Minimally Invasive Surgery (MIS) Foregut and Bariatric Service Rotation Coordination, Department of Surgery
Loyola School of Medicine – Revised 12/30/2020

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This introductory document about our service will give you a glimpse of what our service is about.

The document will hopefully better prepare you for the service by providing a guideline on what the day to day activities are as well as give you some general tools to help each member function optimally for good patient care and an exceptional experience for each team member.

Our expectations are for everyone to be as prepared as possible to interact in outpatient clinics, on the wards, in multidisciplinary meetings, in the operating room and the endoscopy suite.

You will have the opportunity to work with several physicians, advanced practice providers, students (medical and nursing) and other trainees.

This should be an opportunity to learn as much as you can from each person and gain a better understanding of multidisciplinary teamwork.
We would hope you are interactive during the entire rotation.

A progression is expected during the rotation; when we see that you progress (both technically and in-patient care), more opportunities will be given to you.

The overall cases residents and students will be exposed to include general surgery and endoscopy. An emphasis will be on MIS, however the opportunity to learn about general surgical principles should be the main focus. For students, this includes understanding how to interview a patient, perform physicals, assess and plan. For junior and mid-level residents this includes understanding the pathophysiology of common diseases that affect the gastrointestinal system including the esophagus, stomach, biliary system and the abdominal wall.

Trainees
To help keep you on track during the rotation, residents will be assigned modules on SCORE. Please complete them by mid-rotation. This is for all residents at each level. These modules will allow you to critically evaluate a patient or disease process. The tools in SCORE will include textbooks, radiologic imaging and videos of commonly performed procedures (open, laparoscopic, robotic and endoscopy). These modules will be assigned throughout the rotation. Please check the assignments on a weekly basis.

Senior Trainees
We encourage PGY-5 residents to be present in as many of the OR cases as feasible. We expect PGY-5 residents to send the team a message, page or phone call at the conclusion of morning rounds (around 7:30 AM or 8:00 AM) to let them know of recent events and discuss management plan for that day.

We expect PGY-5 residents to present cases at M&M conferences if our service is chosen to present a case.

We encourage the PGY-5 resident to present a case at the DHC conference (see below).

We expect PGY-5 residents to manage the team and assign tasks and coverage as deemed appropriate to ensure an efficient service.

On Wednesday afternoons we will review the upcoming weekly schedule and help assign coverage for clinics and OR cases. An email, sent by the senior, will need to go to all team members including all resident complement, attending, students, and APNs and include the upcoming week. This will give each person ample time to prepare for the case, clinics, conferences, etc.

Junior Trainees

We expect junior residents to be present in the OR as much as possible. There are tasks that can be directed to the junior resident and there is a lot to learn by being in the OR and interacting with team members.

Our goal is to have as much interaction with the junior residents on the wards, clinics and in the OR.

Advance Practice providers (when available) will assist in the daily notes and discharge planning for patients on the floors. This will give the junior residents the opportunity to be present in the OR and clinics as much as possible.

Medical Students

We expect medical students to be present in the OR, on the wards and in the clinics as much as possible to gain an exposure to the entire spectrum of patient care. It is expected they perform placement of a Foley catheter in an independent fashion by the end of the rotation. They should also learn proper positioning, closing of skin and other wounds. Students should be able to perform a History and Physical on new patients and assess patients on the hospital wards and clinics. Students should be writing notes and presenting patients to residents and other team members.

We expect medical students to read on the patient (chart and imaging review and question/examine the patient in the pre-op area, if appropriate) and read on the pathophysiology of the underlying disease, the therapeutic options, the operation planned, as well as the surgical anatomy concerning the procedure planned.

Medical students are expected to participate in daily rounds with the residents and present their patients when rounding with the attending.

Medical students are expected to study and read on advanced laparoscopic surgery/bariatrics (see articles and textbook references attached) but also do the necessary readings to cover the objectives of their Surgery rotation.

Advanced Practice Providers

We have several APPs on the service that function both in the Inpatient and Outpatient setting. All members of the team should work together to provide an environment that allows for the best patient care.

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To ensure that the team works together in a coordinated fashion, inpatient duties have been explicitly suggested below. This will require diligent and constant communication amongst team members.

