercise is one of the four skills used for the PALES Open.

Objectives:

1. The contestant is behind the lap box with the monitor in front. Both working ports are lateral to the optical port which is located exactly at the middle. The cameraman will stand at either side of the surgeon
2. The contestant will then close the incision from the side furthest from him or her. The surgeon must execute a continuous intracorporeal suturing technique that closes the incision located at the tissue sample. The first bite should be closed with either a Rosser or a Szabo technique. The contestant must then proceed with at least three more bites, with the last bite closing the suturing by doing a loop knot
3. The surgeon finishes the exercise by cutting the suture and returning the instruments to the original position and stopping the clock