Scope

Winter, 2003
Volume 03, Issue 1

MESSAGE FROM THE PRESIDENT

SAGES President
Bruce Schirmer, MD

Of Residents, Regulation, and Role Models...

While the majority of members of SAGES have no direct role in the training of residents, a substantial number of us do. Hence it was of paramount interest to those involved in residency training when the Accreditation Council for Graduate Medical Education (ACGME) announced several months ago that, as of July 1, 2003, all residency training programs in surgery would need to comply to limits on resident work hours. The new regulations are summarized as follows:

1) Resident duty hours must be limited to 80 hours per week, averaged over a four-week period.
2) Residents must be provided with one day in 7 free of all educational and clinical responsibilities, averaged over a four week period.
3) A 10-hour time period for rest and personal activities must be provided between all daily duty periods, and after in-house call.
4) In-house call must occur no more frequently than every third night.
5) Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, maintain continuity of surgical care, transfer care of patients, or conduct outpatient continuity clinics.

For most surgical training programs, numbers 2 and 4 above already existed. However, similarly for most programs, numbers 1, 3, and 5 represent new restrictions on resident work hours. The exception is New York State, where such restrictions of an 80-hour week and a 24-hour work limit have been in effect since 1989.

A brief review of the history of regulation of resident work hours is helpful in putting the current regulations in context. In March 1984, Libby Zion, an 18 year-old college student, died after being admitted to New York Hospital. Her father, who held a prominent position with *The New York Times,* claimed she died because of poor care by overworked residents. A subsequent grand jury trial found insufficient evidence to issue criminal indictments. A civil case against the hospital later found the hospital not to blame for her death. However, the publicity and controversy over the case sparked the New York State commissioner of health to appoint a committee which recommended the limitations of working hours for residents. These restrictions, similar to the ones above, took effect in 1989 but were not strictly enforced until recent years when fines were issued to hospitals violating the rules and individuals reporting the violations were financially rewarded for so doing.

In November 2001 Representative John Conyers, Jr. (D-Mich) introduced H.R. 3236, the Patient and Physician Safety and Protection Act, that would limit residents to 80 hours of work per week, with no weekly averaging, and provide for federal enforcement of this law. In June 2002 Senator Jon Corzine (D-N.J.) introduced the bill into the Senate (S.2614). Hence by this past summer, the ACGME had enormous pressure on it to issue self-regulatory measures or face the prospect of federal legislation to impose such restrictions instead.

The questions that now arise are: Is this an advancement for patient care? Is it an improvement in surgical training? Will it produce a better end-product in terms of *Continued on page 2.*

IN THIS ISSUE

COMMITTEE CHAIRS

New Slate of 2002-2003 officers, approved by the Board in October 2002

Officers and Members of the Executive Committee:

PRESIDENT - Lee Swanstrom, MD

PRESIDENT-ELECT
David Rattner, MD

1ST VICE PRESIDENT (2 year term) - Steve Eubanks, MD (1 more year in this position)

2ND VICE PRESIDENT (2-year term) - Steven Wexner, MD

SECRETARY (3-year term) - Jo Buyske, MD

TREASURER (3-year term) - Mark Talamini, MD (1 year term fulfilling unexpired 3 year term of David Rattner)

Board Members–Three-Year Terms:

Re-Appointments:

Robert Bailey, MD
Daniel Deziel, MD
Phil Schauer, MD
Steven Stain, MD

New Board Members:

David Easter, MD
Todd Heniford, MD
Daniel Herron, MD
Michael Holzman, MD (1 year term - fulfilling unexpired 3 year term of Mark Talamini)
Daniel Jones, MD
Michael Nussbaum, MD
Adrian Park, MD

President's Message *continued from page 1.*

residents at the completion of their training? Finally, if the government feels it can regulate resident working hours, will practicing surgeons be far behind?

Before addressing these issues, a brief aside: While there is at least one study which shows mild impairment of manual dexterity skills after residents have been awake for over 24 hours, there are no studies which document a drop-off in clinical care for patients in such individuals of any medical discipline. Similarly, residents did not score differently on standardized tests after being awake for 24 hours. Thus the body of evidence upon which these regulations and laws are now based is, at best, more one of opinion and teleologic reasoning than documented fact and scientific substance.

However, since the practice of surgery has never been strictly governed by scientific fact, (After all, how many of us are slow to change practices such as using nasogastric tubes when the weight of scientific evidence shows no benefit to their use?) how strenuously can we object to them? In my humble opinion, the objections should rest on whether the regulations decrease the quality of patient care, or decrease the quality of surgical residents we train.