Interns/Residents will:
Carry and respond to the service pager (#708-643-0027)
Perform post-op checks/postop progress note
Will perform evening sign outs/emails
Call consult specialists after surgery
Pre-round on patients in the morning
Present patients at rounds
Provide weekend and night coverage

Inpatient Digestive Health APPs will:
Continue to do weekly DOS Orders (Week prior)
Continue to participate in daily WIND rounds
Continue to write daily notes
Continue to place new orders
Continue to perform rounds with attending
Continue to perform patient discharges
Continue to coordinate patient follow-up visits
Continue to see new consults (along with residents)

The inpatient APPs will assist in writing notes, discharging and admitting patients and care coordination with the other services and our outpatient teams.

The APPS will cover the pager for the residents during the protected educational time on Wednesday mornings.

Trainee Clinical Expectations

All inpatients and consults require a note written in EPIC. The inpatient progress notes must be written each morning.

All consults are to be discussed with the attendings by the senior resident. All inpatients are to be discussed with the attending by the senior resident twice a day. The intern must know all patients because he/she may be queried during the day regarding important tests/milestones.

On the weekends, the attendings should be called by the covering resident each morning before 9 am. There will be one attending on each weekend responsible for rounding or covering for all the service patients.

CONFERENCE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Digestive Health Conference 7 – 8 am (2^{nd} and 4^{th} Monday)		Department Grand Rounds 7-8 am Core Course 8-9:30 am Skills Lab 9:30-11 am		
Afternoon	M&M Conference 5 – 6 pm		MIS Service Academic Conference/Simulation Lab 4:00-5:00 pm (subject to change)		

Conferences

It would be ideal for senior residents and mid-level residents to present at least one case at the bimonthly multidisciplinary DHC conference (a 10 minute PowerPoint presentation oriented on a challenging part of a case (most of these are active cases either in the hospital or on a recent clinic visit), with appropriate imaging/pictures of the case and a quick discussion and review.

This conference is attended by students, residents, GI fellows and attending radiologist surgeons and gastroenterologist. The presenting services include MIS/Colorectal/Surgical oncology, radiology and gastroenterology.

We encourage all residents and medical students to prepare a 15-minute presentation on a theme of their choice related to the team at the weekly Wednesday MIS service conference from 4:00 PM to 5:00 PM.

All members of the team are expected to attend DHC conference, M and M, Wed morning and afternoon conferences (Grand rounds and educational service conference).

If you will not be able to attend, then you must let the chief know and have it posted on the weekly schedule prior to the start of the week. This includes the students that have other educational events.

Simulation Lab

We hope for all trainees will utilize the simulation lab as much as possible. Once you have mastered techniques in the lab, you will be better prepared in operating on patients.

The Simulation lab includes areas for box training for laparoscopy (part of the FLS), a simulator for endoscopy (FES) and a robotic simulator. Please work with the medical school group to make sure you are using the equipment properly and are registered for the tasks.

We will host training at the simulation lab and/or have conferences from 4:00 pm to 5:00 pm on Wednesdays, all available team members are expected to be present.

Tasks in the operating room are progressing in terms of difficulty, only once you complete each of them will you be asked to perform a task on "the next level", and this varies due to your level of training (both clinical year and technical skills).

An example of such skills progression (for a gastric bypass) would be:

Second assistant (holding camera) -> First assistant (trocar placement, handling EEA, exposure and fluidity in steps of the operation) -> Operator (Different steps of the operation)

For the operator, the tasks could be divided as

- Initial peritoneal access
- Omental split
- Liver retractor placement
- Running the bowel (measuring BP and Roux limb)
- Stapling (transecting candy cane, transecting bowel, creating gastric pouch)
- Laparoscopic suturing (GJ, closing common enterotomy and mesenteric defect on JJ)
- Doing a side-to-side anastomosis

Residents are to prove they are comfortable and proficient as a robotic bedside assistant prior to have the opportunity to operate on the console. Residents should follow the Robotic Curriculum as part of the department of surgery curriculum.

Residents should follow the Fundamentals of Endoscopy Curriculum (FEC) as well to help guide them.

