

Oesophagogastric Workshop
Skills Centre, St George Hospital
14 June 2014

VMO facilitators:

Lecture topics:

Welcome

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

Registrar presenter:

Oesophageal cancer

- What are the risk factors for oesophageal cancer?
- How can oesophageal cancer be staged clinically and pathologically?
- What are the management options?
- When is neoadjuvant chemotherapy indicated?

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

Registrar presenter:

Gastric cancer

- How can gastric cancer be staged clinically and pathologically?
- What are the management options?
- When is neoadjuvant chemotherapy indicated?

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

Registrar presenter:

Gastro-oesophageal reflux

- How do proton pump inhibitors work?
- When is surgery indicated for gastro-oesophageal reflux?
- What investigations are required prior to considering surgery?

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

Registrar presenter:

Barrett's oesophagus

- How is Barrett's classified?
- What are the management options?
- What surveillance is recommended?

1000-1015 (12 minute presentation, 3 minute discussion)

Registrar presenter:

Achalasia and motility disorders

- What is nutcracker oesophagus?
- What are the differentials for achalasia and what helps define achalasia?
- What are the management options for achalasia?

Morning tea break (sponsored by Covidien)

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

Registrar presenter:

Paraoesophageal hernia and gastric volvulus

- How can paraoesophageal hernia be classified?
- What are the indications for surgery for paraoesophageal hernia?
- How can acute and chronic forms of gastric volvulus present and be managed?

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

Registrar presenter:

Peptic ulcer disease and complications

What are the mechanisms of virulence of *Helicobacter pylori*? How is it detected?

How are peptic ulcers treated?

What are the surgical options for managing complex perforated peptic ulcers?

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

Registrar presenter:

Oesophageal emergencies (Boerhaave's, caustic injury, foreign body)

What are the management options for managing Boerhaave's syndrome?

How can caustic injury of the oesophagus be classified and managed?

How can iatrogenic injury of the oesophagus be managed?

1130-1145 (12 minute presentation, 3 minute discussion)

Registrar presenter:

Bariatrics

What is the evidence for surgery in the management of morbid obesity?

What are the surgical options for managing obesity and what can a patient expect from each operation?

What are the metabolic complications of bypass surgery?

Oesophagogastric Workshop - Skills Stations (sponsored by Covidien)

Room 1:

Basic laparoscopy

Objectives

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

1. Perform an open Hasson technique to enter the abdomen.
2. Recognise the components of the laparoscopic stack and trouble-shoot straightforward issues with laparoscopy.
3. Develop and refine basic laparoscopic skills using a box simulator.
4. Develop and refine more advanced laparoscopic skills.

Tasks

1. In pairs, perform and practice Hasson entry.
2. Examine the laparoscopic instruments, observe their components and assembly.
3. Discuss the principles and haptics of laparoscopy including triangulation, 2D visualisation, crossing of instruments, and feedback.
4. Perform a series of manual tasks with the laparoscopic box simulator:
 - a. Move the M&Ms from one polystyrene cup to another.
 - b. Stack a series of wing nuts.
 - c. Cut a circle out of the palm of a rubber glove.
 - d. Simulate an appendectomy by applying an endoloop to the finger of a glove, excising it and removing it from the abdomen.
5. Observe and discuss the use of ligaclips and haemolocks.
6. Apply ligaclips and haemolocks to simulated vessels after dissecting them out and demonstrating them.
7. Observe an extracorporeal and intracorporeal knot.
8. Perform and practice laparoscopic suturing and knots.

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Room 2:

Gastric and enteric anastomosis

Objectives

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

1. Recognise the principles of performing gastric and enteric 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 performing a stapled anastomosis.
3. Demonstrate how to perform a stapled anastomosis.
4. Observe the session facilitator performing a hand-sewn anastomosis.
5. Demonstrate how to perform a hand-sewn anastomosis.

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Room 3:

Viva practice

Examples:

Anatomy

1. Discuss and demonstrate the blood supply of the foregut.
2. Discuss the anatomy of the vagus nerve and its branches.
3. Discuss the anatomical relations of the duodenum.
4. Discuss the structures that are encountered in the transpyloric plane.
5. Discuss the relations of the oesophagus.

Pathophysiology and critical care

1. A 76 year old man presents with dysphagia and weight loss. What are the differential diagnoses and how will you investigate him? At gastroscopy a fungating lesion at the gastro-oesophageal junction is found. How will you manage him?
2. A 35 year old man presents with severe epigastric pain after taking NSAIDs for a week. Chest x-ray demonstrates air under the diaphragm. He is tachycardic and febrile. What are the features of the systemic inflammatory response syndrome and what are the potential sequelae?
3. A 65 year old woman presents with malaena. At gastroscopy an umbilicated lesion is seen at the antrum. Biopsy demonstrates a mesenchymal tumour that is stains positively for c-kit. How will you manage her?
4. A 28 year old woman with a background history of glucose intolerance, hypertension and obstructive sleep apnoea presents with a BMI of 40. How do you manage her and when would you recommend surgery?
5. A 70 year old man presents with malaena and haematemesis. He is shocked. What are the grades of shock. How would you manage him? At gastroscopy a deep duodenal ulcer with a visible bleeding vessel is seen. How do you classify ulcers and how would you manage this ulcer?

Operative

1. Gastrectomy
2. Surgical options for complex perforated peptic ulcers
3. Surgical approach to achieving haemostasis in a bleeding duodenal ulcer resistant to endoscopic treatments