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| Training Programs High-light |
| **Department** | **Subject** | **Training Site** | **Briefing** | **Course** | **Contact** |
| Genitourinary  | Kidney transplantation | The operating room in Tri-service General Hospital、intensive care unit、ordinary ward | In Taiwan, there are up to 80,000 uremic patients, in that group, there are approximately 7,000 patients who are waiting for kidney transplants. The first kidney transplant was started in 1986. So far, 293 cases have been completed in Tri-service General Hospital. Living liver and kidney transplantation were performed in 2014, our urologist is devoted to uremic patients getting a new lease of life. | 1. Operation：Laproscopic living nephrectomy、living donor kidney transplantation2. Patient care：Intensive care unit、ordinary ward | Genitourinary department /serrina@mail.ndmctsgh.edu.tw/02-8792-3311#16542 |
| GI Department | Endoscopic submucosal dissection and endoscopic mucosal resection Program | GI Department | The endoscopic mucosal resection Team is a multidisciplinary team. We conducted average 108 cases of endoscopic submucosal dissection and endoscopic mucosal resection per year. | 1. Theory and technique to performed endoscopic submucosal dissection and endoscopic mucosal resection2. Endoscopic submucosal dissection3. Endoscopic mucosal resection | E-mail: meindongsha@mail.ndmctsgh.edu.twTel: +886-2-8792-3311Further information:Website: https://wwwv.tsgh.ndmctsgh.edu.tw/unit/10031/13892 |
| Thoracic Surgery | Three-Dimensional Simulation, Localizaiton and　Video-Assisted Thoracic Surgery Training Course | The operating room, intensive care unit, ordinary ward, Conference Room | The 3D simulation and localization program, established on August 2014, is collaborated by thoracic surgeons and radiologists in the Division of Thoracic Surgery, Department of Surgery, Tri-service General Hospital. By pre-operative three-dimensional localization and simulation, the thoracic surgeons made precise resection possible with adequate surgical margin defined by surgical oncology, preserved normal lung tissue and pulmonary function, and improve the post-operative quality of life without compromise the overall survival that related to the result of cancer treatment.  | 1. Surgical ovservation: Uniportal and Nonintubated thoracic surgery. 2. In-patient care: intensive care unit and oridanry ward general care.3. Pre-operative 3D localization, Simulation, and computer-aided design by using pre-operatrive chest computed tomography image. | Tsai-Wang Huang/v1010220@mail.ndmctsgh.edu.tw/+886-2-8792-3311#16896 |
| Cardiovascular Surgery Department | HeartMate-3 Ventricular Assist Device Program | The operating room, intensive care unit, ordinary ward, Conference Room | Our mechanical circulatory support team is a multidisciplinary team. Our team includes expert cardiac surgeons, professional perfusionist, experienced operation scrub nurses and full-time coordinators. We have the largest case number of HeartMate-3 ventricular assist device in Taiwan. Also our superintendent, Professor Chien-Sung Tsai, is the only one proctor in Taiwan, which is approved by the Abbott Medical Taiwan Company.We had conducted 10 cases of s HeartMate-3 Ventricular Assist Device implantation and had 100% surgical survival rate and 90 % hospital discharge rate, which is comparable to the medical heart center in the United State. Besides, our coordinators will closely follow up these patients, no matter the patient is bridge to heart transplantation or is on destination therapy. | Surgical technique1. Apical cannulation2. HeartMate-3 position3. Driveline tunneling 4. Aortic anastomosis5. Adequate de-airing6. Weaning CPB with concomitant HeartMate-3 supportTroubleshooting of weaning CPB1. Peri-operative TEE interpretation2. Treatment of RV failure3. Hemodynamic management with  inotropes and vasopressor | Division of Cardiovascular SurgeryName: Dr. Po-Shun HsuE-mail: hsuposhun@gmail.comTel: +886-2-8792-7212 |
| Plastic and Reconstructive Department | Free anteriolateral thigh flap | The operating room, burning center, ordinary ward, Conference Room | The ALT free flap is a versatile flap that cap be harvested in a chimeric fashion with independent vascularized skin, muscle, fascia nerve and bone. Various techniques for chimeric flap harvest have been described for reconstruction. | 1. Operation: Free anteriolateral thigh flap harvest and microscopic vascular anastomosis
2. Patient: Burning center, ordinary ward
 | Plastic and reconstructive department:52ps@mail.ndmctsgh.edu.tw |