CLINIC SCHEDULE

Center for Metabolic Surgery and Bariatric Care:
Located at 719 North Avenue, Melrose Park Gottlieb Hospital

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Clinic	Cohn	Chand		Lau	
Afternoon Clinic					

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Loyola University Outpatient Clinic: MIS/general surgery patients:
Located at 2160 South First Avenue, Maywood LUMC Hospital

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Clinic		Cohn			Chand (2nd Friday of the month)
Afternoon Clinic	Lau				

Professional Office Building – Foregut/General Surgery Clinic:
Located at 719 North Avenue, Melrose Park Gottlieb Hospital

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Clinic	Lau (2,4)				
Afternoon Clinic				Chand (1,3,5) Cohn (2,4)	

CLINIC

Bariatric clinics should be staffed by available service residents when available.
Foregut and General Surgery Clinics should be staffed by all available service residents.

The bariatric patient notes are available on templates and must be utilized. Each note must be accomplished during/after seeing the patient and staffing the patient with the attending. The attending must see every patient except when stipulated. The initial bariatric consults are usually seen by the APP's or the senior resident(s).

Medical student notes are now billable so they must have the pertinent physical exam and review of the assessment and plan reverified and performed by the attending in order to complete the epic annotation. The students must review which patients for which attendings they should emphasize. For Dr. Lau's patients, students can see anyone on the list. For initial bariatric consults, the students and or interns must accompany a more senior resident, APN, or NP first in order to prepare for the kinds of questions they would encounter on these more comprehensive interviews.

Notes are all required to be co-signed by the attendings. Place the required orders (sign them) and all the diagnoses (not just morbid obesity, but htn, dm, osa, etc.). Please place a diagnosis on the Orders page, complete the med reconciliation on the visit page, and the problem list review on the visit page. Fill out the LOS as 'resident' and do not close the encounter. Simply

click the upper right hand 'x' and the attending will close the encounter after an addendum is made.

NPV (Initial clinic visit)-use .MSBCINITIAL CONSULT note

1. Verify what has already been ordered by other providers and cross reference what is recommended by our center for each type of procedure (gastric bypass, sleeve gastrectomy, adjustable gastric band, duodenal switch) and risk of patient (green, yellow, orange and red pathway). Preoperative and post operative order sets are in EPIC under MSBC

2. Open the MSBC INITIAL VISIT smartset and complete each required dropdown. Do not delete or alter what is requested.

3. In the ORDERS tab, order an EGD to be performed at GOTTLIEB (unless instructed otherwise).

-Order a colonoscopy if they are 50 y.o or more and did not have a recent colonoscopy done. If African American order a colonoscopy if they are over 45 yo and did not have a recent one done.
**Please give pt and explain the handout for the appropriate testing (EGD /colonoscopy). The patient will need a prescription for Golytley

4. Select appropriate DIAGNOSES and be sure to add past medical/surgical history to the history tab in EPIC. The obesity medicine specialist will order the cardiac testing, sleep study, labs, abdominal ultrasound etc

H&P (pre-op apt)-use smart text note MSBC Pre-op progress note

1.Review the pathology findings at the time Endoscopy (ie biopsy results for H.Pylori) and document the findings and treatment. Document any cardiac or pulmonary testing and any lab abnormalities.

2. Please assure the consent is completed via iMed (no abbreviations should be used)

3. Open order set titled "MSBC H&P Appointment/Follow up orders Cohn/Lau" or "MSBC H&P Appointment/Follow up orders Chand"
Prescribe the required medications:

- Protonix 40 mg tab take 1 tab daily Dispense 30, 2 refills (give unless they are already on a PPI)
- Colace 100 mg capsules Take BID PRN Dispense 60, 3 refills
- Zofran ODT 8mg Take 1 tab Q8 hours PRN Dispense 10, 3 refills

- Oxycodone 5 mg tab Take 1 tab Q Q 8 hours PRN Dispense 10, 0 refills
- Carafate 1gm/10ml solution. Take 10 ml 4 times a day. Dispense 420 ml 2 Refills (Only needed if on NSAIDS including Aspirin)

4. Make sure that the medical assistant has given the patient the pink handout titled "H&P Patient instructions" AND the BSTOP packet

RPV (Post-op visits)-use .MSBCINITIALPOSTOP note

1. Review and document the liver pathology findings at the 1 week post-op visit
   - If the patient has fibrosis or if their NASH score is 4 or above order a hepatology referral. All post-op orders are in the MSBC OP Follow-up orders order set
   - Document how many tablets of oxycodone the patient has taken (part of BSTOP)

