

[TSPEN 活動學分申請]

(各節) 課程基本資料表

(一) 課程資料

講題	(中文) 術後加速康復在大腸直腸手術的執行
	(英文) ERAS implementation for colorectal surgery
日期/時間	2025/07/19 14:05~14:30
摘要 (請勿超過 500 字)	<p>As colorectal surgeons, we are constantly balancing surgical outcomes with patient recovery and satisfaction. The Enhanced Recovery After Surgery (ERAS) protocol provides a structured, evidence-based framework that improves all three. At Cathay General Hospital, our department has implemented a comprehensive ERAS program specifically tailored to colorectal procedures, leading to measurable improvements in recovery metrics and patient care quality.</p> <p>This session will present our experience in implementing ERAS, with a focus on its multidisciplinary structure from preadmission counseling to discharge follow up. We will share data-driven outcomes, including reduced intraoperative fluid use, lower rates of postoperative ileus, shorter nasogastric tube duration, and decreased overall hospital stay. We'll also address protocol adjustments based on local practice, such as selective use of bowel prep, and evolving recommendations on analgesia, fluid management, and early mobilization.</p> <p>Participants can expect to gain:</p> <ul style="list-style-type: none">● A surgeon's practical guide to integrating ERAS into daily colorectal surgical practice● A detailed overview of ERAS protocol and its clinical outcomes● Solutions to common barriers in implementation, including staff alignment and patient adherence● Lessons learned in tailoring protocols for elderly patients and high risk populations <p>The goal is to provide a realistic, field-tested approach to ERAS that improves efficiency, reduces complications, and enhances the surgical experience for both patients and the care team.</p>

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	服務單位	職稱	教學年資	實務年資	研究年資
現 職	國泰綜合醫院大腸直腸	外科主任	15	15	15
經 歷 (至多5項)	美國克里夫蘭醫院(Cleveland Clinic)佛州分院研修(2002)				
專 長	大腸直腸手術、ERAS				
特殊成就					
備 註					

[TSPEN 活動學分申請]

(各節) 課程基本資料表

(一) 課程資料

講題	(中文) 大腸直腸圍手術過程中營養所扮演的角色
	(英文) The role of Peri-operation nutrition support for colorectal surgery
日期/時間	2025/07/19 14:30~14:55
摘要 (請勿超過 500 字)	<p>Malnutrition remains one of the most significant and correctable risk factors in colorectal surgery. Within the ERAS framework, peri-operative nutrition is not optional; it's integral to reducing surgical stress, enhancing immune function, and promoting recovery. According to ESPEN guidelines, appropriate nutrition support, including the selective use of parenteral nutrition (PN), is essential for optimizing outcomes in patients unable to meet nutritional needs enterally.</p> <p>This presentation will outline the role of peri-operative nutrition in colorectal surgery, focusing on identifying malnutrition risk early, initiating preoperative nutritional support when indicated, and applying a structured feeding strategy postoperatively. While early oral intake is preferred, many patients, especially those with delayed gastric emptying, ileus, or major resections may require PN to prevent energy deficit and preserve lean body mass. Rather than being a last resort, PN should be viewed as a proactive intervention in high risk or nutritionally depleted patients.</p> <p>Key takeaways will include:</p> <ul style="list-style-type: none">● ESPEN-based indications for initiating peri-operative PN● How to balance early enteral nutrition with the timely use of PN● Practical strategies for assessing energy and protein requirements peri-operatively● The impact of tailored nutrition including PN on complication rates and recovery speed <p>By treating nutrition as a critical part of the surgical plan, including when to escalate to parenteral support, we can improve surgical resilience and reduce avoidable setbacks in colorectal surgery.</p>

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	服務單位	職稱	教學年資	實務年資	研究年資
現 職	高雄醫學大學附設中和紀念醫院大腸直腸外科	主治醫師	8	8	8
經 歷 (至多5項)	高雄醫學大學附設醫院胃腸及一般外科	主治醫師	3	3	3
專 長	大腸直腸手術、營養				
特殊成就					
備 註					