In terms of patient care, the potential for deleterious consequences is significant. Fewer residents will now be allowed to remain on duty during night and weekend hours. This has caused most residency programs in New York, where they have experience with these regulations, to adopt a "night float" system. In other words, a small group of residents "cover the bases" at night (and on weekends). On paper, this works to allow all to be within compliance with the hours restrictions (we have done the math for our program, and this is true). But the following issues remain unresolved and unclear:

The "night float" system relies on cross-coverage, or signing out patients from those who know them best to those who adopt a "caretaker" role. While the latter may be perfectly adequate in most circumstances, when the unexpect- *Continued on page 18.*

SAGES & IPEG 2003

If you haven't already registered for the upcoming joint SAGES/IPEG

SAGES Meeting Synopsis

SAGES Program Chair:
Steve Eubanks, MD

Featured Lectures:

Presidential Lecture:
Bruce Schirmer, MD

Storz Lecture in New Technology:
"New Directions in Cancer Therapy"
Samuel Wells, MD

Gerald Marks Lecture:
"Surgery and the Health System"
Scott Jones, MD

Keynote Lunch:
"Medical Liability Reform:
The Moment of Truth for Patient Access"
Donald Palmisano, MD, JD, AMA President Elect

Hands On Courses:

Laparoscopic Colon Surgery Animate Course
Chair: **R. Larry Whelan, MD**
Co-Chair: **Morris Franklin, MD**
Lab Coordinator: **Tonia Young-Fadok, MD**

Flexible Endoscopy Animate Course
Chair: **Jeffrey Marks, MD**
Co-Chair: **William Richards, MD**
Lab Coordinator: **Jeffrey Hazey, MD**

Laparoscopic CBD Inanimate Course
Chair: **David Rattner, MD**
Co-Chair: **Juan Pekolj, MD**
Lab Coordinator: **George Berci, MD**

Postgraduate Courses:

Laparoscopic Hernia Repair
Chair: **Adrian Park, MD**
Co-Chair: **George Ferzli, MD**

Re-operative Laparoscopic Surgery
Chair: **Mark Talamini, MD**
Co-Chair: **Michael Holzman, MD**

Digital Editing
Chair: **Steven Schwaitzberg**
Co-Chairs: **Alex Gandsas, MD** and **Daniel Herron, MD**

Bariatric Surgery in the Adolescent Patient
JOINT COURSE WITH IPEG
Chair: **Philip Schauer, MD (SAGES)**
Chair: **Steven Rothenberg, MD (IPEG)**

Appropriateness Forum: Optimal Management of the Morbidly Obese Patient
Co-Chair: **Daniel Jones, MD**
Co-Chair: **John Hunter, MD**

Scientific Session Panels Topics:

Introducing New Technology & Techniques into Practice
Moderators: **Lee L. Swanstrom, MD** and **Luis Burbano, MD**

Robotics: Moderators: **Scott Melvin, MD** and **Guy-Bernard Cadiere, MD**

Over the Horizon of Surgical Care
Moderator: **Col. Richard Satava, MD**

Lessons Learned from High Volume Surgery
Moderator: **Nathaniel Soper, MD**

The Changing Face of the Surgical Residency
Moderator: **Frederick Greene, MD**

Training Surgeons in Advanced Flexible Endoscopy
Moderator: **Jeffrey Ponsky, MD**

Additional Highlights:

Video Session: Moderator: **Fredrick J. Brody, MD**

Learning Center
Chairs: **Edward G. Chekan, MD** and **Ronald H. Clements, MD**

Resident & Fellow Scientific Session
Coordinators: **Leena Khaitan, MD** and **Gretchen Purcell, MD**

MIS Nurse & GI Assistant Course: Current Issues in Laparoscopic Foregut and Bariatric Surgery
Chair: **William Gourash, CRNP, MSN**
Co-Chair: **Trudy Kenyon, RN**

Industry Education Events from
Inamed Health • Ethicon Endo-Surgery • C.B. Fleet

SAGES Registration Information:

You can find additional information about the SAGES meeting on-line at: www.sages.org/03program/
You may register for the SAGES meeting online at: www.sages.org/registration

Meeting Information

meeting, here are at least 54 reasons you should.

IPEG Meeting Synopsis

IPEG Meeting Chair:
Philip Glick, MD

Featured Lectures:

Presidential Address: Craig Albanese, MD

History of Thorascopy: Bradley Rodgers, MD

Innovative Laparoscopic Skills Assessment: Mika Sinanan, MD

Postgraduate Courses:

Bariatric Surgery in the Adolescent Patient
JOINT COURSE WITH SAGES
Chair: Philip Schauer, MD (SAGES)
Chair: Steven Rothenberg, MD (IPEG)

Panels Topics:

Colonic Disease: Moderator: Peter Borzi, MD
Pediatric Surgery Outcomes
Moderator: Craig Albanese, MD
Neonatal Surgery: Moderator: Thom Lobe, MD
Instruments/Robotics/Ergonomics
Moderator: Steven Rothenberg, MD

Social Events:

SAGES/IPEG Welcome Reception
"Hooray for Hollywood!" The First Annual SAGES Foundation Fundraiser
SAGES Universal Soiree: An Evening at Universal Studios Hollywood, including the 6th Annual Sing Off
IPEG South of the Border *Hollywood Style...*