2. At the 1 month post-op visit Actigall should be ordered if their pre-op ultrasound was negative for gallstones
   - Ursodiol 300 mg capsule. Take 1 capsule BID for a total of 6 months. Dispense 60, 5 Refills

Endoscopy Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning				Cohn (GMH)	
Afternoon	Chand (LUMC)	Chand (GMH)		Chand (GMH 2,4)	Lau (GMH 2,3,4,5)

Gl Lab

Participation from residents and students in the Gl lab is expected and should not be limited to writing notes and putting in orders. All residents need to make sure they reach their required numbers and expertise to perform endoscopy, both upper and lower. The resident/student assigned to the GI lab will be determined by the senior resident with input from attending.

Residents will be asked to perform endoscopic maneuvers that are relative to their proficiency. The majority of tests performed include diagnostic upper and lower endoscopy.

Residents will need to complete SCORE modules assigned by the end of their rotation and achieve FES certification in order to be board-eligible.

Upper endoscopies are performed at LUMC and at Gottlieb Memorial Hospital. These consist mostly of pre-bariatric surgery patients or rarely post-bariatric surgery patients being assessed

for strictures (which then would require a balloon dilation), ulcers, or diagnostic for weight regain. Colonoscopies are also performed on most patients over the age of 50 for screening.

An H&P must be accomplished in EPIC when consenting each patient. This must include and ASA grade as the last line of the H&P.

An endoscopy order set is also available on EPIC and all orders must be signed prior to the procedure. Pay attention to ordering glucose checks on the diabetics and to the medications used during the procedure (Fentanyl, Viscous Lidocaine, and Versed).

Residents are required to follow the Fundamental of Endoscopic Surgery as part of the department of surgery curriculum.

Residents should be working with attendings and completing the GAGES assessment forms for upper and lower endoscopy.

DAY OF ENDOSCOPY orders: "Phases of care"

1. On the days preceding the endoscopy, open the patient's chart from the schedule.
2. Thoroughly review the patient's chart (this will allow you to prepare for the case)
3. Open "Surg/Proc Nav" navigator
4. Select "Pre" on top of the screen
5. Open the Inpt/Pre Ordersets tab
6. Use the "Gl LAB INPATIENT/OUTPATIENT PRE-ORDERS" orderset
7. Select the appropriate procedures(s) to be done
8. Fill out necessary orders. Do not forget to order prophylactic antibiotics if a PEG will be placed or dilation will be done. Note the need to increase dosage of Ancef to .3g for patients over 120 kg. If they have a Penicillin allergy, please order Aztreonam AND Vancomycin, not one or the other. Note the dose of Vanc of 1.5 grams for patients over 90 kg. For MRSA positive patients, please order Vancomycin lg IV. Vanc takes more than 1 hour to infuse so should be started at least 1.5 hour before the start of the case.
9. Use "IP ADULT PREOPERATIVE/PREPROCEDURE GLUCOSE MANAGEMENT" orderset
10. Sign the orders
11. Select the case to link those orders to.

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OR Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Chand (LUMC)		Chand (LUMC) Cohn (VA)	Chand (LUMC)	Cohn/Lau (LUMC)
Afternoon	Cohn (LUMC)		Chand (LUMC) Cohn (VA)	Lau (LUMC)	Lau/Cohn (LUMC)

