WEO Program for Endoscopic Teachers
Meeting in India

The World Endoscopy Organization held the first Program for Endoscopic Teachers (PET) in Hyderabad, India in early January 2013. The concept of this meeting was first outlined by Dr. Waye at his inaugural address in London at the conference of the World Congress of Gastroenterology. This meeting was organized to define general rules on how endoscopy teachers should actually teach endoscopy, the resources that are available, and the choice of doctors who should be endoscopy teachers. In addition, discussions were held on the basic endoscopy unit, endoscope accessories, available educational material, structuring a program and how to use simulators to teach endoscopy. The program was organized by Dr. Douglas Faigel (Mayo Clinic, USA), with co-director Dr. D. Nageshwar Reddy (India). Dr. Reddy also arranged for the venue and for many established teachers of endoscopy throughout Asia to attend both as speakers and observers. The audience was chosen as a cross-section of doctors who teach endoscopy throughout the Indian continent!

The venue chosen by Dr. Reddy was outstanding, with the ability to provide an interactive conference room, a separate room for simulators, as well as for refreshments and evening entertainment.

The faculty consisted of many esteemed endoscopists from India, United States, Egypt, Chile, China, Singapore, Thailand, and Malaysia. This two day program was comprehensive and met the objectives extremely well. Feedback from the audience confirmed the interest and timeliness of the two-day course.

This was a first attempt at introducing structure to teaching endoscopy. The meeting was acclaimed by all participants as a success. Further courses will be held in the future, using a core group of faculty and relying heavily on established endoscopic teachers throughout the world to participate as lecturers and simulator demonstrators. It is the plan of the World Endoscopy Organization to continue PET workshops and make these available for endoscopic teachers throughout the world.
WEO Endoscopy Directors’ Workshops (EDWs)

By Anthony Axon

The World Endoscopy Organization’s primary mission is to promote high quality endoscopy throughout the world. In 2005 our Council decided that one of the most effective ways we could achieve this would be to target those who are responsible for providing local endoscopy services and to provide an educational opportunity for them to gain the necessary knowledge and skills to provide a safe, effective and comprehensive endoscopy service for their community.

This was the stimulus that generated the Endoscopy Directors’ Workshops that have proved to be one of the most successful educational activities WEO has undertaken. EDWs are organized jointly with a national or regional society using a combined faculty of leaders in the field of endoscopy. We cover all of the essentials of endoscopy management. The meetings are small, informal and interactive (usually around 80 participants). We use an interactive “voting” system to ensure that everyone is able to express their views and to encourage audience participation.

Our first workshop was held at the UEGW in Berlin (Germany) 2006 and was followed by others in Cairo (Egypt), Macéio (Brazil), Kobe (Japan), Dubai (UAE), Delhi (India), Santiago (Chile), Marrakesh (Morocco), Damascus (Syria), Taipei (Taiwan) and Salvador (Brazil). We have held eighteen of these teaching meetings over the last seven years, including one in Panama and another in Bangkok in 2012. We have been delighted by their popularity and the support we have received from colleagues. The topics that we explore vary and are chosen jointly by WEO and the participating organization. They have included such diverse issues as: writing the report, preparing in-house protocols, Quality Assurance, endoscopy in the setting of anticoagulation, staff and patient safety, facilities for emergency endoscopy, sedation, managing nursing staff and many other subjects.

The recent meeting in Panama was particularly well received. Entitled “In search of excellence in endoscopy units”, our President, Dr Jerry Waye, gave the first presentation on “The ideal endoscopy unit”, followed by Tony Axon talking on “Informed consent: what should it say?”. This was followed by Herbert Burgos (Costa Rica) on “How to prevent complications of endoscopic procedures?” Dr Jorge Orillac, President of SIED, discussed “Endoscopy in the anticoagulants and antiplatelets era”, Dr Asadur Tchekmedyian (Uruguay) spoke about radiation protection and Dr Carlos Robles Jara (Ecuador) presented on “Patient management after endoscopic procedures”.

