



# CARIBBEAN COLLEGE OF SURGEONS

*www.caribbeancollegeofsurgeons.com*  
*P O Box 41W, Worthing, Christ Church, Barbados*  
*Email: info@caribbeancollegeofsurgeons.com*

**President:** *Dr. C. Greenidge*  
**Past President:** *Prof. S. Cawich*  
**Vice President:** *Dr. W. Francis*  
**Secretary:** *Dr. V. George*  
**Treasurer:** *Dr. C. Warner*  
**Asst. Treasurer:** *Dr G. Padmore*  
**Council Members:** *Drs. S. Rajkumar, Y. Singh, M. O'Shea, C. Wilson, H. Roberts*

## Call for Submissions

The 24<sup>th</sup> Annual Caribbean College of Surgeons' Scientific Conference will be held on July 1 - 4, 2026 in Tobago. We invite you to submit papers for presentation.

Selections will be based on scientific merit and their relevance to the practice of surgery in the Caribbean. All proceedings at the conference will be published as abstracts in the Journal of the Caribbean College of Surgeons.

Abstracts for all presentations should be submitted to the Conference Scientific Secretariat by **January 31, 2026**. Please send your submissions electronically to [conference@caribbeancollegeofsurgeons.com](mailto:conference@caribbeancollegeofsurgeons.com).

Each submission should include a structured abstract and a cover letter. The instructions for authors and sample abstract for submissions are attached. **Submissions will not be considered if they are not properly formatted.**

Please note: All presenters are required to complete the normal registration process in order to participate in the conference.

Best regards,  
Vonetta Goerge  
CCOS Secretary

## INSTRUCTIONS TO AUTHORS:

All submissions for publication should be accompanied by a cover letter and a structured abstract in Microsoft Word.

### **ABSTRACT:**

The Abstract should not exceed 250 words and should be typed in British English.

Abstracts should be prepared using Times New Roman as the font; size 12; regular style; single spaced (1.0). Please ensure that the left and right margins are 1.5cm in width.

The abstract should be formatted as follows:

### **Title:**

Use bold type. Do not use abbreviations

### **Authors:**

Begin on a new line two spaces below the title. Use italics. List authors' surnames followed by initials of first names. Do not use full stops after initials. Omit degrees, titles and institutional appointments.

### **Institution:**

Begin on a new line immediately below Authors. Use italics. List institute(s) where work originated, city and country.

### **Email Address:**

Include the email address of the presenting author in the next line.

### **Text:**

The text begins on a new line 2 spaces below and should be arranged as follows:

**Objective:** State the main objective/ research question/hypothesis of the study.

**Design & Methods:** Briefly describe the design of the study and how it was conducted indicating study population, sampling, procedures, measurements.

**Results:** Only the main results should be presented, with an indication of variability (e.g. SD) and precision of comparisons (e.g. 95% confidence intervals) where appropriate. Statements such as "results will be discussed" or "data will be presented" will not be accepted.

**Conclusions:** Limit the conclusions only to those directly supported by the results. Be as clear and specific as possible.

## SAMPLE ABSTRACT

### **Management of Esophageal Atresia in Martinique and Guadeloupe**

*Trabanino C, Coridon H, Tölg C, Laplace C, Colombani JF*

Department of Pediatric Surgery, Guadeloupe, University of French Antilles, France

Email: [c.trabaninogarcia@gmail.com](mailto:c.trabaninogarcia@gmail.com)

**OBJECTIVE:** Esophageal atresia (EA) is a rare congenital malformation. The management of this disease in the French Antilles is recent. The purpose of this study was to describe the management, analyze the main complications and evaluate the quality of the multidisciplinary follow up for EA.

**DESIGN AND METHODS:** A retrospective and multicentric study was done concerning children with esophageal atresia operated in Martinique and Guadeloupe from 2000 to 2015.

**RESULTS:** 32 patients were included. 13 children were operated in Guadeloupe and 19 were operated in Martinique of whom 9 came from French Guyana. 85% had type III EA and 50% of the patients presented at least one associated malformation. During the first year of life, 6,3% died. 12,5 % had anastomotic leakage, 40,6 % had anastomotic stricture and 12,5% had recurrent tracheo-esophageal fistula. 25% of the patients required anti reflux surgery for severe gastro-esophageal reflux. 37,5% had a medical evacuation to metropolitan France to treat complications or associated malformation. At the moment of the study, 22% of children were lost of follow up. Multidisciplinary follow up was not systematic.

**CONCLUSIONS:** Even though the mortality rate is the same compared to national results, complication rates remain higher. Martinique and Guadeloupe still depend on medical evacuation for the management of the follow up of children with EA. Local paediatrician specialties and inter-regional protocols should be developed to improve the management of these patients.