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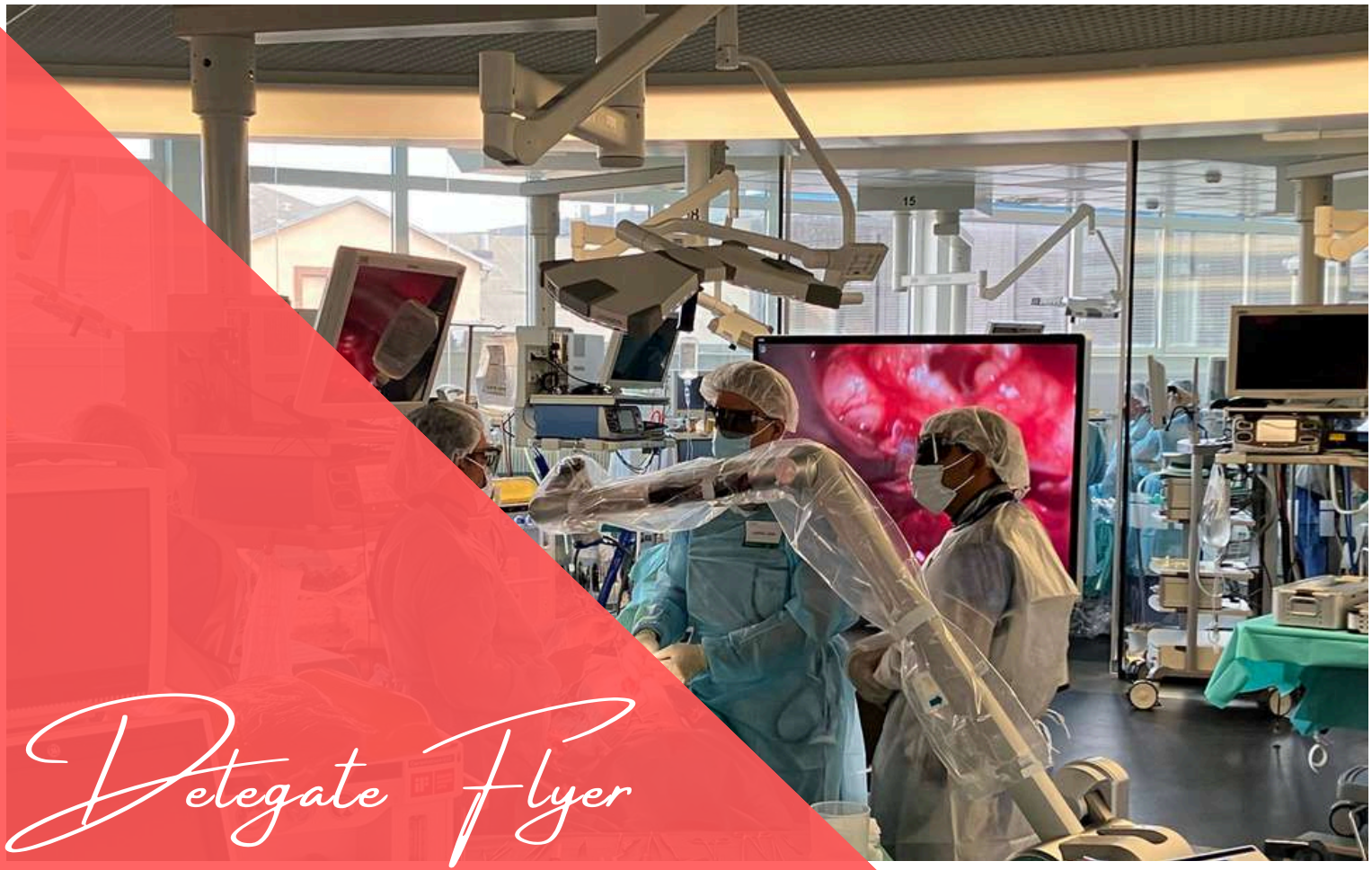
innovative spine education ™

NSpine Southern European Summit Bastia - May 2026

ICCEME INSTITUTE



Delegate Flyer

14 to 16 May 2026

Bastia Museum - Place du Donjon

Bastia | Corsica

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ICCEME INSTITUTE

Dear Course Delegate,

We are delighted to invite you to join us in Bastia, Corsica for NSpine x ICCEME upcoming hands-on biomimetic model training from the 14 to 16 May 2026.

