

presented @ ESCP meeting 2016 in Milan

EBSQ examination

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Division of COLOPROCTOLOGY

www.uemssurg.org

EBSQ Coloproctology diploma holder

- **Present or future opinion leader...**
- **...in his country/hospital**
- **an EBSQ coloproctology certified specialist**
 - in depth knowledge
 - ...of all colorectal and coloproctological diseases
 - ... including current literature on these topics.



European Board of Surgery



The European Board of Surgery (EBS) Qualification in

Coloproctology

is conferred upon

Dr.

following the recommendation of the

Examination Board of the Coloproctology Division

by virtue of the successful completion of the assessment

in Milan, Italy

on 1st October 2016

THE CHAIRMAN of the Examination Board of the
Coloproctology Division (within the EBS)

Prof. Dr. Klaus Matzel

THE PRESIDENT of the
Section of Surgery

Prof. Dr. Vassilios Papalois

THE SECRETARY of the Examination Board
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Prof. Dr. Dieter Halmloser

1000004

Fellow of the European Board of Coloproctology
Fellow of the ESCP



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EBSQ Coloproctology Examination

Part 1

Elegibility (education, degree, logbook)

Part 2

- a) Written evolving case** (written, 60min)
- b) Oral Academic part** (reading and understanding a paper, 30min)
- c) Oral General part** (discussion of clinical cases 30min)

To pass:

60% of each a,b,c + **66%** overall (written counts double)



Part 1 „Eligibility“

- Application only online
- UEMS website section of surgery
- 2-3 examinations / year (deadline!)

<input type="checkbox"/>	EBSQ Coloproctology_APPLICATION FORM
<input type="checkbox"/>	Signed document by the 2 trainers
<input type="checkbox"/>	National certificate of specialized training
<input type="checkbox"/>	EBSQ Coloproctology_LOGBOOK or equivalent Logbook of operations according to the instructions (all operations must be listed and patients mussed by anonymised)
<input type="checkbox"/>	Short CV including publication list



Part 1 „Eligibility“

- Minimum 7 years (5 +**2**)
 - 2 yrs specilaized training in coloproctology
 - in a national recognized unit in EU
 - ideally EBSQ certified trainers
- Application form signed by 2 trainers
- Operative experience



Part 1 „Eligibility“

Category no	Category of Procedures	Minimum Total Number ¹	Minimum Trainer Supervised ²
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A) Proctology

1	Procedures for Haemorrhoids	30	5
2	Anal Fistula	30	10
3	Other proctological operations	20	5
4	Transanal procedures	10	5
5	Surgical procedures for incontinence	5	5
6	Prolapse procedures	5	3



Part 1 „Eligibility“

B) Endoscopy

7	Colonoscopy / flexible sigmoidoscopy	150 ³	--- ³
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C) Colorectal resection

8	Colonic resection ⁴	40	20
9	Anterior resection (with anastomosis)⁴	30	15
10	Perineal rectal excision	5	5
11	Total colectomy ⁴	10	5
12	Rectal resection with colo-anal /ileoanal anastomosis ⁴	25	5

D) Stoma Formation

13	Stoma procedure	20	10
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Part 1 „Eligibility“

- Application will be reviewed by the executive board.
- Decision communicated latest 2 weeks after deadline.
-**prepare**.....
 - Curriculum (www.uemssurg.org)
 - newTextbook



European Manual of Medicine
Series Editors: W. Arnold · U. Ganzer

Alexander Herold · Paul-Antoine Lehur · Klaus E. Matzel · P. Ronan O'Connell · Editors

Coloproctology

Second Edition

This book offers up-to-date coverage of the full range of topics in coloproctology: anatomy, physiology, anal disorders, dermatology, functional disorders, inflammatory bowel disease, endometriosis, appendicitis, benign and malignant tumors, prostatic tumors, laparoscopy, endoscopy, perioperative management, intestinal failure, abdominal wall reconstruction, emergencies, and pain syndromes. Each of the chapters on individual disorders provides a comprehensive overview on etiology, incidence, epidemiology, diagnostics, medical and surgical treatment, acute complications, and special considerations. In presenting data, care is always taken to refer to the best available level of evidence.



Alexander Herold



Paul-Antoine Lehur



Klaus E. Matzel



P. Ronan O'Connell

Herold · Lehur · Matzel · O'Connell · Eds.



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Klaus E. Matzel
P. Ronan O'Connell *Editors*

Coloproctology

Second Edition

Surgery



• springer.com

2nd Ed.



Springer

2nd edition expected Mai 2017



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Part 2 „the exam“

- WRITTEN part
 - GENERAL part
 - ACADEMIC part
-
- Will cover **ALL coloproctology** (cancer, benign, IBD, proctology, functional diseases, perioperative management,.....)



„WRITTEN part“

- **60 minutes**
- **Evolving case**
- **Questions scored 1-4 points**
 - Approx. 18-22 questions



A 60 year old man complains about anal bleeding and pain at defecation for 4 month.

What other information do you want to know from this patient? (2 points)

-
-
-



A 60 year old man complains about anal bleeding and pain at defecation for 4 month.

Stool consistency, frequency of bowel movements, type of bleeding (arterial, venous, on the toilet paper, in the toilet,...), family history of polyps/cancer, colonoscopy, previous anal diseases/surgeries.

The patient has hard stool every 3 days. He has never consulted a doctor before. Family history of cancer is unknown.

