



CSCRS NEWS

SPRING 2014



*Dr. Terry Phang,
President, CSCRS*

On behalf of the CSCRS executive, we invite you to the Canadian Surgery Forum in Vancouver taking place September 17th-20th. We have an exciting program designed to address the current hot topics of endoscopy and ERAS (enhanced recovery after surgery).

The endoscopy course will be held on Thursday, September 18th in collaboration with the MIS/CAGS Committees, and with broad discussions on upper and lower endoscopy. On colonoscopy, we will present education aimed to improve our outcomes by tips and tricks, quality indicators, polypectomy, GI bleeding, and advanced endoscopic techniques. Our colorectal surgeon speakers include Paul Johnson, Robin Boushey, and special invited guest, Larry Whelan (NYC). These

didactic sessions will be in the morning and open for unlimited registration. The afternoon endoscopy lab will have more limited registration.

Our research sessions will be held on Thursday afternoon. We will present our papers then present our multi-centre clinic trials. The overall aims are to highlight Canadian clinical trials and encourage participation across the country. We will discuss strategies of how to optimize a Canadian network for colorectal surgery trials and grow our camaraderie with our research dinner and awards presentations later that evening at the Water St. Café at 300 Water St.

The Annual General CSCRS Meeting will be held on Friday at 3PM, to be followed by Surgical Jeopardy and the Presidents' Dinner at the Steamworks Brewing Company at 375 Water St. at 7 PM.

On Saturday, September 20th, we will hold an all day ERAS symposium. We encourage all surgeons, anesthesiologists, nurses, and dieticians, participating in care of surgical patients to attend. ERAS topics to be discussed include making the case to hospital administration, strategies to minimize surgical site infections, impact of ERAS and NSQIP on surgical outcomes, patient and nursing education, provincial data and perspectives. Our speakers include Ahmer Karimuddin, Sender Liberman, Tom Wallace, Garth Warnock, Shawn Forbes, Pat Colquhoun, Ron Collins, Jill Osbourne, Jocelyn Kent, Stephen Parker, Robin McLeod, Allan Okrainec, Peter Doris. Our special invited guests are Dr Clifford Ko (LA) and Julie Thacker (Duke).

We look forward to stimulating, productive discussions and renewal of collaborations and friendships.

See you in Vancouver!

Terry Phang, on behalf of the CSCRS Executive.

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CAGS Addresses ‘Competence’ in Endoscopy with GI’s at Roundtable Discussion; Institutes Endoscopy Taskforce with CSCRS Representation

The Canadian Association of General Surgeons hosted the first multi-disciplinary roundtable discussion on endoscopy in Canada February 7th in Toronto, ON. This long-awaited first step in understanding and addressing complex issues and mounting tension was a collegial and welcome conversation among General Surgeons and their Gastroenterologist counterparts. Among the 30 meeting participants were representatives from the Canadian Association of Gastroenterology, Cancer Care Ontario, the Canadian Society of Colon and Rectal Surgeons* and the Royal College.

Compelling information was presented at the discussion, including a definition of competence by Dr. Melina Vassiliou, who has been working on the same issue in the US with the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES). Dr. Vassiliou stated that by definition, competence can be considered as “having the minimal level of skill, knowledge and expertise, derived through training and experience, that is required to perform a task or procedure safely and proficiently”^[1]. This definition helps to clarify who should perform endoscopy, however can be complicated by the fact that those skills and aptitude required have an element of subjectivity, and therefore the standard of competence varied from one individual to another, and was also in constant evolution, just as science and technology was in constant evolution.

Dr. Jill Timmouth of Cancer Care Ontario presented a step-by-step process of how the guideline for quality colonoscopy in Ontario was developed, which states a minimum of 200 endoscopic procedures be performed annually to be considered a ‘competent’ endoscopist. This figure contrasts with the Global Assessment of Gastrointestinal Endoscopic Skills’ (GAGES) data that demonstrates competence being achieved between 75 and 100 procedures for individuals who are training in endoscopy, which is when scores begin to plateau on a scale when measuring basic skills.

