



# CSCRS NEWS

WINTER 2014



*Dr. Terry Phang,  
President, CSCRS*

Greetings from Vancouver!

I am starting my 3-year term as CSCRS President with the help of your Executive Committee Members: Paul Johnson (Vice-President), Tony MacLean (Treasurer), Hussein Moloo (Research Chair), Sender Liberman (Member at large), and, Steve Kelly (Member at large), plus, Jasmin Lidington (Executive Director).

Our job is to provide education and research opportunities for our membership aimed to enhance care of patients who have colorectal diseases. The education is provided primarily at our annual meeting Canadian Surgery Forum (CSF) with CAGS. At CSF 2014 in Vancouver, the education topics are supportive of our current needs to improve endoscopy skills and perioperative care. We will be collaborating with the CAGS endoscopy group on handling the difficult colorectal polyp in a half-day post-grad course. We will be collaborating with CAGS on ERAS protocols in a half-day plenary session. And, in a half-day session, we will be highlighting lessons in surgical techniques for rectal cancer to be given by our Canadian master surgeons.

To highlight our research, we will present our research papers and host a discussion on starting a Canadian clinical trials group for Colorectal Surgery. The concept of Canadian clinical trials was started with Dr Robin McLeod's studies on DVT prophylaxis, anal fissure, and anastomotic techniques in Crohn's patients. We have current trials on TEM techniques (Dr Carl Brown) and anti-cancer effects of low molecular weight heparin (Dr Rebecca Auer). Our annual research grant has provided start-up or partial funding for colorectal research projects at multiple sites across Canada; many of our grants have supported multi-centre studies that investigate outcomes. Our research dinner is an opportunity for our trainees to meet established surgeons and other trainees from across Canada and for all members to say Hi to each other.

CSCRS also defines the subspecialty of Colorectal Surgery via the Royal College. Our representatives to the RC Colorectal Surgery Subspecialty Committee oversee our Canadian Fellowship Training Programs in Colorectal Surgery. Recently, the RC fellowship in Colorectal Surgery requires that trainees pass a final examination set by our representatives on an exam board.

CSCRS has budget requirements for administrative support, office expenses, CSF meeting facility expenses, website expenses, and our research grant. Our income sources are membership dues, CSF registration fees, and industry grants. For your membership, you are eligible for reduced CSF registration fee and you receive quarterly CSCRS newsletters. Your membership is necessary as goodwill for the CSCRS executive to provide its education and research opportunities. The budget is reviewed at our annual business meeting held at CSF.

In the coming CSCRS e-news, I will keep you aware of CAGS/CSCRS strategies on politics regarding "bad surgeon outcomes" for screening colonoscopy.

Sincerely,  
Terry Phang, on behalf of the CSCRS Executive.

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The Coat of Arms of the CSCRS was designed in part by a CSCRS founding Member, Dr. Robert (Bob) Thorlakson. Dr. Thorlakson presented the Coat of Arms on November 3<sup>rd</sup>, 1993 to the then-President Dr. Paul Belliveau at the Royal College. The mounted Coat of Arms hung on the walls of the Royal College until this past September, when the Royal College loaned it to the present CSCRS office at 421 Gilmour St. in Ottawa. All CSCRS Members are welcome anytime to come and see it in person!

Designed and described by the late Dr. Robert Thorlakson:

#### Shield:

The shield is of traditional shape. The border is wavy and represents the colon. On the field is a chevron with a roundel at its apex and superimposed with a fleam which is a medieval scalpel and in heraldry represents surgery. On the right and upper left aspects of the shield on the field are two maple leaves representing Canada, as this is a Canadian society. In the lower aspect of the shield is a replica of the charge that is found on the Canadian Association of General Surgeons' Coat of Arms. This has been 'differenced' in the snake that has been changed from red to black to represent the colonoscope. This charge indicates our surgical association and origin from general surgeons where all subspecialties have arisen and this process has accelerated since the Second World War.

#### Crest:

Above the helmet sits an owl regardant. The owl is generally regarded as the bird of wisdom. In this instance the bird is a snowy owl which is the official bird of Quebec where we founded our organization in Quebec City. In the right or dexter claw, the owl holds a fleam to represent a surgeon holding a scalpel.

#### Mantling:

The mantling on either side of the arms is red and white, the official colours of Canada. Below there is the motto, Sapientiae – Progredi – Prudentia which translates to Wisdom, which includes Knowledge and Judgment, progress and Prudence, which might be in keeping with the charges on the shield and in the future of the specialty.

#### Motto:

The motto is Latin which gets around the problem of bilingualism because it otherwise would have been too bulky. The motto Sapientiae – Progredi – Prudentia – It is the mark of Wisdom to Progress with Prudence.

