



Υπο-ειδικότητες στην Χειρουργική: Χειρουργική ήπατος-παγκρέατος-χοληφόρων

ΕΣ Φελέκουρας.

Αν. Καθ Χειρουργικής, ΕΚΠΑ



Υπο-ειδικότητα

Ήπατος παγκρέατος χοληφόρων



The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population

Alex B. Haynes, M.D., M.P.H., Thomas G. Weiser, M.D., M.P.H.,
William R. Berry, M.D., M.P.H., Stuart R. Lipsitz, Sc.D.,
Abdel-Hadi S. Breizat, M.D., Ph.D., E. Patchen Dellinger, M.D.,
Teodoro Herbosa, M.D., Sudhir Joseph, M.S., Pascience L. Kibatala, M.D.,
M. Iqbal Khan, M.D., M.P.H., F.R.C.S., M.D., C.R.C.P., F.A.N.Z.C.A., F.R.C.A.

ΥΠΕΡΑΞΙΑ

Results

The **rate of death was 1.5%** before the checklist was introduced and declined to **0.8%** afterward (P = 0.003).
Inpatient complications occurred in 11.0% of patients at baseline and in **7.0%** after introduction of the checklist (P<0.001).

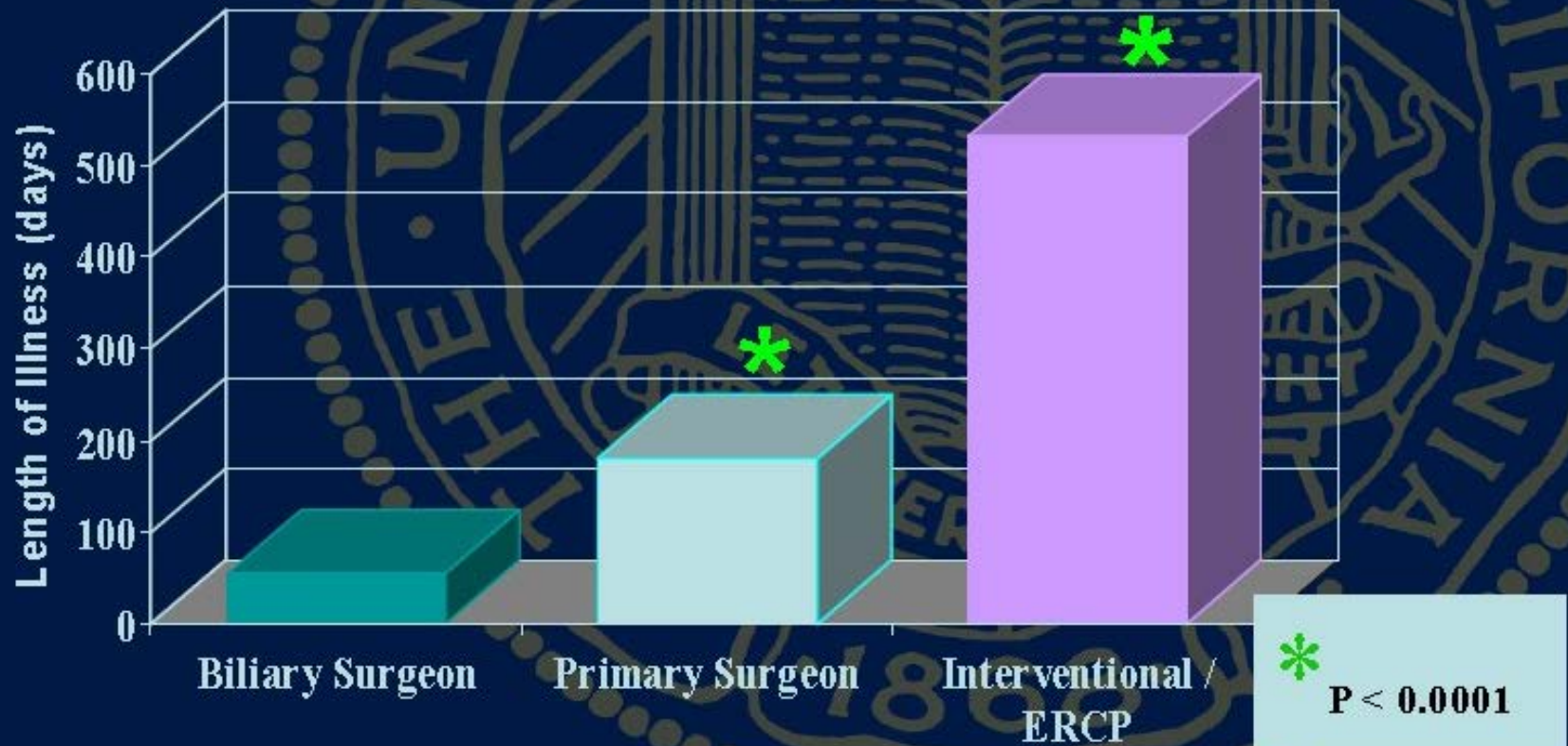
N Engl J Med 2009;360:491-9.



