

SIES 2017

CONFERENCE PROGRAM AND SYLLABUS

SIES Sydney International
Endoscopy Symposium



10th SYDNEY INTERNATIONAL ENDOSCOPY SYMPOSIUM

Incorporating the
**WESTMEAD ENDOSCOPY SYMPOSIUM
NURSES' WORKSHOP**

**Wednesday 15, Thursday 16 and
Friday 17 March, 2017**






TOPICS INCLUDE


- Colonoscopy
- Approach to serrated polyps, serrated dysplasia and neoplasia in 2017
- Best practice polypectomy
- New methods in advanced tissue resection: EMR and ESD
 - Enhanced imaging and optical diagnosis
 - GI stricture management
 - Palliation of malignant luminal obstruction
- ERCP: complex and basic therapeutics
- Direct cholangioscopy
- Balloon enteroscopy
- Treatment of achalasia including POEM
- Endoscopic treatment of perforations and fistulas
- Endoscopic ultrasound
- Barrett's Oesophagus
 - Detection of inconspicuous neoplasia and dysplasia
 - Endoscopic treatment for dysplasia and early cancer in 2017



SIES INTERNATIONAL FACULTY

-  Prof Helmut Neumann, Germany
-  Prof Thierry Ponchon, France
-  Prof Doug Rex, USA

AUSTRALIAN FACULTY

-  Prof Emad El-Omar
- A/Prof Luke Hourigan
- Dr Brad Kendall
- Prof Raj Singh
- A/Prof Andrew Taylor
- Dr David Williams



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THIS COURSE IS ENDORSED BY
THE AMERICAN SOCIETY FOR
GASTROINTESTINAL ENDOSCOPY

SIES 2017 APP

Download the official smartphone app for SIES 2017!

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Log on to the Hyatt's WiFi:
SydneyEndoscopy2017

WiFi Access Code: **sies2017**

Available to you at no cost as a SIES delegate, our APP puts the event in the palm of your hand! (You will be given a login once registered)

You can use the app to plan your time in advance via the web portal, decide what you want to see and do, and then use one of the smartphone apps (available for iPhone, Android and mobile web) to:

- Have the conference program and floorplan in the palm of your hand and personalise your schedule
- See profiles of all exhibitors and their staff and have access to additional documents etc
- Capture exhibitor information straight to your phone by scanning QR codes at the show
- Keep up with real time alerts, news and tweets during the show
- 'Favourite' things you like – people, documents, promotions, stands, to review later at your leisure and share with others
- Exchange contact details with other attendees and exhibitors
- Find the people you're looking for and send meeting requests
- Rate conference sessions... participate in live polling and much more!

You will be given instructions on how to login and invited to set up your password once registered. Mobile web app: showgizmo.mobi

If you have allowed 'show app profile' at registration, you will be able to go to your profile and update it, view other profiles, look at the most up-to-date information and much more.

NEW Q&A FEATURE!

Ask questions in-session on the fly. Questions are moderated by the speaker/chair and can be answered by the panel or passed on to the Endoscopists at Westmead.

WIN!



EACH DAY WE WILL AWARD A PRIZE FOR THE MOST FREQUENT PARTICIPANT IN THE APP.

Conditions: Simply use your SIES App (to ask questions, share information, make comments and more) to go into the draw to win a \$250 eftpos card!



#sies2017

MARK YOUR DIARY

SIES 2018 - Wednesday 21, Thursday 22 and Friday 23 March, 2018

MARCH 2018

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



WELCOME



Dear Colleagues and Friends,

On behalf of our department, it is my great pleasure to extend to you our sincere gratitude and to welcome you at this momentous time for the 10th annual Sydney International Endoscopy Symposium. We will again aim to provide a comprehensive demonstration of diagnostic and therapeutic endoscopy. Your support and enthusiasm has been overwhelming and this year will be our largest and I believe our most successful event yet.

The Symposium's content has been carefully designed to facilitate discussion. Please utilise the Symposium App via your mobile device to relay your questions through the chairs to our proceduralists. This is a unique feature that will enhance the interaction between the expert faculty and the audience. A strong emphasis on the cognitive processes behind the delivery of high quality endoscopy will feature. Several novel technologies will also be demonstrated.

On behalf of our Department, Nurses and Doctors alike, I thank you for your support and for interrupting your busy schedules to join us here for these three special days. I believe the international guests, in combination with our Australian faculty and the team from Westmead, will provide an enlightening and informative educational experience for you.

This last decade has gone by so swiftly, many of you have attended every meeting, and without your support this important educational event would not be possible, so to all of you we extend our heartfelt appreciation on this very special occasion.

Yours sincerely

Michael Bourke

Chairman Sydney International Endoscopy Symposium 2017
Director of Gastrointestinal Endoscopy,
Westmead Hospital, Sydney



WELCOME TO NURSES

It is a great pleasure to welcome you to the 10th annual Westmead Endoscopy Symposium Nurses' Workshop.

The Westmead Endoscopy team has prepared another fabulous and stimulating array of talks and demonstrations which will enhance your understanding of Gastrointestinal Endoscopy. There are very interesting topics in the agenda from a large and diverse group of fantastic and awesome speakers on our programme including our 2017 international speaker Jonard Co from the Philippines.

As professional nurses we are always seeking to increase and improve our skills, knowledge and competence and this Nurses' Workshop offers just that from the hands of expert nurses and doctors handling the various endoscopy devices during the popular demonstration stations. There will be lots of hands-on opportunities to try the common devices and also the latest ones on the market.

The Nurses' Workshop is also an avenue for networking and interaction amongst the great nursing minds in gastroenterology and endoscopy, offering updates and sharing and learning fresh tips and tricks to promote the specialisation in this specialty.

All nurses are encouraged to attend the following two full days live high quality transmission from the Westmead Endoscopy Suite to the Hyatt Regency Hotel, which will showcase the latest development with interesting and challenging cases, which demonstrate the skills and wisdom of the internationally renowned guest faculty.

CPD points will be available for nurses attending the Workshop and Symposium.