IPEG Registration Information:

You can find additional information about the IPEG meeting on-line at: www.ipeg.org/03program/
You may register for the IPEG meeting online at: www.ipeg.org/registration
The Early Registration Deadline is February 7th, 2003

Hands On Courses:

Urology: Chair: Martin Koyle, MD
Co-Chair: Spenser Beasley, MD
Pediatric Fellows Only: Chair: G. Whit Holcomb, MD
Co-Chair: Marc Levitt, MD

Breakfast with the Professors:

Pectus Excavatum: Phil Glick & Arnie Coran
Oncology and Minimal Access Surgery
Thom Lobe & Whit Holcomb
Hirschsprung's Disease and Imporate Anus
Keith Georgeson & Gordon MacKinlay
Adrenalectomy (Transperitoneal and retroperitoneal)
Craig Albanese & Jeff Valla
Dismembered Pyelopasty: Craig Peters & CK Yeung
Partial and Total Splenectomy
Klaas Bax & Vincenzo Jasonni
Antireflux Surgery
Philippe Montupet & Steve Rothenberg

Minimally Edited Videos During Lunch

Urologic Case	Craig Peters, MD
Lung Resection	Craig Albanese, MD
Fundoplication	Mark Wulkan, MD
Esophageal atresia	Klaas Bax, MD
Pull-thru for Hirschsprung's	Mike Caty, MD
Pull-thru for Imperforate anus	Thomas Inge, MD
Laparoscopic Pyloromyotomy	Mark Levitt, MD
Duodenoduodenostomy	Steven Rothenberg, MD

SAGES FOUNDATION

First Foundation Fundraiser Goes Hollywood During the '03 Meeting in L.A.

Join your friends and colleagues for a classic Hollywood Gala with our version of the red carpet celebrity interview, merrymaking and a calories-don't-count dessert buffet.A portion of your ticket purchase price is deductible as a charitable contribution.

SAGES Education & Research FOUNDATION

Thursday, March 13, 2003 from 9:30 - 11:30pm at the Bonaventure. Donation: $100.00. **Check it off on your registration form.**

Outcomes

The Outcomes Project is pleased to report that over 8000 cases have been entered into the database at the time of this writing. Since the March 2002 World Congress, two new case-specific tracking logs have been added to the project: Morbid Obesity and Colorectal. The committee remains optimistic that reaching 10,000 cases by the March meeting will occur and you can help us to reach that goal by becoming a participant. To participate, you must be an Active, Candidate or International member and you must sign up by contacting Jason Levine at the SAGES Office by phone (310-314-2404).

Technology

The SAGES Technology Committee is working on several projects of interest to members. The first is a new series of articles for the SAGES Member Area of the web site that will focus on introducing members to new technologies. Look for the first of these articles to appear in January or February 2003. Thanks to work from both the Technology and Educational Resources Committee, surgeons will be able to submit MPEG video on CD for consideration for the 2004 meeting in Denver. Finally, as the deadline nears to enroll in the Digital Video Editing Postgraduate Course at the 2003 meeting, please look for other technology related panels during the Scientific Session on such topics as Robotics and Over the Horizon of Surgical Care.

Awards

SAGES Awards committee met in Fall to finalize decisions on SAGES Annual merit awards. The 2003 winners are:

- **Distinguished Service Award:** Greg Stiegmann, MD
- **Pioneer in Endoscopy Award:** Basil Hirschowitz, MD
- **Young Researcher Award:** Brent Matthews, MD

Resident Education

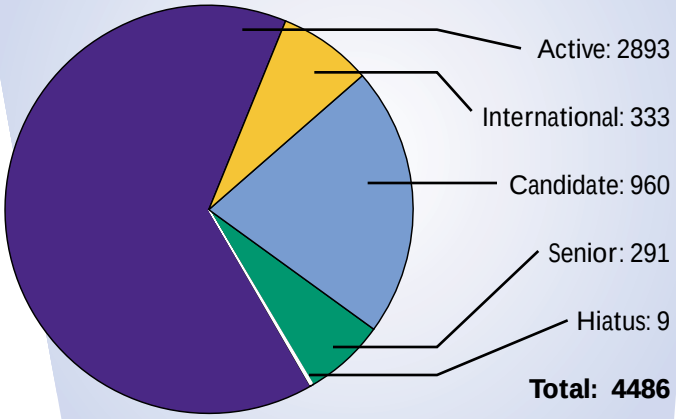
The following is a list of upcoming courses for surgical residents. Course dates and registration information were not available at the time of printing. Please refer to SAGES website for complete information.

- **Advanced Solid Organ Surgery Course**
  United States Surgical, Norwalk, CT
- **Advanced Colon/Hernia Course**
  United States Surgical, Norwalk, CT
- **Advanced Foregut Surgery Course**
  Ethicon Institute, Cincinnati, Ohio
- **Advanced Laparoscopic Techniques Course**
  Ethicon Institute, Cincinnati, Ohio
- **Basic Endoscopy and Laparoscopy Workshop**
  Ethicon Institute, Cincinnati, Ohio

Membership

SAGES membership continues to grow at a steady pace. Nearly 100 new members were approved by SAGES Board in October 2002.