Dr. Steve Schwartzberg, Past-President of SAGES who worked on pioneering a common set of standards for endoscopic training requirements between GI and Surgical specialties in the US, said that they provided a commitment that a surgeon going into practice offered the same quality in endoscopic procedures as a gastroenterologist going into practice. Along with that commitment came an understanding that all training in the endoscopic suite served the same need, regardless of the specialty of the trainee. Dr. Schwartzberg underscored the importance of clearly defining competence to appropriately begin to tackle this issue by stating: “Competence is taught and mastery is sought”.

The CAGS Executive Committee has instituted The Endoscopy Taskforce that has been charged with moving the issues of endoscopy forward in Canada. The taskforce has gastroenterologist and surgical representation that will tackle obstacles to providing endoscopic services for both specialties. Possibilities of a certification in endoscopy and common training standards will be considered, but this work will take some time. The Executive hopes that the taskforce can offer some relief measures for General Surgeons being adversely affected by the current endoscopy environment, however advocates that all those who perform endoscopy should take part in a quality assurance program to ensure they are providing the highest quality of services available.

*The CSCRS is represented by Dr. Steve Kelly of McMaster University in Hamilton, ON.



Join us this year on September 18th for the
Annual CSCRS Research and Awards Dinner!

You will be dazzled BY the following:

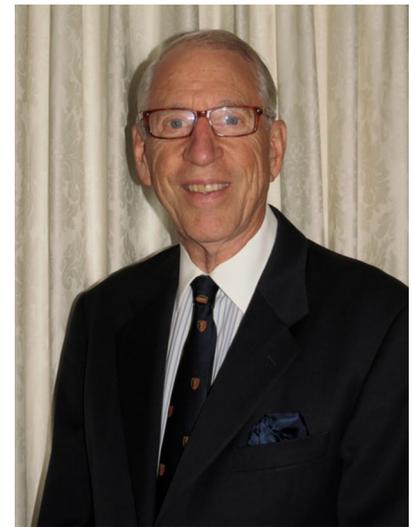
- Presentation of the 2014 CSCRS Honorary Member – Dr. John MacFarlane
- Updates on prior research awards
- Announcement of the 2014 award winner
- Sharing an amazing dining experience with friends and colleagues

This special event will take place at 6:30 PM at the Water St. Café, which is located at 300 Water St. in Vancouver, BC.

Seating is limited - Please RSVP to jlidington@cscrs.ca.



Water St. Café – 300 Water St. Vancouver, BC



Dr. John MacFarlane

CSF 2014 Update

REGISTRATION:

Registration is now open! Please go to www.canadiansurgeryforum.com and click on “register” before August 25 to benefit from lower registration fees.

ACCOMMODATIONS:

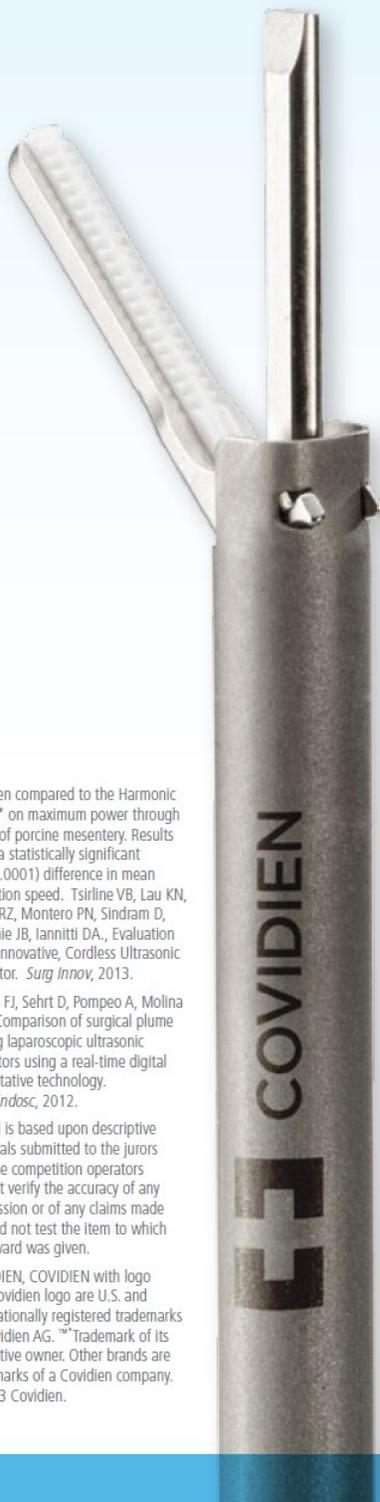
The official hotel of CSF 2014 is the Fairmont Waterfront in Vancouver. To reserve your room at the discounted rate, please go to www.canadiansurgeryforum.com and click on “travel & hotel”.

