



SURGERY
2023

INTERNATIONAL CONFERENCE ON

SURGERY AND ANESTHESIA

MAY 25, 2023

VIRTUAL EVENT



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VIRTUAL EVENT

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ABOUT SCITECHSERIES CONFERENCES

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Scope of International Conference on Surgery and Anesthesia:

The Surgery 2023 Conference highlighted vital intersections within the field, addressing pressing issues and advancements in surgical practices. In the wake of global challenges, particularly heightened by the Covid pandemic, the conference served as a beacon of progress and necessity. Recent studies underscored the widespread impact already felt across our planet, urging attendees to address resource-related dilemmas and societal frictions with urgency and innovation.

To tackle these challenges effectively, interdisciplinary collaboration was paramount. Surgery, along with its various sub-disciplines, engaged with diverse fields and stakeholders to cultivate sustainable solutions. Merely applying conventional methods was not deemed sufficient participants embraced new perspectives and cooperative efforts across regions and disciplines.

The conference featured dynamic sessions with esteemed speakers, ranging from government officials to industry pioneers and academic leaders. By offering a global outlook, the event aimed to foster a comprehensive understanding that encompassed both developed and developing contexts.

Moreover, Surgery 2023 provided a platform for researchers to showcase their latest findings through talks and poster presentations. This collaborative environment facilitated networking opportunities and promoted the exchange of environmentally sustainable innovations.

The conference attendees contributed to the advancement of surgical practices, shared experiences, and championed sustainable approaches that resonated worldwide. Together, they propelled the field of surgery towards a greener and more impactful future.

ORAL PRESENTATIONS



INTERNATIONAL CONFERENCE ON SURGERY AND ANESTHESIA

May 25, 2023 | Virtual Event



VAKHTANG SHOSHIASHVILI

All Union Cancer Research Center,
Moscow

PSOAS compartment block for emergency hip replacement Surgery case report

Abstract:

92-year-old woman admitted to hospital due to femur neck fracture. The decision to perform emergency hip replacement surgery was made. Patient had comorbidities: arterial hypertension III, heart insufficiency NYHA III, two times myocardial infarction, ischemic heart disease, two times ischemic stroke after which she had blindness, persistent atrial fibrillation, diabetes mellitus type II. She received digoxin, aspirin, enalapril and amaryl for treatment of chronic diseases. Patient's physical status was ASA IVE, risk of surgery and anesthesia was high. We decided to provide surgery under psoas compartment block and informed consent from patient's relatives was received. Psoas compartment block was performed using nerve stimulation technique. Perineural catheter inserted and local anesthetics 1% 20.0ml lidocaine and 0.5% 20.0ml ropivacaine injected through the catheter. Adequate analgesia received after 15min. Surgery and anesthesia - without complications. There was no discomfort of patient and vital parameters were stable during surgery. Duration of operation procedure – 70min., No additional analgesia and sedation was needed during and after surgery. Peripheral nerve catheter removed after 16h. without the need of additional injections. Patient discharged home without any complications. Conclusion. For hip replacement surgery, psoas compartment block is possible to use as an alternative of general or spinal anesthesia in selective cases.

Biography

Vakhtang Shoshiashvili has completed his PhD at the age of 30 years from All Union Cancer Research Center, Moscow. He is assistant professor, Department of anesthesiology and intensive care, TSMU, Tbilisi, Georgia. He has published more than 40 papers in reputed journals and has been serving as an editorial board member in international medical journals such as Acta Scientific Medical Sciences (India), RACT, Scivision publishers (USA), BMMS.Ge (Georgia, European University).



SHREYA SENGUPTA

General surgery Royal Victoria hospital,
UK

Unusual case of Necrotizing Fasciitis involving all four limbs and trunk salvaged by newer modalities

Abstract:

