

XVII INTERNATIONAL COURSE ON THERAPEUTIC

ENDOSCOPY OF SAO PAULO UNIVERSITY MEDICAL SCHOOL

JUNE 30 – JULY 01, 2008 SAO PAULO - BRAZIL



# XVII INTERNATIONAL COURSE ON THERAPEUTIC ENDOSCOPY OF SAO PAULO UNIVERSITY MEDICAL SCHOOL JUNE 30 – JULY 01, 2008 SAO PAULO – BRAZIL

**Director of Course** Paulo Sakai

### Coordinators

Fauze Maluf-Filho Eduardo Guimarães Hourneaux de Moura Sônia Nadia Fylyk

> Supervisor Shinichi Ishioka

#### **Invited International Faculty**

John Cunningham – USA Christopher Thompsom - USA René Lambert - France Paul Fockens - Netherlands Naohisa Yahagi – Japan Herbert Burgos – Costa Rica Tetsuo Oyama – Japan



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## **Scientific Program**

### Date June 30<sup>th</sup>, 2008 - MONDAY

08:00~08:30 Registration

08:00~08:30 Welcome ceremony

Time	Description
08:30 - 09:30h	<ul> <li>Symposium: Improving quality of colonoscopic exam Introduction: colonoscopic exam is known imperfect. Cecum intubation, appropriate preparation and detection of small lesions of the mucosa are less than 100%. Goals: at the end of this symposium, participants will be able to:</li> <li>recognize indicators of colonoscopic exam quality;</li> <li>recognize patients at risk of inappropriate colonic preparation;</li> <li>know techniques to improve colonic preparation quality;</li> <li>know techniques to improve detection of small mucosal lesions.</li> <li>Am I performing good quality colonoscopy? Colonoscopic exam quality indicators.</li> <li>Colon preparation. When is it difficult? How to improve it?</li> <li>How to detect small adenomas and early colon cancer? What is the value of chromoscopy, digital chromoscopy and magnification?</li> </ul>
09:30 - 10:30h	LIVE DEMONSTRATIONS
10:30 - 11:00h	Coffee Break
11:00 - 13:00h	LIVE DEMONSTRATIONS
13:00 – 14:00h	Symposium: Upper gi bleeding and evidence-based medicine <u>Introduction:</u> upper gi bleeding is one of the most common situations in daily practice. Do we practice evidence-based medicine when we manage those patients?



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	<u>Goals</u> : at the end of this symposium, participants will be able to:		
	- recognize the high grade recommendations of variceal		
	bleeding therapy;		
	- recognize the high grade recommendations to non		
	variceal bleeding therapy; - know the new devices for endoscopic hemostasis of gi		
	bleeding.		
	<ul> <li>Variceal endoscopic therapy based on evidence level I.</li> </ul>		
	<ul> <li>Non variceal endoscopic therapy based on evidence level I.</li> </ul>		
	<ul> <li>The new devices for endoscopic hemostasis of digestive bleeding.</li> </ul>		
14:00 - 14:15h	Coffee Break		
14:15 – 15:30h	LIVE DEMONSTRATION		
15:30 - 16:00h	Coffee Break		
16:00 - 17:00h	LIVE DEMONSTRATION		
	Symposium: Endoscopic management of the bariatric		
	patient		
	<u>Goals</u> : at the end of this symposium, participants will be able to:		
	- recognize the main types of bariatric surgery and		
	complications that can be endoscopically managed;		
17:00 - 18:00	- recognize differente types of intragastric balloon, their		
	results and limitations; - Know the new endoscopic techniques to treat obesity.		
	Endoscopic therapy for complications of		
	bariatric surgery		
	• Intragastric balloon: is it worth?		
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Date: July 1<sup>st</sup>, 2008 - TUESDAY



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Time	Description
08:00 - 09:00	<ul> <li>Symposium: Endoscopy in GERD Introduction: pyrosis and regurgitation are the main complaints in the gi office. Endoscopic diagnosis of peptic esophagitis, anatomical conditions that predisposes to reflux and other possible causes are essential to clinical management. On the other hand, what is the state-of-the-art of endoscopic treatment of reflux and Barrett's esophagus? Goals: at the end of this symposium participants will be able to: <ul> <li>recognize the main differential diagnosis of peptic esophagitis;</li> <li>recognize if there is still indication for endoscopic treatments of Barrett's esophagus.</li> <li>Peptic esophagus:</li> <li>recognize the results of different endoscopic treatments of Barrett's esophagus.</li> <li>Can endoscopy treat GERD?</li> <li>Barrett esophagus - endoscopist: what to do and what to avoid.</li> </ul></li></ul>
09:00 - 10:30	LIVE DEMONSTRATION
10:30 - 11:00	Coffee Break
11:00 - 13:00	LIVE DEMONSTRATION
13:00 – 14:00h	Symposium: Pancreas and bile ducts: New diagnosis, new managements <u>Introduction:</u> in which situations should a ERCP be indicated in the setting of acute biliary pancreatitis? And in the setting of a pancreatic pseudocyst? In Brazil, sphincter of Oddi dysfunction (SOD) is not widely accepted as an individual entity and manometry of sphincter of Oddi is nor performed.



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14:15 - 15:30hLIVE DEMONSTRATION15:30 - 16:00hCoffee Break16:00 - 17:00hLIVE DEMONSTRATIONSymposium: Digestive endoscopy Introduction: treatment of digestive is the main frontier in digestive en reason the future is unclear. Goals: at the end of this symposiun able to: - recognize the trends of NOTES;	illness with NOTE
16:00 – 17:00h       LIVE DEMONSTRATION         Symposium: Digestive endoscopy         Introduction: treatment of digestive         is the main frontier in digestive en         reason the future is unclear.         Goals: at the end of this symposium         able to:	illness with NOTE
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Introduction: treatment of digestive is the main frontier in digestive er reason the future is unclear. <u>Goals</u> : at the end of this symposium able to:	illness with NOTE
<ul> <li>17:00 – 18:00h</li> <li>recognize the steps necessary concepts to clinical practice.</li> <li>NOTES state of art</li> <li>NOTES: what will be the the endoscopist?</li> <li>What is necessary to N practice? NOTES (Nat Endoscopic Surgery): perspective</li> </ul>	participants will b o bring these ne rue participation of DTES reach dail ral Translument