The membership application deadline for Spring is February 1, 2003.



SAGES is happy to report that none of our members has passed away since the last publication of Scope. We're happier to report that Dr. Charles Heise, who was mistakenly listed as "deceased" in the last issue of SCOPE, is very much alive. Dr. Heise, please accept our apologies for the error.

Guidelines Update:

The newly formed SAGES Guidelines Committee, which combines the SAGES Credentials and Standards of Practice Committees, has recently revised the following guidelines. These guidelines were approved by SAGES Board of Governors.

- **Guidelines For Institutions Granting Privileges Utilizing Laparoscopic and/or Thoracoscopic Techniques**
- **Guidelines For Diagnostic Laparoscopy**
- **SAGES Position Statement: Global Statement on Deep Venous Thrombosis Prophlaxis During Laparoscopic Surgery**
- **SAGES Position Statement - Global Statement on New Procedures & Statement on First Assistant**

All SAGES guidelines are available on the SAGES website.

The SAGES members only section of the website has been updated. http://www.sages.org/members/. To obtain a password to the members only section go to http://www.sages.org/signup.html.

SAGES Receives Re-Accreditation from the ACCME

One of the core goals of the SAGES Continuing Education Committee is to pursue excellence in our CME program. To meet this goal, the Committee must first ensure that SAGES remain accredited to provide continuing medical education. The entity responsible for this accreditation is the Accreditation Council for Continuing Medical Education (ACCME). The ACCME requires SAGES to produce an application for accreditation, in which we detail our educational policies and demonstrate our compliance with the ACCME rules. Over the past year, several members of the Continuing Education Committee worked to produce a 2" thick binder in which we did just that.


Accreditation Council for Continuing Medical Education

comprised of

The American Board of Medical Specialties • The American Hospital Association
The American Medical Association • The Association for Hospital Medical Education
The Council of Medical Specialty Societies • The Federation of State Medical Boards
The Association of American Medical Colleges

certifies that

Society of American Gastrointestinal Endoscopic Surgeons

has fulfilled the accreditation requirements set forth by the Accreditation Council for Continuing Medical Education and is hereby accredited as a provider of continuing medical education for physicians for a period of 4 years.

granted this 12th day of November, 2002

Provider # 0004377

In November, 2002, SAGES received notification from the Accreditation Council for Continuing Medical Education (ACCME) that SAGES had fulfilled the accreditation requirements set forth by the ACCME and therefore would be re-accredited as a provider of continuing medical education for physicians for another 4 years. Congratulations to the following SAGES Members who were instrumental in this effort: Dan Smith (Committee Chair), Robert Bailey, Jo Buyske, David Edelman, Michael Edye, Dan Herron, Mike Holzman, Dan Jones, and Nat Soper.

SAGES Preceptorship Registry

Dear Colleague:

The Flexible Endoscopy Committee has decided to better identify training experiences in flexible endoscopy that might be available around the country. We are interested particularly in identifying surgeons in private practice who may be able and willing to have a visiting fellow for either a short or long term who could assist in a hands-on fashion with flexible endoscopy cases. There are many residents and junior surgeons who are finishing their training with some experience in endoscopy but not enough numbers to quality for credentialing. These surgeons are looking for places to do a mini-fellowship or preceptorship where they might increase their experience and numbers of cases for credentialing purposes.

Our impression is that this could really be a win-win situation both for the trainee and for the preceptor in that the stimulation of having young people come into your practice for a few months at a time or potentially longer might be quite enjoyable. Our discussions with some of the surgeons in the Rural Surgery Committee indicate that many surgeons in smaller and medium size communities are doing flexible endoscopy and would potentially welcome the association with either a training center or a program such as this to offer added experience.

To participate in the preceptorship program, please visit SAGES website at www.sages.org/preceptorship. If you do not have access to the Internet, please fill out the form below and information will be mailed to you.

Thank you very much for your consideration.

Sincerely,

Gary C. Vitale, MD

Chairman, Flexible Endoscopy Committee

Flexible Endoscopy Preceptorship Information Request Form

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please fax form to Ed Rosado at 310-314-2585.