[TSPEN 活動學分申請]

(各節) 課程基本資料表

(一) 課程資料

講題	(中文) 連動床如何改善機器人大腸直腸手術的流程
	(英文) How “Integrated Table Motion” improves the workflow of robotic colorectal surgery
日期/時間	2025/07/19 15:25~15:50
摘要 (請勿超過 500 字)	<p>Robotic colorectal surgery continues to evolve, but one persistent challenge remains: maintaining optimal patient positioning throughout multi-quadrant procedures. The integration of the TS7000dV surgical table with the Da Vinci Xi system via Integrated Table Motion (ITM) has become a key advancement in solving this issue. ITM enables dynamic, real-time table repositioning during surgery without undocking the robot, enhancing surgical access and workflow efficiency.</p> <p>This session explores how ITM with the TS7000dV system improves intraoperative flexibility, reduces setup time, and supports safer, more ergonomic procedures. Clinical case examples will demonstrate how integrated positioning benefits procedures such as low anterior resection, high ligation of vessels, and splenic flexure mobilization where multiple anatomical zones must be accessed seamlessly.</p> <p>Attendees will gain:</p> <ul style="list-style-type: none">● A practical understanding of how ITM functions in colorectal robotic workflows● Real-world case examples showing how dynamic positioning improves visualization and access● Discussion of operative time, patient safety, and team coordination benefits● Tips on integrating ITM into routine robotic practice for colorectal cases <p>For robotic colorectal surgeons, adopting ITM is not just about technology, it's about smoother operations, better ergonomics, and safer outcomes in complex multi-quadrant surgeries.</p>

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現 職	台北榮民總醫院大腸直腸	主治醫師	11	11	11
經 歷 (至多5項)	臺北榮民總醫院外科部 大腸直腸外科	臨床研究員			
	日本癌症醫學會 有明醫院消化外科	進修(2017)			
	臺北榮民總醫院外科部	住院醫師、住院 總醫師			
	中華民國大腸直腸外科醫學會	秘 書 長 (2021-2022)			
專 長	大腸直腸手術、達文西機器人手術				
特殊成就					
備 註					

[TSPEN 活動學分申請]

(各節) 課程基本資料表

(一) 課程資料

講題	(中文) 腹腔鏡大腸直腸手術中防沾黏經驗分享
	(英文) Experience sharing on adhesion barrier application in laparoscopic colorectal surgery
日期/時間	2025/07/19 15:50~16:15
摘要 (請勿超過 500 字)	<p>Postoperative adhesions are a common and often underestimated complication following colorectal surgery, contributing to bowel obstruction, infertility, and increased operative difficulty in re-operations. Reducing adhesion formation is critical to improving both short-term recovery and long-term surgical outcomes.</p> <p>This presentation will examine current strategies for intraoperative adhesion prevention, with a focus on the use of bioresorbable adhesion barriers. These materials, applied during surgery, serve as a physical separation between tissues during the critical healing phase, helping to reduce the incidence, severity, and clinical impact of adhesions. Clinical case examples and surgical videos will highlight effective application techniques, considerations for use in minimally invasive procedures, and observed benefits such as reduced postoperative ileus, lower reintervention rates, and improved tissue planes during follow-up surgeries.</p> <p>Attendees will learn:</p> <ul style="list-style-type: none">● The pathophysiology of adhesion formation and key risk factors in colorectal surgery● Surgical techniques and adjuncts that reduce adhesion risk● Criteria for selecting appropriate adhesion-reduction strategies in different patient profiles● The long-term benefits of adhesion prevention on re-operative safety and patient outcomes <p>By proactively addressing adhesion risk during the index surgery, colorectal surgeons can enhance patient safety, reduce complications, and improve surgical efficiency in both primary and future procedures.</p>

