



**Endoscopy Rotation Coordination
And Goals and Objects
Department of Surgery
Stanford School of Medicine
(8/15/17, jnl)**

Rotation Director: James Lau, MD

ATTENDINGS and CONTACT INFORMATION

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KEYPOINT

The key for this rotation is that you need to show initiative.

TEXT

Practical Gastrointestinal Endoscopy: The Fundamentals.

Sixth Edition. By Peter B. Cotton, Christopher B. Williams, Robert H. Hawes and Brian P. Saunders.

You are responsible for the material to enhance your understanding and supplement your past experiences. Lots of pictures and tips and tricks. Quick read. Copy of text available for purchase on Amazon.com or for check out from the Lane Library.

Procedure Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Laren Becker (VA Livermore)	Jennifer Pan (VA Livermore) Every other Tuesday alternating	Shelton/Kirilcuk/Kin Colonoscopy 8:00 am (Stanford Endoscopy) Rivas/Lau Upper/Occasional Lower	Ramsey Cheung (VA Livermore)	Suzanne Matsui (VA Livermore)

Endoscopy 9a-1p
(Stanford Endoscopy)

Suzanne Matsui
(VA Livermore)

The Staff

Drs. Becker, Cheung, Pan, and Matsui are gastroenterologists that perform 75% colonoscopies and 25% upper endoscopies at the Livermore location for the Palo Alto VA. Please EMAIL them prior to your time on Colorectal in order to inquire and set your endoscopy schedule with them. They are very welcoming and are doing this without remuneration and other incentive except to teach you. Please work within their schedule not the other way around.

Drs. Shelton, Kin, and Kirilcuk will usually have one or two colonoscopies on Wednesday mornings prior to the MIS attendings performing EGDs at Stanford Endoscopy.

Drs. Azagury, Lau and Rivas mostly perform EGD's on pre-bariatric patients and these are done by the PGY-4 on service. These are on Wednesday mornings and they alternate attending coverage. Some coordination with the senior resident on MIS may yield many EGD's and an occasional colonoscopy.

Equipment/Endoscopes

There is a huge difference between the Olympus scope at VA and the Pentax scope at Stanford. The Olympus is easier to use initially. But try to figure out both if you can. For double scopes, I think you should log both cases.

Locations

Livermore VA

Address: 4951 Arroyo Road

Livermore, CA 94550

(925) 373-4700 ext. 35325

4th Floor – Make a left out of the elevators & proceed through double doors to gastroenterology suite

GI Attendings: Laren Becker, Ramsey Cheung, Jen Pan, and Suzanne Matsui

Time: Approx 8:45 AM – Cases Completed (Usually by 3 or 4 PM)

Note: (Driving Time – Approx 45 min – 1 hour); Also, have your VA CPRS codes with you

DOCUMENTATION:

GI PROCEDURE ANESTHESIA PLAN 21646: special attention to indication, FHx of colon CA, and previous anesthesia problems.

ORDERS:

ORDERS TAB

OUTPATIENT ORDERS

SPECIALTY CLINIC ORDERS :: GI Service

GI PROCEDURES/LIV :: MD: Routine Procedure Orders

Day Of Procedure :: OUTPT: Routine GI Procedure Orders

NS, fentanyl, midazolam, (benadryl for opiate tolerant patients), lidocaine sucker for EGDs

PRE-MED: usually start with fentanyl 50mcg IV and midazolam 2mg IV. Increments of 25mcg / 1mg.

Call Carol at 65357 or Heather at 67524 to obtain CPRS codes and reset login passwords.

Stanford Hospital and Clinics

Endoscopy suites, Basement, Bottom of the escalator, Stanford Hospital

Check EPIC SDS grease-board the night before.

It would be helpful for the surgery attendings that you complete an H&P in EPIC with the ASA score in the final line of the note. Orders in the GI endoscopy order set and consents are also expected. The documentation of the procedure is done by the attendings on Provation.

DOCUMENTATION: IP PRE-PROCEDURE H&P ENDOSCOPY

ORDER SET: IP GI ENDOSCOPY PRE/POSTOP PROCEDURE

Usual orders, Shields uses Demerol and midazolam, (cetacaine spray and pyloritek rapid H.pylori test for EGDs)

PREMED: Start Demerol 25mg IV or Fentanyl 50 mcg, midazolam 1mg IV; increment same.

PATH: If a specimen is obtained, order SURGICAL PATHOLOGY 10, enter CC to Stanford Provider and send results to PCP. In comments, use .ORSPEC to link to specimen information.

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GOALS & OBJECTIVES SURGICAL ENDOSCOPY

The surgical endoscopy resident is a PGY-3 at Stanford. He/she will perform pre-procedure work-up, including history and physical exams, with informed consents. He/she is expected to perform procedures with the digestive disease faculty. This would include surgeons and gastroenterologists. Procedures to be performed by the resident include rigid proctoscopy, flexible sigmoidoscopy, colonoscopy with and without biopsy or polypectomy, esophagogastroduodenoscopy (EGD), and the placement of percutaneous endoscopic gastrostomy (PEG) tubes.

Upon completion of the one month experience on the endoscopy rotation, the resident should understand and have knowledge of:

- Indications and contraindications for colonoscopy
- Basic epidemiological and clinical presentation of colorectal cancer and the role of colonoscopy in screening and surveillance
- Bowel preparation for colonoscopy and the process of obtaining informed consent
- Handling, cleaning, and the disinfection of equipment used in colonoscopy
- Equipment needs and options for colonoscopy
- The proper use of conscious sedation and monitoring
- Techniques (intubation, biopsy, polypectomy, cautery, et.) of colonoscopy
- Basic endoscopic findings-recognition of normal and abnormal
- Complications of colonoscopy and their management
- Indications for EGD
- Indications for PEG placement
- Complications of EGD and PEG placement and their management

Approximately 10 colonoscopies are performed each week in endoscopy clinic. It is our expectation that at the end of each of this one month rotation, residents will perform between 30-50 colonoscopies and 10-20 upper endoscopies.