

European Society of Gastrointestinal Endoscopy Postgraduate Grant 2008 – residency report

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The European Society of Gastrointestinal Endoscopy (ESGE) offers European Postgraduate Grants to young gastroenterologists from Eastern and Central Europe. Participants should be individual members of the ESGE, younger than 35 years of age (for 2009, the limit was raised to 40) and already trained in diagnostic upper and lower endoscopy. They are selected from applicants by the ESGE Education Committee. The aim of the grant is further training in specialised techniques at one of 14 ESGE training centres. Residency of eight weeks duration has an observance character, no hands-on training is provided in general. The grant covers travel expenses, accommodation costs and an additional pocket money allowance.

Ten applicants received the grant this year, two from the Czech Republic, two from Russia and one each from Ukraine, Romania, Albania, Turkey, Egypt and Iraq.

The author applied for this grant in 2008 for the second time and has been assigned to the ESGE endoscopy training unit in the Rikshospitalet University Hospital in Oslo.

The Rikshospitalet University Hospital (RUH) is one of the three university hospitals in Oslo and serves as a national reference centre especially within six core areas: transplantation

medicine, children's illnesses, women's illnesses, oncology, coronary disorders and disorders of the nervous system (Fig. 1). The RUH treats more than 300 thousands patients per year, all organ transplantations in Norway are performed here (more than 400 in 2007).

The Internal Medicine Clinic is headed by Kristian Bjøro (by the way, the Editor-in-chief of the Scandinavian Journal of Gastroenterology), while the Gastrointestinal section leader is Erik Schrupf. Lars Aabakken has been the head of the gastroenterological endoscopic unit (Gastrolab) since 2002. Of course the Gastrolab also serves other departments at the RUH (especially: the surgical, paediatric, transplantation and Ear-Nose-Throat departments) on a multidisciplinary basis. The core staff of Gastrolab consists of four doctors, eight endoscopic nurses, a bioengineer and secretary. Endoscopies take place in one gastroscopy room, colonoscopy room equipped with X-ray, a room for functional examinations, cleaning and preparation rooms. Manual cleaning of endoscopes is performed in laminar flow boxes; all endoscopy rooms are equipped with additional ventilation facility for exhaust of formalin vapours. ERCP is performed in the X-ray department, but it is specifically

equipped for endoscopic procedures, especially with regards to imaging facilities (Fig. 2, 3). The unit provides all kinds of upper and lower, diagnostic and therapeutic endoscopies, including endoscopic ultrasound, capsule endoscopy and balloon endoscopy. The Gastrolab offers a range of functional examinations: oesophageal pH-metry, manometry and measurement of oesophageal impedance. Most patients come from areas of special interest: neuroendocrine tumours, primary sclerosing cholangitis, polyposis syndromes, inflammatory bowel diseases, liver transplantations, lung transplantations (oesophageal function testing), and children after an operation for oesophageal atresia. Lars Aabakken, professor of medicine is a world-famous gastroenterologist and gastrointestinal endoscopist with absorption in educational activities (member of the ESGE board and former chairman of the ESGE Education Committee).

Some important observations and interesting "tips and tricks" should be mentioned in this report. The patient and his/her benefit, not only the endoscopic procedure itself, is the focus of all efforts made by the doctors and nurses in the RUH Gastrolab. This begins with the relationship between staff and the patient: from introducing

the staff and description of the procedure at the beginning, to proper provision of information (including a written bulletin) at the end of every procedure. Care is given to patient safety during all the procedures: careful monitoring by an experienced nurse using not only oxymetry, but often also blood pressure measurement. Single nostril oxygen nasal cannula is used if indicated – this allows effective application of oxygen during the procedure without disturbing the course of endoscopy itself. All units for upper endoscopy are equipped with double suction, allowing cleaning of the patient's mouth and upper airways during the procedure and thus preventing aspiration. A very proper endoscopic technique (not only during colonoscopy, but also during introduction of the gastroscope) allows usage of a smaller amount of sedation agents for ordinary endoscopies. Gastroscopy can also be provided by the nasal route, the same endoscope is often useful for paediatric procedures.

The colonoscopy room is equipped with X-ray. Some complicated procedures can be also performed with the prototype Olympus XPCF-XPQ180YL colonoscope with a thinner, longer and less stiff shaft. The Gastrolab also performs small bowel examinations: capsule endoscopy, single balloon endoscopy (Olympus XSIF Q160Y) and double balloon endoscopy (Fujinon EN-450T5).

Linear endoscopic ultrasound is used in Gastrolab with the possibility of therapeutic procedures. It has the advantage of cooperation with an on-site highly experienced cytologist during fine needle aspiration procedures (Fig. 4).

Great emphasis is placed on ERCP procedures. Biliary affections after liver transplantations and patients with primary sclerosing cholangitis (PSC) form the core program of the ERCP unit. ERCP is performed preferably with the patient lying in a prone

position – this prevents aspiration and allows better imaging of both biliary and pancreatic ducts. Almost only the short-wire system is used during all the procedures. Perfect X-ray imaging is provided by a MultiDiagnost Eleva system (Philips) with a flat detector.

The fact that all extramural referral letters are checked by the gastroenterologist before a patient is put on the list is of outstanding interest. Structured reporting of endoscopic procedures and images storage holds a superb feed-back potential. Nurse's reports are also quite comprehensive in indicated cases.

