

UEG Week 2024
Endoscopy Learning Area Hands-on training schedule

Saturday, Oct 12			Sunday, Oct 13			Monday, Oct 14		
Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9
10:30 -12:00	13:30-15:00	16:00-17:30	10:30 -12:00	13:30-15:00	16:00 - 17:30	10:30 -12 00	13:00-14:30	15:00-16:30
Polypectomy	ERCP	Polypectomy	EMR	EMR	Polypectomy	ERCP	Polypectomy	Polypectomy
EUS	EUS	ESD	ESD	ESD	EUS-FNA	ERCP	EUS	ESD
Hemostasis	PEG	Hemostasis	Hemostasis	Hemostasis	Hemostasis	EMR	Hemostasis	EMR
Hemostasis	Hemostasis	ESD	ERCP	ESD	EMR	Hemostasis	Hemostasis	Hemostasis
EMR	ESD	EMR	Polypectomy	Polypectomy	Polypectomy	ESD	ERCP	Polypectomy
ERCP	Polypectomy	ERCP	EUS	EUS	EMR	EUS-FNA	EUS-FNA	Polypectomy
EUS	EMR	EUS	PEG	EUS-FNA	ERCP	Polypectomy	ERCP	EUS
Polypectomy	Polypectomy	Polypectomy	ESD	EMR	ESD	Polypectomy	EMR	ERCP
ESD	Hemostasis/APC	Hemostasis	Hemostasis	Hemostasis/APC	EMR	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
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ESGE Learning Area

Find the procedure of your interest before you register:

PEG PERCUTANEOUS ENDOSCOPIC GASTROSTOMY

WHAT IT'S ABOUT

- Indications / contraindications
- Aseptic technique
- Gastrostomy and evaluation of gastric anatomy
- Percutaneous access
- Ponsky-Gauderer push pull methodology of PEG placement

YOU SHOULD HAVE EXPERIENCE WITH

- Gastroscopy
- Use of polyp snare and/or foreign body forceps
- Use of percutaneous needle

