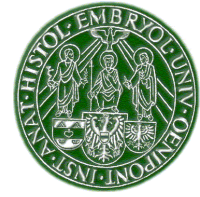




**ISURA 2012**  
**6<sup>TH</sup> INTERNATIONAL**  
**CADAVER WORKSHOP**



**US- APPLICATION IN REGIONAL**  
**ANAESTHESIA AND PAIN MEDICINE**

**MARCH 30 – 31, 2012**

**INNSBRUCK**

**UNIVERSITY DEPARTMENTS OF INNSBRUCK,  
HEIDELBERG AND BOCHUM, KLINIKUM GÜTERSLOH**



**ANNOUNCEMENT** of the

**6<sup>th</sup> INTERNATIONAL CADAVER WORKSHOP  
„ULTRASOUND-Application in REGIONAL Anaesthesia and PAIN MEDICINE“,  
ISURA 2012, INNSBRUCK, AUSTRIA  
MARK Your CALENDAR  
FRIDAY MARCH 30 and SATURDAY MARCH 31, 2012**

**ENROLMENT starts** on **SEPTEMBER 8, 2011** via the following web site: [www.anatomie-innsbruck.at](http://www.anatomie-innsbruck.at)

This **WORKSHOP** is **UNIQUE** because:

- **All needling techniques** and procedures are performed on **specialty EMBALMED, FLEXIBLE** cadavers
- Participants can **TARGET AT REAL STRUCTURES** in a three dimensional training model **repeatedly** and **optimize success** (proper spread of LA)
- All **excellent FACULTY** are also **EXPERIENCED** teachers, **especially** in **SCANNING** that kind of preserved **CADAVERS**
- **IDEAL STUDENT(40) – TEACHER (12) RATIO** with **PLENTY OF TIME** for training with 2-max 3 people on one US System
- **STUDENTS** of our Department (one per table/cadaver) will additionally **ASSIST** in many ways, e.g. **positioning** of cadavers, demonstrating **special specimens** and cross sections.
- **Absolute MINIMUM of THEORETICAL LECTURES** (just instructions and information directly correlated to the teaching model)
- **STEP BY STEP** approach following a **GIVEN PROGRAMM (see below)**
- **CONTINOUS SUPERVISION** by Prof. **MORIGGL**, having the world's greatest experience in scanning cadavers for RA and Pain applications
- **UNFORGETTABLE EVENING** on Friday March 30 (no additional charge)
- Last but not least: You come to **INNSBRUCK**, the **“heart of the alps”**

**LOCATION:** Department of Anatomy, Histology and Embryology, Innsbruck Medical University; Division of Clinical and Functional Anatomy; **Muellerstrasse 59, 6020, Innsbruck, Austria**

**INFORMATION continued**

In 2007, we **pioneered** in organizing the **1<sup>st</sup> International Cadaver Workshop “Ultrasound Application in REGIONAL ANAESTHESIA”**, ISURA 2007, using **preserved but still flexible corpses** as a **teaching and training model**. Participants were Anesthetists from over 20 different countries. It was held in the Department of Anatomy, Histology and Embryology at **Innsbruck Medical University in cooperation** with anaesthetists of the University Hospitals of **Heidelberg** and **Bochum**. Ever since, the Workshop was received with much interest and attention. Due to the **overwhelming success of our teaching model**, it was with the 4<sup>th</sup> International Workshop in **2010**, that we were **able to include PAIN MEDICINE Applications**. Therefore, the **6<sup>th</sup> International Workshop 2012** will be open to colleagues with **different levels of training and interest**, respectively. We are going to teach **small groups** in the following categories: Application of **Ultrasound (US) in RA BEGINNERS**, Application of US in RA **ADVANCED**, and Application of **US in PAIN MEDICINE**. This Workshop will be accredited by the EACCME (European Accreditation Council for Continuous Medical Education). Credits are recognized by the AMA PRA (for conversion of credit contact the AMA).

We are looking forward to welcoming You in beautiful Innsbruck in March 2012

Univ.-Prof. Bernhard Moriggl, MD, FIACA

**Workshop Manager** [bernhard.moriggl@i-med.ac.at](mailto:bernhard.moriggl@i-med.ac.at)

Education Director of the Special Interest Group (SIG) Ultrasound in Pain Medicine (USPM) of the ASRA

Susanne Grüner-Ehrenstrasser

**Workshop Coordinator** [international-cadaver-workshop@i-med.ac.at](mailto:international-cadaver-workshop@i-med.ac.at)

## Program Overview

!!! For WORKSHOPS I –IV: see separate, more detailed INSTRUCTIONS (“STEPS”) !!!

