

**ESGE Learning Area - Hands-on Training Programme - UEG Week 2023**

**Saturday, Oct 14**

Session 1	Session 2	Session 3
10:30-12:00	13:30-15:00	16:00-17:30
Polypectomy	ERCP	Polypectomy
Hemostasis	EUS	Hemostasis
Hemostasis	Hemostasis	Hemostasis
EMR	ESD	ERCP
ERCP	Polypectomy	ERCP
ESD	EMR	ESD
Polypectomy	Polypectomy	Polypectomy
EUS	Hemostasis/ APC	EUS

**Sunday, Oct 15**

Session 4	Session 5	Session 6
10:30 -12:00	13:30-15:00	16:00 - 17:30
EMR	EMR	EUS-FNA
Hemostasis	EMR	Hemostasis
Polypectomy	Polypectomy	Polypectomy
Hemostasis	Hemostasis	EMR
ERCP	ESD	ERCP
EUS	EUS-FNA	Polypectomy
ESD	ESD	ESD
ESD	Hemostasis/APC	EMR

**Monday, Oct 16**

Session 7	Session 8	Session 9
10:30 -12:00	13:00-14:30	15:00-16:30
ERCP	Hemostasis	EUS
ERCP	Polypectomy	Polypectomy
Hemostasis	EUS	Hemostasis
EUS-FNA	EUS-FNA	Polypectomy
ESD	ERCP	Polypectomy
Polypectomy	ERCP	ERCP
Polypectomy	EMR	ESD
Hemostasis/APC	Hemostasis	ESD

# ESGE Learning Area

Find the procedure of your interest before you register:

## ENDOSCOPIC MUCOSAL RESECTION EMR

### WHAT IT'S ABOUT

- Lesion delineation, characterization and lifting
- Cap selection and fixation
- Positioning of the crescent snare in the cap
- Perpendicular and centered lesion approach for suction and snare closure
- Hemostasis during EMR

### YOU SHOULD HAVE EXPERIENCE WITH

- Endoscope tip and space control
- Polypectomy, cap and rubber band ligation techniques
- Hemostasis and endoclipping techniques (be able to manage complications)

## ENDOSCOPIC ULTRASOUND EUS

### WHAT IT'S ABOUT

- EUS machine operation and set-up, use of tip balloon and luminal water
- Linear EUS of epigastrium
- Staging luminal cancer and subepithelial lesions
- Extraluminal mass identification

### YOU SHOULD HAVE EXPERIENCE WITH

- Insertion and manipulation of side-viewing scope
- Basic indications of EUS
- Basic knowledge of anatomy of epigastrium and rectum

## ERCP

### WHAT IT'S ABOUT

- Biliary cannulation
- Sphincterotomy
- Guide-wire accessory exchange
- Stone extraction with Dormia basket or balloon
- Biliary plastic and metal stenting
- Retrieval of stents

### YOU SHOULD HAVE EXPERIENCE WITH

- Insertion and advancement of side-viewing scope
- Use of scope tip control and torque technique
- Use of elevator, Vater papilla identification

## HEMOSTASIS

### WHAT IT'S ABOUT

- Injection therapy
- Mechanical hemostasis (clipping, ligation, endoloops)
- Ligation of varices
- Thermocoagulation
- Argon plasma coagulation

### YOU SHOULD HAVE EXPERIENCE WITH

- Insertion and advancement of front-viewing scope
- Use of scope tip control and torque technique
- Lumen identification

## POLYPECTOMY

### WHAT IT'S ABOUT

- Techniques with respect to polyp size
- Positioning of the polyp
- Use of cold and hot biopsy forceps and cold snare
- Electro cautery and snare designs
- Use of pre-snare injections and endoloops
- Lifting techniques and non-lifting sign
- Use of polypectomy snares
- Tissue retrieval techniques

### YOU SHOULD HAVE EXPERIENCE WITH

- Insertion and advancement of front-viewing scope
- Use of scope tip control and torque technique
- Lumen and polyp identification

## EUS-FNA

### WHAT IT'S ABOUT

- Subepithelial or extraluminal lesion identification
- Linear EUS scope positioning
- Selection of appropriate needle
- Techniques of needle aspiration/biopsy
- Sample handling

### YOU SHOULD HAVE EXPERIENCE WITH

- Insertion and advancement of EUS scope
- Indications for EUS-FNA

## ESD ENDOSCOPIC SUBMUCOSAL DISSECTION

### WHAT IT'S ABOUT

- Lesion marking and lifting
- Cap selection and fixation, knife selection
- Mucosal cutting
- Submucosal dissection (layer recognition)
- Hemostasis during ESD

### YOU SHOULD HAVE EXPERIENCE WITH

- Good endoscope tip and space control
- Advanced polypectomy and EMR techniques
- Hemostasis and endoclipping techniques (be able to manage complications: bleeding, perforation)
- Settings of an electrosurgical unit