Designed under the guidance of Dr. Joseph Cristini, this 2 and 1/2 day course is designed to empower spinal surgeons through a balanced format of half-day theory sessions and half-day hands-on training. The program focuses on three key areas: degenerative spine, monoportal and bi-portal endoscopy, and innovation in spine surgery, including navigation, robotics, and enabling technologies.

Led by an esteemed international faculty selected for both expertise and a proven commitment to teaching, the course combines structured lectures, case-based discussions, and high-fidelity biomimetic model training to support real-world decision-making and technical progression.

Our delegates are typically experienced surgeons from across the globe who seek out NSpine training events, and especially the faculty, to refine techniques, adopt new workflows, and gain confidence in cutting-edge approaches. Faculty will scale workshop complexity according to delegate experience to ensure individual training needs are met.

Event Details:
Date: 14 to 16 May 2026
Venue: Bastia Museum - Place du Donjon, 20200 Bastia

Course Structure: Delegates will receive up to 2 and 1/2 full days of hands-on training through a modular rotation at workstations. Incorporated in the course structure, delegates will also get access to our theory and case discussions lead by local and international experts.
Three delegates will be allocated per workstation with rotating faculty to optimise training exposure.

Faculty will scale the workshop complexity according to delegate experience to allow individual training needs to be met.

This training event is designed with the working surgeon in mind to provide the necessary forum to work through techniques under expert guidance.

FACULTY

Southern European Summit

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The NSpine Southern European Summit 2026

14 to 16 May - Bastia | Corsica

Faculty 2026

COURSE DIRECTOR

- **Joseph Cristini** (France)
  Course and Educational Director
  Spine Surgeon
  Clinique Monticelli Vélodrome - Hopital Privé Clairval,

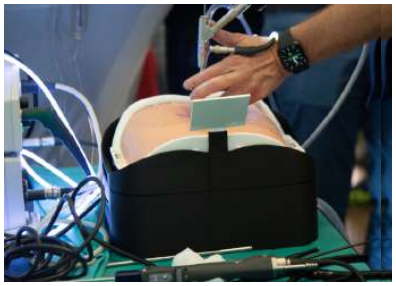
- **Bronek Boszczyk** (Germany)
  Educational Advisor
  Head of Paediatric Spine Surgery
  Aschau Orthopaedic Hospital

INVITED FACULTY

- **Khandge Ashwinkumar** | India
- **Vincent Challier** | France
- **Bassel Diebo** | USA
- **Mazda Farshad** | Switzerland
- **François Xavier Ferracci** | France
- **Vincent Hagel** | Germany
- **Franck Hassel** | Germany
- **Ariel Kaen** | Spain
- **Marc Khalifé** | France
- **Virginie Lafage** | USA
- **François Lechanoine** | Italy
- **Henri-Arthur Leroy** | France
- **Roger Hartl** | USA
- **Bruno Santiago** | Portugal
- **Marcelo Gruenberg** | Argentina
- **Dan Riew** | USA
- **Chris Cain** | Australia
- **Hao-Hua Wu** | USA
- **Jonathan Lebhar** | France
- **Nicolas Lauper** | Switzerland
- **Philip Horsting** | Netherlands
- **Roger Brock** | Brazil
- **Kern Singh** | USA
- **Juan Uribe** | USA
- **Jeffrey Gum** | USA
- **Takeshi Umebayashi** | Japan
- **Antonio Faundez** | Switzerland
- **Anton Denisov** | Spain
- **Georgios Bakaloudis** | Italy
- **Zhiqiang Zhang** | China
- **Ajiantoro** | Indonesia
- **Mathieu Vassal** | France
- **Simona Legrenzi** | Italy
- **Bernardo Drummond-Braga** | Brazil
- **Guillaume Lonjon** | France
- **Olivier Lucas** | France
- **Nacer Mansouri** | France
- **Dimitrios Marinopoulos** | Greece
- **Nicolas Pellet** | France
- **Elsa Gonzales Perez** | Spain
- **Rachid Saddiki** | France
- **Aurore Sellier** | France
- **Louis Marie Terrier** | France
- **Shawn Venter** | South Africa
- **Samir Smajic** | Germany
- **Alexis Perrin** | France
- **Daniel Resnick** | USA
- **Nuno Neves** | Portugal
- **Sebastien Trincat** | France
- **Masa Tanaka** | Japan
- **Manabu Ito** | Japan
- **Ali Baaj** | USA
- **Michael Selby** | Australia
- **Ricardo Casal** | Spain
- **Rodolfo Guerrero Perez** | Mexico
- **Nicolas Penet** | Switzerland
- **Benjamin Bouyer** | France
- **Alberto De Battista** | Argentina
- **Xavier Santander** | Spain
- **Hayati Aygun** | Turkey
- **Osmar Moraes** | Brazil
- **Fernando Alvarez Sala Walther** | Spain
- **Antonio Serdoura** | Portugal
- **Yuriy Lontkovskiy** | Ukraine
- **Kanji Sasaki** | Japan
- **Nguyen Hung** | Vietnam
- **Luming Nong** | China
- **Anthony Melot** | France