Necrotising fasciitis (NEF), commonly known as flesh eating bacteria, is a near fatal soft tissue infection that poses a challenge to surgeons all over the world, making it a medical and surgical emergency. This rapidly progressing condition spreads along fascial plane and is often missed due to non-specific signs and symptoms that change over time, having a high mortality. Early diagnosis, radical debridement, intravenous antibiotics and rehabilitation are mainstay of treatment. However, despite radical initial surgical debridement and a limb amputation, surgical control of the infectious source is often not achieved resulting into high mortality. It is very rare and unfortunate to get simultaneous infections in all four limb as well as infections in groin and abdomen which poses a great challenge in total care of the patient especially in deciding the depth and breadth of the sequential debridement and clinical decision of limb reconstruction with tissue coverage v/s amputation. I present a case of NEC of a young lady, known IVDU, who presented with high qSOFA score and rapidly spreading oedema and haemorrhagic blisters involvement of all four limbs, groin and abdomen. After serial debridements and Lisfranc amputation, she was successfully stepped down from ICU with using newer modalities of treatment which have not been used frequently all over the world yet and was even discharged home within a 6wks. From our case here, I would like to highlight the urgency of early debridement and use newer treatment modalities with which we could save her life eventually including VAC and honey.

Biography

Ms **Shreya Sengupta** completed MBBS and graduated in 2019 from R. G Kar Medical College and Hospital, Kolkata, India. During her MBBS, she received honours in all the years of curriculum and gold medal in surgery. She is an ATLS provider and served as frontliner for COVID 19 pandemic in India as ICU doctor and thereafter worked at Medway NHS foundation trust and Frimley park hospital in England as trust doctor for 2 years in general surgery, trauma and orthopaedics. She completed her MRCS in 2022 and currently is a core surgical trainee specialising in plastic surgery at Belfast, Northern Ireland. She is also ASIT silver scissors nominee for 2023.



BALAMURUGAN

RYA COSMO Foundation,
India

Midface degloving approach: modifications and its use in Maxillofacial Surgeries

Abstract:

Traditional approaches to the midface include the Weber-Fergusson incision and the lateral rhinology approach which leave a visible scar on the face. The bifacial delving approach is used to expose tumours of the maxilla, nasopharynx, orbits and central compartment of the anterior and middle cranial fossae.

Objectives: To assess the versatility and accessibility to the midfacial skeleton using midface degloving approach

Case presentation: We present 4 cases operated with the midface degloving approach: 1) benign maxillary tumor 2) maxillary cyst 3) quadrangular LeFort1 osteotomy 4) panfacial trauma. The patients were orally intubated (to allow for endonasal incisions). This approach entails a maxillary vestibular incision and three intranasal incisions (bilateral intercartilaginous, complete transfixion and bilateral piriform aperture incisions).

Results: This approach had favourable outcomes in terms of accessibility and esthetics.

Conclusion: This approach gives excellent exposure to entire midface from the root of zygoma from one side to the other including the infraorbital rims, body of zygoma, anterior maxilla, buttress and the pyriform rim. The advantage of this approach is that all incisions are placed within the intraoral and intranasal regions without any scars on the face.

Biography

DR. Balamurugan.R is an Oral and Maxillofacial Surgeon and Oral Implantologist, initiated his professional career in the field of dentistry and continued his specialisation in the path of Oral and Maxillofacial Surgery (India) and Fellowship in Oral Implantology (International Congress of Oral Implantologists ICOI, USA). His field of expertise in basic dental treatments, dento-alveolar surgeries, maxillofacial trauma, dental implants, medical emergencies, pathologies associated with maxillofacial region, TMJ related disorders. He also encourages and motivates the authors to explore with new innovative ideas in the field of research. He holds various International and National peer reviewed paper publications that adds credit to his career. He is associated with International and National journals as editor and reviewer board member. He has been awarded as “Best Editor 2021” in the Research Awards 2022 by Innovative Publication for International Dental Journal of Student’s Research (IDJSR). He was presented with the “Best Achievers Award” titled “Excellence Award As An Oral Surgeon and Oral Implantologist” by Magic Book of Record in 2022. Currently, he is a researcher and walks in the right path of motivation by providing a heart of service for the patients as an Oral and Maxillofacial Surgeon and Oral Implantologist in RYA Cosmo Foundation Hospital, Chennai, India..