### Friday, March 30, 2012

- 08:00**        **Registration:** Raised ground floor of Department, follow SIGNS!
- 08:45**        **Welcome and opening** remarks: “INTRO“: **Anatomical Theatre, AT**  
(Fritsch/Moriggl/Grau)
- 09:00**        **Introductory affairs:**
- 09:00        Anatomy and US: “DEATHLESS ALIFE“: **AT**
- 09:20        The teaching model: “AS GOOD AS IT GETS“: **AT**
- 09:40        **Live demonstration and dialogue:** “LIFELESS MEETS LIVING“: **AT**
- 10:20**        **Morning BREAK: Cafeteria – visit Exhibitors: Dissection Room East, DRE**
- 10:50**        **Start climbing the stairs:**
- 10:50        Organizing remarks: “STEADY, GET READY“: **AT**
- 11:20        **Workshop I:** “NO FEAR, GET NEAR“: **Dissection Room Central, DRC**  
(Workshop tutors: all Faculty Supervisor: Moriggl)
- 13:00**        **LUNCH: Cafeteria - also visit DRE**
- 14:15**        **Continue the matter! Supervisor: Moriggl**
- 14:15        **Workshop II:** “DON’T BE SHY; JUST TRY!“: **DRC** (all Faculty)
- 15:45        **Workshop III:** “GO AHEAD WITH THE DEAD“: **DRC** (all Faculty)
- 17:00**        **DRINK with bites:** give feedback, put questions, get answers: **DRE**

<b>19:30</b> <b>Social evening: ALL join together in ULTRA-cosy atmosphere for a SOUND and unforgettable event</b>
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### Saturday, March 31, 2012

- 08:15**        **Final effort, even better! Supervisor: Moriggl**
- 08:15        **Workshop IV:** “BLOCK AROUND THE CLOCK.....“: **DRC** (all Faculty)
- 10:45**        **Kind of BRUNCH: Cafeteria – visit DRE**
- 11:15**        **Time to say good bye**
- 11:15        **Ultimate lecture:** “AN OPTIMUM VIATICUM“: **AT**
- 12:00        **Closing** remarks, farewell: “NO PAIN IN VAIN“ (Moriggl/Grau)

**BEGINNERS**: Instructions for a “step by step approach” to and with the teaching model during Workshop sessions I – IV (**two teams per table**)

**Friday March 30, 2012 I)WORKSHOP after morning break,**

11.20 – 13.00 **step A**: Get familiar and scan it, “NO FEAR, GET NEAR!”

PURPOSE: both teams are meant to **learn peculiarities** in *scanning cadavers* for nerve location; **see** the **differences** to the living and **overcome difficulties** in order to be *prepared for further steps* to come. Try to image (in proposed sequence):

- **Median, ulnar** and **radial nerves** at *elbow level*
- Median and ulnar nerves in *forearm*
- Median, ulnar, radial and **musculocutaneous** nerves *near or within axilla*
- *roots of brachial plexus interscalene*
- **Femoral nerve** *subinguinal* and **sciatic nerve** *from dorsal* (the latter throughout different levels of thigh: *subgluteal to popliteal*)

----- **ENJOY YOUR LUNCH** (use additional place in “Dissection Room EAST, DRE” at stand-up tables) and VISIT INDUSTRYSTUDY (DRE) and SPECIMENS (“Dissection Room WEST”, DRW) ----

**II)WORKSHOP after LUNCH**

14.15 – 15.45 **step B**: Do single shots where easy, “DON’T BE SHY; TRY!”

**!!STRICTLY AVOID BRINGING ANY AIR INSIDE THE MODEL!!**

PURPOSE: to learn **needle-guidance** towards the target (nerve), place needle the nearest possible using both techniques (in plane, IP, and out of plane, OOP), **watch** and control **spread of “LA” (fluid)**. Do scans in *two planes!*

- **Median, ulnar** (and radial) nerves from cubital region *distally!!*
- *Tibial* (and common fibular) nerve at proximal *lower leg*
- (*Sciatic proximal* [according to Raj] if leg flexibility allows easy access)

**Please note:**

**Both mentioned steps A and B may be trained on both sides of the cadaver. However, there may be differences in image quality between sides in which case we kindly ask the two teams for their generosity (please alternate with each other). Thanks!**

**III)WORKSHOP continued: 15.45 – 17.00 step C**: Gain additional confidence, “GO AHEAD WITH THE DEAD”

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PURPOSE: to **experience** special **sonoanatomy** and **topography** at *classic sites* (also try movements and note sonomorphologic changes pending different positions!

You will be helped by our Students!)

