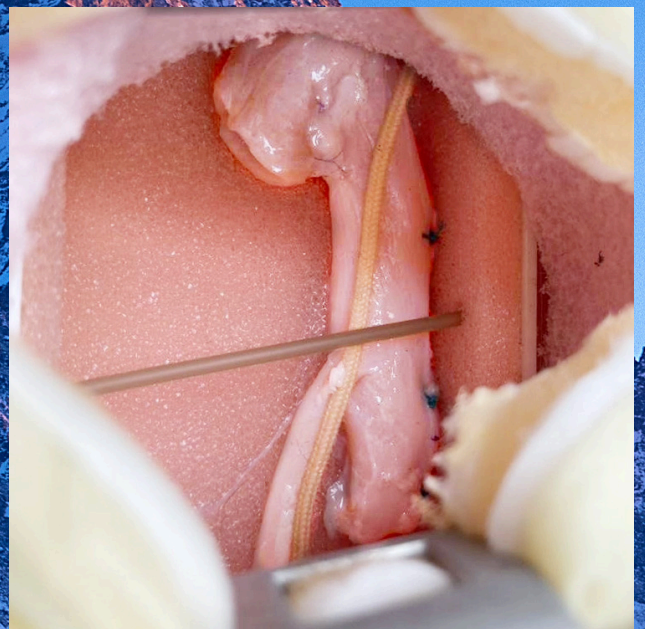


OA TOF SIMULATION SURGERY Master Class

Open and Thoracoscopic Models
Expert Trainers
Birmingham Children's Hospital
20th March 2026



MASTERCLASS

OVERVIEW

OVERVIEW

This is a 1 day hands on workshop. This course is aimed at trainees in paediatric surgery. Experience in minimally invasive surgery is essential. Senior trainees who complete the course and perform a successful repair can have PBA validated for a simulated MIS and open TOF/OA repair. Operative training will focus on:

1. Open OA TOF repair
2. Necessary Minimally Invasive Skills: sliding knots
3. Thoracoscopic oesophageal atresia repair



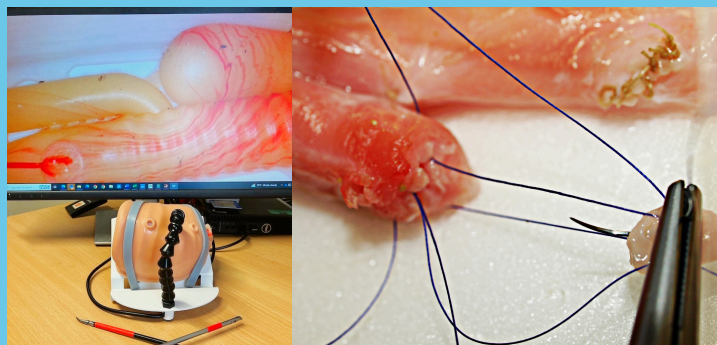
TRAINERS

The open repair will be taught by Mr Tony Lander, who has developed an internationally renowned teaching model using animal tissue to replicate the TOF/OA. His course is well established and has been used to train paediatric surgeons both in the UK and around the world. Included this year will be teaching on the operative management and cervical approach for the H type fistula (type E) and formation of a cervical oesophagostomy.

The thoracoscopic workshop will involve 3mm instruments to perform the repair. Training will consist of 2 parts:

Firstly, practicing tying laparoscopic sliding knots on an Eosim box.

Secondly, progressing to using 3mm thoracoscopic instruments to perform a repair within the neonatal chest on a latex model of the TOF/OA (produced by Symulus of New Zealand)



3D OA TOF model (left) developed by Professor Spencer Beasley with Symulus of New Zealand. Lander's OA TOF animal model (right).



Hands-on training by experts.

DISCUSSIONS

It is essential that candidates have experience of advanced minimally invasive surgery and are comfortable with laparoscopic knot tying. For this reason the course will be offered to ST 5 and above. There will be some mandatory pre-course reading. This will allow the majority of the day to be practical hands-on with a discussion of controversies at the end of the day.

1. Thoracoscopic vs open repair
2. Implementing a thoracoscopic TOF service
3. The BCH management of long gap OA using a modified Van der Zee approach?