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Technology

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- Preceptorships
- Proctorships
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- Speaker Series

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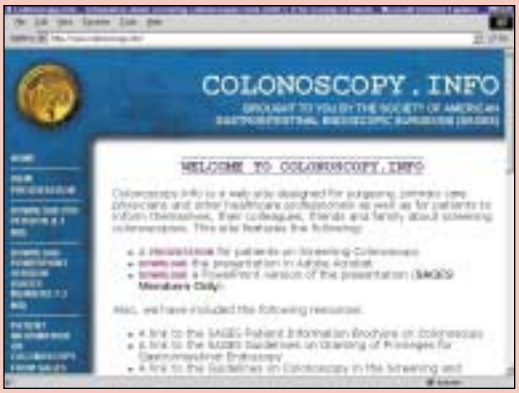
ONLINE UPDATE

SAGES Launches New Web Site for Screening Colonoscopy Information

The SAGES Public Information Committee and Board of Governors is proud to announce the launch of a new web site providing in-depth information about screening colonoscopy: **http://www.colonoscopy.info/**



Included on this site is a slide presentation written at the level of the patient. This presentation may be viewed online or downloaded as an Adobe Acrobat file. As a service to SAGES Members, we have enabled you to download the presentation as a PowerPoint file to use in your office or while giving a presentation to other physicians or the general public.

As use of the Internet has become more prevalent, patients have increasingly consulted the web to aid in health care decisions. SAGES realizes that information on the Internet can be unreliable so we have created this web site to provide the most accurate, up-to-date and widely accepted medical information on screening colonoscopy. Rather than just the opinion of one physician or one medical device company, the information presented on this site has been reviewed by multiple committees of physicians, including the SAGES Board of Governors. Care was also taken to review appropriate medical literature as well as other societies statements regarding this topic.

SAGES invites members, surgeons, primary care physicians, nurses, medical industry, health care professionals and patients to visit Colonoscopy.Info and read the resources we have placed there for you.

Additional presentations about GERD, Gallbladder Removal, Hernia Repair, Adrenal & Spleen Surgery, and Morbid Obesity are being created and will be launched in Summer, 2003.

SAGES 2003 Meeting Online

SAGES is proud to announce that once again, a portion of the SAGES Scientific Session will be broadcast online after the meeting. The SAGES Online Broadcast will provide participants the ability to view up to 13½ hours of scientific lectures and discussions originally presented at the SAGES 2003 Annual Meeting. Presentations will include peer-reviewed abstract presentations and invited guest lecturers. The online interface allows participants to view both a video of the presenter and the presenter's audio visual presentation.

This year, SAGES has accredited the Broadcast for CME credits. Participants who are interested in obtaining credits will need to evaluate the Broadcast and submit a CME request form.

The Broadcast will be available early summer, 2003. SAGES members will be notified when the Broadcast goes live via MiniSCOPE, our electronic newsletter. To sign up for the newsletter, just go to www.sages.org and add your email address.

Objectives: To review aspects of the surgical practice, research and science relevant to the fields of gastrointestinal and endoscopic surgery.

Who Should Participate: The SAGES on-line broadcast has elements that have been specifically designed to meet the needs of practicing surgeons, surgeons-in-training, GI assistants and nurses who are interested in minimally invasive surgery. The Program Committee recommends that participants study the outline of lecture topics, and design their own viewing schedule based on their own personal educational objectives.

Accreditation: The Society of American Gastrointestinal Endoscopic Surgeons (SAGES) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor Continuing Medical Education for physicians. SAGES designates this Continuing Education activity for:

13.50 credit hours for the SAGES 2003 On-Line Broadcast

in Category 1 of the Physicians Recognition Award for the American Medical Association. Note: each physician should claim only those hours of credit that he/she actually spent in the educational activity.

SAGES Website Has Been Redesigned – Check It Out Today! www.sages.org

Scottish Exhibition + Conference Center (SECC)
Glasgow, Scotland U.K.

15 -18 June
2003

1st European Endoscopic Surgery Week

CONGRESS PRESIDENT
PROFESSOR
SIR ALFRED CUSCHIERI

HONORARY PRESIDENTS:
PROFESSOR JOHN TEMPLE PRCSED,
President of the Royal College of Surgeons of Edinburgh
PROFESSOR A.R LORIMER PRCPSGLASG,
President of the Royal College of Physicians and Surgeons of Glasgow

Incorporating

- The 11th International Congress of The European Association for Endoscopic Surgery and other Interventional Techniques (EAES)

Postgraduate Courses - Consensus Conferences - Lectures - Scientific sessions:
Clinical, Scientific, Technological, EAES prize, Multi-disciplinary interventions, Cutting-edge developments, Emerging endoscopic interventions, Expert sessions - How I do it / How to avoid complications, Quality assurance - Human Factors and Surgical performance, Luncheon panels, Free paper sessions, Poster sessions, Video sessions, Special awards and grants.

BSGE TRUST
BRITISH SOCIETY FOR GYNAECOLOGICAL ENDOSCOPY
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- The International Congress on Gynaecological Endoscopic Surgery hosted by the British Society of Gynaecological Endoscopy (BSGE)

Joint sessions
EAES/BSGE/ESGE joint interests:
Ethics, Medico Legal, Entry Techniques, Cancer, Training, Presentation Skills, IT and Medicine, Use of New Technologies; Computer Assisted Surgery, Robotic Surgery. Adhesions Prevention. Safe Use of Energy in Surgery. Electro and Laser Surgery, ultrasound applications, use of microwave and radio freguency in surgery.

