Biliary/Therapeutic Endoscopy
Service Goals and Objectives
Stony Brook University Hospital

Revised December 21, 2015

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Overview

Stony Brook University Hospital is a tertiary referral center that has a Biliary/Therapeutic endoscopy service that is a separate consultation service from the Gastroenterology service. The service is comprised of a second or third year GI fellow, a fourth year therapeutic endoscopy fellow, and two advanced endoscopy attendings who have had specialized training in therapeutic endoscopy and are experts in endoscopic ultrasound (EUS), endoscopic retrograde cholangiopancreatography (ERCP), deep enteroscopy, and all types of interventional and therapeutic luminal gastrointestinal procedures. The biliary service manages inpatient consultations of the pancreaticobiliary tract and any procedures deemed therapeutic in nature other than gastrointestinal bleeding.

It is expected that upon graduation of the GI program, the GI fellows will have mastered an understanding of the indications for performing EUS, ERCP, know how to manage biliary pancreatitis, and perform thorough and complete post procedural care of these patients. General GI fellows will also have an opportunity to learn the basic techniques of EUS and ERCP. It is expected that the therapeutic endoscopy fellow will be competent to perform all learned therapeutic procedures and be capable of performing these procedures independently on his or her own at the end of the academic year.

Inpatient:
They will take care of all patients on the biliary service and staff all consults with one of the biliary attendings. The service attending alternates weekly between the two biliary attendings. All patients will be seen and staffed in a timely manner. The primary responsibility of the second/third year fellow will be to staff all consults. When there is overflow or the general GI fellow is in clinic, then the fourth year fellow will see all consults. As a team labs and radiology will be reviewed, and indications for various procedures will be discussed.

Multidisciplinary Conference:
Each Tuesday morning there is a tumor board where gastroenterologists, surgical oncologists, medical oncologists, radiologists, and pathologists meet to discuss interesting cases and any cases that involve GI malignancies. It is expected that fellows go to conference and participate in discussions, and present cases when they arise.

Endoscopy:
The general GI fellow will be trained to learn basic therapeutic procedures such as EUS and ERCP. The fourth year fellow will be trained to perform these procedures to a level of competency where he or she can perform them independently.

Procedural Skills:
ERCP with:
- Ability to pass the duodenoscope safely
- Achieve a stable short and long position
- Interpretation of cholangiogram
- Sphincterotomy
- Stone removal
- Stent placement
- Biopsy/brushings

EUS with:
- Ability to pass a radial and linear echoendoscope safely
- Interpret ultrasound images
- Correctly name and identify layers of the GI tract
- Correctly T and N stage cancers
- FNA a desired object safely
- Identify the correct needle for each type of biopsy/FNA

Deep enteroscopy:
- Navi Aid
- Double balloon

EGD with:
- Dilation
- Radiofrequency ablation
- Endoscopic Mucosal Resection
- Esophageal stenting

Colonoscopy with:
- Complicated polyp removal
- Endoscopic Mucosal Resection

Research:
There is a wealth of studies being performed by the two therapeutic endoscopy attendings. Although not mandatory, if a fellow has interest in therapeutic endoscopy then he or she is encouraged to participate in research by joining projects or having project proposals at our monthly endoscopy research meetings. There are several opportunities to have fellows describe the various novel procedures performed as case reports or case series, as well as present these procedures at various society meetings such as the New York Society for Gastrointestinal Endoscopy fellow’s night and the New York Society for Colorectal Surgery interesting case night.
**Educational Goals:**

At the end of this document is a list of landmark papers or society guidelines for various topics, that each fellow will learn to master in terms of knowledge, boards preparations, and combined with clinical experience from consultations how to correctly manage patients with these conditions, including: pancreatitis, pancreatic cysts, pancreatic cancer, chronic pancreatitis, autoimmune pancreatitis, biliary strictures/leaks, choledocholithiasis/stone disease, cholangitis, post ERCP complications, ampullary stenosis/SOD, ampullary adenomas, gastric neoplasms, choledochoceles, gallbladder polyps, primary sclerosing cholangitis, bariatric surgery. There are 4 textbooks that the fellow will have access to (online access as well). This syllabus is meant to be added to and improved and when new landmark articles or guidelines are found in the literature they will be added to the syllabus.

Each fellow will be expected to learn how to interpret radiology (without a radiologist read) such as cholangiograms, CT scans, MRCP, and EUS.

Each fellow will be responsible for presenting topics throughout the year as assigned by the chief resident. Typically there are 6 pancreaticobiliary conferences where each fellow on the service (the fourth year and whichever second/third year is rotation on at the time) presents a half hour talk on a chosen topic. Other conferences will be assigned as per the chief fellow.

**List of Landmark Papers for Each Important Topic While Rotating on the Biliary Service**

**Pancreatitis:**


**Pancreatic Cysts:**


**Pancreatic Cancer:**


**Chronic Pancreatitis:**


**Autoimmune Pancreatitis:**

**Biliary Strictures/Leaks:**


**Choledocholithiasis/Stone Diseases:**


Cholangitis:


Post ERCP Complications:


Cholangiocarcinoma:


Ampullary Stenosis/SOD:


Ampullary Adenomas:

Small Bowel Disorders and Bleeding

The role of deep enteroscopy in the management of small-bowel disorders.

Gerson LB et al.
ACG Clinical Guideline: Diagnosis and Management of Small Bowel Bleeding.

Gastric Neoplasms:


Nishida et al. The standard diagnosis, treatment, and follow-up of gastrointestinal stromal tumors based on guidelines. Gastric Cancer. 2015; e published.

Choledochoceles:


Gallbladder Polyps:

Primary Sclerosing Cholangitis:
**Bariatric Surgery Types and Complications:**

**Books Available to You:**


Bhutani et al. EUS Pathology with Digital Anatomy Correlation. 2010.