Case Guide Per PGY-Level

Intern Cases	PGY-3 or 4 Level Cases	PGY-5 Level Cases
Pilonidal Cystectomy	Splenectomies	Splenectomies
Lipoma Excisions	Laparoscopic Inguinal Hernia Repairs	Laparoscopic Inguinal Hernia Repairs
Lymph Node Biopsies	Laparoscopic Umbilical/Ventral Hernia Repairs	Laparoscopic Umbilical/Ventral Hernia Repairs
Open Inguinal Hernia Repairs	Laparoscopic Foregut Surgeries	Laparoscopic Foregut Surgeries
Open Umbilical Hernia Repairs	All Bariatric Procedures	All Bariatric Procedures
Laparoscopic/Open Appendectomies	Laparoscopic Colon Resections	Laparoscopic Colon Resections
Laparoscopic Cholecystectomies	Laparoscopic Cholecystectomies	Laparoscopic Cholecystectomies
	Exploratory Laparotomies and Open Abdominal Cases	Exploratory Laparotomies and Open Abdominal Cases
	Revisional Surgery or Surgery Bring Backs	Revisional Surgery or Surgery Bring Backs
	Robotic Cases	Robotic Cases
Upper Endoscopy	Upper Endoscopy	G-POEM
	Colonoscopy	POEM
	Gastric Pacemaker Placement	Gastric Pacemaker Placement
	LINX	Revisional Bariatric Surgery
	Endoscopic Balloon Placement	Endoscopic Balloon Placement

This guide is to be adhered to as close as possible in assigning case experience to the appropriate PGY level. As noted, there are redundancies. This is an attempt to spread the operative teaching fairly and to the appropriate trainee.

SURGERY

Each day, the cases should be covered by a senior resident, or intern as close to the assignments as listed on the OR Grid above. Please discuss and arrange for any changes in the coverage as a team the day prior. The MIS attending will expect the case participant to be familiar with the patient, the indication(s) for the procedure, the steps of the procedure, and the care of the patient post-operatively.

The attending will dictate all cases unless specified. A brief operative note must be placed in EPIC by the fellow/resident case participant except on Dr. Lau's patients.

DAY OF SURGERY orders: "Phases of care"

1. On the days preceding the operation, open the patient's chart from the schedule.
2. Thoroughly review the patient's chart (this will allow you to prepare for the case)
3. Open "Surg/Proc Nay" navigator
4. Select "Pre" on top of the screen
5. Open the Inpt/Pre Ordersets tab
6. Use the "IP MSBC BARIATRIC SURGERY DAY OF SURGERY ORDERS" orderset
7. Fill out necessary orders. Do not forget to order prophylactic antibiotics. Note the need to increase dosage of Ancef to 3g for patients over 120 kg. If they have a Penicillin allergy, please order Aztreonam AND Vancomycin, not one or the other. Note the dose of Vanc of 1.5 grams for patients over 90 kg.

For MRSA positive patients, please order Vancomycin lg IV. Vanc takes more than 1 hour to infuse so should be started at least 1.5 hour before the start of the case.

8. Use "IP ADULT PREOPERATIVE/PREPROCEDURE GLUCOSE MANAGEMENT" order set
9. Sign the orders
10. Select the case to link those orders to.

POST-OPERATIVE orders: "Phases of care"

1. On the day of the operation, open the patient's chart from the schedule.
2. Open "Surg/Proc Nay" navigator
3. Select "Post to Floor" on top of the screen
4. Open the Med/Orders Rec tab
5. Review current orders
6. Click "Next" to Reorder Prior to Admission Meds
7. For each entry, choose "Order", "Replace", "Don't Order" or "Discontinue"
8. Click "Next" to put in New Orders
9. Use the "MSBC BARIATRIC SURGERY POSTOP ADMISSION ORDERS (LUMC)" order set
10. Click and fill out necessary orders.
11. Sign the orders

Daily ROUNDS orders

1. On the day of rounds, open the patient's chart from the Patient List.
2. Open "Rounding" navigator
3. Open the Med/Orders Rec tab
4. Review Prior to Admission Meds
5. Click "Next" to Reorder Prior to Admission Meds
6. For each entry, choose "Order", "Replace", "Don't Order" or "Discontinue"
7. Click "Next" to put in New Admission Orders
8. Sign the orders

DISCHARGES

All inpatients require a discharge summary to be written in EPIC prior to discharge. This must be assigned to the attending for Co-signature.

DISCHARGE-use the "Discharge" navigator

1. On the day of discharge, open the patient's chart from the Patient List.
2. Open "Discharge" navigator
3. Open the Med/Orders Rec tab
4. Review Prior to Admission Meds
5. Click "Next" to Review Orders for Discharge
6. For each entry, choose "Modify/ New Prescription", "Resume", "Stop Taking" or "Don't Prescribe"
7. Click "Next" to put in New Orders for Discharge
8. Sign the orders
9. Write discharge instructions using smart text note MSBC Bariatric Surgery Discharge Instructions
10. Write Discharge Summary using .msbcdcsummary

SIGNOUTS

In order to best care for the patients on the MIS service, Loyola Handoff protocol should be followed. Handoffs in the evening, prior to the intern leaving, and in the morning, as the intern come on, should be held consistently with the night float or covering intern. These handoffs should be face to face and in the presence of a senior resident for the first two months of the year. Must be done in a quiet, quiet area, and be consistent.