Conference Secretariat:
EAES Office • PO Box 335 • 5500 AH Veldhoven • The Netherlands • Tel: +31(0) 40 252 5288 • Fax: +31(0) 40 252 3102
Email: info@eaes-eur.org • www.eaes-eur.org

SAGES Endorsed Courses

Last Updated: Wednesday, December 18, 2002

As a service to members, SAGES offers Course and Program Directors the opportunity to have their courses reviewed and endorsed by the Continuing Education Committee. For more updated information, please visit the Endorsed Course Application page at www.sages.org/endorsed.html.

These courses meet the guidelines established in the SAGES Framework for Post-Residency Surgical Education and Training and are endorsed by the Society of American Gastrointestinal Endoscopic Surgeons (SAGES)

Course: **Advanced Videoscopic Surgery Training Course, San Francisco, CA**
Director: Lawrence Way, MD
Dates: Check website for dates.
Address: University of CA, Dept. Of Surgery
513 Parnassus Avenue, S550
San Francisco, CA 94143-0475
Fax: 415-476-9557 www.cme.ucsf.edu

Course: **Advanced Laparoscopic Suturing & Surgical Skills, San Francisco, CA**
Director: Zoltan Szabo
Dates: Check with MOET Institute for dates
Address: phone: 415-626-3400 www.moetinstitute.com/

The courses sponsored by these institutions meet the guidelines established in the SAGES Framework for Post-Residency Surgical Education and Training and are endorsed by the Society of American Gastrointestinal Endoscopic Surgeons (SAGES)

Institution: **Southwestern Center For Minimally Invasive Surgery (SCMIS), Dallas, TX**
Director: Daniel B. Jones, MD, David A. Provost, MD
Contact: phone: 1-800-688-8678
http://www.swmed.edu/home_pages/cmis/conted.htm
Courses: February 23-28, 2003, **Laparoscopic Bariatric Surgery Mini-Fellowhip.**
March 7-8, 2003, **Laparoscopic Ventral Hernia**
April 11-12, 2003, **Diagnostic Laparoscopy & Ultrasonography**
April 20-25,2003, **Laparoscopic Bariatric Surgery Mini-Fellowship.**
May 30-31,2003, **Laparoscopic Bariatric Surgery**
June 22-27, 2003, **Laparoscopic Bariatric Surgery Mini-Fellowship**
July 25-26, 2003, **Laparoscopic Management & Percutaneous Ablation of Small Renal Tumors**
August 15-16, 2003, **Laparoscopic Management of CBD Stones**
August 24-29, 2003, **Laparoscopic Bariatric Surgery Mini-Fellowship**
Sept. 26-27,2003, **Laparoscopic Bariatric Surgery.**
October 26-31, 2003, **Laparoscopic Bariatric Surgery Mini-Fellowship**
November 14-15, 2003, **Laparoscopic Bariatric Surgery Mini-Fellowship**

Institution: **Mount Sinai School of Medicine Minimally Invasive Surgery Center**
Directors: Michel Gagner, MD, Alphons Pomp, MD, Mark Reiner, MD, Anthony Vine, MD, William B. Inabnet, III, MD, Barry Salky, MD
Contact: Tel: (212) 241-6591 www.mssm.edu/misc
Courses: Feb. 7, 2003 **Laparoscopic Inguinal Hernia Repair**
Feb. 27 & 28, 2003 **Lap. Surgery of the Foregut**
April 3 & 4, 2003 **Minimally Invasive Endocrine Surgery**
April 10 & 11, 2003 **Nothing but Live Surgery Teleconference**
April 24, 25 & 26, 2003 **Advanced Operative Gynecologic Hysteroscopy & Laparoscopy**
May 2, 2003 **Thoracoscopic Anatomical Lobectomy with Node Dissection**
May 8 & 9, 2003 **Laparoscopic Surgery for Morbid Obesity**
June 5 & 6, 2003 **Laparoscopic Colorectal Surgery**
June 13, 2003 **Laparoscopic Ventral Hernia Repair**

Institution: **Emory University School of Medicine, Atlanta, GA**
Director: C. Daniel Smith, MD
Contact: Phone 404-727-1540 www.emoryendosurgery.org
Courses: March 2003, **State of the Art: Clinical Excellence in Emergency Care - Atlanta, GA**
March 2003, **Sinus Surgery: A Hands-On Course - Atlanta, GA**
May 2003, **Emory Practical Intervention Course (EPIC) - Atlanta, GA**

Institution: **Legacy Health System, Portland, OR**
Courses: Lee L. Swanstrom, MD Paul Hansen, MD and Emma Patterson, MD
Contact: Phone: 1800 896-6275
http://www.legacyhealth.org/education/meded/
Courses: Contact institution for upcoming courses.