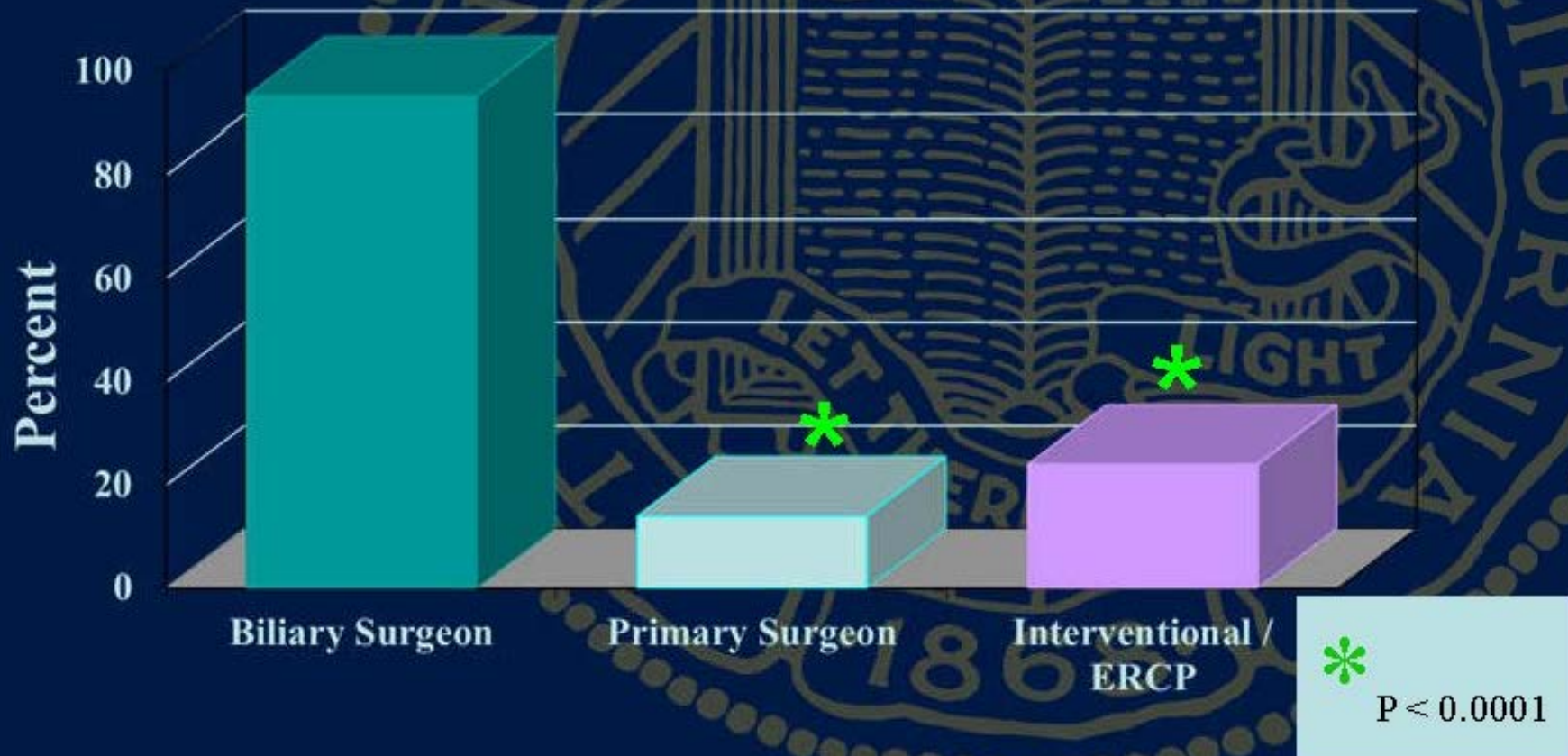


**Τέτοια υπεραξία δίνουν
Οι υπο-ειδικότητες στην Χειρουργική
και ειδικά
Η Χειρουργική ήπατος-παγκρέατος-χοληφόρων**

Length of Illness by Treating Physician



Success of Treatment by Treating Physician





HBP Surgery/HBP Fellowship



BTA (Been to America)

was frequently
undertaken

to enhance job prospects.

There are many ways to
obtain a fellowship

but

persistence should result
in success.



HBP Surgery/HBP Fellowship



https://fellowshipcouncil.org/directory-of-fellowships/ Fellowship Council - ...

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Search

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Flexible Endoscopy
 HPB
 MIS
 MIS/Bariatric
 MIS/Bariatric/Flexible Endoscopy
 MIS/Flexible Endoscopy
 MIS/Foregut
 MIS/Robotic
 Thoracic

Remove All Filters

Application and Match Dates 2012 Cycle

Fellowship Application Process Opens:
May 1, 2012

Fellowship Application Closes:
August 1, 2012

Letters of Recommendation Deadline:
August 1, 2012

Deadline to Inform Applicants of Interviews:
September 3, 2012

Match Rank Order List Deadline:
October 8, 2012

Fellow Match Date:
October 17, 2012

Program Name	Location	Total # Fellowship Positions	Applications Outside North America?	Program Director(s)
HPB Fellowship Program at Providence Portland Medical Center	Portland, Oregon	1	No	Paul D Hansen
HPB Fellowship Program at Duke University Medical Center	Durham, North Carolina	1	No	Bryan Clary
HPB Fellowship Program at Medical College of Wisconsin	Milwaukee, WI	1	Yes	Kathleen K. Christians T. Clark Gamblin
HPB Fellowship Program at University of Michigan Health System (UMHS)	Ann Arbor, Michigan	0	No	Diane M. Simeone Rebecca M. Minter
HPB Fellowship Program at Stanford University Medical Center	Palo Alto, California	1	Yes	Brendan Christopher Visser
HPB Fellowship Program at Dalhousie University, Queen Elizabeth II Health Sciences Centre	Halifax, Nova Scotia, Canada	1	Yes	Michele Molinari Mark Joseph Walsh
HPB Fellowship Program at McGill University Health Center	Montreal, Quebec, Canada	1	Yes	Peter Metrakos Prosanto Chaudhury
HPB Fellowship Program at Virginia Mason Medical Center	Seattle, Washington	1	No	Adnan Alseidi Scott Helton
HPB Fellowship Program at MD Anderson Cancer Center	Houston, Texas	1	No	Thomas A. Aloia Jean-Nicolas Vauthey
HPB Fellowship Program at Foothills Medical Center	Calgary, Alberta, Canada	1	Yes	Chad G. Ball Elijah Dixon
HPB Fellowship Program at University of Pittsburgh Medical Center	Pittsburgh, Pennsylvania	2	Yes	Allan Tsung David Geller
HPB Fellowship Program at Toronto General Hospital	Toronto, Ontario, CANADA	1	Yes	Paul D. Greig Carol-Anne Moulton
HPB Fellowship Program at Indiana	Indianapolis, Indiana	1	Yes	Henry A. Pitt

100%





HBP Surgery/HBP Fellowship



The Fellowship Council
and

The American Hepato-Pancreato-Biliary Association

Advanced GI Surgery
Curriculum for

Hepato-Pancreato-
Biliary Surgery
Fellowship

Appendix

Version April 21, 2010

This Curriculum consists of 8 Major
Units, some with Subunits:

- Unit 1 – The Liver
- Unit 2 – The Biliary Tract including Gall Bladder
- Unit 3 – The Pancreas & Duodenum
- Unit 4 – Imaging
- Unit 5 – Oncology
- Unit 6 – Trauma
- Unit 7 – Transplantation
- Unit 8 – Abdominal wall



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following minimum case numbers in which the Fellow is the Primary Operating Surgeon or First Assistant as defined by the Fellowship Council.