**ACCEPTED
ABSTRACTS**

**INTERNATIONAL CONFERENCE ON
SURGERY AND ANESTHESIA**

May 25, 2023 | Virtual Event



ALEXIS TANG

University of Edinburgh,
UK

A cost Utility analysis comparing endovascular coiling to neurosurgical clipping in the treatment of aneurysmal subarachnoid hemorrhage

Abstract:

Endovascular coiling (EC) has been identified in systematic reviews and meta-analyses to produce more favourable clinical outcomes in comparison to neurosurgical clipping (NC) when surgically treating a subarachnoid haemorrhage from a ruptured aneurysm. This systematic review aims to perform an economic analysis of the relative utility outcomes and costs from both treatments in the UK. A cost-utility analysis was performed from the perspective of the National Health Service (NHS), over a 1-year analytic horizon. Outcomes were obtained from the randomised International Subarachnoid Aneurysm Trial (ISAT) and measured in terms of the patient's modified Rankin scale (mRS) grade, a 6-point disability scale that aims to quantify a patient's functional outcome following a stroke. The mRS score was weighted against the Euro-QoL 5-dimension (EQ-5D), with each state assigned a weighted utility value which was then converted into quality-adjusted life years (QALYs). Costs were measured in pounds sterling (£) and discounted by 3.5% to 2020/2021 prices. The cost-utility analysis showed an ICER of -£144,004 incurred for every QALY gained when EC was utilised over NC. At NICE's upper willingness-to-pay (WTP) threshold of £30,000, EC offered a monetary net benefit (MNB) of £7934.63 and health net benefit (HNB) of 0.264 higher than NC. At NICE's lower WTP threshold of £20,000, EC offered an MNB of £7478.63 and HNB of 0.374 higher than NC. EC was found to be more 'cost-effective' than NC, with an ICER in the bottom right quadrant of the cost-effectiveness plane—indicating that it offers greater benefits at lower costs.

Biography

Alexis Tang is a Singaporean 5th year medical student at the, planning to graduate in 2024. In her 3rd year, she intercalated in Imperial College London for a degree in Healthcare Management, where she completed a group dissertation on pharmacovigilance in social media and published her first paper covering a cost-utility analysis on endovascular coiling versus neurosurgical clipping. She is currently the sponsorship director for Edinburgh University's Student Surgical society, which is the largest in Scotland, as well as the secretary for Edinburgh University's Plastic, Reconstructive & Aesthetic Surgery Student society.



BHUSHAN BHAGAT

Maharashtra University of health sciences,
India

OSMF, OMFS, and anesthesiologist – multidisciplinary approach to disease-free mouth opening

Abstract:

Oral submucous fibrosis (OSMF) is an insidious chronic disease that affects any part of the oral cavity and sometimes the pharynx, leading to epithelial atrophy that results in stiffening of the oral mucosa and causes trismus and inability to eat. However, a more serious complication of this disease is the risk of developing oral carcinoma. Securing an airway with trismus in OSMF with minimum mouth opening is an anesthetic challenge. Among the available methods such as submandibular intubation, retrograde intubation, and tracheostomy, fiberoptic nasotracheal intubation technique remains the gold standard. When difficult airways are anticipated, anesthesiologist must consider securing the airway while the patient is awake without the use of anesthetics or muscle relaxants. Awake fiberoptic intubation is a noninvasive technique for securing the airway in such patients. During treatment of OSMF in which tracheostomy could be avoided by awake fiberoptic intubation. Awake fiberoptic intubation under local anesthesia may be the ideal method for securing the airway in advanced cases of OSMF. Because the procedure can be very uncomfortable, the patient must be psychologically and pharmacologically prepared for awake intubation. If fiberoptic bronchoscopy is not feasible, unavailable, or has failed, awake tracheostomy may be the preferred option.

Conclusion- The multidisciplinary approach of Oral and Maxillofacial Surgeons [OMFS] and anaesthesiologists is important to achieve maximum disease-free mouth opening in OSMF patients. Self-confidence and composure are important qualities for an anaesthesiologist in such cases. Prior planning of the anaesthetic technique and a good relationship with the surgeon is critical to a successful outcome in such difficult airway cases.

Biography

Bhushan Bhagat has completed his M.D.S. and B.D.S. from Maharashtra University of health sciences, Nashik. He is Ph.D. scholar at Nair Dental College Mumbai in Oral and Maxillofacial Surgery. He is an associate professor, Oral and Maxillofacial Surgery, at Dr. D Y Patil Dental College and Hospital, Dr. D Y Patil Vidhyapeeth, Pimpri, Pune [India]. He has published more than 20 papers in reputed journals and has been serving as an editorial board member in international medical journals. He was awarded with CEGR Young Faculty 2021 Award in 15 th Rashtriya Shiksha Gaurav Puraskar Ceremony 2021 and also honored with National Faculty Award – Outstanding Graduate Students Teaching Award. He was honored with the “Covid-19 Dentist Warrior Award” by MSDC, Mumbai [Government of Maharashtra].