Institution: **Minimally Invasive Surgery Center - University of Pittsburgh, Pittsburgh, PA**
Directors: James Luketich, MD, Philip Schauer, MD
Contact: Phone 412-647-2845
http://www.surgery.upmc.edu/General/
Courses: Contact institution for upcoming courses.

Institution: **The Ohio State University, Columbus, OH**
Director: Scott Melvin, MD
Contact: Phone 614-293-7399
Courses: Contact institution for upcoming courses.

Institution: **Carolinas Laparoscopy & Advanced Surgery Program "CLASP", Charlotte, NC**
Director: Frederick Greene, MD & B.Todd Heniford, MD
Contact: phone: 704-355-4823
http://viper.med.unc.edu/surgery/index.html
Courses: Contact institution for upcoming courses.

Institution: **Medical Training Worldwide (U.S. non-profit organization)**
Director: Ramon Berguer, MD (President and Executive Director)
Contact: Phone 415-892-1550
email: mail@med-training-worldwide.org
Courses: Courses will be held in different developing nations. Volunteers are needed to teach these courses. Laparoscopic equipment is also needed, which will be donated to hospitals where the courses are taught. Surgeons and corporate representatives are encouraged to contact Dr. Berguer for more information. An article about Medical Training Worldwide is included in the July, 2000 issue of SCOPE, available at ftp.sages.org

This section of SCOPE explores the science and ethics of surgical endoscopy and attempts to address some controversial questions. Your thoughts and comments will be enthusiastically received. Letters to the editor will be published on a space-available basis.

Flexible Endoscopy: It's a Big Part of Practice

Bruce Schirmer, MD

Flexible endoscopic procedures composed 13% of all procedures reported by surgeons in practice to the American Board of Surgery when surgeons applied for the recertification test in Surgery during 2000. This was the single highest category after cholecystectomy, and approximating the same percentage of hernias done in practice. Clearly the general surgeon in practice is using flexible endoscopy on a frequent basis.

Currently the American Board of Surgery requirements for residency training state that residents must have an experience in flexible endoscopy. However, the category is not monitored for numbers and programs are not given citations if resident numbers are low for these procedures. In view of the prevalence of endoscopy in surgical practice, one wonders if this is not an area that should become a major component of General Surgery. After all, if the care of burns and pediatric surgery, both of which have just been added to the major components list this past year, are key ingredients to the training of the general surgeon, should not flexible endoscopy occupy a similar position? How many practicing surgeons treat burns as a part of their practice?

At the Southern Surgical Association meeting, the group from Vanderbilt (I believe all authors are SAGES members, including first author Dr. William Richards) presented data on their experience with the Stretta procedure. At Vanderbilt, using careful selection criteria, this endoscopic treatment of GERD has produced very successful results for those patients receiving it. This is just one example of the increasing role of flexible endoscopy in the therapy of surgical disease. We already are witness to endoscopic mucosal resection for superficial tumors of the rectum and now stomach. Endoscopic therapeutic alternatives for Barrett's esophagus and draining pancreatic pseudocysts are unfortunately largely practiced by our medical gastroenterology colleagues rather than by us surgeons. The same of course is true for choledocholithiasis.

It is clear the trend over the past two decades has been for more and more surgical diseases to be treated by less invasive techniques, be they laparoscopic or endoscopic. While general surgeons in the past decade have focused on the laparoscopic approaches, we should now similarly focus on the endoscopic ones, lest more and more of the diseases for which we have expertise are no longer ones for which we see patients.

However, I am likely preaching to the choir, since SAGES remains the only major surgical society with a dedicated focus on flexible endoscopy and its use in surgical practice. So for those of you who have colleagues who may be "missing the boat", give them an application to join SAGES.

Your feedback on this article is welcome. Send it to: president@sages.org

— Bruce Schirmer, MD
President, SAGES

LEGISLATIVE UPDATE

SAGES is one of the founding members of the American College of Surgeons Surgery State Legislative Action Center (SSLAC). The SSLAC is a collaborative effort of the surgical specialty societies. The purpose of the Center is to engage surgeons to become involved in the legislative process at the state level — promoting initiatives that will enhance both quality of care and access to care for the surgical patient. The site is hosted by the College on its server. You are encouraged to visit the site and contact your state legislators regarding issues that affect the practice of surgery. The site address is www.facs.org/sslac.

The site features a link to the Federal Action Center through which surgeons can contact Congress and the President. If you don't think one person can make a difference, think again. The SSLAC makes it easy for you to contact state and national leaders on key issues affecting the safe and effective practice of minimally invasive surgery and endoscopy.

Let *your* voice be heard!

President's Message *continued from page 2.*

ed clinical problems arise for the individual patient, or when the burden of numbers of patients assigned to the night float team becomes excessive, a potentially dangerous situation for patient care arises.

Many hospitals, including my own, have made it quite clear that, despite the large number of dollars which flow to the hospital to compensate for residents training, there will be no additional resources allocated to help programs comply with these rules. Thus the option of health care extenders, such as nurse practitioners or physician assistants, to fill the void of lower numbers of patient care providers on nights and weekends, may not exist for some of us (and our patients).