PROGRAM

Southern European Summit



Course Format and Content: Hands-On Sessions

Learning objectives:

Cervical spine (C0–C7)

Cervical endoscopy (uni- and bi-portal)

Clinical indications
Cervical radiculopathy from soft disc herniation, selected cases of foraminal stenosis, and focal lateral recess/foraminal decompression needs in appropriately selected patients.

Learning objectives

- Plan approach trajectory
- Imaging and palpation of the target area
- Direct visualisation of key anatomical landmarks
- Radiographic landmarks (as applicable)
- Needle placement and correct docking principles
- Regional foraminal anatomy
- SAP exposure and osteotomy (including foraminotomy)
- Discectomy steps (annulotomy)

Anterior cervical (ACDF / anterior decompression principles)

Clinical indications
Cervical radiculopathy and/or myelopathy due to disc herniation, spondylosis, osteophytes, and degenerative disc disease; selected cases requiring corpectomy for ventral compression across multiple levels.

Learning objectives

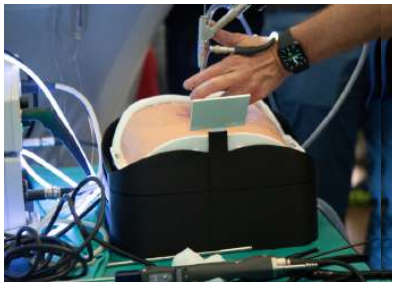
- Discectomy
- Corpectomy and uncinate resection
- Safe instrumentation placement with minimal to no imaging support

Posterior craniocervical (CCJ and subaxial instrumentation)

Clinical indications
Craniovertebral junction instability, atlantoaxial pathology requiring fixation, subaxial cervical instability (degenerative, traumatic, inflammatory), deformity and revision situations where posterior stabilisation is indicated.

Learning objectives

- CCJ and subaxial instrumentation options and hands-on practice
- Subaxial cervical spine techniques
- Anatomy-based safe instrumentation placement (minimal reliance on imaging)



Course Format and Content: Hands-On Sessions

Learning objectives:

Thoracic spine (T1–T12)

Thoracic endoscopy (uni- and bi-portal)

Clinical indications
Selected thoracic disc herniations, focal thoracic stenosis, and targeted decompressions where minimally invasive endoscopic access is appropriate.

Learning objectives

- Plan approach trajectory
- Imaging and palpation of the target area
- Direct visualisation of important anatomical landmarks
- Radiographic landmarks (as applicable)
- Needle placement and correct docking principles

Upper thoracic instrumentation

Clinical indications
Upper thoracic instability due to trauma, tumour, infection, deformity, or revision surgery requiring posterior fixation, including challenging transitional anatomy at the cervicothoracic junction.