The written and oral format of the handoff should be in the IPASS format.

(I)llness Severity	(P)atient Summary	(A)ction List	(S)ituation Awareness and	(S) Synthesis by Receiver

			Contingency Planning	
Stable, 'watcher' unstable	Summary statement Events leading to admission Hospital course Ongoing assessment Plan	To do list Time line and ownership	Know what's going on Plan for what might happen	Receiver summarizes what was heard Asks questions Restates key action/to do items

Summary

Below are some educational and clinical pearls that will help you on the rotation. Each is intended to help on an operational process for the rotation.

1. Each member of the team (resident and students) should plan on being in the OR and outpatient clinic. All notes should be written in the morning and discharges in prior to 10 AM for noon discharge.

2. Each member should take the opportunity to review the patient's history (OR, wards, outpatient clinic) in advance to the encounter. Consents are to be obtained electronically using iMed consent tool. Please try to use the Loyola created documents to aide in the consent process.

3. Each member should prepare for each case in the OR, review the steps and execution in order to demonstrate progression during the rotation. Ask for a video copy of the procedure. Video debriefing can also help learning and mastering the steps of the procedure.

4. Each member should plan on not only attending educational conferences but also presenting and interacting during the conferences.

5. Each member should make an emphasis to round with the attending (medical students that are following the patient should not only write the note but make a thorough assessment and plan and present the patient to the respective attending).

6. Each week a schedule should be sent by the senior.

7. Each week the resident should review SCORE for assignments (they will be given at the start of the rotation and at the beginning of the week).

8. Each level of resident must complete one or two Operative Assessment Forms as well as their GAGES endoscopy skills evaluations forms.

9. Each senior resident must have completed FLS prior to the start of the rotation. It is encouraged that the residents actively work on FES and FUSE during the rotation.

10. Please use the resources (Smart text, Order sets, Patient Handbooks, Educational videos) that are part of the rotation. Please ask questions if unclear.

11. Each member should meet with Drs. Chand or Lau at the beginning, mid and at the end of the rotation. Set this up with Saundrya Lomax #72820.

REFERENCES

Attached are Classic Papers and Guidelines in the field of metabolic and bariatric surgery as well as advanced laparoscopic surgery that we invite you to review before the start of your rotation.

Resident will be assigned these modules on SCORE which you are expected to complete by mid-rotation

Junior Residents (PGY 1 and 3's)

Morbid Obesity Gastroesophageal Reflux/ Barrett's Esophagus

Dysphagia

Inguinal and Femoral Hernia Ventral Hernia

Morbid Obesity - Operation MIS Equipment and Troubleshooting

Physiologic Changes Associated with Pneumoperitoneum

Videos

Colonoscopy

Endoscopy, Flexible, Upper Gastrointestinal

Laparoscopic Cholecystectomy

MIS Surgery PGY5 - First month

Morbid Obesity - Operation

MIS Equipment and Troubleshooting

Principles and Techniques of Abdominal Access

Physiologic Changes Associated with Pneumoperitoneum
Morbid Obesity

Videos
Endoscopy. Flexible, Upper Gastrointestinal
Colonoscopy
Laparoscopic Cholecystectomy
Laparoscopic Ventral Hernia Repair
Laparoscopic Roux-en-Y Gastric Bypass

MIS Surgery PGY5 - Second month
Hiatal Hernias
Antireflux Procedure - Laparoscopic
Gastroesophageal Reflux/Barrett's Esophagus
Esophagomyotomy (Heller)
Paraesophageal Hernia - Laparoscopic Repair
Abdominal Wall Reconstruction - Components Separation

Videos
Laparoscopic Heller Myotomy
Laparoscopic Inguinal Hernia Repair
Laparoscopic Paraesophageal Hernia Repair
Laparoscopic Nissen Fundoplication