In addition, it is expected that the Fellow will act as Primary Surgeon for at least 70 of these major HPB cases.

Procedure	# Procedures		
Overall: Total major hepato-biliary and pancreatic operations	< 100	1. ampulla or bile duct resection 2. transduodenal sphincteroplasty 3. biliary anastomosis – intra-hepatic or extra-hepatic 4. resection for gallbladder carcinoma	15
• Unit 1 – The Liver Major liver procedure	25	1. resection of 2 or more segments, with at least 15 of these procedures being hemi-liver resections unroofing or sterilization of large or multiple hepatic cysts	
• Unit 2 – The Biliary Tract			
		• Unit 3 – The Pancreas Major pancreatic procedure	25
		1. resection 2. tumor enucleation 3. anastomosis (e.g. pancreaticojejunostomy) 4. drainage (e.g. pseudocyst procedure) 5. debridement/necrosectomy	





HBP Surgery/HBP Fellowship



Appendix

Version April 21, 2010

• **Unit 7 – Transplant**

Transplantation is not a requirement for HPB training; however, operative experience in liver and/or pancreas transplantation may be included in a Fellow's major HPB case list, representing up to a maximum of 20% in each of the 3 categories.

- For example, up to 5 donor pancreatectomies may be included in the totals for major pancreatic procedures and up to 5 liver transplants may be included in the totals for major liver procedures. However, any one transplant may be counted as contributing to only one of the categories (i.e. a single liver transplant can not be considered both a major liver case and a major biliary case).

• **Unit 8 - Abdominal wall**

In Addition:

- A minimum of 12 months of clinical training in the surgical management of HPB patients is required for training in HPB surgery.
- Experience in minor procedures such as liver biopsy, pancreatic biopsy and cholecystectomy is expected, but is not considered to be major HPB operative procedures.
- Experience in intraoperative ultrasound is required. Experience in hepatic tumor ablation is required.
- Experience in minimally invasive HPB staging and surgical

procedures is required.

- Multiple procedures may be recorded per case under the following circumstances only:
- Intraoperative US, diagnostic laparoscopy, or simultaneous tumor ablation performed in conjunction with another major HPB case as defined in Units 1, 2, 3, and 7 above.
- Separate unrelated operation is performed at the time of a major HPB case (e.g. colectomy performed at time of hepatic metastectomy).
- Concomitant major pancreas and liver procedures performed during same case (e.g. Whipple and liver resection).
- Intrahepatic biliary reconstruction and vascular reconstruction performed at time of major liver resection may be recorded as separate procedures in addition to the hepatic resection.
- Vascular resection and/or reconstruction performed at the time of pancreatectomy can NOT be recorded as a separate procedure, and the appropriate combined pancreas procedure code should be selected under these circumstances.



HBP Surgery/HBP Fellowship



- **Training in Research**

- Knowledge of the design and implementation of a prospective data base.
- Knowledge of the design and conduct of prospective clinical trials.
- Knowledge of the interface between basic science and clinical care to facilitate translational research.
- Knowledge of statistical methods to properly evaluate the results of published research studies.

- **Training in Education**

- Knowledge and skills to train students and residents in the multidisciplinary management of HPB patients.
- Knowledge and skills to train non-physicians (physician assistants, nurse practitioners, etc.) in specialized HPB care.
- Skills to organize and conduct HPB-related public education programs.

- **Leadership in HPB Disease**

Skills to develop and support:

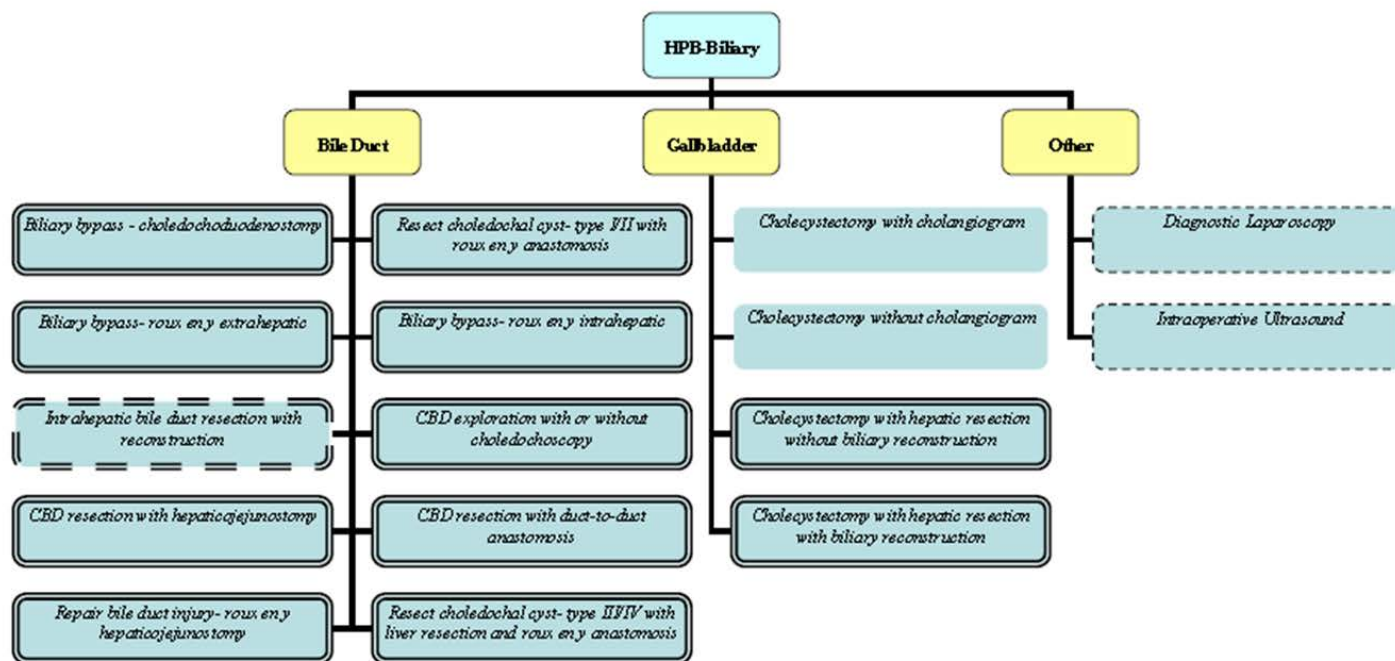
- institutional programs related to HPB malignancies including a tumor registry,
- institutional policies regarding HPB surgery training,
- multidisciplinary conferences on HPB disease, patient care and research, and psychosocial and rehabilitative programs for HPB patients.



