



GENERAL SURGEONS' PERSPECTIVES ON ENDOSCOPY TRAINING AND PRACTICE: A RETROSPECTIVE STUDY

Dr Uday Kiran G*

Assistant Professor, Department of General Surgery, Great Eastern medical school & Hospital, Ragolu, Srikakulam, India.

ABSTRACT

This study aimed to investigate the opinions of general surgeons regarding endoscopy training activities and their practices in performing endoscopy, particularly in emergency situations. A survey was conducted among general surgery specialists, inquiring about their training backgrounds, current workplaces, years of practice, endoscopy training during or after residency, availability of gastroenterologists at their hospitals, and their utilization of endoscopy. Additionally, participants were asked about their views on whether general surgeons should perform emergency or elective endoscopy and the necessity of endoscopy training in general surgery. Results revealed that 63% of surveyed general surgeons received training in hospitals affiliated with universities, while 37% trained in hospitals providing training and research services. The average duration of general surgery practice among participants varied, with notable proportions practicing for 5-15 years and over 20 years. Regarding endoscopy training, over half of residents received training during residency, while others had postgraduate training or none. Respondents generally affirmed that general surgeons should perform emergency or elective endoscopy. As endoscopy becomes increasingly common, especially in areas without widespread gastroenterologist availability, integrating endoscopy training into general surgery programs is crucial for ensuring comprehensive patient care.

Keywords: Endoscopy, General surgeons, Training, Emergency procedures, Gastroenterologists.

Access this article online

Home page
www.mcmed.us/journal/abs

Quick Response code



Received:25.06.17

Revised:12.07.17

Accepted:15.07.17

INTRODUCTION

An endoscopy is a minimally invasive procedure that is used for diagnosing and treating diseases of the gastrointestinal tract. There is no doubt that emergency endoscopy saves lives [1]. Upper gastrointestinal interventions can be performed with this technique [2]. Local anesthesia is often used in emergency situations with this procedure. With sedation, the procedure is comfortable and well tolerated. Using this technique, upper gastrointestinal tract diseases such as esophageal, stomach, and duodenal diseases can be diagnosed and treated. There are complications of endoscopy, such as hemorrhage and perforation of the intestinal wall [4].

Endoscopy was used for diagnosis, polyp removal, foreign body removal, upper gastrointestinal bleeding control, and gastrostomy [5]. It is also possible to diagnose early gastrointestinal cancer with an

endoscopy [6]. Additionally, all of these interventions can be performed simultaneously [7–12]. Study objectives were to examine general surgeons' endoscopy training activities, emergency endoscopy procedures carried out by them, and their opinions regarding this issue.

METHODS AND MATERIALS

It was our goal to find out where Specialists in general surgery receive their training, work at an institution, are in practice for a long time, have been trained in endoscopy, have a gastroenterologist at their hospital, perform endoscopy (urgent/elective), and extract foreign bodies. As well as these questions, we also asked 'Should general surgeons perform elective or emergency endoscopies.

Corresponding Author: Dr Uday Kiran G

Statistics: Data analysis was performed using the SSPS 21 Pocket Program.

RESULTS

A general surgeon practices for an average of 5 years, 5-15 years for 38.4%, 15-20 years for 20.3%, and over 20 years for 17.4%. 75 surgeons received endoscopy training during residency, compared to 35 (25.4%) who did not and 35 (23.2%) who did not. Twenty-four percent of institutions had gastroenterologists. There were 97 surgeons (70.3%) who used endoscopy, and 41 (29.5%) who did not. Half of participants underwent urgent

endoscopy. There was a 12% removal rate. A majority (100%) agreed elective and urgent endoscopies should be done by general surgeons. General surgery residency requires endoscopy training? Is it a positive or negative statement?' 137 participants (99.3%) answered positively (Tables 1). A total of 158 (50%) participants reported removing foreign bodies through endoscopy. 32 fish bones, 6 toothpicks, 34 bone pieces, 42 coins, and 10 toys were removed. The majority of participants wanted endoscopic training during their residency. General surgeons should perform urgent and elective endoscopies since gastroenterologists are scarce.

Table-1: The number of participants practiced general surgery (years), as well as their answers

Practicing duration (years)	1–5 n (%)	5–15 n (%)	15–20 n (%)	≥20 n (%)	Total n (%)
Number of surgeons	66	106	56	48	276
Receiving endoscopy training in residency					
Yes	40	56	22	24	142
No	20	18	20	12	70
Performing endoscopy					
Yes	42	80	38	34	194
No	24	26	18	14	82
Should general surgeons use endoscopy?					
Yes	66	106	56	48	276
No	0	0	0	0	0
Is endoscopy training required in general surgery education?					
Yes	64	106	56	48	274
No	2	0	0	0	2