HONGLI WU

People's Hospital of Ningxia,
China

A report of 6312 cases of IGM treated with minimally Invasive cleansing and breast-conserving techniques

Abstract:

Idiopathic granulomatous mastitis (IGM) has been a worldwide problem due to its sudden onset, rapid progression, difficulty of curing, long course, and susceptibility to recurrence and reoccurrence. The average age of the disease is 32 years. The clinical manifestation of breast lumps with painful ulceration has been treated with surgical excision, incision and drainage, hormone and 3 anti-TB treatments. The recurrence rate is 73% and it easily leads to disfiguration. Our group has independently developed minimally invasive cleansing and breast-conserving technology for granulomatous mastitis, which is caused by the immunochemical reaction to the old milk and fluid accumulation in the milk ducts, resulting in necrosis from the inside out. And based on clinical typing and staging, we individualized minimally invasive cleansing technology through lactoscopy, assisted with vacuum rotary cut, liposuction and scraping spoon, intravenous indwelling needle, syringe single or combined with inside-out flushing combined with Chinese medicine formula organism conditioning cream topical application of the ruptured surface to repair the inflammatory area to achieve the clinical effect of complete scarless healing . The whole process was led by ultrasound with a 2mm opening and a 0.6mm needle retention, which is in line with the era of precise micro-innovation medical treatment. In addition to avoiding defect of breast tissue removal, the treatment is simple, less traumatic or painful and it is economical and practical. It preserves the breasts and eliminates recurrence and avoids re-occurrence. It is the first of its kind in China to reform the traditional surgery.

Biography

Hongli Wu is a semi-retired chief surgeon who specializes in breast ductoscopy and treatment of breast duct disease. She has developed a minimally invasive breast-conserving method with good results for the persistent breast disease plasma cell mastitis. She has a unique expertise in the differential diagnosis of breast cancer and the treatment of benign breast diseases and has presided over the completion of three regional and municipal scientific research projects.



MOHAMMED AHMED OMAR

Sohag University,
Egypt

Comparative study of three common bile duct closure techniques after Choledocholithotomy: Safety and efficacy

Abstract:

Background and aims: T-tube drainage, primary closure, and biliary stenting are the common bile duct closure methods. There is great debate on the optimal duct closure technique after common bile duct exploration. This study aimed to assess the safety and efficacy of the three commonest common bile duct closure methods after common bile duct exploration for common bile duct stone for future generalization.

Methods: In this analysis, 211 patients with common bile duct stone underwent common bile duct exploration from January 2016 to December 2020. The patients were divided according to common bile duct closure techniques into three groups, including the T-tube drainage group (63 patients), primary duct closure group (61 patients), and antegrade biliary stenting group (87 patients).

Results: The incidence of overall biliary complications and bile leak were statistically significantly lower in the biliary stenting group than in the other two groups. Also, Hospital stays, drain carried time, return to normal activity, re-intervention, and re-admission rates were statistically significantly lower in the biliary stenting group than in the other two groups. There were no statistically significant differences regarding operative and choledochotomy time, retained and recurrent stone, stricture, biliary peritonitis, cholangitis, and the cost among the three groups.

Conclusions: We state that the biliary stenting procedure should be the preferred first option for common bile duct closure after common bile duct exploration when compared with T-tube drainage and primary duct closure.

Biography

Mohammed Omar has completed his PhD at the age of 23 years and postdoctoral studies from Sohag University, Egypt. He is the director of general surgery department at Qena University hospital, Egypt. He has published more than 20 papers in reputed journals and has been serving as an editorial board member of repute.



OMAR MUTLAK

Imperial College London,
UK

An investigation of the relationship between exercise, range of Ankle Joint Movement (ROM) and Venous Leg Ulcer (VLU) Healing

Abstract:

Introduction and Objectives: Several theories have tried to explain the pathophysiology of VLU, however the exact mechanism remains unclear. Calf muscle pump failure is believed to be a major contributory factor in the development of VLU. Researchers have mentioned a relationship between ROM, the failure of calf muscle pump and venous ulcer. We investigated the effect of exercise on ROM and VLU healing.