HBP Surgery/HBP Fellowship



Fellowship Council Guidelines for Hepato-Pancreato-Biliary Cases
Fellows should enter cases in the FC case log system according to the following guidelines.



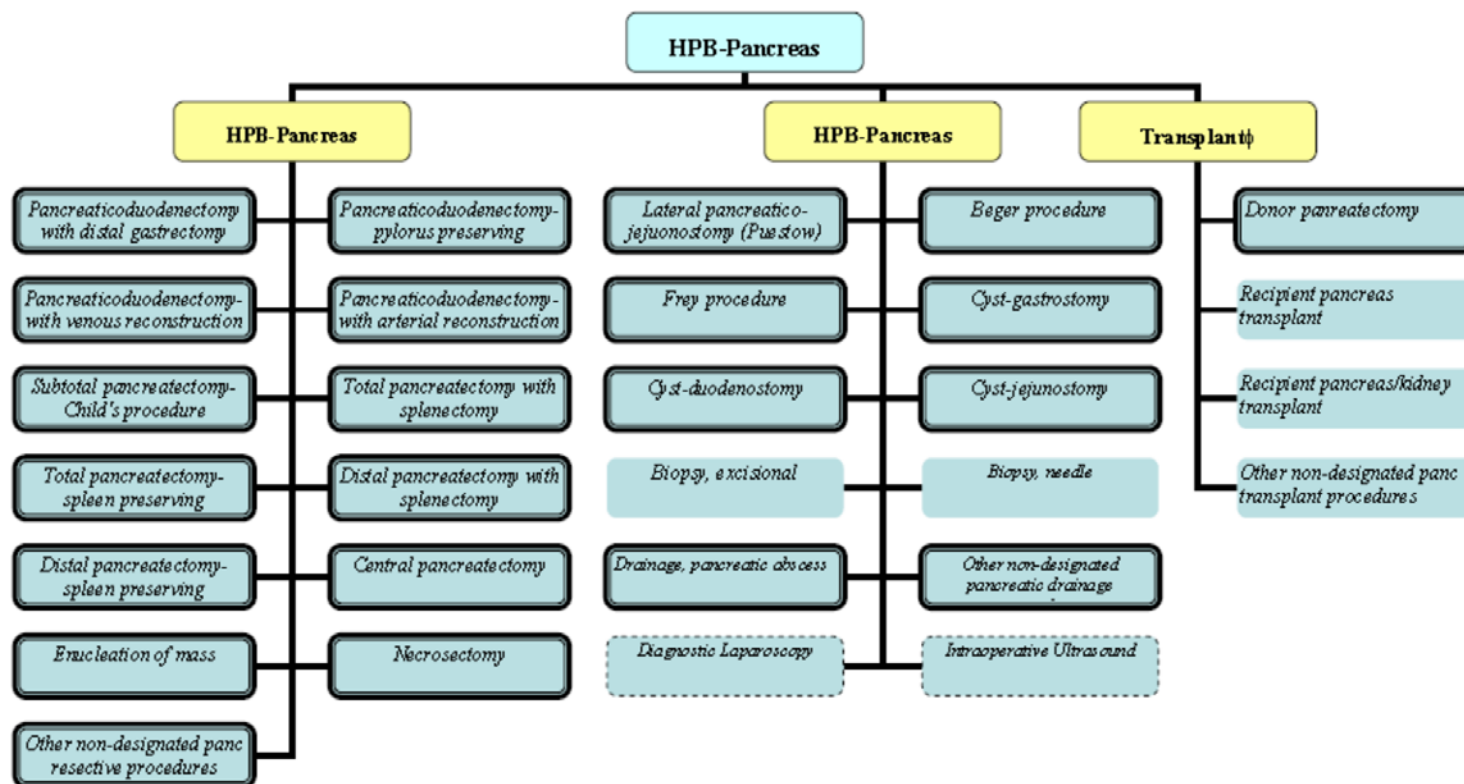
- For HPB-Biliary procedures:
 - See Appendix for biliary case volume requirements for AHPBA certification.
 - Major biliary procedures are outlined in dark double line (**=====**)
- Only one procedure is to be counted per case except for procedures that are outlined by a dotted line/dotted double line (- - - / - - - - -). Only those procedures can be counted in addition to another HPB-Biliary, HPB-Liver, or HPB-Pancreas procedure in the same case.
- If a concomitant procedure (not listed within the categories of HPB-Biliary, HPB-Pancreas, or HPB-Liver) is performed during the same case, it may be counted in addition to the HPB-Biliary procedure performed.