- **Interscalene** space (compare with contralateral side) **down to the trunks** (*supraclavicular*)
- Clavipectoral triangle (*infraclavicular fossa*) and *axilla*: analyse the changing **CORDS (big nerves) – artery - topography**
- **Special topography of femoral trigone and popliteal fossa**

**Please note:**

**Step C again may be trained on both sides of the cadaver. However, see above!**  
**Thanks again!**

--- ENJOY DRINK and bites in DRE: visit INDUSTRY and SPECIMENS (DRW) ---

**Saturday March 31, 2012 IV)WORKSHOP in the morning**

**08.15 – 10.45 step D: Go for classic blocks (single shot and catheter technique), “BLOCK AROUND THE CLOCK”**

**!!STRICTLY AVOID BRINGING ANY AIR INSIDE THE MODEL!!**

PURPOSE: To **simulate selected blocks**, evaluate **success** or **failure** under direct *vision* (correct if necessary and repeat)

**Please note: due to practicability not all of the blocks can be done on both sides (tutors will assist you in finding the optimal side for the respective block). Please use relatively small volumes of fluid first!**

ONE SIDE:

- **Anterior interscalene block**
- **VIB (Vertical Infraclavicular Block)**
- **“Axillary block”** (*bit more distally orientated, similar to multistimulation technique; preferably “in line” technique*)

OTHER SIDE:

- **Supraclavicular approach**
- **Axillary block (classic); try both techniques to experience pros and cons!**

BOTH SIDES:

- **Femoral nerve block and lateral distal sciatic nerve block**

--- ENJOY kind of BRUNCH before we listen to the “ULTIMATE LECTURE”

**Simulation of other blocks depending on time, equipment and request**

**ADVANCED**: Instructions for a “step by step approach” to and with the teaching model during Workshop sessions I – IV (**two teams per table**)

### **Friday March 30, 2012 I)WORKSHOP after morning break**

11.20 – 13.00 **step A**: Get familiar and scan it, “NO FEAR, GET NEAR!”

PURPOSE: both teams are meant to **learn peculiarities** in *scanning cadavers* for nerve location; **see** the **differences** to the living and **overcome difficulties** in order to be *prepared for further steps* to come. Try to image (in proposed sequence):

- **Musculocutaneous** nerve at *distal upper arm*
- **Branches of the “three BIG ones”** any level (e.g. “superficial radial”)
- **Median nerve** in (and *distal* to) *carpal tunnel*
- **Ilioinguinal, ILI, and iliohypogastric, ILH,** nerves
- **Obturator and LFCN nerves** (start *distal* to ASIS for the latter!); **saphenous**
- **Sciatic** nerve *from ventral*; **tibial** and both **fibular** nerves in (*distal*) *lower leg*
- **Median, ulnar** and **radial nerves** at *elbow level*

----- **ENJOY YOUR LUNCH** (use additional place in “Dissection Room EAST”, DRE, at stand-up tables) and VISIT INDUSTRYSTUDY (DRE) and SPECIMENS (“Dissection Room WEST”, DRW) ----

### **II)WORKSHOP after LUNCH**

14.15 – 15.45 **step B**: Do single shots where easy, “DON’T BE SHY; TRY!”

**!!STRICTLY AVOID BRINGING ANY AIR INSIDE THE MODEL!!**

PURPOSE: to improve **needle-guidance** towards the target (nerve), place needle the nearest possible using both techniques (IP and OOP), **watch** and control **spread of “LA” (fluid)**. Do scans in *two planes*!

- **Try the above**, in addition:
- **TAP and rectus sheath blocks.**
- **Intercostal block** (from lateral)

**Please note:**

**Both mentioned steps A and B may be trained on both sides of the cadaver. However, there may be differences in image quality between sides in which case we kindly ask the two teams for their generosity (please alternate with each other). Thanks!**

**III)WORKSHOP continued: 15.45 – 17.00 step C**: Gain additional confidence, “GO AHEAD WITH THE DEAD”

PURPOSE: to **experience special sonoanatomy** and **topography** at *different sites*

- **Intercostal spaces** between *spine* and *costal angles* (try identifying IC nerves)
- (Thoracic) **Paravertebral space** sonoanatomy (use *different techniques* and *probes*)
- **Lumbar paravertebral** sonoanatomy, **lumbar EDS** visualisation
- **Deep gluteal** region (compare with contralateral side) from **piriform outlets** down to **gluteal sulcus** (also try *rotation of leg* and note piriformis [and quadratus femoris muscle] movements! You will be *helped* by our Students!); [*subgluteal: PFCN*]

**Please note:**

**Step C again may be trained on both sides of the cadaver. However, see above!**

**Thanks again!**

---- ENJOY DRINK and bites in DRE: visit INDUSTRY and SPECIMENS (DRW) ---

**Saturday March 31, 2012**      **IV)WORKSHOP in the morning**

08.15 – 10.45 **step D:** Go for classic blocks (single shot and catheter technique),  
“BLOCK AROUND THE CLOCK”

**!!STRICTLY AVOID BRINGING ANY AIR INSIDE THE MODEL!!**

PURPOSE: To **simulate selected blocks**, evaluate **success** or **failure** under direct *vision* (correct if necessary and repeat)

