

Program Fee

Superweek - \$1700.00
Level 2 & 3 - \$1195.00
*Level 1 - \$295.00
\$595.00 Non-Ethicon

First 1/2 due at registration, balance due 3 weeks prior to start of program.
50% of fee is non-refundable in the event of cancellation.

Registration

To register or obtain more information contact:

Advanced Medical Technology Institute (AMTI)
Department of Surgery
350 East 17th Street, 16th Floor
New York, New York 10003
Tel 212-844-1413
Fax 212-844-1039
jjohnson@bethisraelny.org
www.rosseramti.com

**Level 1 only please call 877-477-6333*

Location For New York Courses

Beth Israel Medical Center
1st Avenue at 16th Street
6 Linsky
New York, New York 10003
www.rosseramti.com



Upcoming Dates

(max 15 people per course)

Top Gun Level 1 - *Feb 13-14 (New York City)
- *Jun 19-20 (New York City)
- *Nov 13-14 (New York City)

Top Gun Level 2 - Feb 15-16 (New York City)
- Jun 21-22 (New York City)
- Nov 15-16 (New York City)

Top Gun Level 3 - Feb 17 (New York City)
- Jun 23 (New York City)
- Nov 17 (New York City)

Top Gun Superweek - Feb 13-17 (New York City)
- Jun 19-23 (New York City)
- Nov 13-17 (New York City)

(Levels 1, 2 & 3)

**Non-Ethicon Sponsored register
with Julie Johnson
(212)844.1413
jjohnson@bethisraelny.org*

**THE ADVANCED MEDICAL
TECHNOLOGY INSTITUTE
AT
BETH ISRAEL MEDICAL CENTER
PRESENTS**



James "Butch" Rosser, Jr., MD, FACS
The Advanced Medical Technology Institute
Beth Israel Medical Center
New York, New York

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TOP GUN LEVEL 1

Course Objectives

The Top Gun Basic Skills and Intracorporeal Suturing Course involves three laparoscopic drills, as well as interrupted suturing on pig bowel. The first drill is the Cobra Rope



Drill, during which participants will unwind and pass a string using two graspers, targeting specific colored sections of the rope. Time begins when a participant touches the rope and ends when the last colored section is grabbed. The second drill is the Terrible Triangle Drill, which involves picking up (without seeing the loop used to hook the triangle) and moving five triangles from one circle to another using the non-dominant hand. Time begins when the first triangle is touched and ends when the fifth triangle is dropped in the landing zone circle. An electronic proctor is used to count inaccurate movements, such as bumping the triangle or dragging the triangle on the ground, which completes a circuit and counts an error. The third drill is the Slam Dunk Drill, during which participants move peas into a cup with a 1cm aperture using a grasper in the non-dominant hand. If the participant touches the cup with the grasper, an error is counted. Finally intracorporeal suturing is attempted. The time starts when the suture is touched by one of the instruments and ends when the last knot is tied. If the participant goes outside certain boundaries or takes too deep of a bite with the needle, the electronic proctor counts an error.

TOP GUN LEVEL 2 - MASTER'S COURSE

Course Description

The Master's Course, the ultimate test of a surgeon's laparoscopic skill, allows those with superior skill in intracorporeal suturing to take the next step in their training. Participants will become ambidextrous in their suturing skills while achieving proficiency in intracorporeal and extracorporeal suturing, endoscopic ligation, dropped needle recovery, as well as troubleshooting errors and knowledge of countermeasure algorithms. Graduates of this course are masters of Rosser's

tenets of laparoscopic suturing and have the tools to effectively educate and train others.

Course Objectives

Prior to beginning the course, a surgeon must demonstrate both superior physical and cognitive skill in laparoscopic suturing. They must be able to demonstrate a score in Level 1 Top Gun skills that ranks in the 70th percentile or above. After these review drills, participants are ready to begin perfecting their ambidexterity with a series of non-dominant hand suturing trials incorporating suture pick-up, needle acquisition, accurate suture placement, and completion of a simple interrupted suture secured by a single surgeons knot followed by two alternating half hitch square knots

Dr. Rosser's Masters graduates must be prepared for any scenario encountered during a procedure. To achieve this we will simulate common problems faced intraoperatively and showcase the correct countermeasures used to troubleshoot such complications. Participants will learn to maneuver within an extremely limited space with limited suture length. Using a 4-inch (10cm) suture, the surgeon must execute as many knots as possible on an animate tissue model (porcine bowel). In addition to intracorporeal suturing, participants will learn the techniques involved in performing extracorporeal knot tying and suture placement as well as structure ligation using an Endo-loop device.

Once these drills have been successfully completed, participants will undergo a multimedia cognitive skills evaluation. The skills tested will include identification of errors as well as troubleshooting and countermeasures to correct for those errors.

Finally, the top three participants, based on their performance throughout the course, will compete in a live shoot-out to determine who will receive the coveted title of "Top Gun".

TOP GUN LEVEL 3 - ANASTOMOSIS COURSE

Course Description

Once surgeons have become adept at basic laparoscopic suturing techniques using the Rosser method for intracorporeal knot tying, they are ready to move on to the next level of training. The Top Gun Level 2 course is designed to empower surgeons with the proper techniques and skills necessary to place a uniform, structurally sound anastomosis.

Course Objectives

Initially, the surgeons will be put through a short preliminary course to evaluate their Level 1 skills, using the scientifically validated drills designed by Dr. Rosser. This includes Cobra Rope, Slam-Dunk, Terrible Triangle, as well as Intracorporeal Suturing on animate tissue. This will be followed by a short refresher course on intracorporeal suturing, in which Dr. Rosser will review his suturing algorithm with participants and allow them to practice.

Next, a lecture series detailing the correct procedure for placement of an intracorporeal anastomosis, complete with CD-ROM demonstration, lecture, photo review, and a detailed explanation of the criteria for evaluation of an anastomosis will be reviewed. Once students have become familiar with this methodology, the real challenge begins. Participants are first separated into teams of two, and must cooperate in the placement of an anastomosis on inanimate tissue. The side-to-side anastomosis will consist of the following: at least 8 interrupted sutures on the back wall, a running suture on both the posterior and anterior walls, and at least 8 interrupted sutures on the front wall. Surgeons will then be instructed in Dr. Rosser's principles regarding optical correctness, port placement, and overall preparation. The participants must then perform the anastomosis on a section of pig bowel, which requires stricter adherence to suturing rules than inanimate tissue. Participants are graded on their ability to work as a team in creating each anastomosis. The anastomosis is then examined by instructors using strict grading criteria such as: proper length and depth, uniformity of sutures, placement, knot integrity, and overall anastomosis integrity.