Α ΧΕΙΡΟΥΡΓΙΚΗ ΚΛΙΝΙΚΗ ΕΚΠΑ. ΠΓΝΑ ΛΑΙΚΟ.

Δ/ντής Καθ Χ. ΤΣΙΓΚΡΗΣ



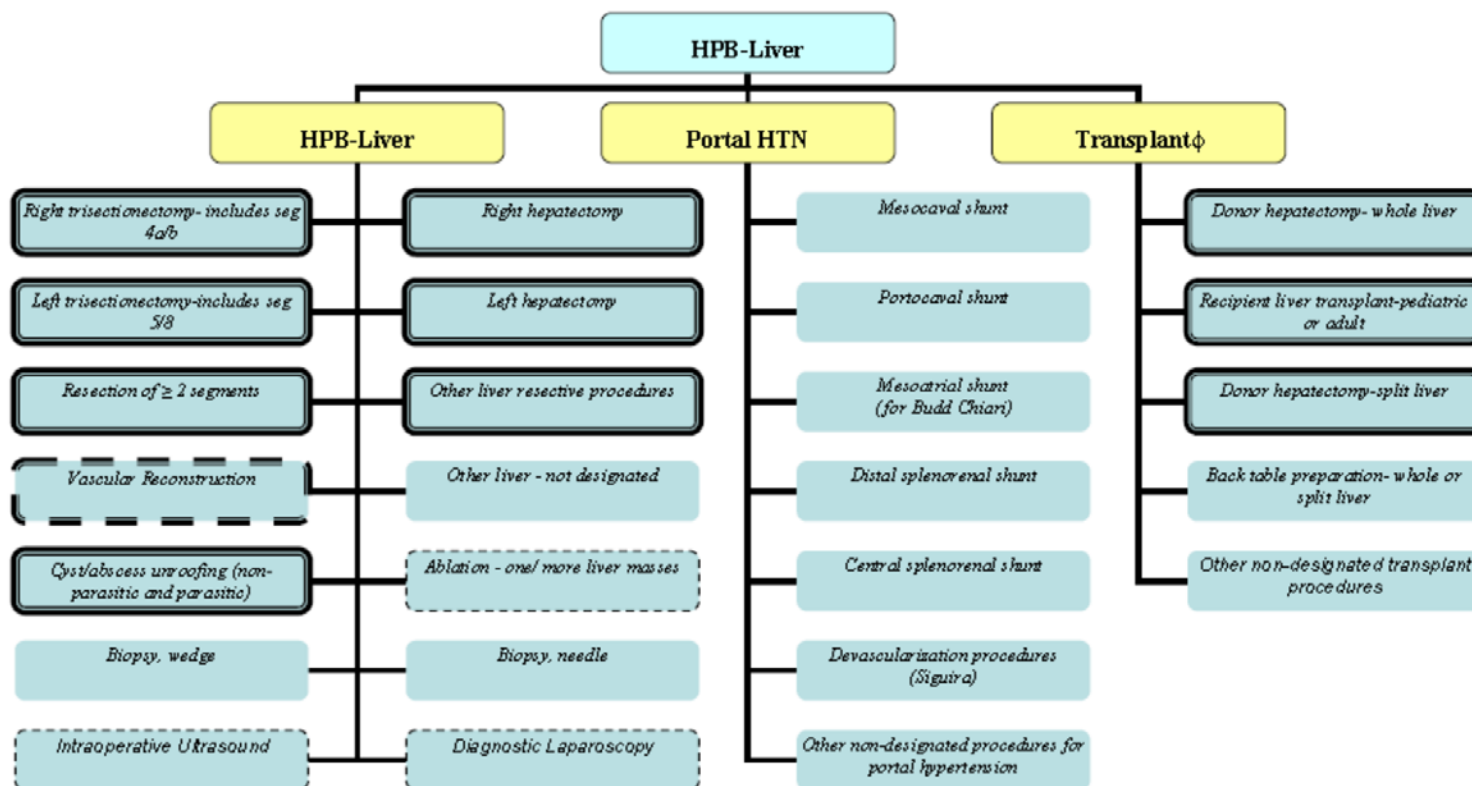
HBP Surgery/HBP Fellowship



- For HPB-Pancreas procedures:
 - See Appendix for pancreas case volume requirements for AHPBA certification.
 - Major Pancreas procedures are outlined in dark double line (=====).
- Only one procedure is to be counted per case except for procedures that are outlined by a dotted line (- - -). Only those procedures can be counted in addition to another HPB-Biliary, HPB-Liver, or HPB-Pancreas procedure in the same case.
- If two typically unrelated major HPB procedures (i.e. Whipple and liver resection) are performed in the same case, they both may be counted.
- If a concomitant procedure (not listed within the categories of HPB-Biliary, HPB-Pancreas, or HPB-liver) is performed during the same case, it may be counted in addition to the HPB-Biliary procedure performed.
- φ While transplant procedures may be counted towards HPB case log, restrictions apply. Please see (Unit 7) in the appendix for details.



HBP Surgery/HBP Fellowship



- For HPB-Liver procedures:
 - See Appendix for liver case volume requirements for AHPBA certification.
 - Major Liver procedures are outlined in dark double line (**=====**)
- Only one procedure is to be counted per case except for procedures that are outlined by a dotted line/dotted double line (- - - / =====). Only those procedures can be counted in addition to another HPB-Biliary, HPB-Liver, or HPB-Pancreas procedure in the same case.
- If two typically unrelated major HPB procedures (i.e. Whipple and liver resection) are performed in the same case, they both may be counted.
- If a concomitant procedure (not listed within the categories of HPB-Biliary, HPB-Pancreas, or HPB-liver) is performed during the same case, it may be counted in addition to the HPB-Biliary procedure performed.
- ϕ While transplant procedures may be counted towards HPB case log, restrictions apply. Please see (Unit 7) in the appendix for details.