After lunch Helen de Pichel gave a presentation on “Conscious vs propofol sedation in endoscopic procedures”. Dr Carr-Lock unfortunately was unable to attend because of the Hurricane Sandy so Jim DiSario stepped in at short notice to give a talk on the “Management of large common duct stones”. The afternoon was rounded off with an excellent talk on “How to get certified as an endoscopist” by Daniel Taullard (Uruguay).

The audience participation was enhanced by the superb continuous translation into Spanish (and back again) and the voting system enabled the speakers to pick up on the answers given by the audience, which stimulated discussion. Although aimed at those endoscopists who run endoscopy units and are responsible for their activities, the workshops are open to all; many of the participants are not endoscopy directors but have an interest in maintaining quality in endoscopy in their own institutions.
Don’t miss it! Read the Free SPECIAL ISSUE on “Recent development in endoscopic resection for early stage esophageal and gastric tumors”.

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» View Table of Contents here

With recent developments in endoscopic therapies, advanced endoscopic resection such as endoscopic submucosal dissection is rapidly gaining acceptance as standard treatment for upper gastrointestinal mucosal cancers. Accordingly, Digestive Endoscopy has published a supplement providing an overview of present day developments and comprehensive reviews on endoscopic resection in the upper gastrointestinal tract.

Please also check out Digestive Endoscopy regular issues. Some articles are for subscribers only, but some are available for everyone:
» http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1443-1661

Analysis of the WEO Outreach DVD Program

By Fayez Sandouk

Aims & Targets:
To provide endoscopy teaching materials to underserved areas of the World, WEO provided DVD discs, without charge, to designated recipients of the African Middle East Association of Gastroenterology (AMAGE), Zephyr Medical Enterprises, the company that produced them, donated the DVDs to WEO. The set of 18 discs was replicated through the generosity of Olympus/Keymed, London, and distributed over a period of 2.5 years. I served as coordinator of the entire distribution and feedback process.

The program went to 42 GI societies in 30 countries: 9 in the Middle East, 8 in the Arab African countries and 13 in the rest of Africa. Some countries have more than one society (2 each in Morocco, Congo, Pakistan and Saudi Arabia, and 3 each in Egypt and Iran). In total, about 1000 DVDs were distributed.

Feedback:
Unfortunately, only 12 societies returned feedback reports. I suspect that this is due to a lack of a mechanism for many national societies to distribute the DVDs to their members. I am deeply appreciative of the assistance provided by many of our colleagues during the program.

Impacts and comments:
All members were happy with the impact of these high quality DVDs on their professional life. On analysis of the feedback, the recipients were most interested in the common problems: e.g. management of upper GI bleeding and polypectomy rather than the advanced complicated techniques, although endoscopic therapy for chronic pancreatitis came in second place.

Suggestions
1. Each society should copy DVDs inexpensively and distribute them during national or regional meetings
2. Create Video Viewing corners in conferences
3. Maintain Video Viewing corners in the national society’s location throughout the year
4. Organize periodic “Video Evenings” for Society members on specific subjects, with a distinguished expert as discussant.

Words of thanks
We wish to thank all those who worked hard to make this event productive: WEO for “Thinking Endoscopy Teaching”, the team at Olympus/KeyMed for replication and distribution, Zephyr Medical Enterprises for donation of the library and all
of my dear friends who assisted throughout the entire process.

Fayez Sandouk MD FRCP
Coordinator WEO Outreach DVD Program

WEO Showcase: Centers of Excellence: Rome

This month WEO highlights the Digestive Endoscopy Unit at the Policlinico A. Gemelli Hospital, Catholic University in Rome, Italy.

After 14 successful programs, the Digestive Endoscopy Unit, directed by Prof. Guido Costamagna, is back with a new version of the International Workshop on GI Endoscopy “Endo Live Roma 2013”.