We identified several textbooks as a reference for this rotation:

Minimally Invasive Bariatric Surgery
which you can access online through the Loyola library at
http://pegasus.luc.edu/vwebv/holdinslnfo?searchId=805&recCount=25&recPointer=3&bibld=2152733

We recommend you read these chapters first

7. Patient Selection: Pathways to Surgery

9.Operating Room Setup for Laparoscopic Bariatric Surgery
10.Anesthesia for Minimally Invasive Bariatric Surgery
11.Postoperative Pathways in Minimally Invasive Surgery

Sleeve gastrectomy
14.Technical aspects
15.Outcomes
16. Complications

Laparoscopic Adjustable Gastric Banding
19.Technique
20.Outcomes
21.Post-op management
22.Complications

Gastric Bypass
24. Transoral Circular Stapled Gastrojejunostomy Technique
27. Laparoscopic Gastric Bypass Using Linear Stapler Technique
28.Outcomes
29.Complications
31. Nutrition
38. Endoluminal Bariatric Procedures
44. The High-Risk Bariatric Surgery Patient

Additional Textbooks

Evidence Based Approach to Minimally Invasive Surgery
Two copies are in the resident room

However, if you cannot locate one of these, please stop by Dr Chand's office and he will be able to give you a copy for the rotation.

Sections in the textbook that are relevant include
1.General
2.Esophageal
3.Gastric
4.Biliary Tract Surgery
5.Hernia Surgery

Bariatric Endoscopy Textbook
This is available from Dr. Chand. Please request at the beginning of the rotation
If you have any questions please do not hesitate to ask.

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OPERATING ROOM: RESIDENT EVALUATION

RESIDENT: **DATE:**
PGY Level:

FACULTY: **OPERATION:**

	RESIDENT	STAFF	
	F: Fails M: Meets expectations E: Exceeds	F: Fails M: Meets expectations E: Exceeds	STAFF COMMENTS
PREPARATION:			
Reviewed radiology/workup	F M E	F M E	
Participated in Huddle	F M E	F M E	
Participated in Time Out	F M E	F M E	
OPERATION:			
Knowledge of appropriate incision and approach	F M E	F M E	
Knowledge of relevant anatomy	F M E	F M E	
Anticipates steps in procedure	F M E	F M E	
Knowledge of critical points of operation	F M E	F M E	
Demonstrates proper handling of tissue and instruments	F M E	F M E	
Good basic skills: suturing/knot tying	F M E	F M E	
Follows a logical sequence in case	F M E	F M E	
Responds appropriately to acute events	F M E	F M E	
FOLLOW-UP:			
Completed Sign-out	F M E	F M E	
Completed post-operative orders	F M E	F M E	
Saw patient in recovery room	F M E	F M E	

Resident Self-Assessment: What did you learn from this case: _____

_____

Staff Assessment: What would you recommend to help the resident improve their skills/preparation: _____

_____

Overall Assessment:

F M E

*Signature*_____

Flexible Endoscopy Curriculum
Details about the curriculum can be found at the American Board of Surgery website or at http://www.absurgery.org/xfer/abs-fec.pdf

- Level I will be completed in PGY-I or PGY-2
- Level Il will be completed in PGY-I or PGY-2
- Level Ill will be completed in PGY-2 or PGY-3
- Level IV will be completed in PGY-3 or PGY-4
- Level V will be completed by the end of PGY-4 or early PGY-5
  - Level V includes completion of the Fundamentals of Endoscopic Surgery (FES) program
  - FES didactic materials: http://www.fesdidactic.org/
  - FES testing: http://www.fesprogram.org/testing-information/

Quality Improvement

- *Institute for Healthcare Improvement (IHI)*

The 6 required IHI modules must be completed prior to completion of residency. Instructions are available on the Department of Surgery Residency website.

- *Hospital or Department Quality Improvement*

Residents are highly encouraged to participate in Department of Surgery, Hospital, or other quality improvement committees and projects. Residents are also encouraged to complete a distinct quality improvement project during their training, which may also lead to a research publication.

Research

- Residents *must* complete at least one published work (manuscript, abstract, or poster) during residency. We *encourage* one published work per year in order to prepare residents for fellowship application and a career in academic surgery.