HBP Surgery/HBP Fellowship



Incorporating an HPB fellowship does not diminish surgical residents' HPB experience in a high-volume training center

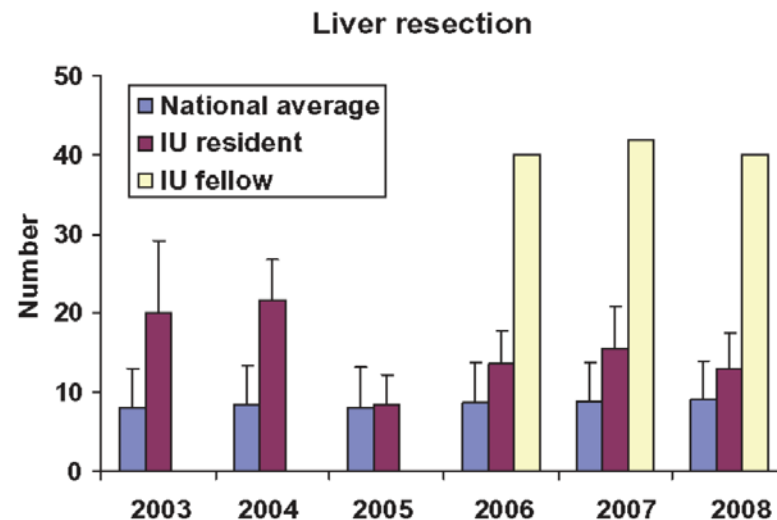


Figure 1 Liver resection experience of United States residents, Indiana University residents and Indiana University hepatopancreato-biliary (HPB) fellow, 2003–08

Subhas G, Mittal VK. Training minimal invasive approaches in hepatopancreatobiliary fellowship: the current status. HPB (Oxford) 2011; 13(3):149-52.



HBP Surgery/HBP Fellowship



Hepato-pancreato-biliary training in general surgery residency: is it enough for the real world?

A significant portion of HPB surgery is performed at transplant centers or by HPB surgeons.

When HPB surgery is the main focus of the future practice,
residents should seek additional training.



HBP Surgery/HBP Fellowship



CASE LOGS 2008-12

Fellow	A	B	C	D	E
Duration (yrs)	1	1.5	2	2	1
Liver	23	70	84	102	57
Pancreas	22	56	44	66	30
Biliary	12	35	26	21	17
Donor	55	46	52	37	32
Transplant	47	40	82	30	21





HBP Surgery/HBP Fellowship



UNIVERSITY OF TORONTO
FELLOWSHIP IN HPB SURGICAL ONCOLOGY

STRUCTURE OF THE FELLOWSHIP

2 HPB fellows plus 3 transplant fellows
Life-long camaraderie
10 HPB and transplant surgeons
3 – 4 month rotations with groups of staff
Clinics: surgical / medical & radiation oncology
On call throughout first year for donor, liver & KP Tx



HBP Surgery/HBP Fellowship



http://felekouras.gr/

ΕΥΑΓΓΕΛΟΣ ΦΕΛΕΚΟΥΡΑΣ

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Online image editor pixlr... Login - NCCN Subscriptio... Ted Ideas worth spreading

Τρίτη, 8 Ιανουαρίου 2013

Επιλογή γλώσσας

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Ευάγγελος Φελέκουρας

“Η δωρεά είναι ζωή”

Αρχική Ιατροί & Φοιτητές Ασθενείς Γέλια & Κλάματα Επικοινωνία

Ευάγγελος Σ. Φελέκουρας
Αν. Καθηγητής Χειρουργικής
Ιατρικής Σχολής
Πανεπιστημίου Αθηνών
“Α.Χειρουργική Κλινική”
Λαϊκό Νοσοκομείο
Αθήνα, Ελλάδα

Βιογραφικό

Αναζήτηση

Αναζήτηση...

Νόσος του μήνα

Ιανουάριος 2012

Νόσος του μήνα
Νόσος του μήνα σύντομο κείμενο Νόσος του μήνα

Video Αρχεία

Αναμόρφωση ειδικότητας Γενικής Χειρουργικής. ΠΡΟΤΑΣΕΙΣ ΓΙΑ ΤΗΝ ΑΛΛΑΓΗ ΤΗΣ ΕΙΔΙΚΟΤΗΤΑΣ ΤΗΣ ΓΕΝΙΚΗΣ ΧΕΙΡΟΥΡΓΙΚΗΣ ΣΤΗΝ ΕΛΛΑΔΑ

Αγαπητέ κε/κα φίλε και συνάδελφε
Όπως καλύτερα από εμένα γνωρίζεις η ειδικότητα της Γ. Χειρουργικής στην Ελλάδα χρειάζεται αλλαγές και αυτές πρέπει να γίνουν σύντομα, ίσως και μέσα στα πλαίσια του καινούργιου νομοσχεδίου που ετοιμάζεται. Οι αλλαγές αυτές πρέπει να αφορούν συγκεκριμένα πράγματα, να είναι τεκμηριωμένες και μέσα στα διεθνή πρότυπα.

Περισσότερα

Για ιατρούς

Για ασθενείς

Left Hepatectomy

Left hepatectomy for HCC done by Dr Petrou

Περισσότερα

Liver Surgery

Liver Surgery Liver surgery comprises various operations of the liver for different disorders. The most common operation performed on the liver is a resection (removal of a portion of

Περισσότερα

Mesenteric sarcoma

Mesenteric_sarcoma_w SMA_reconstruction

Περισσότερα

Pancreatic Surgery

Pancreatic surgery encompasses a wide variety of surgical procedures concerning the pancreas (a gland located behind the stomach just

Περισσότερα

Pheochromocytoma right

Gallbladder/Bile Duct

100%



HBP Surgery/HBP Fellowship



- 80 νέοι εξειδικευμένοι χειρουργοί κατ έτος
- έναν νέο ειδικευόμενο Γενικής Χειρουργικής κατ έτος ανά κλινική
- $80 \times 6 = 480$ ειδικευόμενοι χειρουργοί ανά πάσα στιγμή
- σε 1 ειδικευόμενο χειρουργό ανά 25.000 κατοίκους.

