

Proposed Program

JUNE 25-26, 2027 | CSI CADAVERIC LAB | DENVER, COLORADO

DAY 1

Percutaneous Corridors, Navigation + Robotics

Participants progress from conventional fluoroscopic corridor identification and wire placement to navigation, 3D imaging and robotic applications, with emphasis on independent confirmation, error recognition and practical workflow.

MORNING DIDACTIC

Welcome + Course Orientation

Course structure, learning goals and laboratory workflow.

Percutaneous Fixation

Tips and techniques for pelvic and acetabular fixation.

Imaging + Navigation

Fluoroscopy, 3D imaging and navigation fundamentals.

MORNING CADAVER LAB

Fluoroscopy vs Navigation

Obtain essential views, map safe corridors and place matched wire trajectories using conventional fluoroscopy and navigation.

Compare + Confirm

Use repeat 3D imaging to compare trajectory accuracy, identify redirections or potential breaches and confirm safe placement.

EXTENDED LUNCH

NAPS Poster Tour + Research Seminar

Moderated poster walk, brief investigator presentations and discussion of ongoing multicenter projects.

Collaboration

Dedicated time for research discussion, networking and opportunities for involvement with NAPS.

AFTERNOON CADAVER LABORATORY

Robotic Pelvic Surgery

A concise introduction to robotic setup, registration, calibration and trajectory planning is followed by hands-on robotic wire placement in available pelvic and acetabular corridors.

CORE WORKFLOW

Setup • Registration + calibration • Reference-array positioning • Trajectory planning • Guidewire control • Accuracy confirmation

TROUBLESHOOTING

Recognize skiving, pelvic motion, array displacement and registration error. Confirm trajectories independently and know when to convert.

DAY 1 CLOSING DISCUSSION + EVENING PROGRAM

Fluoroscopy vs navigation • Where robotics adds value • Error recognition • Clinical implementation • Happy hour + faculty/participant dinner

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DAY 2

Minimally Invasive Reduction of the Anterior Pelvic Ring

Day 2 shifts from intact-anatomy corridor work to fracture reduction. Teams evaluate an assigned anterior-ring injury, develop a reduction strategy, restore a safe osseous corridor and capture the reduction using the least invasive effective technique.

MORNING DIDACTIC

Percutaneous Anterior-Ring Reduction

Understand the deformity, restore a safe corridor, separate reduction from fixation, maintain the reduction and recognize when escalation is appropriate.

CORE CONCEPTS

Positioning + manual manipulation • Restoring an intramedullary corridor • Percutaneous reduction maneuvers • Guidewire capture • Progressive escalation from percutaneous to limited-open and open techniques

PROGRESSIVE CADAVERIC REDUCTION SEQUENCE

1 Positioning + Manual Reduction

2 External Fixation + Schanz-Pin Manipulation

3 Percutaneous Clamp Reduction

4 Intramedullary Reduction Techniques

5 Bent-Wire Techniques

6 Limited-Open + Open Reduction

PITFALLS + RESCUE EXERCISES

Participants identify common technical errors and perform an appropriate rescue maneuver.

TEAM REVIEW

Teams present the injury pattern, initial strategy, successful reduction technique, method of capture, technical pitfall encountered and indication for escalation.

CLOSING DEMONSTRATION

Endoscopic-Assisted Acetabular Surgery

Endoscopic setup + portal strategy • Anterior-ring visualization • Reduction assistance • Protection of surrounding structures • Integration with percutaneous fixation