Nursing staffs, often already understaffed and overworked, will now be asked, openly or inherently, to provide an even greater degree of supervision of patient care, assessment, and intervention without the assistance of readily available residents. The popularity of night and weekend shifts will plummet even further.

The question of whether or not this will be an improvement in surgical training and will result in a better end-product after training is not at all clear. The trend away from the true "resident" in the hospital to lower numbers of working hours has been clear and progressive over the last forty years. This has not seemed to diminish the quality of surgeons produced by training programs. Indeed, we would seem foolish if we emphatically stated that we could not train extremely talented and intelligent individuals to do what we do in 19,200 hours. One recent article published by the surgery training program at SUNY Buffalo showed no decrease in resident procedural activity and no decrease in percentage passing the ABS Qualifying exam.[1] Therefore, on the positive side, there still is likely adequate time to train residents well in learning procedural steps, indications, and imparting the didactic knowledge which they need to initiate a practice in surgery. Similarly, if we teach residents HOW to operate, and how to learn, and how to change their practice in response to evolving technology and new medical evidence, we can accomplish our goal for creating dynamic surgeons who must constantly improve and change their practices in the future. One additional benefit this measure could have would be to make a surgical training period less onerous in appearance to some alternative medical disciplines' programs, to whom surgery already loses many bright and qualified candidates due to choices in lifestyle versus career.

While the decrease in the number of hours in itself is therefore perhaps not deleterious, what will it do to our approach to the patient? I have been struck in my conversations with attending surgeons and senior residents in programs already dealing with the 80 hour restriction, that those residents admitted to their program after the 80 hour regulations have a much more "shift mentality" about their work. Today I would be met with unhappiness if not outright violent objection if I told one of my residents at noon that he or she must leave the hospital, stop performing the operation we are doing together, and go home. I think that should be their correct attitude. Patient care is that…CARE! It is not the cessation of care based on the clock. Interrupting a critical time in the provision of patient care is not only distasteful to dedicated residents, but it may well be detrimental educationally, if done repeatedly. More dangerous, it may teach a pattern of practice that may not be either appropriate, desirable, or practical after residency. What of the surgeon in rural America? Can he or she decide not to do an appendectomy because their 80 hours are up? What if he or she is the only surgeon within 150 miles?

The role of the attending surgeon as role model may also be irreparably undermined by these new regulations. My residents know that if I am on call all night, I will still fulfill my obligations to my scheduled patients the next day, be they operative or in the outpatient clinic. So now I should tell them that doing so is best for me but not for them. They will not need to perform continuity of care until the magic moment when they finish residency and suddenly their approach to the patient, which has been based on an hourly basis for five years, now converts to a responsibility devoid of time. Will that work? Will there be such a moment of soul-transformation? Can we be sure of it? How easy will it be not to go into the hospital to see a patient in the middle of the night when that isn't what one has been doing for five years, especially after being up the night before? Hopefully we will all have partners by then who can cover for us…

Finally, the specter of regulation of all surgeons' hours looms hauntingly on the horizon. Would the government ever consider this? They do it for pilots. The prospect of such a regulatory framework of surgical practice is daunting at best. Would it be in our patients' best interests? How long after such a law was passed would it be before a legislator who had an emergency couldn't be treated by his or her doctor? We may be safe after all. Maybe…

— Bruce Schirmer, MD
President, SAGES

1. Hassett JM, Nawotniak R, Cummiskey D, et al. Maintaining outcomes in a surgical residency while complying with resident work hour regulations. *Surgery* 2002; 132:635-41.

Save these Dates!

SAGES Upcoming Annual Meetings

March 12 - 15, 2003	**Los Angeles Convention Center, Los Angeles, CA** with the International Pediatric Endosurgery Group (IPEG)
March 31 - April 3, 2004	**Colorado Convention Center, Denver, Colorado**
April 13 - 16, 2005	**Westin Diplomat Resort, Hollywood, Florida** with AHPBA. Held consecutively with the ACS Spring Meeting

Other Meetings and Congresses

2003

April 13 - 16	**ACS Spring Meeting**	New York, NY
May 18 - 21	**DDW**	Orlando, FL
June 16 - 18	**EAES**	Glasgow, Scotland
June 21 - 26	**ASCRS**	New Orleans, LA
Sept. 22 - 25	**SLS**	Las Vegas, NV
October 19 - 24	**ACS**	Chicago, IL

2004

February 2 - 7	**9th World Congress in Endoscopic Surgery** (hosted by FELAC/ALACE)	Cancun, Mexico
May 8 - 13	**ASCRS**	Dallas, TX
May 16 - 19	**DDW**	New Orleans, LA
June 9 - 12	**EAES**	Barcelona, Spain
Sept 29 - Oct 2	**SLS**	New York, NY
October 10 - 15	**ACS**	Orlando, FL

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