Yours sincerely

Mary Bong

Nurse Unit Manager Endoscopy Unit,
Westmead Hospital Organising Committee,
Sydney International Endoscopy Symposium, Nurses' Workshop 2017

INTERNATIONAL FACULTY



**PROFESSOR
DOUGLAS REX**

Indiana University
Medical Center
Indianapolis, USA

Dr Doug Rex is Distinguished Professor of Medicine at Indiana University School of Medicine, Chancellor's Professor at Indiana University Purdue University Indianapolis, and Director of Endoscopy at Indiana University Hospital in Indianapolis. He graduated from Harvard College, Summa Cum Laude in 1976 and with highest distinction from Indiana University School of Medicine in 1980. He served as Chief Medical Resident at Indiana University Hospital and joined the faculty at Indiana University in 1985. He received the Outstanding Teacher Award in the Introduction to Medicine course five times and has been awarded the Indiana University School of Medicine Outstanding Teacher Award as well as Department of Medicine's Excellence in Teaching Award. He is a full-time clinical gastroenterologist at Indiana University Hospital.

His major research interests have been in colorectal disease and, in particular, colorectal cancer screening and the technical performance of colonoscopy. He co-authored the colorectal cancer screening recommendations of the American College of Gastroenterology and the US Multi-Society Task Force on Colorectal Cancer. He also authored the recommendations on quality in colonoscopy of the US Multi-Society Task Force on Colorectal Cancer and the American College of Gastroenterology/ American Society of Gastrointestinal Endoscopy.



**PROFESSOR
HELMUT
NEUMANN**

University Medical
Center Mainz,
Germany

Dr Neumann is Professor of Medicine and director of endoscopy at the Department of Internal Medicine at the University Medical Center Mainz in Germany. He is actively involved in basic and clinical research in the areas of advanced endoscopic imaging. His main research focus is inflammatory bowel disease, infectious colitis, colon polyps and Barrett's esophagus. Dr Neumann has received a number of awards for clinical excellence and acts as a reviewer for various journals including *Nature*, *The Lancet*, *Gastroenterology*, *Gastrointestinal Endoscopy* and *Endoscopy*. Dr Neumann acts as Associate Editor for *Digestive Endoscopy* and *Digestive and Liver Disease* and as Editorial Board Member of *Endoscopy*, *United European Journal* and *The Video Journal and Encyclopedia of GI Endoscopy*. He has also been assigned as a member of the ASGE International Committee and a Fellow of the American Society for Gastrointestinal Endoscopy.

His contribution to the field of endoscopy is officially recognized by the American Society for Gastrointestinal Endoscopy (ASGE) and the European Society of Gastrointestinal Endoscopy (ESGE).

Dr Neumann has published over 160 articles in the field of advanced endoscopic imaging and on new and emerging endoscopic devices. His scientific research was published in high-rated journals, including *Nature*, *Lancet Oncology*, *Nature Medicine*, *Gastroenterology*, *Gastrointestinal Endoscopy* and *Endoscopy*. Besides, he holds multiple patents on advanced endoscopic imaging techniques.



