



Operative Experience for Eligibility for the UEMS Examination in Coloproctology

Introduction

To gain eligibility for the EBSQ (coloproctology) examination, trainees will have to demonstrate adequate operative experience across a broad range of colorectal surgery, accrued during their surgical training. It is expected that much of this experience will be gained during the latter stages of training.

These criteria have been approved by the board of the UEMS Section of Surgery.

Procedures

Four groups of procedures (**A-D**) are recognised, subdivided into a total of **thirteen** operative categories. Certain operations are regarded as index procedures as detailed in the table below (marked in **RED; category 2, 9 and 13**). These procedures define a specialist colorectal surgeon and the minimum number should be achieved for each of these categories.

To be eligible, the candidate must have completed the minimal numbers of operation in 5/6 categories of group A, 4/5 categories of group C, all of group D and in total 10/13 categories.

A) Proctology: Trainees should have performed a minimum of 100 proctological cases, at least 1/3 of which should have been under direct supervision of a trainer. Minimum numbers should be achieved in 5 out of the 6 sections. Anal fistula is regarded as an index procedure and a minimum number of 30 procedures should be performed by the candidate.

B) Endoscopy: In some European countries, colonoscopy is not performed by colorectal surgeons. This has no negative impact on the application. **In countries where colonoscopy is performed by colorectal surgeons**, a minimum number of cases should be carried out by the candidate including the number to be performed under supervision.

C) Colorectal resection: Trainees should have performed a minimum of 130 colorectal resections, either by open or laparoscopic surgery. Minimum numbers should be achieved in 4 of the 5 sections detailed below. Anterior resection of the rectum is regarded as an index procedure and a minimum number of 30 operations should be performed. Sigmoid colectomy per se does (e.g. for cancer or diverticulitis) not constitute an anterior resection. Anterior resections and low anterior resections generally involve a rectal disease, e.g. cancer.

D) Stoma Formation: Formation of a stoma is regarded as an index case and trainees should have created a minimum number of 20 stomas.

Logbook

Trainees will be required to produce documentary proof of achievement of these procedures by a **logbook**, verified by their trainers. The minimal requirements of the logbook are: anonymized identifier, date or operation, category number, operation title (e.g. left colectomy, Delormes, mesh rectopexy,...) , Trainer supervision (yes/no). An example of a logbook is shown on the internet site of the UEMS.

The logbook must contain all this information and may also be provided in other formats than the provided Excel sheet

Operative Procedures

Category no	Category of Procedures	Minimum Total Number ¹	Minimum Trainer Supervised ²
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A) Proctology

1	Procedures for Haemorrhoids	30	5
2	Anal Fistula	30	10
3	Other proctological operations	20	5
4	Transanal procedures	10	5
5	Surgical procedures for incontinence	5	5
6	Prolapse procedures	5	3

B) Endoscopy

7	Colonoscopy / flexible sigmoidoscopy	150 ³	--- ³
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C) Colorectal resection

8	Colonic resection ⁴	40	20
9	Anterior resection (with anastomosis)⁴	30	15
10	Perineal rectal excision	5	5
11	Total colectomy ⁴	10	5
12	Rectal resection with colo-anal /ileoanal anastomosis ⁴	25	5

D) Stoma Formation

13	Stoma procedure	20	10
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¹ Minimum total of procedures performed where the trainee was performing the operation as operating surgeon, with or without a trainer directly supervising the procedure. This number includes the minimum number supervised by a trainer.

² Minimum number of procedures performed by the trainee as the operating surgeon and directly supervised (taught) by a trainer scrubbed in for the procedure.

³ Training supervision and requirements to be determined by individual Countries' endoscopic training requirements.

⁴ Open or laparoscopic technique. Including low anterior resections with colo-rectal anastomosis. (excluding colo-anal anastomosis= category 12).

Operative Procedure Categories

1 Procedures for Haemorrhoids

- Excisional haemorrhoidectomy, open or closed and variants (Ligasure® etc)
- Stapled haemorrhoidopexy (PPH or other)

2 Anal Fistula

- Anal fistulotomy or fistulectomy
- Seton treatment of fistula
- Endorectal / endoanal flap repair of fistula
- Other non flap procedures (Glue, Plug, LIFT,.....)
- Repair of recto-vaginal fistula (other than flap repair)

3 Other proctological procedures

- Incision and drainage of abscess
- Lateral internal sphincterotomy
- Injection of botulinum toxin to anal sphincter
- Excision perianal lesion (skin tag, haematoma, viral warts etc)
- Excision / lay open /flap repair Pilonidal sinus disease
- Excision /exteriorisation hidradenitis suppurativa
- Flap procedures for fissure or perianal tumors

4 Transanal procedures

- Transanal excision of tumour
- Transanal endoscopic microsurgery (TEM, TOE,TAMIS.)
- Anoplasty for stricture or ectropion
- Transanal or transperineal repair of rectocele
- Stapled Transanal Rectal Resection (STARR, TransSTARR)

5 Surgical procedures for incontinence

- Sphincter repair
- Neosphincter Procedures (e.g.Dynamic Graciloplasty, Artificial sphincter,....)
- Sacral nerve stimulation (test and final implantation)

6 Prolapse procedures

- Perineal repair of rectal prolapse (e.g. Delorme, Altemeier)
- Transabdominal resection or fixation of rectal prolapse, including laparoscopic procedures

7 Colonoscopy / flexible sigmoidoscopy

- Diagnostic colonoscopy
- Colonoscopy and polypectomy
- Colonoscopic decompression of volvulus or pseudobstruction
- Colonoscopic dilatation and/or metal stent insertion
- Colonoscopic endomucosal resection of tumour

8 Colonic resection

- Partial resection of colon for neoplasm / diverticular disease / Inflammatory bowel disease
 - Ileocolic resection
 - Right colectomy
 - Transverse colectomy
 - Splenic flexure resection
 - Left colectomy
 - Sigmoid colectomy
 - Hartmann's resection

9 Anterior resection

- Anterior resection of rectum for benign and neoplastic disease. Hand-sewn or stapled colo-rectal anastomosis (excluding colo-anal anastomosis).

10 Perineal rectal resection

- Perineal resection as part of abdomino perineal resection
- Perineal resection as part of proctectomy for inflammatory bowel disease

11 Total colectomy

- Total colectomy of abdominal colon, with or without anastomosis
- Excluding colectomy as part of ileo-anal pouch procedure (section 12)

12 Rectal resection with colo-anal /ileoanal anastomosis

- Low anterior resection with colo-anal anastomosis
- Hand sewn to anal canal +/- colonic pouch
- Stapled to anal canal +/- colonic pouch
- Rectal resection +/- total colectomy with ileo pouch-anal anastomosis

13 Stoma formation

- Creation, revision or closure of colostomy
- Creation, revision or closure of ileostomy
- Operation for parastomal hernia