Materials and Methods: A total of forty patients were enrolled in 2 groups for a period of 3 months of regular exercise. Group 1 (n = 20), VLU subjects performed exercise only without wearing compression therapy during the study. Group 2 (n = 20), VLU participants performed exercise and wearing compression therapy throughout the study.

Exercise composed of 10 dorsiflexion movements every hour while the participant awake. All 40 Patients were assessed for peripheral arterial occlusive disease, ankle brachial pressure index (>0.8 and < 1.2). Participants were comparable at baseline in terms of age, sex and body mass index.

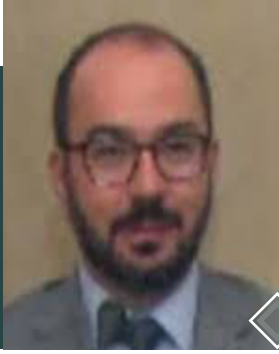
Measurements of ROM and ulcer size were taken on 2 occasions, first one at the beginning of the trial and the second at the end of the 3 months period. ROM was assessed by goniometry which measured the maximum dorsiflexion and plantar flexion of the ankle joint. Venous ulcer measurement was determined by multiplying the two maximal perpendicular diameters.

Results: At the end of the trial, ROM increased significantly ($p < 0.001$) in group 1&2, while ulcer size showed significant decrease in both groups. There was clear negative relationship between ROM and ulcer size.

Conclusions: Our findings suggest that regular exercise increased the ROM significantly and venous ulcer size decreased by exercise. The increase of ROM is associated with VLU size and may contribute to venous ulcer healing.

Biography

Dr. Omar Mutlak, MBChB, DIC, MSc, MD(Res), MRCS, FEBS, FLBS is a General Surgeon at The Imperial College Healthcare NHS Trust. He received a Doctor of Medicine from Imperial College London. His research interests are General Surgery, Abdominal Surgery, Minimally Invasive Surgery, Gastrointestinal Surgery, Hernia Surgery, Colorectal Surgery, Surgical Oncology, Surgical Gastroenterology, Laparotomy, Clinical Teaching.



ORESTIS IOANNIDIS

Aristotle University of Thessaloniki,
Greece

Open abdomen and negative pressure Wound Therapy for Acute Peritonitis especially in the presence of Anastomoses and Ostomies

Abstract:

Acute peritonitis is a relatively common intra-abdominal infection that a general surgeon will have to manage many times in his surgical carrier. Usually it is a secondary peritonitis caused either by direct peritoneal invasion from an inflamed infected viscera or by gastrointestinal tract integrity loss. The mainstay of treatment is source control of the infection which is in most cases surgical. In the physiologically deranged patient there is indication for source control surgery in order to restore the patient's physiology and not the patient anatomy utilizing a step approach and allowing the patient to resuscitate in the intensive care unit. In such cases there is a clear indication for relaparotomy and the most common strategy applied is open abdomen. In the open abdomen technique the fascial edges are not approximated and a temporarily closure technique is used. In such cases the negative pressure wound therapy seems to be the most favourable technique, as especially in combination with fascial traction either by sutures or by mesh gives the best results regarding delayed definite fascial closure, and morbidity and mortality. In our surgical practice we utilize in most cases the use of negative pressure wound therapy with a temporary mesh placement. In the initial laparotomy the mesh is placed to approximate the fascial edges as much as possible without whoever causing abdominal hypertension and in every relaparotomy the mesh is divided in the middle and, after the end of the relaparotomy and dressing change, is approximated as much as possible in order for the fascial edges to be further approximated. In every relaparotomy the mesh is further reduced to finally allow definite closure of the aponeurosis. In the presence of ostomies the negative pressure wound therapy can be applied as usual taking care just to place the dressing around the stoma and the negative pressure can be the standard of -125 mmHg. However, in the presence of anastomosis the available data are scarce and the possible strategies are to differ the anastomosis for the relaparotomy with definitive closure and no further need of negative pressure wound therapy, to low the pressure to -25 mmHg in order to protect the anastomosis and to place the anastomosis with omentum in order to avoid direct contact to the dressing. The objective should be early closure, within 7 days, of the open abdomen to reduce mortality and complications.

