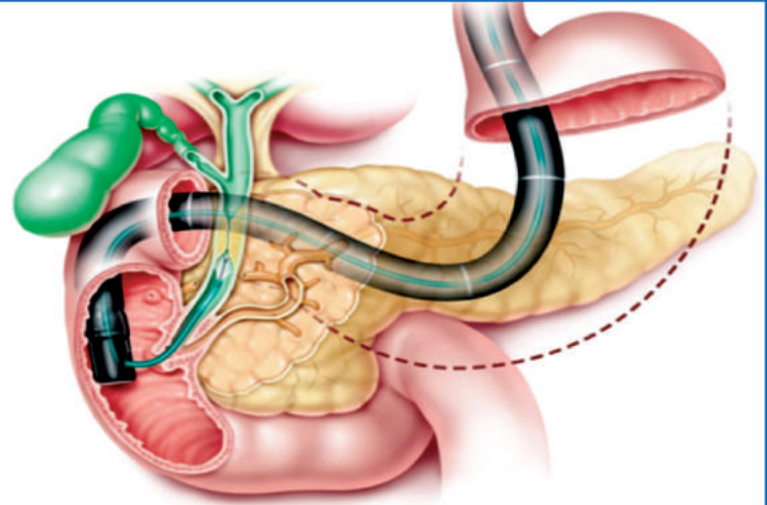




**Indian
Association of
Gastrointestinal
Endo Surgeons**



Guidelines for Fellowship in Advanced Gastro Intestinal Endoscopy (FAGIE)

Importance of Advanced Therapeutic and Interventional Endoscopy course

Indian Association of Gastrointestinal Endosurgeons is a growing and vibrant organization with more than 6500 members. It is an internationally renowned academic body with the vision of promoting and spreading the art and science of minimal access surgery throughout India and abroad. Friendship, Fellowship and knowledge sharing are the key strengths of IAGES. Further to the successful EFIAGES the basic GI endoscopy course, now IAGES has taken a decision to start advanced therapeutic endoscopy and colonoscopy course for IAGES members and the first such course shall be held in June 2018 at Guwahati, Assam.

Structured endoscopic training is the need of the hour for all surgeons. While our surgical fraternity is witnessing revolution in the field of laparoscopic surgery, it is true that at present only few surgeons are competent in doing endoscopic therapeutic procedures. Endoscopic skills are more than necessary in the era of laparoscopy. Endoscopy laparoscopy interface will be very essential for all of us in the coming years.

Hence, IAGES has come out with this 3 day hands on advanced endoscopic fellowship course for the benefit of its members.

IAGES Membership is must

The course has been designed for the benefit of IAGES members only and hence, only IAGES members are eligible for the course after provided they meet the other criteria necessary for eligibility. Any aspiring surgeon may also join the course becoming an IAGES member. One may visit www.iages.in for more details and for online membership or may write to Honorary Secretary, IAGES.

Highlights of the course

- 3 days of well supervised Hands on endoscopic course in clinical setting
- Live case demonstration, simulator training and lecture modules
- Maxium 50 fellowship delegates only
- Course Fee includes

course Logbook, manual of advanced G.I. endoscopy , Other course materials, Endoscopy accessories & consumables, Easie animal model training, food and all refreshments

FAGIE Course syllabus:

This 3 day advanced hands on endoscopic course comprises of Lecture modules, Simulator training module and live endoscopy sessions. All important topics shall be covered and the faculty shall teach various tricks of the trade that would aid the delegates to learn the art and science of therapeutic endoscopy. The endeavour shall be to modify and add all upcoming endoscopic emerging procedures in the syllabus as and when required in the future courses too.

Day 1: 8am-6pm (Therapeutic Upper GI Endoscopy)

- Introductory remarks: By the Course Convener
- Lecture modules: 20 min
 - o Endoscopy: Basics revisited / setting up unit for Therapeutic endoscopy.
 - o Endoscopy Image enhancement techniques and their uses
 - o Role of endoscopy in GERD & Achalasia
 - o Managing difficult FB
 - o Tips & Tricks of managing Stricture esophagus
 - o Role of Endoscopy in Morbid obesity
 - o Role of endotherapy in upper GI bleeding
 - o Hands on experience in simulators (Upper GI & Colon):
 - o Plastic models, Easie animal models and computer simulators
 - o Sclerotherapy, Banding, polypectomy & dilatation modules
- Live Upper GI endoscopy cases
 - o Banding, dilatation of stricture esophagus
 - o Sclerotherapy & Glue injection
 - o APC for bleeding lesion
 - o Stenting of Stricture esophagus
- MCQ assessment on day 1 (30 min/30 questions)

6:30-7:30 PM : Inauguration

8 PM onwards : Dinner

Day 2: 8am-6pm (Colonoscopy)

- Lecture Modules: 20 min
 - o Colonoscopy hardware and bowel preparation
 - o Diagnostic colonoscopy : Step by step
 - o Overview of Pathology seen during colonoscopy
 - o Tips and tricks for difficult colonoscopy
 - o Tips and tricks of ERCP
 - o Prevention and management of complications of ERCP
- Hands on experience in simulators (Upper GI & Colon): In Small groups
 - o Plastic models, Easie animal models and computer simulators
 - o Diagnostic colonoscopy
 - o Basics of ESD and polypectomy

6.30 to 7.30 Live session with chance for Hands on experience

- PM Colonoscopy, ERCP/RF ablation
- MCQ assessment on day 2 (30 questions/30 marks)
- Dinner/Banquet