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專 長	大腸直腸手術				
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(各節) 課程基本資料表

(一) 課程資料

講題	(中文) 加強術後早期活動與復健
	(英文) Enhance early mobilization and rehabilitation after surgery
日期/時間	2025/07/19 16:25~16:50
摘要 (請勿超過 500 字)	<p>Early mobilization is a core component of Enhanced Recovery After Surgery (ERAS) protocols across all surgical disciplines. It plays a key role in mitigating the adverse effects of surgical stress and immobility, including muscle loss, pulmonary complications, and delayed return of function. Mobilizing patients early postoperatively has been shown to reduce complication rates, shorten hospital stays, improve functional walking capacity, and lower overall care costs. This session highlights the clinical and practical importance of early postoperative mobilization, drawing on evidence-based practices and the latest ERAS recommendations. Topics will include structured mobilization protocols, integration of wearable technology for real-time movement tracking, and the growing role of prehabilitation. The presentation will also explore barriers to implementation such as gaps in staff education, lack of standardized workflows, and limited resources and provide strategies to address them.</p> <p>Attendees will learn:</p> <ul style="list-style-type: none">● The physiological rationale and evidence behind early mobilization in surgical recovery● How to implement structured mobilization protocols across different types of surgeries● Tools for monitoring and reinforcing patient activity, including digital tracking solutions● How to build a team culture that prioritizes perioperative movement and functional rehabilitation <p>Early mobilization isn't just a nursing task, it's a shared responsibility that requires coordination, education, and commitment from the entire care team. When prioritized, it transforms recovery trajectories and raises the standard of postoperative care.</p>

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	科系	醫學系	畢業年度	1997	
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現 職	花蓮慈濟醫院重症加護外科	主任	15	15	15
經 歷 (至多5項)	台灣靜脈暨腸道營養醫學會	監事			
	台灣急救加護醫學會	副秘書長			
	美國心臟學會高級心臟救命術 花蓮慈濟醫院訓練中心	主持人			
專 長	重症、加護外科、消化外科、心臟血管外科				
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[TSPEN 活動學分申請]

(各節) 課程基本資料表

(一) 課程資料

講題	(中文) 術後併發症：PONV 和疼痛管理
	(英文) Postoperative complications: PONV and pain management
日期/時間	2025/07/19 16:50~17:15
摘要 (請勿超過 500 字)	<p>Effective management of post-operative nausea and vomiting (PONV) and pain is critical to improving recovery, patient satisfaction, and adherence to Enhanced Recovery After Surgery (ERAS) pathways. These two complications remain among the most common barriers to early mobilization, oral intake, and timely discharge.</p> <p>This presentation will explore evidence-based approaches to PONV and pain control, emphasizing individualized risk assessment, preventive strategies, and multimodal analgesia. Topics include standardized antiemetic protocols, risk stratification tools, and opioid-sparing techniques such as regional blocks and non-opioid analgesics.</p> <p>Clinical case sharing will illustrate how early recognition and proactive intervention lead to better functional recovery, fewer delays in discharge, and fewer unplanned readmissions. Real-world examples will demonstrate how adapting pain and PONV management strategies based on procedure type and patient profile can significantly impact outcomes.</p> <p>Attendees will gain:</p> <ul style="list-style-type: none">● A clear framework for assessing PONV and pain risk● Effective, protocol-driven strategies to prevent and manage these complications● Multimodal pain control options that minimize opioid-related side effects● Practical insights from clinical cases highlighting challenges and solutions in real practice <p>By controlling PONV and pain effectively, surgical teams can remove two of the most common barriers to successful recovery, ensuring smoother transitions through the post-operative phase and better overall patient outcomes.</p>

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	美國評鑑後醫學會 ACGME 師資培訓				
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	UCSF Hospital 麻醉科臨床進修				
專 長	ERAS、麻醉、術後疼痛管理、PONV 管理、重症				
特殊成就					
備 註					