Learning objectives

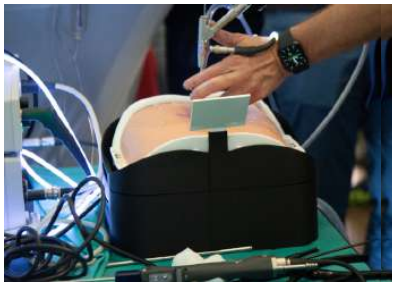
- Upper thoracic spine instrumentation practice
- Anatomy-only strategies for safe instrumentation placement (minimal reliance on imaging)

Posterior thoracic to pelvis instrumentation, osteotomy and deformity reconstruction

Clinical indications
Thoracic and thoracolumbar deformity (adult spinal deformity, scoliosis/kyphosis), sagittal imbalance, post-traumatic or iatrogenic deformity, complex revision cases, and long constructs requiring pelvic fixation.

Learning objectives

- Insert pedicle screws from thoracic spine to pelvis
- Perform osteotomies, including chevron and pedicle subtraction osteotomies
- Close osteotomies using reduction manoeuvres
- Apply corrective forces appropriately to the instrumented spine
- Complications management



Course Format and Content: Hands-On Sessions

Learning objectives:

Lumbar spine (L1–L5, including lumbosacral junction where relevant)

Lumbar endoscopy (uni- and bi-portal)

Clinical indications
Lumbar disc herniation with radiculopathy, lumbar spinal stenosis, lateral recess stenosis, foraminal stenosis, and selected recurrent disc herniations where endoscopic decompression is appropriate.

Learning objectives

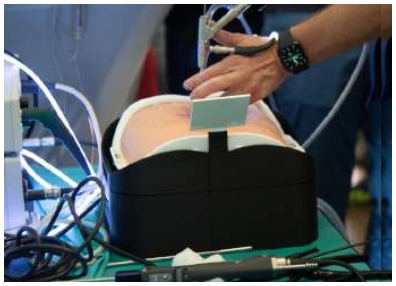
- Plan approach trajectory
- Imaging and palpation of the target area
- Direct visualisation of important anatomical landmarks
- IELD (interlaminar endoscopic lumbar discectomy): laminotomy, flavum split, discectomy (deherniation)
- LE-ULBD (lumbar endoscopic unilateral laminotomy for bilateral decompression): ipsilateral/contralateral laminotomy, flavectomy (decompression)
- Radiographic landmarks
- Needle placement and correct docking principles
- Regional foraminal anatomy
- SAP exposure and osteotomy (including foraminotomy)
- Discectomy steps (annulotomy)

ALIF / XLIF (lumbar interbody fusion approaches)

Clinical indications
Degenerative disc disease with mechanical back pain, spondylolisthesis, segmental instability, foraminal stenosis requiring indirect decompression, adjacent segment disease, deformity correction (including sagittal/coronal realignment), and selected revision settings.

Learning objectives

- Understand relevant approach anatomy for ALIF and XLIF
- Identify key anatomical landmarks on cadaveric specimens
- Demonstrate proficiency in core surgical steps for ALIF and XLIF
- Recognize indications and contraindications for each approach
- Evaluate patient cases to select the appropriate approach for specific pathologies
- Pre-operative planning and risk assessment
- Safe handling of instruments and adherence to surgical protocols
- Identify potential complications and discuss prevention/management strategies
- Interdisciplinary planning considerations
- Peer discussion around case presentations and surgical decision-making



Course Format and Content: Hands-On Sessions

Learning objectives:

MIS TLIF (lumbar)

Clinical indications
Grade I–II degenerative spondylolisthesis, recurrent disc herniation with instability, symptomatic degenerative disc disease, foraminal stenosis requiring direct decompression and stabilisation, and selected cases of segmental instability or adjacent segment disease.

Learning objectives

- Plan and set up surgery for MIS TLIF
- Correct handling and insertion of devices and implants
- Positioning and identification of fluoroscopic landmarks
- Execute the procedural sequence: instrument handling, exposure of neural structures, discectomy, implant insertion

Single-position prone (typically lumbar / thoracolumbar)

Clinical indications
Cases suited to combined lateral interbody fusion (where applicable) and posterior percutaneous fixation in one position, particularly degenerative pathology at the lumbar or thoracolumbar junction where efficiency and reduced repositioning are advantageous.