ACLS/BLS/ATLS/Medical Licensure
Residents are required to maintain the following certifications during the entirety of their General Surgery residency training:
> ACLS (expires after 2 years) - http://www.luhs.org/internal/depts/ess/training.htm
> BLS (expires after 2 years) - http://www.luhs.org/internal/depts/ess/training.htm
> Physician license (temporary or permanent) - https://www.idfpr.com

Residents are required to achieve the following certification prior to or during the first year of training:

ATLS (expires after 4 years) - www.facs.org/quality-programs(trauma/atls

Residents are expected to know the expiration dates of their certifications and should plan accordingly for renewals. The Office of Education will be available to assist with this process but the ultimate timing and responsibility will be on the individual resident.

Conferences

Wednesday mornings from 7 AM — 11 AM are completely protected and residents should have no clinical responsibilities during this education time. Attendance is expected during this time period, except for those working night shift, who may leave after Grand Rounds. This block includes:

- Grand Rounds
- Didactic sessions

Minimally Invasive Surgery (MIS) Foregut and Bariatric Service Rotation Coordination, Department of Surgery
Loyola School of Medicine – Revised 12/30/2020

GAGES - COLONOSCOPY SCORESHEET

GLOBAL ASSESSMENT OF GASTROINTESTINAL ENDOSCOPIC SKILLS

SCOPE NAVIGATION — SCORE

5 Expertly able to manipulate the scope in the GI tract autonomously
4
3 Requires verbal guidance to completely navigate the lower GI tract
2
1 Not able to achieve goals despite detailed verbal guidance requiring takeover

USE OF SUBMUCOSAL TIP — SCORE

5 Expert use of appropriate strategies for advancement of the scope while optimizing patient comfort
4
3 Use of some strategies appropriately, but requires moderate verbal guidance
2
1 Unable to utilize appropriate strategies for scope advancement despite verbal assistance

ABILITY TO KEEP A CLEAN ENDOSCOPIC FIELD — SCORE

5 Uses insufflation, suction, and irrigation optimally to maintain clear view of endoscopic field
4
3 Requires moderate prompting to maintain clear view
2
1 Inability to maintain view despite extensive verbal cues

INSTRUMENT PLACEMENT — SCORE

5 Expertly directs instrument to desired target
4
3 Requires some guidance and/or multiple attempts to direct instrument to target
2
1 Unable to direct instrument to target despite coaching

QUALITY OF EXAMINATION — SCORE

5 Expertly completes the exam efficiently and comfortably
4
3 Requires moderate assistance to accomplish a complete and comfortable exam
2
1 Could not perform a satisfactory exam despite verbal and manual assistance requiring takeover of the procedure

Surg Endosc. 2010 Aug;24(8):1834-41

OVERALL SCORE: ☐

GAGES - UPPER GI ENDOSCOPY SCORESHEET

GLOBAL ASSESSMENT OF GASTROINTESTINAL ENDOSCOPIC SKILLS

INTUBATION OF THE ESOPHAGUS SCORE

5 Able to independently (successfully) intubate esophagus without patient discomfort
4
3 Requires detailed prompting and cues
2
1 Unable to properly intubate requiring take over

SCOPE NAVIGATION SCORE

5 Expertly able to manipulate the scope in the upper GI tract autonomously.
4
3 Requires verbal guidance to completely navigate the upper GI tract
2
1 Not able to achieve goals despite detailed verbal cues, requiring take over

ABILITY TO KEEP THE ENDOSCOPIC FIELD SCORE

5 Uses insufflation, suction, and irrigation optimally to maintain clear view of endoscopic field
4
3 Requires moderate prompting to maintain clear view
2
1 Inability to maintain view despite extensive verbal cues

INSTRUMENTATION SCORE

5 Expertly directs instrument to desired target
4
3 Requires some guidance and/or multiple attempts to direct instrument to target
2
1 Unable to direct instrument to target despite coaching

QUALITY OF EXAMINATION SCORE

5 Expertly completes the exam efficiently and comfortably
4
3 Requires moderate assistance to accomplish a complete and comfortable exam
2
1 Could not perform a satisfactory exam despite verbal and manual assistance requiring takeover of the procedure

Surg Endosc. 2010 Aug;24(8):1834-41

OVERALL SCORE: ☐