**PROFESSOR
THIERRY
PONCHON**

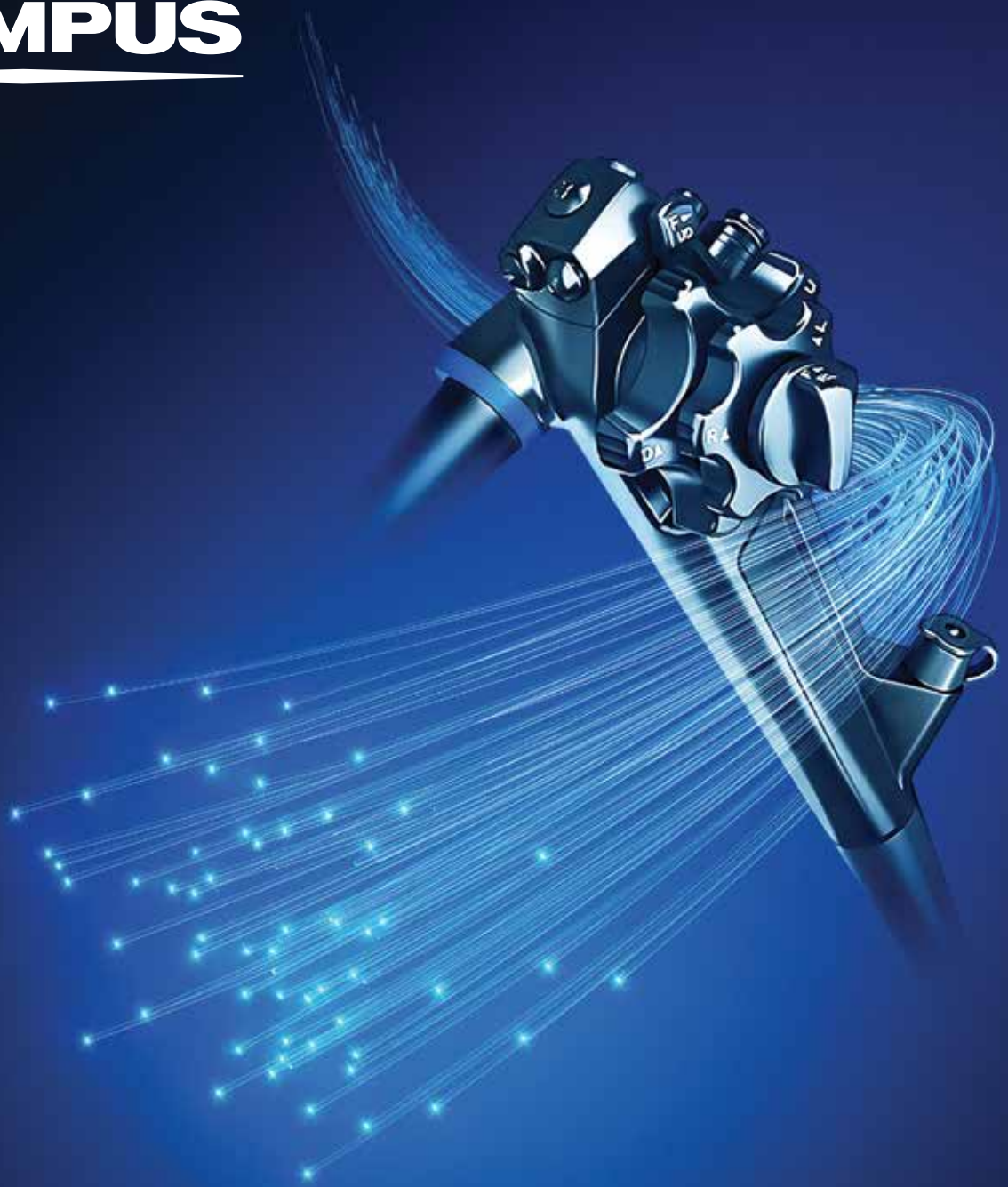
E. Herriot Hospital,
Lyon, France

Professor Thierry Ponchon is Head of the Digestive Diseases Department at the E.Herriot Hospital, Lyon, France. He is a world renowned clinician, endoscopist and researcher and is the current President of the European Society of Gastrointestinal Endoscopy. He is the founding Editor-in-Chief of *Endoscopy International Open* journal. He has contributed over 200 publications in esteemed peer-reviewed journals. We look forward to his expert contribution to this 10th anniversary SIES meeting.

The attendance of the international faculty has been graciously supported by our Platinum Sponsors



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NURSES' WORKSHOP PROGRAM



WEDNESDAY 15 MARCH 2017

This program is endorsed by the Westmead Hospital and 8 CPD points are awarded



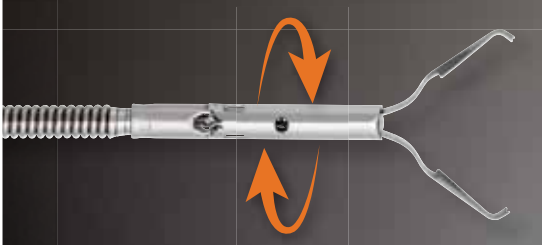
0730	Registration opens		
0830 - 0845	Welcome note Mary Bong [NUM] and Kate Hackett [A/DON] Westmead Hospital and Special Anniversary Message from Prof Michael Bourke		
SECTION 1 Facilitators: Mary Bong [NUM] and Robyn Brown [CNE]			
0845 - 0915	<i>Advances in Endoscopic Tissue Resection</i> – Dr David Tate		
SECTION 2 Demonstrations' Co-ordinators: Mary Bong [NUM], Robyn Brown [CNE] and Jeneviah Junio (RN)			
0920 - 1100 30 mins at each station	Demonstration 1 Tools for Managing Haemostasis	Demonstration 2 Tools for Interventional Endoscopy	Demonstration 3 ERCP
	Booth 1 <i>Haemospray: A/Prof Golo Ahlenstiel</i> <i>Endoclot: Betty Lo [CNC]</i>	Booth 1 <i>Full Thickness Endotherapy: Dr David Tate</i> <i>Endoscopic Clips: Su Wang [RN] and Vanessa McArdle-Gorman [RN]</i>	Booth 1 <i>Stenting Biliary Strictures - What to Use and Why? Dr Lobke Desomer</i> <i>Dilatation Devices: Marriam Khilwati [RN]</i>
	Booth 2 <i>Poly Loops Ligating Device: Judith Tighe-Foster [CNS]</i> <i>Electrosurgical Haemostasis - Coag Grasper: Dr Mayenaaz Sidhu</i>	Booth 2 <i>Retrieval of Specimens: Snares: Kaysey Rial [EEN]</i> <i>Retrieval Devices: Adeyemi Adenike [RN]</i>	Booth 2 <i>Tools for Biliary Cannulation: Access Devices: Sandra Ko [CNS]</i> <i>Guide Wires: Helena Tsang [RN]</i>
		Booth 3 <i>ESD Set Up: Nicky Stojanovic [RN]</i> <i>Traps: Amy Yan [EEN]</i>	
1100 - 1130	Morning tea and trade displays		
SECTION 3 Facilitators: Dr Mayenaaz Sidhu and Judith Tighe-Foster [CNS]			
1130 - 1200	<i>Endoscopy in the Philippines: Dr Jonard Co</i>		
1200 - 1230	<i>The Liver Failure / Endoscopy Interface: A/Prof Golo Ahlenstiel</i>		
1230 - 1300	<i>Curative Endoscopic Treatment of Early Gastric Cancer: Dr Lobke Desomer</i>		
1300 - 1400	Lunch and trade displays		
SECTION 4 Facilitators: Robyn Brown [CNE] and Dr Vu Kwan			
1400 - 1415	Quiz – Su Wang [RN]		
1415 - 1445	<i>Capsule Endoscopy – Now and the Future: Dr Halim Awadie</i>		
1445 - 1515	<i>To Wheat or Not to Wheat: is the Gluten-free Diet Here to Stay? Dr Vu Kwan</i>		
1515 - 1545	<i>A Novel Approach to Stone Removal: Judith Tighe-Foster & Let's Chop Out That Polyp Together - But How? Dr Mayenaaz Sidhu</i>		
1545 - 1615	Quiz prizes, presentations and surprises		
1615 - 1630	Closing remarks and thank you		
1630 - 1730	Closing Drinks Function in the conference foyer, kindly supported by  CANTEL MEDICAL		