The Gastrolab is involved in a lot scientific activities, e.g. collection of bile samples and brush cytology samples from patients with PSC for storage in the biobank, activities of Norwegian polyposis registry, IBSEN II study on patients with ulcerous colitis with PSC and studies on celiac disease.

A lot of interesting endoscopic procedures took place in the Gastrolab during the author's residency: e.g. push-type PEG (percutaneous endoscopic gastrostomy) insertions, Easy In® (Freka) enteral tube insertions, nasal gastroscopy, balloon entero-

scopies, colonoscopy with prototype colonoscope, dilations, stenting, cholangioscopy using Spyglass® system (Boston Scientific), balloon ERCPs in patients after Roux-Y biliodigestive anastomosis, EUS guided gastropseudocystic drainage, vacuum-assisted anastomotic leakage closure (Endo-Sponge® system, B-Braun), paediatric gastroscopies and colonoscopies.

Despite the fact that this postgraduate program is not of a hands-on character, the author was able to participate under direct supervision in some endoscopic procedures.

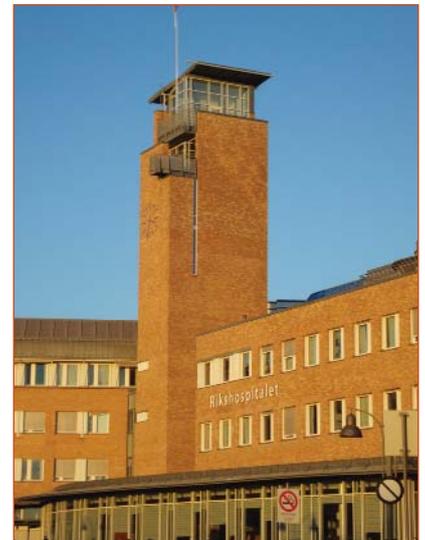


Fig. 1.
Rikshospitalet University Hospital in Oslo.



Fig. 2.
ERCP room: Lars Aabakken performing ERCP.

Wide interdisciplinary cooperation is a typical feature of work in the Gastroenterology Department. X-ray meetings every morning are of outstanding quality, which is especially essential for MRCP (Magnetic Resonance Cholangiopancreatography) presentation. Histological findings are presented once a week. The surgeon is often present in the endoscopy room for consultation and discussion.

Intensive postgraduate education possibilities are offered: one scientific meeting for the whole RUH hospital, one lecture on a general internal medicine topic and one on a gastroenterology topic every week.

The effectiveness of the residency was facilitated by a one-week stay in Ullevål University Hospital (UUS) (Fig. 5). The endoscopic unit in this second university hospital in Oslo covers a larger amount of more common gastroenterological cases. More colonoscopies are performed without any sedation (more than 50%), which is a general approach in the majority of endoscopic practices in Norway (on the other hand, the majority of them have the possibility of X-ray control or Scope Guide® Olympus use). Screening policy concerning adenomatous polyp is less strict in comparison to ASGE (American Society of Gastrointestinal Endoscopy) guidelines – e.g. patients with small non-numerous adenomatous polyps have no colonoscopic follow-up. The Gastrolab in UUS is also equipped with EUS, ERCP and is a centre for gastrointestinal stenting.

The author was able to become familiarised with the GI Mentor II™ endoscopic simulator (Simbionix™) during a basic endoscopic course in UUS.

The author participated in two courses with hands-on training on ex-vivo artificial tissue models. These courses were held in UUS in cooperation with Experimental endoscopy – the Medical Research Centre in University of Tübingen, Germany. Partici-

pants had the opportunity to hear lectures and to work under the supervision of Karl-Ernst Grund and Günter Farin (by the way, the inventors of argon plasma coagulation in flexible endoscopy). The first course was focused on PEG and enteral nutrition, including systems of Easy In® and Pexact® (Freka) (Fig. 6). The phantom latex Tübingen models allowed very realistic training in all procedures. The second two-day course was dedicated to stenting in the oesophagus, colon and duodenum. It included live pre-

sensation of inserting a duodenal stent and biodegradable stent to the oesophagus. Marcus Kantowski from the Interdisciplinary endoscopy Centre in Jena, Germany gave a presentation about vacuum-assisted anastomotic leakage closure (Endo-Sponge® system, B-Braun).

Oslo is a beautiful city situated between the waters of Oslofjord (Fig. 7) and the forest of Nørdmarka (Fig. 8); it offered a lot of sight-seeing possibilities. Furthermore, weekends provided the opportunity to travel for



Fig. 3. ERCP room: radiologist post, additional monitors for second endoscopic nurse and educational purposes.



Fig. 4. On-site cytologist Peter Jebesen analysing a sample from fine needle aspiration.



Fig. 5. Ullevål University Hospital.



Fig. 6.
Karl-Ernst Grund and Marcus Kantowski demonstrating insertion of Pexact Freka® push-PEG on ex-vivo artificial tissue phantom Tübingen model.



Fig. 7.
Oslo Opera from the Oslofjord.



Fig. 8.
Sognsvann lake in Nordmarka.

example to the western Norway (Sunnmørsalpen).

A matter for discussion from the point of view of the participant is the length of their stay, which is quite long for a residency of observational character. Shorter and more flexible grant options are being discussed in the ESGE board.

In conclusion: the ESGE Grant Program offers a great opportunity to experience the style of work in one of the world leader units for gastrointestinal endoscopy and to establish international and interdisciplinary contacts.

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