ΑΞΙΟΠΡΕΠΗΣ ΕΚΠΑΙΔΕΥΣΗ



HBP Surgery/HBP Fellowship



- It is estimated that in year 2020, there will be a shortage of physicians, and more specifically surgeons.
- It is estimated that there will be increase in load in the hepatobiliary surgery by about 30%.
- whether we focus on outcomes more than the volume of the surgeon.
- I think we should definitely focus more on the outcomes, because we can all agree that we want to deliver excellence in surgical care.
- But in order to improve outcomes we need to have adequate numbers

Subhas G, Mittal VK. Training minimal invasive approaches in hepatopancreatobiliary fellowship: the current status. HPB (Oxford) 2011; 13(3):149-52.



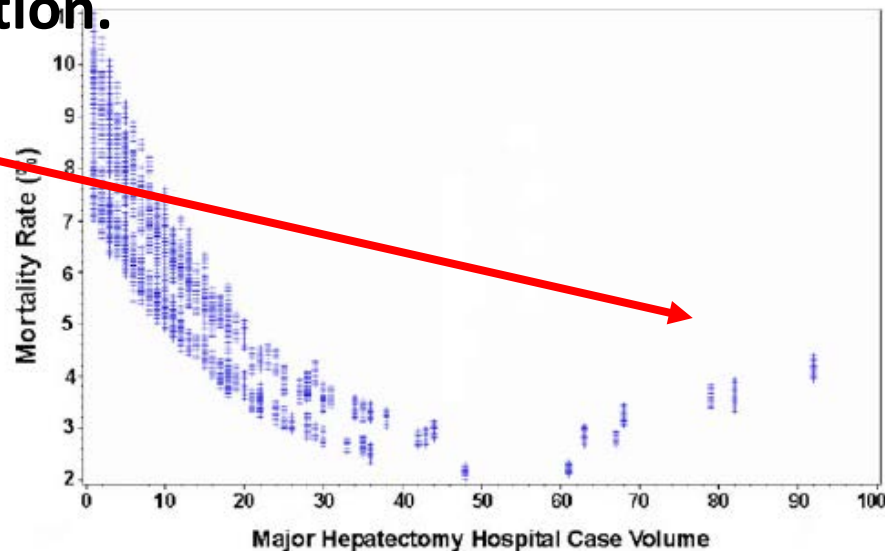
HBP Surgery/HBP Fellowship



The effect of surgical volume and the provision of residency and fellowship training on complications of major hepatic

resection.

- The mortality rate increased once greater than approximately 70 cases were performed per annum.
- Hospitals supporting a surgical residency program had lower overall morbidity and mortality.
- A fellowship program however was not associated with overall lower morbidity and mortality and appeared to result in a higher rate of certain complications.



Predicted mortality rate following major hepatectomy according to annual hospital volume, adjusted for Charlson comorbidity score.

Kohn GP, Nikfarjam M. J Gastrointest Surg. 2010 Dec;14(12):1981-9.



HBP Surgery/HBP Fellowship



The volume-outcomes effect in hepato-pancreato-biliary surgery: hospital versus surgeon contributions and specificity of the relationship.

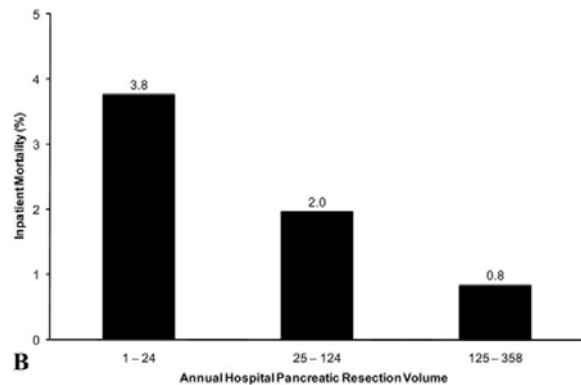
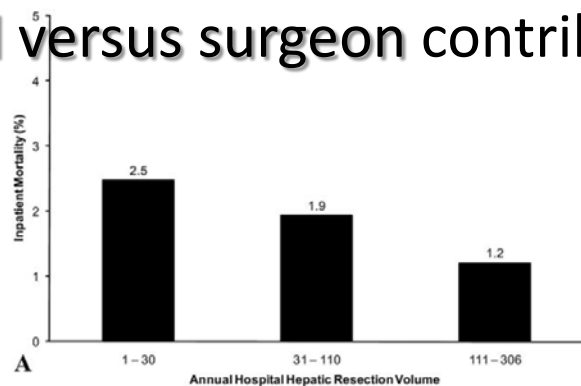


Figure 1. Hospital volume-outcomes relationships, adjusted for casemix. (A) Hepatic resection ($p < 0.001$). (B) Pancreatic resection ($p < 0.001$).

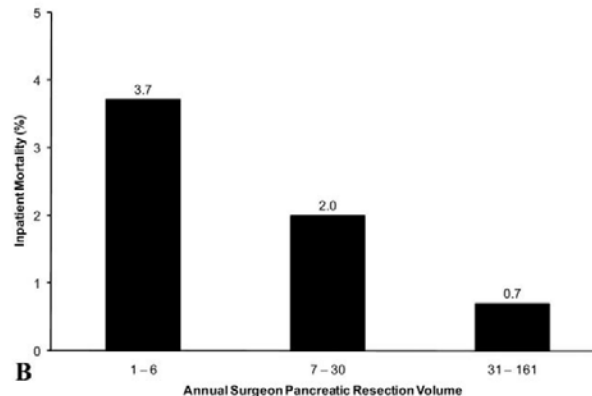
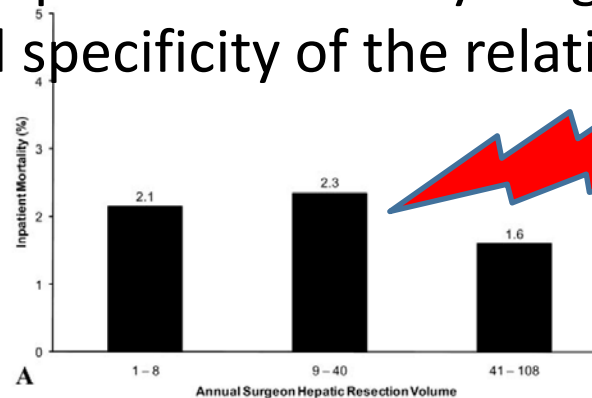


Figure 2. Surgeon volume-outcomes relationships, adjusted for casemix. (A) Hepatic resection ($p = 0.11$). (B) Pancreatic resection ($p < 0.001$).