Biography

Dr. Ioannidis studied medicine in the Aristotle University of Thessaloniki and graduated at 2005. He received his MSC in "Medical Research Methodology" in 2008 from Aristotle University of Thessaloniki and in "Surgery of Liver, Biliary Tree and Pancreas" from the Democritus University of Thrace in 2016. He received his PhD degree in 2014 from the Aristotle University of Thessaloniki for his thesis "The effect of combined administration of omega-3 and omega-6 fatty acids in ulcerative colitis. Experimental study in rats." He is a General Surgeon with special interest in laparoscopic surgery and surgical oncology and also in surgical infections, acute care surgery, nutrition and ERAS. He has received fellowships for EAES, ESSO, EPC, ESCP and ACS and has published more than 130 articles with more than 3000 citations and an H-index of 28



RONI KOLERMAN

Tel-Aviv University,
Israel

Immediate restoration of implants placed into fresh extraction socket for single tooth replacement-an evidence based decision algorithm

Abstract:

Background: To validate the concept of immediate implant placement and nonfunctional loading for use in the esthetically sensitive anterior maxilla, clinical trials should ideally include objective esthetic criteria when assessing outcome parameters. The lecture will present an evidence-based protocol regarding the surgical technique (flapless, connective tissue grafts, and guided bone regeneration approaches).

Materials and Methods: Retrospective 1- to 7-year follow up of maxillary anterior single-tooth immediately placed and restored implants. The esthetic result has been analyzed using a comprehensive index, comprising pink esthetic score (PES; the highest possible score is 10), the DIM (Distance from Implant to Gingival margin) and the absolute crown length in mm compared to contra-lateral tooth.

Conclusions: Anterior maxillary single-tooth replacement, according to the concept of immediate implant placement, and non-functional loading is a successful and predictable treatment modality, in general, and from an esthetic point of view.

Biography

Post-graduation studies in periodontology, Hadassah dental school, the Hebrew University, 1994-1998. Member of the Israeli and European society of periodontology. Published over 50 studies in leading periodontal and implant dentistry journals. Main fields of research are immediate loading, histomorphometry of sinus augmentation, and advanced bone augmentation techniques. Senior Lecturer, the periodontal and implant department of Tel Aviv University. Private practice limited to periodontics and implant dentistry in Tel Aviv.



TAGERT SMITH

Touro University Nevada,
USA

Anaesthetic Challenges for Palliative Partial Hepatectomy from Neuroendocrine Tumors: A Case Report and Review of Current Anesthetic Strategies

Abstract:

The liver is a unique organ with regenerative properties. As such, patients are able to undergo partial hepatectomy for treatment of cancerous lesions with good success. Although complete resection is possible for numerous cancers, palliative hepatectomies for noncurative disease have increased in recent years. Despite the increased frequency there remains no definitive surgical or anaesthetic guidelines on managing such patients with significant variation between institutions and cohorts . Anaesthetic management of such patients can be challenging depending on severity of liver disease and patient associated comorbidities. Several scoring systems and preoperative assessment models such as MELD and Child-Pugh have been developed to risk stratify patients with liver disease . General anaesthetic considerations for patients undergoing hepatectomy are acute blood loss, electrolyte abnormalities, inadequate analgesia, pulmonary and cardiovascular monitoring, and coagulopathies . In our case report we review current anaesthetic recommendations for hepatectomy and present a 46-year-old male with primary neuroendocrine tumour from the rectum with metastasis to the liver, who underwent palliative partial hepatectomy for near complete filling mass of the abdomen.

Biography

Dr Smith completed his DO from Touro University Nevada and surgical internship at Grand Strand Medical Center in Myrtle Beach South Carolina. He is currently the Chief anesthesia resident at Vassar Brothers Medical Center in Poughkeepsie, New York. He will be completing a fellowship in Acute Pain and Regional Anesthesia at the University of Utah starting in August.

Supporting Journal

Journal of Aesthetic Surgery and Medicine

URL: <https://www.scitechjournals.com/journal-of-aesthetic-surgery-and-medicine>



UPCOMING CONFERENCE

2ND INTERNATIONAL CONFERENCE
ON

SURGERY AND ANESTHESIA

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