**Please note: due to practicability not all of the blocks can be done on both sides (tutors will assist you in finding the optimal side for the respective block). Please use relatively small volumes of fluid first!**

ONE SIDE:

- **Intercostal block** at *different levels*
- **Sciatic nerve transgluteal** (train *different techniques*)
- 

OTHER SIDE:

- **Paravertebral block**
- **Parasacral block** (*sacral plexus*)

BOTH SIDES:

- **Psoas Compartment block**
- **Lumbar EDS**

---- ENJOY kind of BRUNCH before we listen to the “ULTIMATE LECTURE” ----

**Simulation of other blocks depending on time, equipment and request**

**PAIN**: Instructions for a “step by step approach” to and with the teaching model during  
Workshop sessions I – IV (two teams per table)

Please note: one of the tables (cadavers) may also be used by the advanced RA group in which case we kindly ask the “Pain teams” for their generosity (please alternate with these colleagues if needed). Thanks!

### **Friday March 30, 2012 I)WORKSHOP after morning break**

11.20 – 13.00 **step A**: Get familiar and scan it, “NO FEAR, GET NEAR!”

PURPOSE: both teams are meant to *learn peculiarities* in scanning cadavers for nerve location; **see** the *differences* to the living and *overcome difficulties* in order to be *prepared for further steps* to come. Try to image:

- *Ilioinguinal, ILI, and iliohypogastric, ILH, nerves superior and posterior to ASIS*
- *LFCN* (start *distal* to ASIS for the latter!)
- *Suprascapular nerve* (both ventro-lateral and dorsal)
- *Cervical ventral rami* and *Cervical plexus* (superficial branches if possible)
- *Cervical sympathetic trunk, CST*

----- **ENJOY YOUR LUNCH** (use additional place in “Dissection Room EAST”, DRE, at stand-up tables) and VISIT INDUSTRYSTUDY (DRE) and SPECIMENS (“Dissection Room WEST”, DRW) ----

### **II)WORKSHOP after LUNCH**

14.15 – 15.45 **step B**: Do single shots where easy, “DON’T BE SHY; TRY!”

**!!STRICTLY AVOID BRINGING ANY AIR INSIDE THE MODEL!!**

PURPOSE: to improve *needle-guidance* towards the target (nerve), place needle the nearest possible using both techniques (IP and OOP), **watch** and control **spread of “LA” (fluid)**. Do scans in *two planes*!

- *Try* (a selection of ) **the above**, in addition:
- **Scan and block: GON** as well as
- **Intercostal nerves** and **pudendal nerve; [axillary nerve from posterior]**

Please note:

**Both mentioned steps A and B may be trained on both sides of the cadaver. However, there may be differences in image quality between sides in which case we kindly ask the two teams for their generosity (please alternate with each other). Thanks!**

**III)WORKSHOP continued: 15.45 – 17.00 step C**: Gain additional confidence, “GO AHEAD WITH THE DEAD”

PURPOSE: to *experience special sonoanatomy* and *topography* at *different sites*

- **Cervical spine** sonoanatomy (bony contours, joint gaps; also use *curvilinear* probe for overview)

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- **Paravertebral space** sonoanatomy (use *different techniques* and *probes*)
- **Lumbar spine** sonoanatomy and **EDS** visualisation
- **Sacrum** and **SIJ**

**Please note:**

**Step C again may be trained on both sides of the cadaver. However, see above!**

**Thanks again!**

---- ENJOY DRINK and bites in DRE: visit INDUSTRY and SPECIMENS (DRW) ---

**Saturday March 31, 2012**      **IV)WORKSHOP in the morning**

08.15 – 10.45 step D: Go for classic blocks (single shot and catheter technique),  
“BLOCK AROUND THE CLOCK”

**!!STRICTLY AVOID BRINGING ANY AIR INSIDE THE MODEL!!**

PURPOSE: To **simulate selected blocks**, evaluate **success or failure** under direct *vision*  
(correct if necessary and repeat)

**Please note: due to practicability not all of the blocks can be done on both sides  
(tutors will assist you in finding the optimal side for the respective block). Please use  
relatively small volumes of fluid first!**

ONE SIDE: (cadaver I supine or lateral decubitus)

- **“SGB”(CSTB)**
- **TON**
- **C-facets lateral approach**

OTHER SIDE: (cadaver I lateral decubitus or prone)

- **Cervical medial branches** (if possible)
- **C-facets posterior approach**

BOTH SIDES: (cadaver II sitting position)

- **Paravertebral** blocks
- **L-facets** and **Lumbar medial branches**
- **Lumbar EDS**
- **SIJ injection** and **transsacral blockade**

---- ENJOY kind of BRUNCH before we listen to the “ULTIMATE LECTURE” -----

**Simulation of other blocks depending on time, equipment and request**