Learning objectives

- Define indications and advantages of single-position surgery
- Approach the spine from a lateral exposure in prone position
- Simultaneously instrument the posterior spine using minimally invasive methods

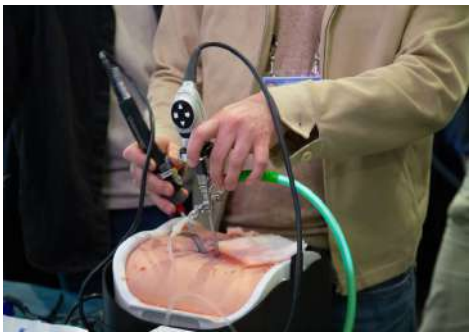
Techniques spanning multiple levels (cervical, thoracic and/or lumbar depending on pathology)

MIS spine / percutaneous instrumentation / vertebral augmentation

Clinical indications
Percutaneous pedicle screw fixation for trauma, selected tumour/infection stabilisation cases, degenerative instability in appropriately selected patients, and vertebral augmentation (e.g., osteoporotic compression fractures, selected metastatic lesions) depending on local protocols and patient factors.

Learning objectives

- Plan and set up surgery for the selected percutaneous technique(s)
- Correct handling and insertion of devices and implants
- Positioning and identification of fluoroscopic landmarks relevant to each technique
- Execute the procedural sequence for instrument handling and implant application



Course Format and Content - General Information

Day 1 - 14th of May 2026

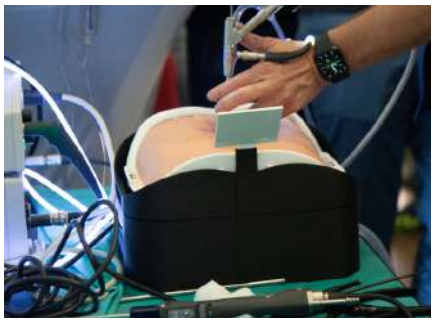
8:30 - 9:00 am	Welcome and Registration		
9:00 - 10:00 am	Plenary Session - Degenerative Spine		
10:00 - 10:30 am	Coffee Break		
10:30 - 12:30 pm	Theory Session Degenerative	Theory Session Endoscopy	Theory Session Innovation
12:30 - 13:00 pm	Lunch Symposium		
13:00 - 13:30 pm	Demo on Stage Degenerative	Demo on Stage Endoscopy	Demo on Stage Innovation
13:30 - 15:30 pm	Hands-on Lumbar Degenerative Session 1	Hands-on Lumbar Endoscopy Session 1	Hands-on Innovation Session 1
15:30 - 17:30 pm	Hands-on Lumbar Degenerative Session 2	Hands-on Lumbar Endoscopy Session 2	Hands-on Innovation Session 2
17:30 - 18:30	Plenary Session - Disruptive Keynotes		
18:30 pm	End of day 1		



Course Format and Content - General Information

Day 2 - 15th of May 2026

8:30 - 9:00 am	Welcome and Registration		
9:00 - 10:00 am	Plenary Session - Endoscopy		
10:00 - 10:30 am	Coffee Break		
10:30 - 12:30 pm	Theory Session Degenerative	Theory Session Endoscopy	Theory Session Innovation
12:30 - 13:00 pm	Lunch Symposium		
13:00 - 13:30 pm	Demo on Stage Degenerative	Demo on Stage Endoscopy	Demo on Stage Innovation
13:30 - 15:30 pm	Hands-on Cervical Degenerative Session 1	Hands-on Cervical Endoscopy Session 1	Hands-on Innovation Session 1
15:30 - 17:30 pm	Hands-on Thoracic Degenerative Session 2	Hands-on Thoracic Endoscopy Session 2	Hands-on Innovation Session 2
17:30 - 18:30	Plenary Session - Disruptive Keynotes		
18:30 pm	End of day 2		