Kindly supported by 

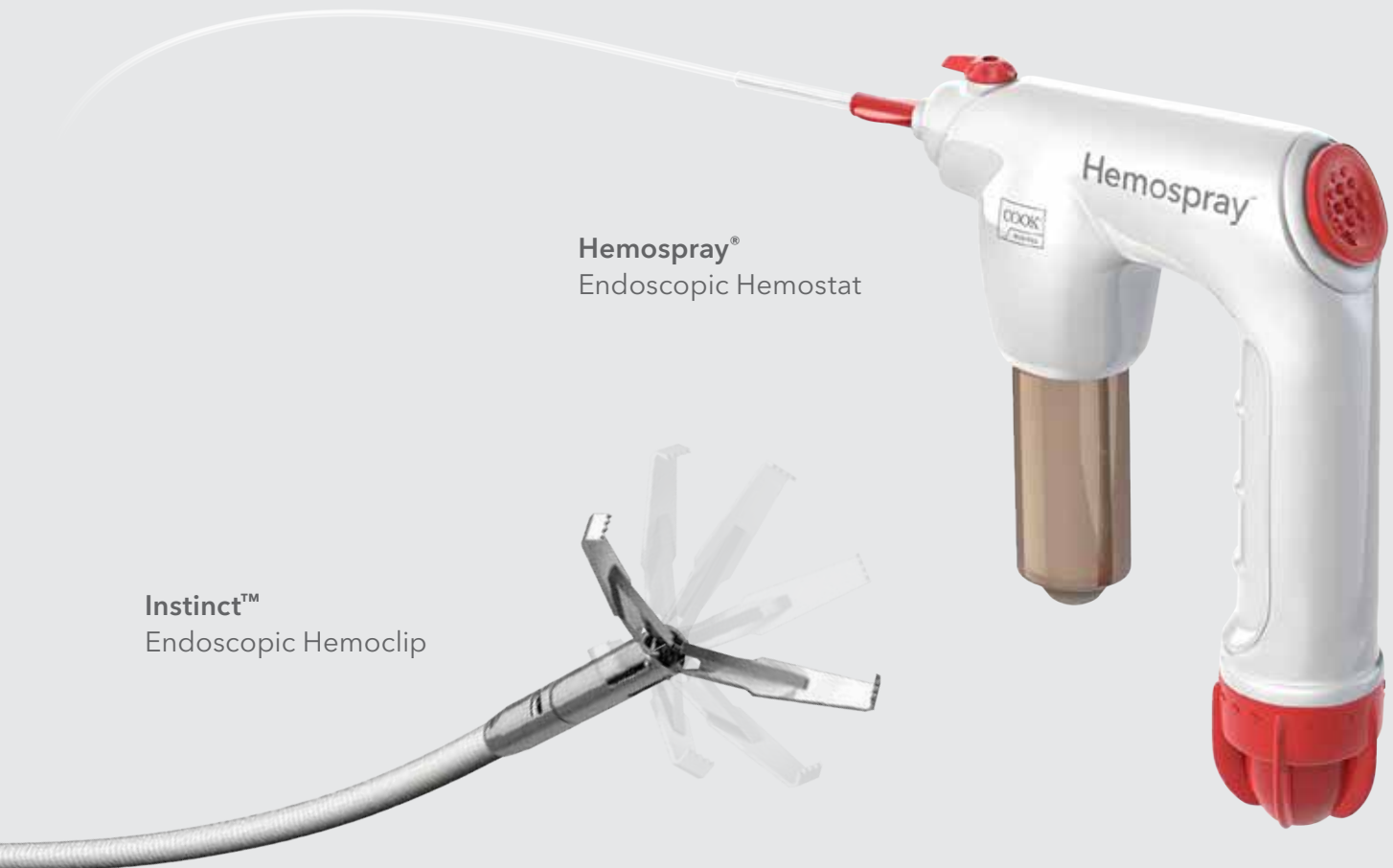
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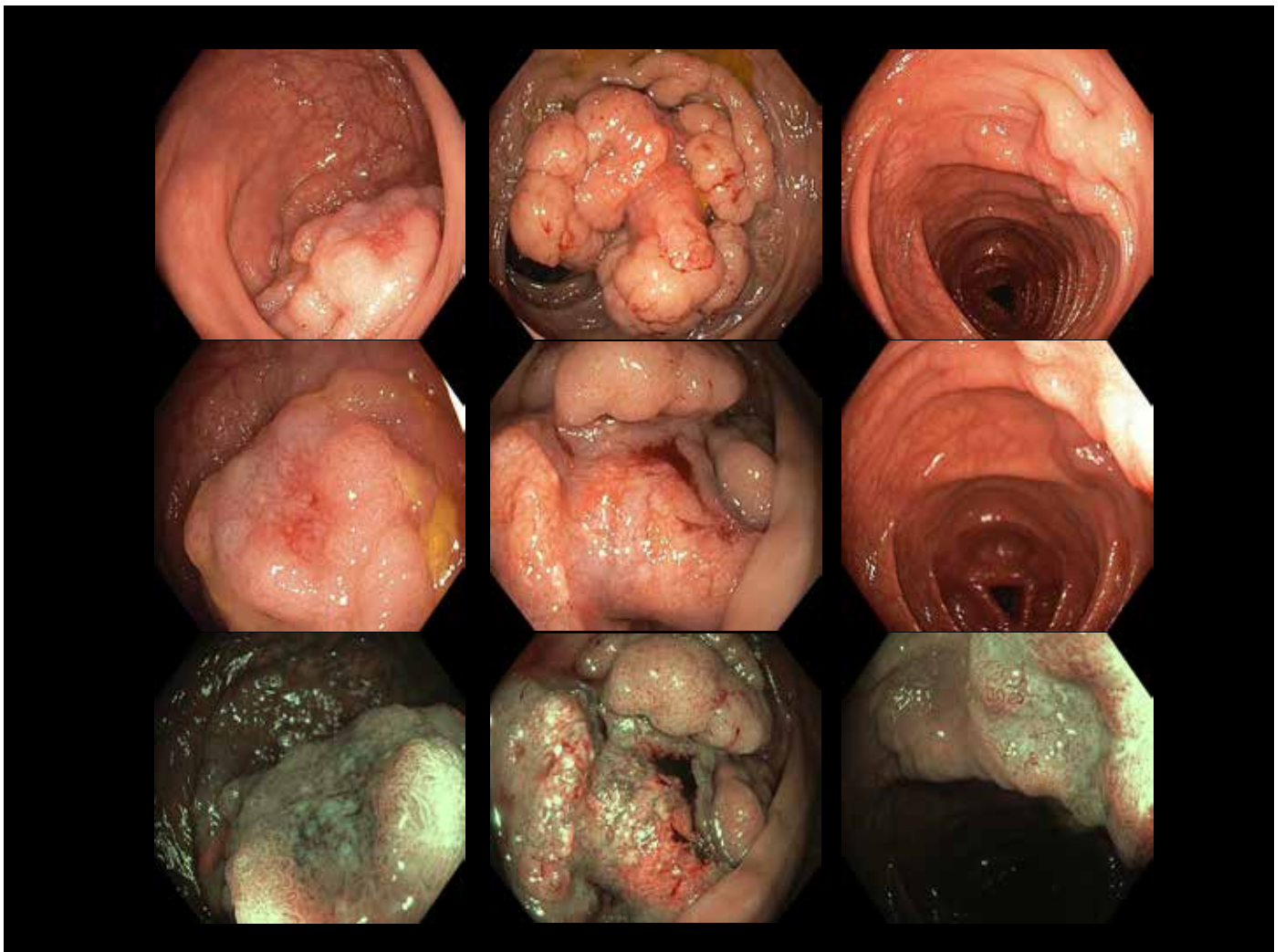
BEST PRACTICE COLON POLYPS 2017: DETECTION, CHARACTERISATION AND RESECTION



