

<b>MODULE TITLE:</b>	<b>UPPER GI &amp; HPB - BARIATRIC/OBESE PATIENTS</b>	<b>7-Nov-2016</b>
<b>DEVELOPED BY:</b>	<b>Chris Christophi, Mark Smithers</b>	
<b>REVIEWED BY:</b>	<b>Tom Wilson, Michael Donovan (2010) Adrian Anthony, Simon Bann, Wendy Brown, Sayed Hassen, Michael Cox, Noel Tait (2013). Wendy Brown (2016).</b>	
<b>Module Rationale and Objectives</b>	<p>A general surgeon is required to have a thorough understanding of normal anatomy and physiology, as well as pathophysiology, investigations, differential diagnosis and surgical and non-surgical management of abdominal disorders. It is important that general surgeons maintain a current understanding of the most appropriate time and manner of intervention. It is also important that they keep abreast of the most current developments in investigative and surgical procedures.</p> <p>The graduating trainee will be able to:</p> <ul style="list-style-type: none"> <li>describe common surgical pathologies of the foregut and associated structures</li> <li>identify and recognise the symptoms and signs of these conditions</li> <li>describe and select appropriate diagnostic testing</li> <li>identify appropriate treatment options, and their indications and contraindications</li> <li>diagnose and manage pathological conditions that pertain to the foregut</li> <li>effectively manages patients</li> <li>maintains skills and learns new skills</li> <li>analyses their own clinical performance for consistent improvement</li> <li>recognise the need to refer patients to other professionals</li> <li>communicate information to patients (and their family) about procedures, outcomes, and risks associated with surgery for the morbidly obese patient in ways that encourage their participation in informed decision making (consent)</li> </ul>	
<b>Anatomy, Physiology, Pathology</b>	<p>Trainees should have thorough knowledge of the normal embryology, anatomy, physiology and pathology, of:</p> <ul style="list-style-type: none"> <li>foregut</li> </ul>	
<b>Suggested Reading</b>	<p>Trainees who are preparing to sit the Generic and Clinical Examinations need to refer to the recommended reading list on the RACS website at <a href="http://www.surgeons.org">www.surgeons.org</a></p> <p>For the Fellowship examination, there are no prescribed texts.</p> <p>Trainees are expected to keep abreast of the current literature, including textbooks, journal articles, consensus guidelines and other on-line resources.</p>	
<b>Learning Opportunities and Methods</b>	<p>If state-based and/or local hospital courses/meetings are available, trainees are strongly advised to avail themselves of these opportunities. This also includes practising procedures on simulation equipment where applicable.</p> <p>Trainees are encouraged to present their research at national and/or accredited regional training days, in order to fulfil the research requirement.</p>	
<b>How this module will be assessed</b>	<p>The Generic and Clinical Examinations; Fellowship examination (written and viva voce sections); Trainee evaluation forms and logbooks; SEAM (where applicable).</p>	
<b>Assumed Knowledge</b>	<ul style="list-style-type: none"> <li>Nutrition</li> <li>Endocrinology of obesity/metabolic syndrome</li> <li>Psychological aspects of obese patients</li> </ul>	
<b>Definitions</b>	<p><i>Operative Management - Knows:</i> Trainees are required to be familiar with the indications, benefits and limitations of the procedure; trainees should be able to describe the relevant operative techniques involved in performing the procedure; trainees are encouraged to at least observe and preferably assist in these procedures.</p> <p><i>Operative Management - Does:</i> In addition to the above, trainees must be competent at performing the procedure.</p>	

SET LEVEL	MEDICAL EXPERTISE	JUDGEMENT / CLINICAL DECISION MAKING			TECHNICAL EXPERTISE	
	ANATOMY PHYSIOLOGY PATHOLOGY	CLINICAL ASSESSMENT	INVESTIGATIONS	PRINCIPLES OF MANAGEMENT	OPERATIVE MANAGEMENT - KNOWS -	OPERATIVE MANAGEMENT - DOES -
<b>MORBID OBESITY</b>						
Early SET	<ul style="list-style-type: none"> <li>Describe the pathophysiology of obesity and understand concept of the weight homeostat</li> <li>Describe the long term natural history of obesity and associated co-morbidities, and the effects of weight loss on these co-morbidities</li> </ul>	<ul style="list-style-type: none"> <li>Describe the classification of obesity</li> </ul>	<ul style="list-style-type: none"> <li>Define the role of laboratory investigations and imaging specific to the morbidly obese patient undergoing any surgical procedure</li> <li>Define the laboratory investigations that assist in the diagnosis of the causes and complications of obesity</li> </ul>			<ul style="list-style-type: none"> <li>Gastric band deflation</li> </ul>
Mid SET				<ul style="list-style-type: none"> <li>Describe the specific management of a morbidly obese patient undergoing a surgical procedure</li> <li>Describe the management of a patient who is to have an anti-obesity operation</li> <li>Describe the principles for selection of a patient for obesity surgery</li> <li>Recognise the life threatening early and late complications of bariatric surgery and their management</li> <li>Recognise short and long term complications and sequelae of anti-obesity surgery</li> </ul>		<ul style="list-style-type: none"> <li>Removal of Gastric Band (open or laparoscopic) in emergency situations</li> <li>Management of internal hernia after gastric bypass in emergency situations</li> </ul>
Late SET					<ul style="list-style-type: none"> <li>Options for managing complications</li> </ul>	