

## Corporate Report

a report by

**European Association for Endoscopic Surgery (EAES)**

At the turning point of the new millennium, the surgical field experienced a dramatic change: minimally invasive surgery began its victory train through the operating rooms of the world, and revolutionised surgery in one unforeseeable dimension.

The first attempts to explore the internal human body go far back. Bozzini published the first *Lichtleiter* in 1804, Segalas demonstrated a cystoscopy for the first time in 1826. In Vienna, in 1879, Nitze and Leiter demonstrated the first optical system with a platinum glow wire as a light source.

Vienna in 1881 brought a milestone, with the demonstration of the first gastroscopy by the surgeon J V Mikulicz-Radecki. It was a further 50 years before Schindler and Wolf (1932) introduced the first useful semi-flexible, ready-for-use gastroscope to the market. All these developments were restricted to the inspection of organs through natural external accesses. The first practical use of laparoscopy remained reserved (1879–1937) for the internist Hans Christian Jacobäus in Stockholm, who in 1910 published his findings of the endoscopic investigation of the abdominal cavity in 19 patients. While Jacobäus used air to insufflate, the Swiss Zolllikhofer had used CO<sub>2</sub> for the first time to insufflate into the abdominal cavity. This made electrical coagulation in interventions into the abdominal area possible. In 1938 the Hungarian physician Veress developed a specific point in needles that was named after him and is still used today to insufflate gas into the abdominal cavity.

The further development of endoscopy to video endoscopy, i.e. the transferability of the picture on a screen, was the prerequisite that gave the method a wider use. It was the gynaecologists, in particular K Semm, who through manifold innovations and creative applications became the pioneer of modern laparoscopic surgery. He performed the first laparoscopic appendectomy in 1981, stunning all surgeons. Mühe carried out these ideas in further development by performing the first laparoscopic cholecystectomy in 1985. His operation was restricted, however, to the access through the placing of a trocar with a large

diameter. It was the French surgeons Mouret and Dubois who brought the method to clinical acceptance in France.

Jacques Perissat's video demonstration of a laparoscopic cholecystectomy in June 1989 was a starting signal for laparoscopic cholecystectomy throughout Europe. Perissat, not only an innovative surgeon, but also a great European, initiated the establishment of an international association for this new form of surgery and convened the initiation meeting of the foundation in Paris: on 4 October 1990 the European Association of Endoscopic Surgery (EAES) was founded in Paris. Ninety-four surgeons from 10 countries were present.

In the course of the following two years in practically the whole of Europe, laparoscopic operations began. The flagship of minimally invasive surgery was cholecystectomy. The penetration speed was breathtaking: within a few years almost all cholecystectomy procedures were performed laparoscopically throughout Europe (60% to 90%). The innovation and readiness of the surgeons was obviously just as important as the benefits of the technique; despite the increased economical restrictions in public health the purchase of laparoscopic set-ups was still possible.

The aims of the Foundation were described as follows:

- the evaluation of endoscopic surgery and interventional techniques in Europe;
- the co-ordination and training of these techniques in Europe; and
- to promote scientific studies in order to develop an identity for European endoscopic surgery.

The first annual congress of the association was organised by Professor Hans Troidl in Cologne. The interest, especially that of the young generation of surgeons in new technologies, was overpowering. It was the newly established scientific association's special concern to examine this method for the actual



advantage for the patient. Investigations into the subjects of life quality, decision-making in surgery, failure analysis and many more belong to the innovative academic input with which Professor Troidl has enriched the association. In addition, he inaugurated the Consensus Conference, guidelines for which were established under the direction of Professor Edmund Neugebauer.

The journal *Surgical Endoscopy and other interventional techniques*, established by Manegold and Groitl, experienced a high academic stature under the new Chief Editor Sir Alfred Cuschieri, and found its place among the surgical periodicals with the highest impact factor (currently 2,056). In co-operation with our American sister organisation the Society of American Gastrointestinal Endoscopic Surgeons (SAGES), this periodical has attained high reputation.

The annual congresses, held in different countries, reflect the variety of Europe:

- 1st EAES Annual Congress, 3–5 June 1993, Köln – Germany.
- 2nd EAES Annual Congress, 14–17 September 1994, Madrid – Spain.
- 3rd EAES Annual Congress, 14–17 June, 1995, Luxembourg.
- 4th EAES Annual Congress, 23–26 June 1996, Trondheim – Norway.
- 5th EAES Annual Congress, 17–21 June 1997, Istanbul – Turkey.
- 6th EAES Annual Congress, 6th World Congress of Endoscopic Surgery, 31 May–6 June 1998, Rome – Italy.
- 7th EAES Annual Congress, 23–26 June 1999, Linz – Austria.
- 8th EAES Annual Congress, 28 June–1 July 2000, Nice – France.
- 9th EAES Annual Congress, 13–16 June 2001, Maastricht – The Netherlands.
- 10th EAES Annual Congress, 2–5 June 2002, Lisbon – Portugal.
- 11th EAES Congress, 1st European Endoscopic

Surgery Week, 15–18 June 2003, Glasgow – Scotland UK.

- 12th EAES Annual Congress, 9–12 June 2004, Barcelona – Spain.

In order to comply with the various activities of the organisation several committees were established. The Scientific Educational Program Committee is currently led by Abe Fingerhut (Poissy) and Bertrand Millat (Montpellier) arranging the program of the yearly congresses and organising educational courses in several European countries, in the education centres for minimally invasive surgery that have emerged. Hundreds of surgeons were able to gather laparoscopic experiences at these centres.

The Technological Committee, under the leadership of Marco Lirici, assesses new technological aspects and innovations in this zone of surgery.

The office that co-ordinates the activities of the foundation and its members (nearly 3,000) is the EAES Office. In its 14 years of existence the EAES has grown to be one of the largest organisations for surgeons.

One of the fervent goals of the EAES is to grant scholarships and offer internships to young surgeons from economically poorer regions, enabling young surgeons to gain international experiences.

It is of utmost importance for all surgeons to keep in mind that patients are human beings, in spite of the fascinating new technological tools that are constantly being developed. It is clear that the patients best interests are paramount. Although there are different types of surgery, minimal invasive techniques are the most fascinating modern form of surgical procedures. ■

#### Contact Information

**EAES Office**  
 Luchthavenweg 81 Unit 135  
 5657 EA Eindhoven  
 The Netherlands  
 Tel.: +31 40 252 5288  
 Fax: +31 40 252 3102  
 e-Mail: [info@eaes-eur.org](mailto:info@eaes-eur.org)  
<http://www.eaes-eur.org>