Featuring the world's foremost experts in an interactive format

WEDNESDAY 15 MARCH 2017

1300 - 1400	Registration and Lunch amongst the trade exhibitions
1400 - 1420	<i>Optimising ADR: Current Evidence and Future Directions</i> – Prof Helmut Neumann
1420 - 1440	<i>Serrated Lesions 2017: What We Know and What We Should Know But Don't</i> – Prof Doug Rex
1440 - 1500	<i>Best Practice Every Day Polypectomy: Evidence and Technique</i> – Prof Michael Bourke
1500 - 1530	<i>Panel Discussion</i>
1530 - 1600	Afternoon tea and trade displays
1600 - 1700	Video based interactive case discussion with the panel – Prof Helmut Neumann, Prof Doug Rex and Prof Michael Bourke
1700	CLOSE



SYMPOSIUM PROGRAM



THURSDAY 16 MARCH 2017

0730	Registration opens
0830-0835	Official conference open and welcome – Prof Michael Bourke
	MINI SYMPOSIUM: OPTIMISING ENDOSCOPIC IMAGING
0835-0855	<i>Colon Polyps: Not Missing, Not Misinterpreting?</i> – Prof Doug Rex
0855-0915	<i>Stomach and Oesophagus: Simple Steps to Optimise Outcomes</i> – Prof Thierry Ponchon
0915-1030	LIVE ENDOSCOPY 1 CHAIRS: Vu Kwan, David Hewett, Milan Bassan
1030-1100	Morning tea and trade displays
1100-1300	LIVE ENDOSCOPY 2 including clinical update 1: <i>Management of Portal Hypertension 2017: Evidence, Implementation and Common Errors</i> – A/Prof Golo Ahlenstiel CHAIRS: Golo Ahlenstiel, Alan Moss, Bronte Holt
1300-1400	Lunch and trade displays
1400-1530	LIVE ENDOSCOPY 3 CHAIRS: Nick Burgess, Sina Alexander, Cameron Bell
1530-1600	Afternoon tea and trade displays
1600-1620	<i>Barrett's Oesophagus: Optimising Lesion Detection and Treatment</i> – A/Prof Andrew Taylor
1620-1640	General Endoscopy Quiz (prizes awarded on Friday afternoon) – Dr Lobke Desomer
1640-1710	THE GREAT DEBATE - The Rising Incidence of Oesophageal Adenocarcinoma – Prof Emad El-Omar and Dr Brad Kendall. CHAIRS: Prof Raj Singh and A/Prof Andrew Taylor
1710-1730	Discussion
1730	CLOSE
1800	Walking group to leave Hyatt Regency foyer for the Aquarium Wharf
1815	Guests to board promptly with a sharp cruise boat departure of 1825
1900 –2100	Official Symposium Reception – Sydney Opera House 'Opera Point Marquee'

SYMPOSIUM RECEPTION

Venue: Sydney Opera House, 'Opera Point Marquee'

Date: Thursday 16 March, 7:00pm – 9:00pm

Cost: \$85 per delegate

Inclusions: Fine food and drinks for 2 hours

Welcome aboard HMAS SIES!

Boarding from 6:15pm for a sharp departure time of 6:25pm.

Cruise the world famous Sydney Harbour as we make our way towards the iconic Sydney Opera House.

HMAS SIES will depart from the Sydney Aquarium Wharf (a short stroll down from the Hyatt Regency). A walking group is leaving the Hotel foyer at 6:00pm sharp.

Located on the picturesque Sydney Harbour foreshore, the Opera Point Marquee offers a magnificent vantage point to enjoy one of the world's most famous views.





FRIDAY 17 MARCH 2017

0800	Registration opens
0830 - 0850	<i>Chronic Colitis and Colorectal Cancer– Evaluating and Minimising the Risk</i> – Prof Helmut Neumann
0850 - 0900	Panel Discussion
0900 - 1030	LIVE ENDOSCOPY 4 CHAIRS: Stephen Williams, Rita Lin, David Abi-Hanna
1030 - 1100	Morning tea and trade displays
1100 - 1300	LIVE ENDOSCOPY 5 including clinical update 2: <i>Screening for Pancreatic Cancer: Who, When and How</i> – Dr Vu Kwan CHAIRS: Thao Lam, Gregor Brown, Nick Tutticci
1300 - 1400	Lunch and trade displays
1400 - 1530	LIVE ENDOSCOPY 6 CHAIRS: Eric Lee, Raj Singh, Matthew Remedios
1530 - 1600	Afternoon tea and trade displays
1600 - 1630	The Peter Gillespie Lecture: <i>When Will Interventional Endoscopy End and Endoscopic Surgery Begin?</i> – Prof Thierry Ponchon
1630 - 1645	Quiz answers and awards for the winners – Dr Lobke Desomer
1645 - 1700	Summary and meeting close – Prof Michael Bourke



Thank you to Cook Medical for supplying every delegate with their satchel for SIES



CERTIFICATES OF ATTENDANCE

If you would like a Certificate of Attendance, please add your name to the list at the Registration Desk.

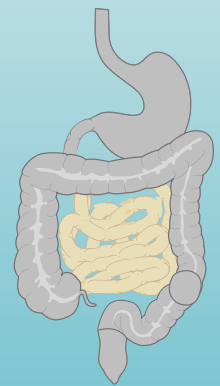
These will be sent via email after the Symposium.