Course Format and Content - General Information

Day 3 - 16th of May 2026

8:30 - 9:00 am	**Welcome and Registration**		
9:00 - 10:00 am	**Plenary Session - Innovation in Medtech (AI, Robotics and Blockchain)**		
10:00 - 10:30 am	**Coffee Break**		
10:30 - 13:00 pm	**Theory Session** Degenerative	**Theory Session** Endoscopy	**Theory Session** Innovation
13:00 pm	**Lunch & Close**		

Plenary Sessions:

- Day 1: Degenerative Spine - Basic science of lumbar motion segment degeneration, lumbar spine biomechanics, and biomechanical changes during degeneration, with an overview of surgical strategies to address the degenerative cascade.
- Day 2: Endoscopy - The evolution of endoscopic spine surgery - uni vs mono portal techniques - outlook of advanced technologies in endoscopic surgery
- Day 3: Innovation - Impact of AI, VR, AR and Robotics on surgical practice, covering passive and active assistance, the smart operating theatre, and autonomous surgical networks. Ancillary topics may include smart materials, the Internet of Things, AI-enabled decision support, virtual and augmented reality, and robotic technologies.
- Disruptive Keynotes: Renowned guest speakers

Course format:

- Half day biomimetic hands-on workshops across different workstations
- Morning Plenary session
- Morning Theory sessions
- Maximum delegate number per workstation is 3.

Learning outcomes (after the event delegates will be able to):

- Perform technical steps of posterior endoscopic foraminotomy.
- Perform posterior and anterior approaches to the subaxial cervical spine.
- Perform anterior decompressive techniques including discectomy and resective techniques including subaxial vertebrectomy
- Perform anterior and posterior reconstructive techniques including ACDF / TDR, vertebral body replacement lateral mass and pedicle screw fixation.
- Perform technical steps of Anterior and Lateral lumbar interbody fixation.
- Perform technical steps of interlaminar and transforaminal endoscopy.

VENUE

Southern European Summit

www.nspine.com

Bastia Museum & Citadel

About the venue: Bastia Museum, Citadel of Bastia

The course will be hosted at the Bastia Museum, located within the Citadel of Bastia. Set in a historic landmark overlooking the Mediterranean, the venue offers a focused and inspiring environment for learning. Its unique setting supports the structure of the course, with dedicated space for both the theory sessions and the hands-on biomimetic model training, while also creating natural opportunities for discussion and networking between sessions.

The aim of NSpine is, and always will be, to provide highest level surgical training by surgeons for surgeons.

The Bastia site has been selected as the third site for NSpine courses based on the quality, accessibility and outstanding faculty.

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About NSpine

Spine education since 2013

NSpine is an entirely independent company focused exclusively on spine surgery education. Since the inaugural meeting in 2013, NSpine has grown into a global platform for high level, surgeon led training, delivering a portfolio of respected educational activities across multiple regions. Our events bring together an international community of practicing surgeons, unified by a shared goal: education that directly translates into better decision-making and better patient care.

Education designed for working surgeons

NSpine meetings are built around real clinical problem solving. Rather than teaching theory in isolation, our programs focus on decision-making, indications, complication avoidance and management, and the practical steps that define good outcomes in everyday practice. Faculty are selected not only for expertise, but for their ability and willingness to teach, share their workflows, and engage in open discussion.

Innovation with clinical relevance

NSpine actively integrates emerging techniques and enabling technologies into its educational formats when they add real value to patient care. This includes the evolution of minimally invasive approaches, endoscopic techniques, and the expanding role of navigation, robotics, and digital tools in the operating theatre. The objective is always the same: to help surgeons evaluate what is useful, understand how to implement it safely, and learn how to adopt new workflows without compromising fundamentals.

