Esophageal, Cardia and Stomach Surgery
Report working group

Berlin 2015

Lars Bo Svendsen
Working group:
Eva Szabo - Sweden
Grard Nieuwenhuijzen - Holland
Jesper Durup (chair DKS) - Denmark
Klaus Emmanuel - Austria
Lone Susanne Jensen - Denmark
Magnus Nilsson - Sweden
Pieter De Heer - Holland/Denmark
Tom Glomsaker - Norway
Asgaut Viste - Norway
Wyn Lewis - GB

Inaugural meeting
Copenhagen January 2015

Lars Bo Svendsen
Chairman

Secretary:
Gitte Pia Petersen
A candidate must have been working for at least two years in a senior position at a highly specialized centre with main responsibility in the ECS surgery as stated in ECS syllabus.

A candidate must during the two years of employment have had at least one site visit of at least one months duration at another specialized center or 2 years employment at two different units specialized in ECS surgery.

A candidate’s individual LogBook with comparable layout and structure may be accepted for the Eligibility process on the decision of the committee.

The candidate must have a total of 25 credit points based on the following criteria:

- Participation in a scientific paper with co-authorship is mandatory
- Participation at recognized international congress (4 points)
- Participation at recognized international congress and first authorship (8 points)
- Participation national congress (2 points)
- Participation at national congress and first authorship (4 points)
- Participation at relevant International Postgraduate Course (6 points)
- Publication (first authorship) in peer reviewed national surgical journal (8 points)
- Publication (first authorship) in peer reviewed international surgical journal (12 points)
HONORARY DIPLOMA – ECS SURGERY

The Fellowship (F.E.B.S.) provided by the European Board of Surgery is a relatively young qualification. By that it is understandable, that senior surgeons with undoubtedly significant experience in advanced positions will individually refrain from undergoing the Eligibility process and the Board Exam. Nevertheless they would proudly take the benefit from the qualification itself.

However, it is the purpose of the executive, to establish the Fellowship qualification as European standard. This lead to the decision to provide a "Honorary Diploma" for experienced surgeons.

Senior ECS surgeons in advanced position may apply for an "Honorary Diploma of the European Board of Surgery (ECSSurg)".

Colleagues are eligible to apply only if they have a minimum of 10 consecutive years of practice and/or experience in formally recognised National Health Service or University posts with subspeciality of ECS surgery.

A complete application must include:

- A cover letter highlighting the achievements of their career.
- A complete updated CV
- Letters from two peers of their choice who will explain in detail why they are in support of your application.
- A photo
- Payment of application fees of 500.- Euro to the account attached (only via bank transfer).
  Note: it is the same account we use for the fees for the Exam.

Applications will then be reviewed by a subcommittee of the Division: three members, one from the Executive, one from the Country of the applicant and a third form a country different from that of the applicant.
Decisions:

Knowledge and skills:

<table>
<thead>
<tr>
<th>Category A: Interventions, Procedures</th>
<th>n=100</th>
</tr>
</thead>
<tbody>
<tr>
<td>(principal surgeon=1)</td>
<td></td>
</tr>
<tr>
<td>1. Thoracal and abdominal sonographies, inclusive of FAST, pleural drainage aso</td>
<td>n=15</td>
</tr>
<tr>
<td>2. Teaching experience on specialist level in ECS approved environment (1 hour = 1 credit)</td>
<td>n=15</td>
</tr>
<tr>
<td>3. Approved theoretical and practical courses (one course = 3 credits)</td>
<td>n=10</td>
</tr>
<tr>
<td>4. MDT presence</td>
<td>n=60</td>
</tr>
</tbody>
</table>
Decisions:

Knowledge and skills:

<table>
<thead>
<tr>
<th><strong>Category B: Endoscopy</strong></th>
<th>n=415</th>
</tr>
</thead>
<tbody>
<tr>
<td>(principal surgeon=1)</td>
<td></td>
</tr>
<tr>
<td>1. Flexible esophagogastroduodenoscopy</td>
<td>n=350</td>
</tr>
<tr>
<td>2. EUL (attended as assistant)</td>
<td>n=15</td>
</tr>
<tr>
<td>3. Flexible bronchoscopy (attended as assistant)</td>
<td>n=25</td>
</tr>
<tr>
<td>4. Endoscopic interventions (e.g. polypectomy, sclerotherapy, foreign body removals, dilatation, termic ablation, PEG)</td>
<td>n=25</td>
</tr>
</tbody>
</table>
Decisions:

Knowledge and skills:

<table>
<thead>
<tr>
<th>Category C: Operations</th>
<th>n=265</th>
</tr>
</thead>
<tbody>
<tr>
<td>(principal surgeon=2, assistant=1)</td>
<td></td>
</tr>
<tr>
<td><strong>A. Thorax</strong></td>
<td></td>
</tr>
<tr>
<td>1. Thoracotomy (e.g. Eesophageal surgery, re-operations)</td>
<td>n=50</td>
</tr>
<tr>
<td><strong>B. Abdomen</strong></td>
<td>n=190</td>
</tr>
<tr>
<td>1. General abdominal (e.g. Laparotomy/Laparoscopy, re-operations, gastroenteroanastomosis, bariatric procedures, reflux operations, hiatal hernia, intestinal obstruction,)</td>
<td>n=80</td>
</tr>
<tr>
<td>2. Esophagus &amp; Stomach (e.g. gastric resection, gastric conduits preparations) - (at least 40 in patients with malignancy)</td>
<td>n=60</td>
</tr>
<tr>
<td>3. Liver and spleen (e.g. biopsy, organ injury, resection)</td>
<td>n=20</td>
</tr>
<tr>
<td>4. Pancreas (e.g. necrosectomy, (pseudo)cysts, resection)</td>
<td>n=10</td>
</tr>
<tr>
<td>5. Large bowel (e.g. colon and resection, conduit preparation, colostomy)</td>
<td>n=10</td>
</tr>
<tr>
<td>6. Abdominal wall (e.g. incisional hernia)</td>
<td>n=25</td>
</tr>
<tr>
<td><strong>C. Endoscopic procedures</strong></td>
<td></td>
</tr>
<tr>
<td>1. Minimal invasive intraluminal surgery (gastric GIST, EMR, RF, stents)</td>
<td>n=25</td>
</tr>
</tbody>
</table>
**ECS fellow**

**EBSQ ECS SURGERY - EXAMINATION**

**MCQ test**

**OSCE test**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>GenSurg Basics &amp; Theory</td>
<td>0%</td>
</tr>
<tr>
<td>Emergency &amp; Intensive Care</td>
<td>4%</td>
</tr>
<tr>
<td>Traumatology</td>
<td>3%</td>
</tr>
<tr>
<td>Head &amp; Neck Surgery</td>
<td>1%</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>10%</td>
</tr>
<tr>
<td>Upper GI surgery – cardia/esophagus</td>
<td>30%</td>
</tr>
<tr>
<td>Upper GI surgery – Stomach</td>
<td>30%</td>
</tr>
<tr>
<td>HBP Surgery</td>
<td>0%</td>
</tr>
<tr>
<td>Oncology</td>
<td>5%</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>10%</td>
</tr>
<tr>
<td>Radiology</td>
<td>5%</td>
</tr>
<tr>
<td>Pediatric surgery</td>
<td>2%</td>
</tr>
</tbody>
</table>

100%
Job list:

200 MCQ – 70 at present time
(next working group meeting April 15 Copenhagen)

6 OSCE stations -

Announcing on homepage -

Further members of working group!

Prepare first examination – ESDE XIII Congress, Stockholm 5-7 November 2015

Prepare formation of Division (board of ECS)

Secure acceptance from thoracic surgery section

Next meeting in Copenhagen 15 April
Eosophagus

Conditions (KO)
- Zenker's diverticulum
- Eosphagic diverticulum
- Hiatal hernia
- Gastroesophageal reflux and Barrett's esophagus
- Dysphagia
- Schatzki's ring
- Achalasia
- Nutcracker esophagus
- Foreign bodies
- Mallory-Weiss syndrome
- Diffuse esophageal spasm
- Spontaneous esophageal perforation
- Iatrogenic esophageal perforation
- Chemical burns
- Scleroderma connective tissue disorders
- Benign neoplasms
- Adenocarcinoma
- Squamous cell carcinoma

Procedures (DOPS, VOT)
- Diagnosis of gastroesophageal reflux (e.g., pH-metry)
- Diagnosis of esophageal and gastric motility disorders (e.g., manometry)
- Open and laparoscopic antireflux procedure
- Open and laparoscopic repair of paraesophageal hernia
- Repair/resection of perforated esophagus
- Total esophagectomy
- Esophagectomy. Open and laparoscopic achalasia operations
Thorax

The surgical anatomy and pathology of the heart, great vessels, air passages, chest wall, diaphragm and thoracic viscera and the applied cardio-respiratory physiology relevant to clinical examination, interpretation of special investigations and understanding of disorders of cardio-respiratory function caused by disease, injury and surgical intervention.

Conditions (KO)
- Pneumothorax
- Hemothorax
- Pleural effusion/empyema
- Mediastinitis
- Chylothorax
- Superior vena cava syndrome
- Complications of thoracic operations
- Complications of thoracic operations
- Empyema thoracis
- Complications of thoracic operations
- Tracheo and bronchoesophageal fistula
- Malignant disease of the lungs and bronchi

Procedures (DOPS, VOT)
- Chest tube placement
- Techniques of thoracotomy
- Bronchoscopy, thoracoscopy
- Exploratory thoracotomy
- Thoracoscopy with or without biopsy
- Transsthoracic repair diaphragmatic hernia
- Open drainage of empyema
C. esophagi and c. cardia