



16th INTERNATIONAL CADAVER WORKSHOP INNSBRUCK 2024



**US-APPLICATION IN REGIONAL
ANAESTHESIA AND PAIN MEDICINE (INCL. MSK)
MAY 03 – 04, 2024
INNSBRUCK, AUSTRIA**
Institute of Clinical and Functional Anatomy
Medical University of Innsbruck (MUI)

Program Overview

Friday, May 03, 2024

- 08:00** **Registration:** Raised ground floor of Department, follow Signs!
- 08:45** **Welcome and opening remarks:** “INTRO“: Lecture Hall 2nd Floor, LH (Moriggl)
- 09:00** **Introductory affairs:** (Chair:)
- 09:00 Anatomy and US: “DEATHLESS ALIFE“: LH (Moriggl)
- 09:15 The teaching model: “AS GOOD AS IT GETS“: LH (Moriggl)
- 09:30 **Live demonstration and dialogue:** “LIFELESS MEETS LIVING“: LH (Moriggl)
- 10:20** **MORNING BREAK:** Cafeteria – visit Exhibitors: Dissection Room East, DRE
- 10:50** **Start climbing the stairs:** (Chair:)
- 10:50 **Organizing remarks:** “STEADY, GET READY“: LH (Honis)
- 11:10 **Workshop I:** “NO FEAR, GET NEAR“: Dissection Room Central, DRC
(Workshop tutors: all Faculty; Supervisor: Moriggl)
- 13:00** **LUNCH:** Cafeteria - also visit DRE
- 14:00** **Continue the matter!** Supervisor: Moriggl
- 14:00 **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:** (Intro by) give **feedback**, put **questions**,
get **answers**: Cafeteria and DRE

19:30 **Social evening: ALL join together in ULTRA-cosy atmosphere for a
Sound and unforgettable event**

Saturday, MAY 04, 2024

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

RA: 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 pain group in which case we kindly ask the “RA Teams” for their generosity (please alternate with pain RA colleagues if needed). Thanks!

Friday, MAY 03, 2024

11.10 – 13.00 WORKSHOP I

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

PURPOSE: both teams are ment 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** (distinguish from **MVN** in femoral triangle)
- **Sciatic** nerve from ventral; **tibial** and both **fibular** nerves in (distal) lower leg
- **Median**, **ulnar** and **radial nerves** at elbow level

13.00 ENJOY LUNCH

(Use additional place in “Dissection Room EAST, DRE” at stand-up tables) and VISIT INDUSTRY (DRE) and SPECIMENS (“Dissection Room WEST”, DRW)

14.00 – 15.45 WORKSHOP II

step B: Do single shots where easy, “DON’T BE SHY, JUST 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 (all of them)** and **rectus sheath** blocks (**RSB**; scan also longitudinally).
- **Intercostal block** (from lateral)
- **TTP (Transversus Thoracis Plane) block**

Please note:

Both mentioned steps A and B might 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!

15.45 – 17.00 WORKSHOP III continued

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 assisted by our students!); (subgluteal: **PFCN**)

Please note:

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

17.00 ENJOY DRINKS and Bites in DRE: visit INDUSTRY and SPECIMENS (DRW)

Saturday, MAY 04, 2024

08.00 – 10.45 WORKSHOP IV

step D: Go for classic blocks (single shot and catheter techniques),

“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); **PFCN**

OTHER SIDE:

- **TPV block: direct** and **indirect approaches**
- **ESP block**
- **Parasacral block** (sacral plexus)

BOTH SIDES:

- **Psoas Compartment block, also: new approaches (e.g. Shamrock, “thumb up”)**!
- **QL blocks; TFP block**
- **Lumbar ESP**
- **Lumbar EDS**
- **Ankle blocks**

10.45 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 RA group in which case we kindly ask the “Pain teams” for their generosity (please alternate with advanced RA colleagues if needed). Thanks!

Friday, MAY 03, 2024

11.10 – 13.00 WORKSHOP I

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

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

- **Iliioinguinal**, ILI, and **iliohypogastric**, ILH, nerves superior and posterior to ASIS
- **LFCN** (start distal to ASIS for the latter!)
- **Suprascapular nerve** from **anterior**
- **Axillary nerve** from **anterior!**
- **Cervical ventral rami** and **Cervical plexus** + superficial branches: esp. **GAN, LON**
- **Cervical sympathetic trunk, CST**
- **MSK: Pain-relevant SHOULDER** and **GHJ sonography**

13.00 ENJOY LUNCH

(Use additional place in “Dissection Room EAST, DRE” at stand-up tables) and VISIT INDUSTRY (DRE) and SPECIMENS (“Dissection Room WEST”, DRW)

14.00 – 15.45 WORKSHOP II

step B: Do single shots where easy, “DON’T BE SHY, JUST TRY!”

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

PURPOSE: do **advanced 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 **pubdental nerve**;
- **MSK: wrist** and **elbow posterior** (try also radial side)

Please note:

Both mentioned steps A and B might 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!

15.45 – 17.00 WORKSHOP III continued

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)
- (True) **Paravertebral space** sonoanatomy (use different techniques and probes)
- **Lumbar spine** sonoanatomy and **EDS** visualisation (**incl. L5/S1!**)
- **Sacrum (with Ligaments)** and **SIJ**
- **MSK: GHJ posterior; Sonography for GTPS**

Please note:

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

17.00 ENJOY DRINKS and bites in DRE: visit INDUSTRY and SPECIMENS (DRW)

Saturday, MAY 04, 2024

08.00 – 10.45 WORKSHOP IV

step D: Go for classic blocks (single shot and catheter techniques),
“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: supine or lateral decubitus

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

OTHER SIDE: lateral decubitus or prone

- **Cervical medial branches**
- **C-facets posterior** approach

BOTH SIDES: (YOU MAY also USE cadaver on separate table in SITTING position! Especially for: GON, TPV, LED and SSN from supero-posterior)

- **Paravertebral** blocks
- **L-facets** and **Lumbar medial branches**
- **Lumbar EDS**
- **SIJ** injection and **trans-sacral** blockade
- **Popliteal Plexus Block (PPB)** via (true) **distal AC**
- **MSK:** elbow ulnar; knee (incl. “genicular nerves”); foot and ankle

10.45 ENJOY BRUNCH before we listen to the “ULTIMATE LECTURE”

Simulation of other blocks depending on time, equipment and request

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