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## CSCRS Research Award—2013 Winner



Congratulations to Dr. Jason Park and his team of investigators from the University of Manitoba for being selected as the 2013 CSCRS Research Award Recipients!



Here is a glimpse into what they have been working on:

### ***Design and Validation of a Unique Endoscopy Simulator Using a Commercial Video Game Console.***

J. Park, B. Unger, A. Vergis, & L. Gillman.  
University of Manitoba, Winnipeg.

Given work hour restrictions and concerns for patient safety, simulation will continue to play an important role in resident training. Existing simulators however have multiple limitations including lack of portability, high cost and poor compliance. Modern first person “shooter” video games share similar constructs with endoscopy and have been demonstrated to improve endoscopic performance. One of the challenges facing early endoscopy trainees is using the endoscope control head and we hypothesize that becoming familiar with using this head may improve endoscopic skills. In this study, we will integrate the head of an endoscope for use as a controller for a commercially available video game console. We will then conduct a randomized control trial to assess whether using our endoscope head-based controller to play video games results in improved endoscopic skill over conventional controllers. We hypothesize that our endoscope-based controller system will help learners gain and improve basic but important early endoscopic skills. Moreover, they would gain these skills while playing video games in their own leisure time. This system thus has the potential to be a more enjoyable and potentially cheaper alternative to commercially available endoscopy simulators.

## CSF 2014 Flight Discount

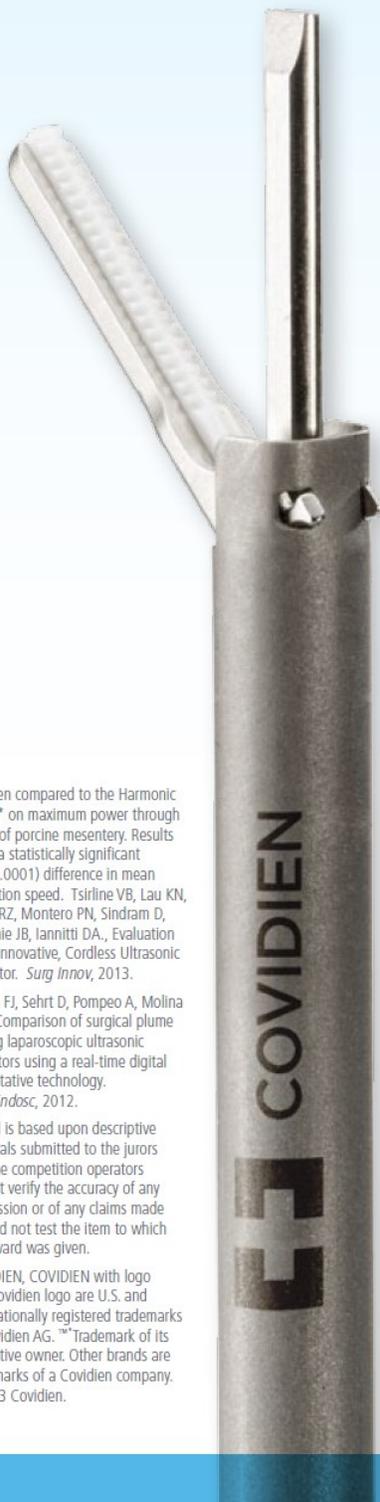
As a major participating society in the 2014 Canadian Surgery Forum, the CSCRS would like to thank **AIR CANADA** for offering a **20% discount** to all attendees flying to the event!

Simply enter code **JMHG7UN1** when booking your flight to Vancouver to take advantage of this special offer.





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2. Kim FJ, Seht D, Pompeo A, Molina WR., Comparison of surgical plume among laparoscopic ultrasonic dissectors using a real-time digital quantitative technology. *Surg Endosc*, 2012.

Award is based upon descriptive materials submitted to the jurors and the competition operators did not verify the accuracy of any submission or of any claims made and did not test the item to which the award was given.

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## CANADIAN SOCIETY OF COLON AND RECTAL SURGEONS OPERATING GRANT COMPETITION 2014

Applications are being accepted for Operating Grants for the Canadian Society of Colon and Rectal Surgeons Research Award. Please submit by e-mail to:  
[hmoloo@ottawahospital.on.ca](mailto:hmoloo@ottawahospital.on.ca)

1. The deadline for receipt is June 1, 2014.
2. There is one operating grant of \$10,000.
3. All applicants must be CSCRS Members.
4. Residents are encouraged to apply with a CSCRS member as supervisor.

### The application should include:

1. A title page with information regarding all co-applicants and contact information for correspondent
2. A summary of the application (max. 1 page)
3. A detailed description of the proposed research including references and a detailed budget (max. 6 pages)
4. A curriculum vitae of the principal applicant (max. 3 pages)
5. A letter of support from the Head of the Department of Surgery

For further information please contact:

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*Happy Holidays*



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