Day 3: 8am-4pm (Combined Endoscopy& Laparoscopy)

- Lecture modules
 - o Spyglass Cholangioscopy
 - o Tomorrow's world of endoscopy & colonoscopy
 - o Endoscopy for pancreatic disorders
 - o Endoscopy laparoscopy Interface
 - o Tips & tricks of selective cannulation during ERCP
- Hands on experience in simulator/ use of accessories(Upper GI & Colon)
- FALS Endoscopy Quiz
- Live demonstration showing endoscopy laparoscopy interface/ERCP/ Cholangioscopy/Strettaeab
 - o Lap fundoplication /Lap Heller's/ GIST excision/Lap Colectomy/Single stage lap chole with ERCP
- Logbook submission and Viva (20+20 marks): 10 min

FAGIE : Examination Category

- o MQC Day 2 for 50 question each (Total 50 Marks)/ or Day 2
- o Viva on day 3 (50 Marks), on satisfactory completion of Logbook
- o Total marks: 100

All FAGIE candidates should take up the examination. Only on satisfactory completion of assessment he/she would be eligible for "FAGIE".

Certified members would receive the fellowship certificate during the convocation of the subsequent IAGES annual conference

Advanced Endoscopy Fellowship: Non Examination Category:

- Suitable for those candidates working as faculty in teaching institution and all surgeons with more than 10 year experience in doing endoscopy.
- Already IAGES member or should be eligible to become IAGES members
- Apply with an additional letter to the convener of the course clearly stating the number of endoscopy and colonoscopy done In the last 10 years and also mention regarding extent of therapeutic intervention performed
- Would be eligible to receive the FAGIE Endoscopy fellowship on satisfactory completion of the course and the informal interview. Decision of IAGES Endoscopy board is final.

Advanced Endoscopy Faculty :

- Should ideally be a member of IAGES
- All the EC members with interest and experience in endoscopy
- Other senior IAGES members with wide endoscopic experience
- Invited Faculty with wide exposure and experience.

Guidelines for hosting FAGIE (Endoscopy) Course

- The local organizing committee comprising of Chairman, secretary, treasurer and Zonal vice-president should express their interest in writing to the president and advanced Endoscopy course convener and confirm suitable date & venue and also get the MOU signed. Account can be opened and maintained by the local organizer and submit the audited account at the earliest date. Treasurer of IAGES will guide the organizing team regarding opening, maintenance and submission of the account for the course.
- Venue should be ideally in the hospital setting with facility for Live endoscopy demonstration or transmission and enough space for simulator training (6-8 stations) and a 50 seated A/C lecture hall with A/V transmission facility
- Endoscopy suite should have at least 2-3 tables for conducting live endoscopy session with one of them with C arm provision and Boyle's apparatus. Provision of central suction and O2 are preferable. ECG monitors and pulse oximeter are needed. Anesthetist should be available for live endoscopy session and during administration of any sedation and subsequent monitoring
- It is expected that about 10-15 therapeutic upper GI cases and colonoscopy are demonstrated during live endoscopy session on day 1 & 2 and 2 to 3 cases of combined endoscopy and laparoscopy on day 3.
- Recovery room with access to monitoring facility and oxygen/suction is recommended.
- Resuscitation trolley with all emergency drugs /defibrillator should be made available
- Simulator training stations should be arranged as per the guidelines of course convener. Plastic Gastroscopy and colonoscopy models, Easie animal model for gastroscopy and Sheep stomach models are recommended. GI mentor simulators are also desirable if available. All candidates are expected to spend enough time (2 hours at least) with the simulators to get familiarized with principles of various therapeutic endoscopic interventions. Endoscopy accessories like sclerotherapy needles, bands, snare, & glue, consumables like gloves and gowns are to be provided during both live and simulator sessions. Hence fellowship fee should be kept at a level to meet all these expenses.
- Lecture modules should include all the topics given in the syllabus with 20 min +5 min time as mentioned.
- MCQ assessment will be in 2 parts: 30 min /30 question on day 1 and day 2 (So total of 60 questions & 60 marks)/The whole MCQ can also be done on day 2 depending on local organizational needs.
- Logbook should be printed and given to every trainee for entering all the endoscopy reports and all discussion points during lecture modules. This has to be submitted to the examiners on day 3 during viva.
- Examiners are expected to fill in a viva assessment form for each candidate and sign the logbook.
- Maximum marks for assessment of candidate: 60+20+20= 100 marks.
- Attendance on all 3 days is must to take up the Day 3 viva assessment and to receive fellowship
- Candidates can be given only certificate of participation on day 3 after filling and returning the feedback forms. FALS Endoscopy fellowship certificate will be issued only during the convocation at the annual conference.
- Travel allowances and local hospitality for faculty as per the guidelines followed in FIAGES/other FALS courses
- IAGES President, Hon. Secretary, Treasurer, Zonal vice President and Endoscopy course convener should be kept in the loop intimating all the arrangements and scheduling of scientific program for smooth and successful conduct of the course.

Recommended Reading Materials:

- The SAGES Manual
- Art & Science of Endoscopy by Dr. Easwaramoorthy (Through Amazon)
- Endoscopy of Upper GI tract: Training Manual by B.Black et al (Thieme)
- Practical Gastrointestinal Endoscopy: The Fundamentals: By Dr.Peter B Cotton & Christopher Williams (Wiley Blackwell)
- Colonoscopy: Principles and Practice from Wiley-Blackwell /Edited by Jerome D.Waye et al.