



## An Overview to MMESA Congress 2012 – Amman, Jordan

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MMESA Congress is held annually; hence reviewing each congress can help us to evaluate it, and find the strong and weak points. As a result, future congresses could be planned better and improved. Finally, this article is written to acknowledge MMESA members contributed in 2012 MMESA congress.

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Major Advances in the field of medical technology, especially in endoscopy, have inspired surgeons and patients who benefit from such advantages as well. Mediterranean & Middle Eastern Endoscopic Surgery Association (MMESA)-founded in 2001 in Beirut Lebanon-has served the above purpose quite well. It started as a group of friend surgeons, who shared the same point of view regarding education, and worked together to enhance the level of endoscopic surgery within all countries in the region. MMESA has not yet been successful in achieving its ideals, which include constant improvement of the quality and safety of endoscopic surgery under a common standard. MMESA is an apolitical association, defending the principles of peace and mutual understanding of all people, all nations, all credos and all races (1, 2). MMESA defines its identity and declares its mission by the following goals:

1. Development of Endoscopic surgery and Interventional Techniques in the Mediterranean, Middle Eastern

and surrounding countries.

2. Coordination and training of these techniques in the area.

3. Promotion of scientific studies in order to develop an identity for Endoscopic Surgery.

The latest MMESA Congress in Jordan was quite fruitful and successful, with more than 350 surgeons participating from 22 different countries. Many interesting subjects were presented in new and advanced Laparoscopic surgery including: Robotic thyroidectomy by Dr. Micaela Picoli; Robotic Laparoscopic liver surgery by Dr. Abdallah Slim from Italy; laparoscopic and Robotic training for Residents by Dr. Diego Sierra from Spain; Laparoscopic oesophagectomy by Dr. Guy Bernard Cadiere from Belgium; Leakage prevention in Laparoscopic gastric bypass for Morbid obesity by Dr. Abdolreza Pazouki from Iran, and Hand-Sewn R-Y Gastric Bypass by Kelvin Higa from USA, just to mention a few. Hence, there were many good points to emphasize about the congress in Amman, in-

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cluding:

1. Presence of distinguished scholars, like Prof. Cadriere,
2. Presentation of new methods in Minimally Invasive Surgery
3. Acquaintance with different cultures; thus promoting peace and friendship
4. Warm hospitality
5. Utilization of FCO co. for the organization of the Congress and the good arrangement
6. Presentation of new products such as Cordless Ultrasonic Dissection Device giving more freedom to surgeons to move and position devices in the operating room
7. Presentation of Prof. Avci's new apparatus for Hydatid cyst surgery (3)

In the meantime, there were a few points to note and avoid for better results in the future, including:

1. Being overwhelmed by Jordanian Surgical Society and Pan Arab Congresses
2. Absence of Prof. Melotti and Prof. Schiappa - although justified- but quite notable
3. Problems in the transmission of Prof. Cadriere's live surgery
4. Presentation of non MIS surgeries such as Breast and Liver more than usual

5. Faint role of Gynecologic Laparoscopy and absence of laparoscopic Urology

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## Authors' Contribution

Both authors contributed 50% to prepare this article.

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