

Q1 Should training in ER commence ex-vivo? For EMR? ESD?

Answered: 12 Skipped: 0

#	RESPONSES	DATE
1	Yes, I think ideally for both, but mandatory for ESD.	1/13/2018 3:59 AM
2	yes	12/7/2017 5:25 PM
3	Yes - It is important for the trainee to get the "Feel" - tactile input is quite important in surgical/endoscopic craft specialties and it also enables familiarity with accessories used in EMR including familiarity with sequencing (e.g. snare closure and marking etc.). In ESD it enables familiarity and differentiation of the cutting technique and characteristics of different types of knives	12/3/2017 9:03 PM
4	EMR can be learned in vivo I think, first single piece and then proceeding to pEMR. ESD ex-vivo as is technically more demanding and does not resemble other skills. Besides, much less cases in daily practice, esp for colorectal few indications.	11/18/2017 8:41 PM
5	ONLY FOR ADVANCED ER, eg ESD	11/7/2017 10:36 PM
6	Yes, training should commence using ex-vivo models for both EMR and ESD. The relevance for ex-vivo training is greater for ESD	11/5/2017 1:02 PM
7	EMR has been established as a very safe technique for management of colonic polyps and lends itself to well to training in-vivo. This however must be in the setting of an endoscopist who has a solid foundation in general colonoscopy and should have mastered basic endoscopic skills such as sub 10 mm polypectomy, clip placement, bleeding management etc. Provided that the student has this basic level of competency, I feel that it can be safely performed in-vivo under the guidance of an expert teacher. I must declare that I am not an expert in ESD and so my opinion in this area is more personal opinion. Given the much higher complication rates of ESD in the colon, even in expert hands, and the steep learning curves published in several studies, my opinion is that this should ideally be taught and learned in an ex-vivo model which will enable mastering of general techniques to enable safe transition to the colon. Further, transition to an in-vitro model of teaching should also commence in low risk areas such as the rectum with more proximal ESD only performed in a learning capacity once rectal ESD has been mastered.	11/5/2017 3:11 AM
8	Yes. Definitely for both.	11/5/2017 1:45 AM
9	Ideally we should move to ex-vivo models for any training in endoscopy. In the present, I would state that EMR could be trained in vivo but ESD needs ex vivo	11/3/2017 1:10 PM
10	yes ideally. The pig model is good for EMR and ESD training. In parallel with this the trainee should observe and assist in cases.	11/3/2017 11:22 AM
11	EMR can very well be taught in patients in a one-to-one supervision setting. For ESD training ex-vivo or live-animal training is preferred.	11/1/2017 10:42 AM
12	Ex-vivo for ESD but only when adequately trained and competent in EMR techniques	10/31/2017 10:07 PM