As in the past, Endo Live Roma will feature several Live Video Demonstrations of the most recent technical and technological advances in the field of diagnostic and therapeutic digestive endoscopy. The Live Demonstrations will be interspersed with five State-of-the-Art Lectures on hot topics and a Mini-symposium on “Management of Pancreatic Fluid Collections”. World experts as well as rising stars of the GI Endoscopy community will comprise the Faculty: they will contribute with their knowledge and inventiveness to make this Workshop remarkable, instructive and stimulating.

Save the date: May 09th and 10th, 2013!

» More information

Live demonstration video

Prof. Guido Costamagna from the Catholic University in Rome is performing an ERCP on a patient with a malignant bile duct stricture due to pancreatic cancer. Bile duct cannulation and opacification are achieved with a standard technique. After biliary sphincterotomy, an uncovered Self Expandable Metal Stent (SEMS) is inserted, resulting in satisfactory biliary drainage. An uncovered SEMS was selected due to the presence of the gallbladder and low “take-off” of the cystic duct. Prof Jacques Deviere comments the procedure from the endoscopy room.

This video was taken during the Endolive Roma 2012 at the Digestive Endoscopy Unit, Catholic University, Rome, Italy.

» View live demonstration video

» Click here to view the WEO Video library

iPEN: Endoscopic terminology – MST at work (the iPEN initiative)

The standardization of endoscopic nomenclature is a vital element in the work to improve communication of endoscopic findings, between endoscopists, as well as to the referring physician. The Minimal Standard Terminology project was started to facilitate this process, and has recently gained momentum through the increased efforts by WEO. This is the WEO initiative for Proper Endoscopic Nomenclature (iPEN) which will encourage all endoscopists to use the same descriptive MST language to report their findings. The complete documentation of the terminology is available at the WEO website and the WEO Image atlas is being developed as a universally accessible source of high quality images. We will keep this issue in the minds of our readers by presenting endoscopic images regularly, along with the pertinent MST descriptive term, to remind endoscopists about the iPEN concept. For this, we would be delighted to have high quality images submitted to us for publishing in this series as well as inclusion into the online atlas. You send the photos, we will add the MST description.

Lars Aabakken, chairman
Committee of standardization and terminology

Image of the month: Cameron ulceration
Excavated lesion: Ulcer

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<tr>
<th>Attribute</th>
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<tbody>
<tr>
<td>Location</td>
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<td>Linear</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Forrest 3 (clean ulcer base)</td>
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Comments:
Linear ulceration at the edge of a hiatal hernia, typically called “Cameron ulceration”. The lesions are thought to be at least partially due to mechanical trauma from the diaphragmatic hiatus. The ulcer was initial somewhat larger, this is in the healing phase after 4 weeks of PPI therapy. Cameron ulcerations are frequently multiple, typically linear and often a missed cause of upper gastrointestinal bleeding.

Submitted by Lars Aabakken

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Syllabus: Biliary Infections

By John Baillie

Our newsletter editor, Dr John Baillie, an expert of hepatobiliary and pancreatic disorders, was an invited speaker at the 16th Uruguayan Congress of Gastroenterology, which was held in Montevideo, Uruguay, on September 20-22nd, 2012. One of his presentations was on Biliary Infections, a topic which encompasses a surprisingly broad group of conditions. Dr Baillie addressed acute and chronic cholecystitis, acute cholangitis, opportunistic infection in the immunosuppressed (e.g. AIDS cholangiopathy), portal pylephlebitis, amebic liver abscess, hydratid disease and biliary flukes and worm infections (e.g. Ascariasis).

» Click here to view the full presentation

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Brain teaser/image of the month

By Bjorn Rembacken

These appearances were found in an elderly patient being investigated for iron deficiency anemia.

What is the most likely diagnosis?

a) Helicobacter pylori-associated gastritis

b) Gastric CMV infection

c) Cameron's ulcerations

d) NSAID-induced ulceration

d) Diffusely infiltrating gastric cancer

» Click Here for the Answer and Explanation