What are your next steps (investigations)? (1p)



A 60 year old man complains about anal bleeding and pain at defecation for 4 month. The patient has hard stool every 3 days. He has never consulted a doctor before. Family history of cancer is unknown.

Digital rectal examination, anoscopy/rectoscopy/flex sigmoidoscopy

At inspection you see a chronic fissure, DRE is very painful and not conclusive.

What are your conservative treatment options for an acute anal fissure and what are their success according to the literature ? (3p)



A 60 year old man complains about anal bleeding and pain at defecation for 4 month. The patient has hard stool every 3 days. He has never consulted a doctor before. Family history of cancer is unknown. At inspection you see a chronic fissure, DER is very painful and not conclusive.

Watch and wait, stool regulation with fibres, Nitroglycerin / Nifedipin creme, Botox,.... According to a recent cochrane review (2012) the success rates are x%, y%, z%,.....

The patient had 3 month of stool regulation and Nifedipin creme. The fissure did not heal.

What are your surgical options. Please state pros and cons of every choice. (2 p)

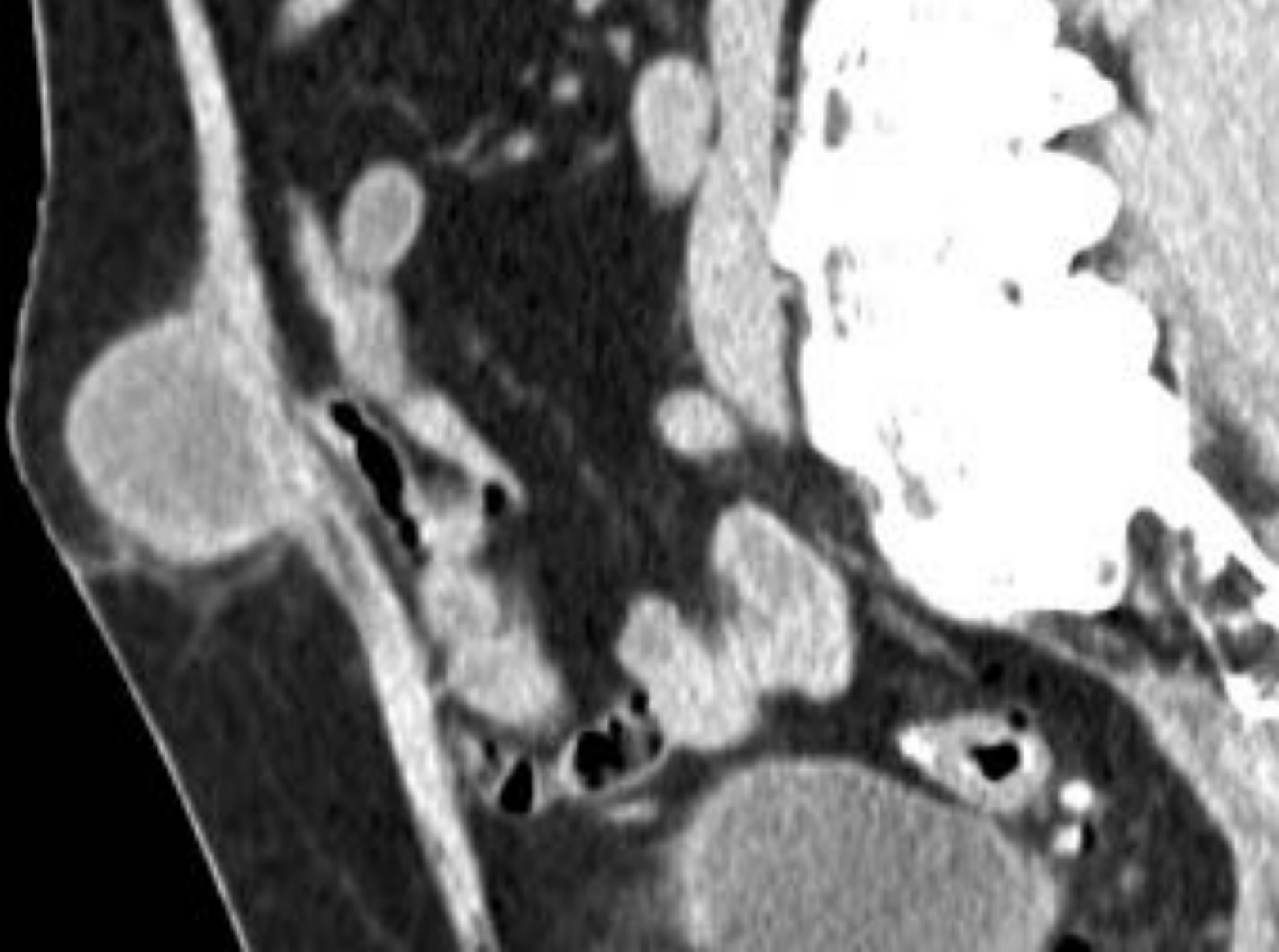


„GENERAL part“

- **30 minutes.**
- **10 images / photos / CT /.....**
- **Introduction statement from examiners**
- **.... and question (s)**







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ACADEMIC part

- **30 minutes**
- **The paper is given to you 60 minutes before the examination**
- **...review of the paper.**



Examiners

- **All EBSQ diploma (and have taken the exam!)**
- **Travel expenses, no honorarium**

- **WRITTEN part graded by 2-3 examiners**
- **Oral parts (2 x2 examiners each)**
 - Standardized questions and reporting form



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Next examinations

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