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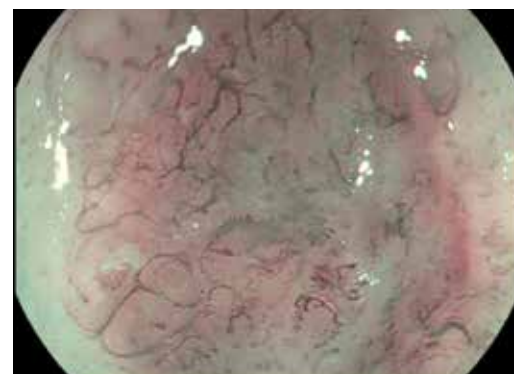
Newly designed balloon air feed inlet

ABSTRACTS



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ABSTRACTS (in order of program)



WEDNESDAY 15th March

COLON POLYPS – DETECTION, CHARACTERISATION AND RESECTION

Optimising ADR: Current Evidence and Future Direction

**Helmut Neumann, MD, PhD, FASGE,
University Medical Center Mainz, Germany**

Colonoscopy can reduce the incidence of colorectal cancer. However, adenomas might be missed during endoscopic examinations and interval cancer can occur. Therefore, an adequate and precise colonoscopic examination is of pivotal importance. Within recent years, various new endoscopic imaging techniques have been introduced to assist endoscopists in performing accurate endoscopic examinations. This lecture will focus on the newest developments in the field of colonoscopic imaging including the latest imaging techniques based on laser and LEDs optics. Moreover, latest artificial intelligence techniques and computer assisted diagnostic modalities will be discussed. At least, an outlook will be presented on the emerging role of molecular endoscopic imaging for early detection of colorectal lesions.

Serrated Lesions 2017: What We Know and What We Should Know But Don't

**Douglas K. Rex, MD,
Indiana University Medical Center Indianapolis, USA**

Both patients who have undergone colonoscopy and colonoscopy-naive patients believe that bowel preparation is the worst part of colonoscopy. Inadequate bowel preparation has a large impact on costs. For efficacy, the advent of split or same-day dosing has been the most important advance. 4 L PEG-ELS in split doses is the gold standard for efficacy, and should be used in patients with predictors of inadequate preparation, including opioids, tricyclics, diabetes, obesity, patients with prior segmental colonic resections, or known constipation. Most ambulatory screening and surveillance patients without constipation can be adequately prepped and experience better tolerability with low-volume preparations.

In routine clinical practice, the Boston Bowel Preparation Scale is the preferred validated scale because it forces assessment after intraprocedural cleansing. Scores of 2 or higher in each segment have been validated as indicating adequate preparation, that should be followed by use of procedure appropriate screening and surveillance intervals.

Assessing the effluent on the day of the procedure is important, because patients with a brown effluent at presentation are at high risk of inadequate preparation and should be considered for additional oral or enema preparation.

Continued uncertainties in bowel preparation include which preparations are best for patients at high risk of failure, whether homemade preparations based on PEG 3350 have comparable

safety to commercially available preparations, how best to institute low residue diets in clinical practice the day before procedure, whether food-based preparations will impact bowel preparation, and the feasibility and cost of machine-based enema preparation.

Like effective and safe insertion, detection is a fundamental skill of colonoscopy. Detection varies more than 10 fold between operators, and cancer protection also varies. The key elements of effective detection are simply carefully looking behind folds, and effective intraprocedural cleansing and distention.

The adenoma detection rate is the principal measure of the quality of mucosal inspection. Whether a serrated detection target is needed, and development of a target that is feasible for routine use remains uncertain. Other uncertainties include whether confining ADR to screening patients is necessary, and whether adenomas per colonoscopy (APC) would increase cost in clinical practice. The degree to which APC correlates with cancer prevention is uncertain. Public transparency of ADR seems desirable, but acceptance by endoscopists is uncertain. Widespread video recording of colonoscopy would likely improve detection, but its feasibility and acceptance remain uncertain. Important technical issues that are unresolved include whether adjunctive devices help low-level or high-level detectors or both, and at what point ADR improvements no longer produce gains in cancer prevention. Whether detection can be automated by computer assistance is a central technical issue.

In surveillance, separation of patients into low and high-risk adenoma findings has been the central theme. Whether the low-risk group can be extended, particularly for high-level detectors, and whether surveillance intervals generally can be linked to baseline ADRs, are important issues for improving cost effectiveness. The possibility of establishing lifelong protection from colon cancer based on 1 or 2 normal colonoscopies by a high-level detector seems increasingly feasible.

THURSDAY 16th March

Colon Polyps: Not Missing, Not Misinterpreting

**Douglas K. Rex, MD,
Indiana University Medical Center Indianapolis, USA**

The priority quality indicators for colonoscopy are the adenoma detection rate (ADR), the cecal intubation rate, and screening and surveillance intervals. Adequate rates of bowel preparation are likely to emerge as a fourth quality priority indicator. Of these, ADR is the most important, and is a validated predictor of cancer prevention. Master level detection during screening colonoscopy is an ADR the range of 45% to 50%. There are proven gains in cancer protection up to ADRs of about 35%. There should be some discomfort with any ADR below 35%, and consideration of steps to improve ADRs below that range.

ABSTRACTS



Very high level detectors are able to achieve their detection rates using their knowledge of disease spectrum (endoscopic appearances of flat and serrated lesions) and then good fundamental technique, which includes looking carefully on the proximal sides of folds and flexures, cleaning up debris, and adequate colonic distention.

Improvements in detection can be classified as 1) non-device tools such as right colon double examination, and patient rotation during withdrawal 2) scope-based methods, which include FUSE, G-Eye, Third Eye Panoramic, and the electronic chromoendoscopy tools, and 3) add-ons such as chromoendoscopy, and mucosal exposure devices that are applied to the instrument tip including EndoVision, Amplifeye, and EndoRings.

Randomized controlled trials on the impact of position change have been mixed, and position change to improve colonic distention is primarily feasible in patients in moderate or minimal sedation. Double examination is effective, but a second examination of the right colon in the forward view is as effective as an examination in retroflexion. Retroflexion is easiest to perform when the right colon is straight, has adequate luminal caliber, and when there is no loop in the insertion tube. When those features are absent, indications for a second right colon examination include a high predicted prevalence of disease based on indication (e.g. bleeding indications), or the finding of polyps on the first forward examination.