Nathan H, Cameron JL, Choti MA, Schulick RD, Pawlik TM. J Am Coll Surg. 2009 Apr;208(4):528-





HBP Surgery/HBP Fellowship



Workforce projections for hepato-pancreato-biliary surgery.

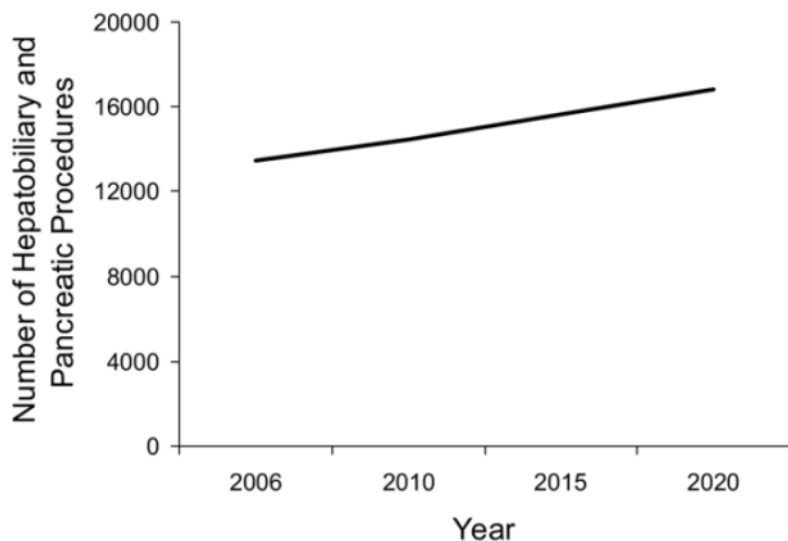


Figure 2. Projected demand for all hepatobiliary and pancreatic procedures in the US through 2020 as generated by the Nationwide Inpatient Sample database.

- An estimated 16,800 HPB procedures will be performed in 2020, representing a 25% increase during the next 15 years.
- **28 fellowship-trained HPB** subspecialists will enter the workforce each year.
- If half of all HPB procedures are performed by HPB subspecialists in 2020, then the **average subspecialist will perform only 14 such** procedures that year.
- If high volume HPB surgery is defined as 40 procedures per year, and 50% of HPB procedures are performed by high-volume surgeons in 2020,
- **then only 15 fellows need to be trained in HPB surgery each year to meet demand in 2020.**

Scarborough JE et al. J Am Coll Surg. 2008 Apr;206(4):678-84

Α ΧΕΙΡΟΥΡΓΙΚΗ ΚΛΙΝΙΚΗ ΕΚΠΑ, ΠΓΝΑ ΛΑΙΚΟ,
Δ/ντής Καθ Χ. ΤΣΙΓΚΡΗΣ

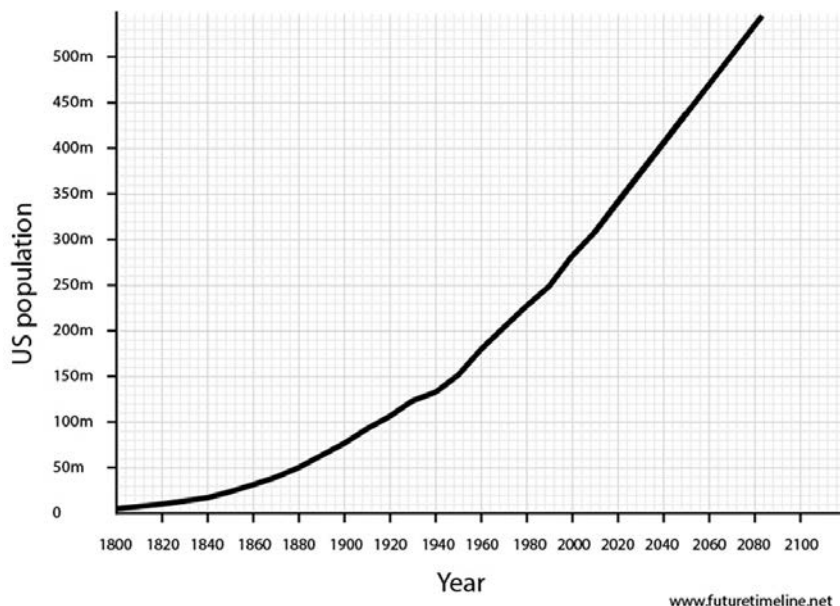




HBP Surgery/HBP Fellowship



Workforce projections for hepato-pancreato-biliary surgery



Accordingly

- 15 x 30 (working life span of a HBP)=
- 450 HBP surgeons by 2020 year in USA
- (350 millions)

means

- **1 HBP surgeon /777.777 USA citizens**
- For 12.000.000 Greek citizens by year 2020 we need ~ 16 HBP surgeons

in Greece

- So we need to train $16/30 = 0,5$ HBP surgeon every year or

1 HBP surgeon /2 years



HBP Surgery/HBP Fellowship



Richard L. Simmons
Professor of Surgery

....even you can do it



HBP Surgery/HBP Fellowship



ΕΕ
ΗΠΧ

Ελληνική Εταιρεία

Ήπατος Παγκρέατος Χοληφόρων

Ευχαριστώ

Που μου επιτρέψατε να μοιραστώ μαζί σας τις
σκέψεις μου