DISCUSSION

Emergency upper gastrointestinal system diseases can be diagnosed and treated with endoscopy [12]. Gastroenterologists are not always available. General surgeons performed about 75% of urgent and elective endoscopies in the present study. In cases where patients live far away from city centers, resolving emergency conditions is crucial. Taking these patients to distant medical centers is a time-consuming and expensive process. Local hospitals are able to treat pediatric and adult patients with urgent endoscopy. After physical examination, foreign body ingesters should receive plain radiographs and endoscopies. General surgeons should receive endoscopic training in emergency situations. Residents in general surgery received an endoscopy requirement increase in 2009, according to Patel et al., to reduce the burden on gastroenterologists [13]. There are no routine

certification programs in Turkey, and those that exist are controversial. We found that 100% of general surgeons reported insufficient training in endoscopy. In a study by Jones et al., it was found that only 38% of general surgeons performed endoscopies, while 60% of gastroenterologists do [14]. As of now, there is no institution in Turkey that offers endoscopy training in a residency program. According to Vo et al., there is also a need for surgeons to be trained in endoscopy [15]. Among general surgeons, endoscopic training is also important as reported by Schwesinger et al. in a similar article. Turkey's rate is approximately 10% higher. Almost all of these endoscopies were performed in state hospitals without gastroenterologists. 46% of surgeons who retrieved foreign bodies worked in city centers, 54% in state hospitals. Therefore, in places without gastroenterologists, such as state hospitals, general surgeons should use endoscopy. A general surgeon may

perform endoscopic intervention in emergency situations such as swallowed foreign bodies to reduce delays, costs, and possibly death [4]. Participants removed fifty percent of foreign bodies due to the distance from central hospitals. General surgeons should learn endoscopy, according to a majority (100%) of respondents.

CONCLUSIONS

An emergency endoscopy and an elective endoscopy are both possible. It is important not to delay the endoscopy. As in other developed countries, general surgery training should include endoscopy. There is a great deal of responsibility on the part of the authorities, and they should show consideration.

REFERENCES

1. Hong KH, Kim YJ, Kim JH (2015). Risk factors for complications associated with upper gastrointestinal foreign bodies. *World J Gastroenterol*, 21(26), 8125–31
2. Erbil B, Karaca MA, Aslaner MA (2013). Emergency admissions due to swallowed foreign bodies in adults. *World J Gastroenterol*, 19(38), 6447–52
3. Geraci G, Sciume' C, Di Carlo G (2016). Retrospective analysis of management of ingested foreign bodies and food impactions in emergency endoscopic setting in adults. *BMC Emerg Med*, 16(1), 42
4. Li S, Gupta N, Kumar Y, Mele F. (2017). Splenic laceration after routine colonoscopy, a case report of a rare iatrogenic complication. *Transl Gastroenterol Hepatol*, 2, 49
5. Gupta N, Goyal P, Bansal I (2017). Some mushrooms are hard to digest: Gastrostomy tube exchange. *Pol J Radiol*, 82, 392–94
6. Xue HG, Yang AH, Sun XG (2016). Expression of microRNA-328 functions as a biomarker for recurrence of early gastric cancer (EGC) after endoscopic submucosal dissection (ESD) by modulating CD44. *Med Sci Monit*, 22 4779–85
7. Gundling F, Seidl H, Stark T (2012). Management of impacted foreign bodies in the upper gastrointestinal tract in adult patients – results of a retrospective case series. *Z Gastroenterol*, 50(12), 1287–91
8. Predescu D, Predescu I, Sarafoleanu C, Constantinoiu S. (2016). Oesophageal foreign bodies from diagnostic challenge to therapeutic dilemma. *Chirurgia (Bucur)*, 111(2), 102–14
9. Muñoz F MP, Maluje J R, Saitua DF., (2014). Gastrointestinal foreign body in children. *Rev Chil Pediatr*, 85(6), 682–89
10. Li QP, Ge XX, Ji GZ (2013). Endoscopic retrieval of 28 foreign bodies in a 100-year-old female after attempted suicide. *World J Gastroenterol*, 19(25), 4091–93
11. Ambe P, Weber SA, Schauer M, Knoefel WT., (2012). Swallowed foreign bodies in adults. *Dtsch Arztebl Int*, 109(50), 869–75
12. Damghani M, Halavati N, Motamedi N., (2011). Foreign body in the upper air way and oesophagus: A seven years study from Iran. *J Pak Med Assoc*, 61(9), 859–62
13. Bradley NL, Bazzarelli A, Lim J (2015), CAGS Residents Committee: Endoscopy training in Canadian general surgery residency programs. *Can J Surg*, 58(3), 150–52
14. Patel NM, Terlizzi JP, Trooskin SZ: Gastrointestinal endoscopy training in general surgery residency: what has changed since 2009? *J Surg Educ*, 2014 71(6), 846–50
15. Skubleny D, Switzer N, Karmali S, de Gara C., (2015). Endoscopy services and training: A national survey of general surgeons. *Can J Surg*, 58(5), 330–34.

Cite this article:

Dr. Uday Kiran G. (2017). General Surgeons' Perspectives on Endoscopy Training and Practice: A Retrospective Study. *Acta Biomedica Scientia*. 4(3), 234-236



Attribution-NonCommercial-NoDerivatives 4.0 International