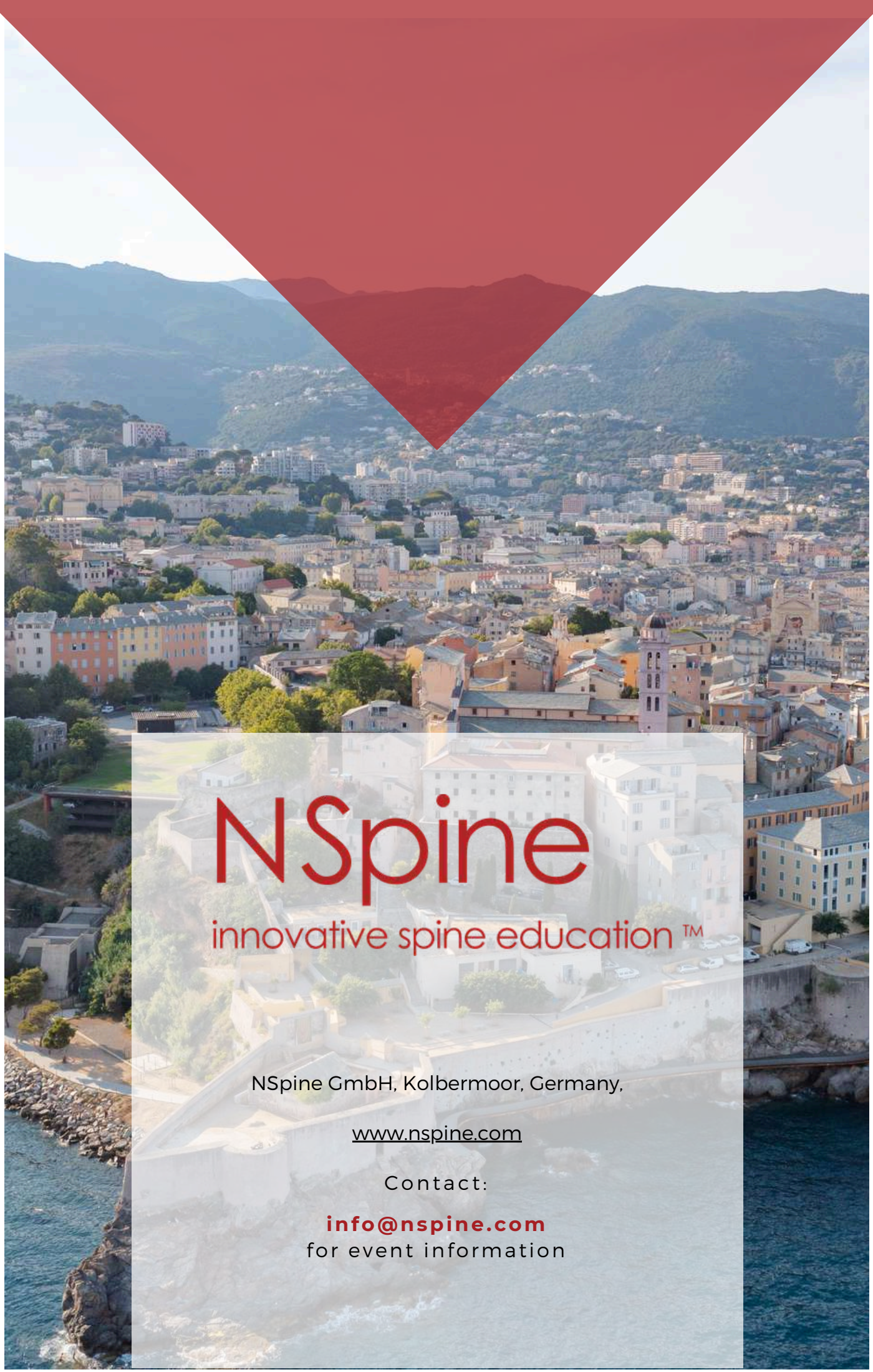
A strong tradition of hands-on training

Hands-on education is a cornerstone of NSpine. Across our training portfolio, we deliver structured workstation based learning with close faculty interaction, designed to accelerate skill acquisition in a safe, high fidelity environment. Whether delivered through cadaveric formats, live tissue complications management or advanced biomimetic simulation models, our courses emphasise technique, reproducibility, and learning curves that are realistic for surgeons returning to clinical practice.

Independent, surgeon led, and community driven

By remaining independent, NSpine retains the flexibility to design educational content around genuine clinical needs. Our community includes delegates and faculty from across the globe, creating an open, collaborative environment where experience is shared candidly and learning continues well beyond the lecture hall and training stations.

Bronek Boszczyk Spine Surgeon, NSpine Founder



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