Results with the FUSE device have been mixed. The resolution of the FUSE scope, while recently improved, is still inferior to some standard traditional forward-viewing scopes. All of the add-on scope devices including G-Eye, EndoRings and Endocuff have produced detection gains in both tandem studies and straight randomized controlled trials. The Third Eye Panoramic device has not yet been adequately tested.

The advantages of accurate endoscopic prediction of histology are several, including prediction of deep submucosal invasive cancer, (which should lead to the surgical therapy rather than attempts at endoscopic resection) and prediction of serrated histology (which usually should predict a low threshold for contrast injection and EMR, and relative ease of EMR performance). Predictions of histology in combination with Paris class, including flat or depressed features, and the distinction between granular and non-granular lateral spreading tumors, and granular lesions with mixed features, can also guide endoscopic therapy.

Management of Portal Hypertension 2017: Evidence, Implementation and Common Errors

Golo Ahlenstiel, Gastroenterologist and Hepatologist, Westmead Hospital Sydney

The rising prevalence of chronic liver disease in Australia results in increasing burden of patients presenting with liver cirrhosis and associated portal hypertension.

With the recent publication of the new practice guidelines by AASLD for portal hypertensive bleeding in liver cirrhosis it is timely to review currently available treatment strategies, especially with respect to endoscopic intervention. This presentation will focus on state of the art management of portal hypertension, common pitfalls and related complications such as hepatic encephalopathy.

FRIDAY 17th March

Chronic Colitis and Colorectal Cancer – Evaluating and Minimizing the Risk

Helmut Neumann, MD, PhD, FASGE, University Medical Center Mainz, Germany

Gastrointestinal endoscopy is of paramount importance for diagnosis, monitoring and surveillance of dysplasia in patients with both, Crohn's disease and Ulcerative colitis. Moreover, with the recent recognition that mucosal healing is directly linked to the clinical outcome of IBD patients, a growing demand exists for the precise, timely and detailed endoscopic assessment of the superficial mucosal layer. Further, the novel field of molecular imaging has tremendously expanded the clinical utility and applications of modern endoscopy, now encompassing not only diagnosis, surveillance, and treatment but also the prediction of individual therapeutic responses.

This lecture describes how novel endoscopic approaches and advanced endoscopic imaging methods now allow for the precise and ultrastructural assessment of mucosal inflammation and the potential of these techniques for dysplasia detection and surveillance. Moreover, the latest SCENIC statement on management of dysplasia in IBD will be discussed.



MARK YOUR DIARY!

Colonic Polypectomy Workshop

Friday 8th September, 2017

Best practice polypectomy 2017: What every Colonoscopist should know and do

Venue: Westmead Hospital

Time: 0900 – 1700

Faculty: Cameron Bell, David Hewett, Eric Lee, Nick Burgess and Michael Bourke



Did you enjoy this year's Sydney International Endoscopy Symposium so much that you would like to view all presentations and live cases again?

Be on standby to receive your complimentary* registration link (next week** post Symposium).

* SIES Access is complimentary for all registered delegates. For delegates who did not attend this year's SIES then a fee of \$100 applies

** The SIES Access team are aiming to distribute the registration link by 24 March, 2017, this is subject to change.



ADVANCED ENDOSCOPY FELLOWS: 1997 – 2017

On the occasion of the 10th anniversary of the Sydney International Endoscopy Symposium we would like to honour the Advanced Endoscopy Fellows who have worked at Westmead over the last 20 years.

All of these wonderful individuals have been a huge part of the clinical and academic success of the endoscopy unit at Westmead. Many have played crucial roles in the delivery of the symposium and its continued success over the last decade.

All of us at Westmead deeply appreciate your past and ongoing support as friends, colleagues and academic co-workers. To all of you, on behalf of all of us we extend a heartfelt thank you!



**DAVID
ABI-HANNA
1997**

The memories are fading, but I clearly remember the NUM (Allison Trotter I believe) giving us a cup of coffee on arrival on day 1 and then 'handing' us to SJW with the words "They're watered and ready"
I also had renal colic that year and had to have a cystoscopy and removal of a ureteric stone. I still blame this on hours in a lead gown with no time to hydrate (although the banana smoothies and macadamia nuts were nice!)



**ADAM BAILEY
2006**

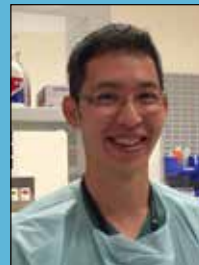
EYT in his first year was learning to do PEGs with SJW and in a slightly nervous state does a rather generous cut with the scalpel. Soon after the blood started to flow SJW offers EYT some helpful fine tuning advice.... "Eric, it's not a laparotomy!"

Also EYT was often hunched over learning colonoscopy... SJW: "It's not a scrum!"



**AYAZ
CHOWDHURY
1998**

"Olden Days"



**ADRIAN CHUNG
2010**

"let me take that... I'll have a crack at it" (MB)
"She could give someone a tracheostomy with those heels" (Scott Fanning on Vu Kwan)



**SINA
ALEXANDER
2007**

I recall Steve telling me early on in my training: "You are a Collingwood supporter? - if we knew that, we wouldn't have given you the job"



**MILAN BASSAN
2011**

One of Michael's that I still hear in my head with worrying regularity: "Photo" *endoscopy image captured*
"Nah, s@#t photo, take another one"



**JONARD CO
2007-2008**

"It's great to be back after 10 years apart from Westmead!"



**HALIM AWADIE
2016 - PRESENT**

MB: "photo, photo, photo...mmmm not bad"



**NICK BURGESS
2014-2015**

Michael Bourke (walks into the room and waves arms) "Finish! Finish! Finish!"
Octavio Ferrer (RN) "Nice bites doc.."
Octavio Ferrer (RN) (after patient becomes adequately sedated) "He's in Fiji now Doc"



**NIC DE LUCA
2000**

"Please get me a low fat yoghurt banana smoothie" by MB was said every thursday during the all day ERCP list. It became low fat as we both started put on weight with the full fat!



**FARZAN BAHIN
2015**

"Nearly done, Mary!"



