

**Colorectal Workshop**  
Skills Centre, St George Hospital  
Saturday 15th February 2014

VMO facilitators: Prof David Lubowski (St George Hospital)  
Dr Steven Gan (St George Hospital)  
Dr Nagham Al-Mozany (St George Hospital)

Lecture topics:

**Welcome**

0900-0915 (12 minute presentation, 3 minute discussion)

Registrar presenter: Sonia Tran (St George Hospital)

**Colonic cancer**

- What is the adenoma-carcinoma sequence?
- What is microsatellite instability?
- How are colon cancers staged clinically and pathologically?
- What are the screening recommendations for colon cancer?

0915-0930 (12 minute presentation, 3 minute discussion)

Registrar presenter: Mark Magdy (University of Western Sydney)

**Rectal cancer**

- What are the indications for neoadjuvant chemoradiation, how can it be delivered and what are the goals of using it?
- What are the recommendations for surveillance postop?
- When should colonic stents be considered?

0930-0945 (12 minute presentation, 3 minute discussion)

Registrar presenter: Mathew Doyle (St George Hospital)

**Anal cancer**

- What are the subtypes and the WHO classification of anal cancer?
- How are anal cancers staged clinically and pathologically?
- What is the Nigro protocol and do we still use it?
- When is surgery indicated in anal cancer?

0945-1000 (12 minute presentation, 3 minute discussion)

Registrar presenter: Linda Lin (Sutherland Hospital)

**Diverticular disease**

- What is the pathogenesis of diverticular disease and diverticulitis?
- What is Killingback's classification of diverticular disease? What is Hinchey's classification?
- What are the options for managing perforated diverticulitis?

**Morning tea break (sponsored by Covidien)**

1015-1030 (12 minute presentation, 3 minute discussion)

Registrar presenter: Anna Giles (Prince of Wales)

**Crohn's disease**

- What are the histological and macroscopic differences between UC and Crohn's?
- What are the proposed aetiological factors in IBD - UC and Crohn's?
- What are the extraintestinal manifestations of IBD?

1030-1045 (12 minute presentation, 3 minute discussion)

Registrar presenter: Anna Giles (Prince of Wales)

**Ulcerative colitis**

When a patient presents with a flare of their UC, how is the severity graded?

What is the malignant risk of UC?

What are the drug options for IBD?

When is surgery indicated for UC?

1045-1100 (12 minute presentation, 3 minute discussion)

Registrar presenter: Susannah Graham (Macquarie University)

**Anal fistula**

What are the causes of fistula and what is Eisenhammer's theory?

What is Park's classification of anal fistula?

What are the options for managing fistula?

1100-1115 (12 minute presentation, 3 minute discussion)

Registrar presenter: Susannah Graham (Macquarie University)

**Haemorrhoids and fissures**

What is the pathogenesis of haemorrhoids?

How can haemorrhoids be classified?

How can haemorrhoids be managed?

What is the pathogenesis of fissures?

What are the options for managing fissures?

1115-1130 (12 minute presentation, 3 minute discussion)

Registrar presenter: Ranah Lim (University of Western Sydney)

**Infectious and radiation colitis**

What is the pathophysiology of radiation colitis?

What are the management options for radiation proctitis?

What are the common pathogens causing infectious colitis?

What is the pathophysiology of pseudomembranous colitis?

1200-1400

Room A - skills station (as below)

Room B - viva practice (as below)

## Colorectal Workshop - Skills Stations (sponsored by Covidien)

Room 1:

### **Rigid sigmoidoscopy**

#### **Objectives**

By the end of the session, trainees will be able to:

1. Recognise the components of the rigid sigmoidoscope and be able to assemble the rigid sigmoidoscope for use
2. Recognise the risks and limitations of rigid sigmoidoscopy
3. Understand the indications for rigid sigmoidoscopy and its role in clinical practice

#### **Tasks**

1. Examine the rigid sigmoidoscope with the session facilitator, handle the components of the instrument and observe how they are assembled
2. Demonstrate how to assemble the rigid sigmoidoscope components
3. Discuss how to insert the rigid sigmoidoscope safely and the principles of using the instrument
4. Discuss the indications for rigid sigmoidoscopy
5. Discuss the risks and limitations of rigid sigmoidoscopy

### **Bowel anastomosis**

#### **Objectives**

By the end of the session, trainees will be able to:

1. Recognise the principles of performing bowel anastomoses.
2. List the risk factors of anastomotic leak.
3. Recognise and diagnose anastomotic leak.
4. Describe two techniques of performing stapled anastomoses.
5. Describe two techniques of performing hand-sewn bowel anastomoses.
6. Perform a hand-sewn bowel anastomosis.

#### **Tasks**

1. Discuss the principles of performing bowel anastomoses, and the risks associated with anastomotic failure.
2. Observe the session facilitator perform a stapled anastomosis.
3. Demonstrate how to perform a stapled anastomosis.
4. Observe the session facilitator perform a hand-sewn anastomosis.
5. Demonstrate how to perform a hand-sewn anastomosis.

## Colorectal Workshop - Skills Stations (sponsored by Covidien)

Room 2:

### **Viva practice**

Examples from past examinations:

#### **Anatomy**

1. Draw the anal canal and rectum and describe your diagram.
2. Discuss the arterial supply of the colon and rectum.
3. Discuss the autonomic nerves of the pelvis.

#### **Pathophysiology and critical care**

1. A 75 year old man with a background of IHD and recent PE on warfarin, is diagnosed with a near obstructing caecal cancer. What are your priorities in management and how do you proceed?
2. A 65 year old woman on your elective scope list is found to have a rectal cancer. On staging CT scans, she also has a liver lesion in segment 6. How would you manage this patient?
3. A 23 year old woman presents with multiple episodes of bloody diarrhoea, abdominal distension, pain and fevers to the Emergency Department. She was diagnosed with ulcerative colitis 3 years ago and has been compliant with mesosal. How do you investigate and manage her?
4. A 58 year old man presents with bloody diarrhoea and abdominal pain after a total knee replacement. Flexible sigmoidoscopy demonstrates pseudomembranes. How do you investigate and manage this man?
5. An 80 year old woman presents with haematochezia and incontinence, which she has blamed on haemorrhoids. On examination there is a fungating mass at the anus. How do you investigate and manage this woman?

#### **Operative**

1. Right hemicolectomy
2. Hartmann's procedure
3. Haemorrhoidectomy
4. Anterior resection
5. Perineal component of an abdomino-perineal excision