FLIGHTS:

Air Canada is offering a 20% discount on all Flex Fares to CSF attendees. Use code JMHG7UN1 when booking your flight 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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The Rounds: a New Physician Network

We are excited to present information about The Rounds, Canada's physician-only network. The Rounds represents an exciting step forward for Canadian healthcare, and we want to ensure that our membership remains up to date on any relevant advances in healthcare technology. The Rounds' community has grown to over 6,500 Canadian physicians in its first three months, and partnerships with both the Society of Rural Physicians of Canada and The Canadian Association of Emergency Physicians signal exciting steps forward in free and secure physician communication.

Through The Rounds' platform, you can communicate with colleagues, discuss specific patient cases, and earn free CME credits. The network also provides a robust private messaging system, and will allow colleagues to form private groups within the community (*coming: June, 2014*). The Rounds commits to providing Canadian physicians and surgeons with a safe and secure platform for communication and accessing information, all in real-time.

Communicate All communication conducted on The Rounds is HIPAA- and PIPEDA-compliant, so sharing patient information is safe and secure. Their platform allows for focused and targeted discussions that are not possible using email or text messaging. Working with like-minded physicians to solve problems in a closed environment has never been easier or more secure for Canadian physicians.

Collaborate The Rounds immediately connects you with thousands of specialists and physicians from across the country. By providing you with the most diverse network available, collaborations can accomplish more than ever. The platform allows both rural and urban doctors to connect with wide knowledge networks, providing you with the resources you need to provide world-class care in any setting.

Learn Utilize The Rounds' free, online CME database to educate yourself on your own terms. This ever-expanding CME database provides members with an exclusive catalogue of online CME courses, available through accredited partners.

You can sign up for The Rounds now at www.therounds.com. If you would like more information on how The Rounds can help your practice, feel free to contact our Manager, Strategic Partnerships, Conor Cox at conor@therounds.com.



Message from University of Calgary Researchers



Dear colleague,

The Department of Gastroenterology at the University of Calgary is requesting your participation in a survey regarding pregnancy in patients with an ileal pouch-anal anastomosis (IPAA).

Proctocolectomy with an ileal pouch-anal anastomosis (IPAA) is the surgical treatment of choice for patients with ulcerative colitis (UC) refractory to medical therapy. Patients are often young and within their reproductive years at the time of surgery. Currently, there are no clear guidelines in regards to the mode of delivery for pregnant patients with an IPAA.

To further understand this issue, we have collaborated with local obstetricians, gastroenterologists and colorectal surgeons to develop a survey, which examines national practices and personal preferences of Canadian obstetricians, gastroenterologists and colorectal surgeons with regard to the mode of delivery for this patient population. We would appreciate your assistance in completing the survey.

Please note that the online survey is hosted by 'Survey Monkey' which is a web survey company located in the USA. All responses to the survey will be stored and accessed in the USA. This company is subject to U.S. laws, in particular, to the US Patriot Act that allows authorities access to the records on internet services providers. If you chose to participate in this survey you understand that your responses to the questions will be stored and accessed in the USA. The security and privacy policy for Survey Monkey can be viewed at

<https://www.surveymonkey.com/s/IPAAColorectal>

If you have any further questions or concerns, please do not hesitate to contact us. Thank you for your time and assistance.

Sincerely,

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Co-investigators:

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Dr. Anthony MacLean, Dr. Subrata Ghosh, Dr. Remo Panaccione



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

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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Do you have something you would like to include
in the next CSCRS Newsletter?

If so, please submit to jlidington@cscrs.ca
by July 31, 2014.

Thank you for your continued interest in CSCRS!