LOBKE DESOMER
2016 - PRESENT

MB: have you learned anything about Australian culcha yet?
Octavio: just a second doc



BRONTE HOLT
2011-2012

When laying out all the colon EMR pieces, MB muses "They'd make a nice set of earrings!"



VANOO JAYASEKERAN
2012

VJ: "Michael here is your coffee"
Vanoo looks puzzled as Prof Bourke plunges the tip of his ball point pen into the cap of his X-Large coffee cup on a typical Tuesday morning
MB: "Do everything you can to increase flow!"



STEVEN DING
2001

While doing ERCP, Ding "The cannula is new and very straight"
Bourke "Just like you"
Ding "What the?"

"The All Blacks have got this one"



ANDY HOPPER
2008

I do remember that when I came to look round Westmead, Michael said to me that if you want to work here it means that "if there's 5 ERCPs to do or the option to go to the beach - you've got to want to do the ERCPs....and I love the beach!"



ARTHUR KAFFES
2001-2002

Quote from Peter Gillespie
"Arthur, what do you know about the low GI diet?"
He went on to lose several kgs



SCOTT FANNING
2010

Michael: "Close tightly, check mobility, resect, repeat"
Michael: "Inject, resect, inject, resect"
Michael: "Have you finished that paper yet?"
Michael: "You only get 5 minutes at this"
Vu: "Do these shoes match my scrubs?"



LUKE HOURIGAN
1999

"Do a quick turn around and we can spend more time on each case" MB



AMIR KLEIN
2014-2016

After a few failed cannulation attempts, on a naive papilla MB said "I had better have a crack at it" he cannulates within seconds and continued to say "don't be frustrated, it takes me on average 10 seconds after the fellow fails - really, we did a study on it".



STEVE HEITMAN
2016

"Photo" MB



MAHESH JAYANNA
2014

My favourite saying, obviously from Prof MB - "We need that Oomph!" - this will in the context when we sit down with Prof for abstract submissions to DDW/AGW.



RALPH LEE
2016-2017

"That's AWESOME!"

ADVANCED ENDOSCOPY FELLOWS (CONTINUED)



MICHAEL MA
2016

MB: "C'mon, let's just crack on"



ANDREW METZ
2001

"what a cracker of a case!"



ALAN MOSS
2007

When discussing colonoscopy technique, Michael would say "All men are created equal... to the splenic flexure - 50cm!"



MICHAEL MURRAY
2003



CRISPIN MUSUMBA
2013-2014

One unforgettable saying I heard from Michael earlier on during my stint at Westmead was "I learn something new from every colonoscopy I do". I'm sure that was Michael's way of making me feel at ease, but I must confess that took a while to sink in, coming from the great MB!



KAVIN NANDA
2013

Ipse dixit: "Who would like to see my impression of" or "Can I show you my impression of MB / SW / VK / EL"
or MB: "Oh look another SSA-D! They are everywhere!"



MARIA PELLISE
2014-2015

Then, my phrases would be "knock it out" and "zip it off"
PS: mmmmmmm is also an MB phrase...



MICHAEL SWAN
2008-2009

MB: "Perhaps I should just have a look at this one ..." (as Michael grabs the scope out of the hand of the registrar or fellow)
MB: "Isn't that such a great image..." as Michael looks at (1) the site of just removed large colon polyp, or (2) multiple CBD stones on a cholangiogram, or (3) the site of large polyp/barrett's EMR months down the track without any evidence of recurrence.



DAVID TATE
2015-PRESENT

<extreme Aussie twang>
"It'll / She'll / He'll be all-right."
SJW



NICK TUTTICCI
2013

MB: "...wash, wash... photo...arggh..."
Sandra Ko: "no Nick, I only brought lunch for Kavin"



PATRICK WALSH
2004

In terms of phrases etc, it was a long time ago! I remember saying to Judy on more than one occasion "So Judy, I have to do a colonoscopy on this elderly patient with stenosing diverticular disease, and all you have is a side viewer? The new scopes are coming when?"
Vu probably has a better recollection of themes that year. I don't know if it started at Westmead but my fellows here "Tai Chi not Kung Fu" at least once every list.



RICHARD HOPE
2 SEPTEMBER 1965 – 12 MAY 2016

Dr Richard (Rick) Hope died on the 12th May 2016 after a catastrophic illness and struggle with bipolar disorder. This was only 2 months after the last SIES meeting at which his wise and considered facilitation of cases was greatly appreciated and respected by all.

His untimely passing leaves an enormous loss to his beloved family and friends as well as to his colleagues and patients throughout the health service where he is remembered as an outstanding clinician, clinical leader, mentor and friend.

Rick grew up behind Westmead Hospital and went to School at Marist Brothers opposite the hospital, where he was captain of the football team and Dux of the school. He completed his medical degree at Sydney University with his clinical years being at Westmead Hospital. His advanced training years were spent at Westmead as well as St George Hospitals where he was felt to be one of the best trainees ever at both institutions. He distinguished himself as a member of the junior medical staff at Westmead as President of the RMO's association as well as countless other selfless contributions to the esprit de corps of the service over many years. He never sought recognition but rather change for the better.

He underwent a fellowship at Middlesex Hospital, London advancing his clinical and research acumen as well as his endoscopic skills especially in ERCP.

From the very beginning as a consultant, Rick was a natural leader and over the next two decades was a driving force in Gastroenterology at Blacktown and Westmead Hospitals as well as the Southern Highlands. More recently, Rick was an inspiration with his vision for patient-centred care, health service reform and seeking to establish an integrated model of care. He was passionate about futility of care and discussing advanced life directives with patients early in their illness.

Rick was totally unassuming, never blowing his own trumpet. His ambition and determination was always to get the best out of himself and encourage others to do the same. He was passionate about rugby league and his beloved Parramatta. Using the football analogy, he believed that if we all played our position in the team to the best of our ability and supported those around us we could achieve great things in medical care – one of his many legacies will be just that.

All who knew him recognised his unfaltering aspirations for empathy, justice and fairness.

His next period was to see him as Head of Gastroenterology and Hepatology Services at Blacktown Hospital, a task that unfortunately he will no longer be able to fulfill.



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Westmead Department of Anaesthetics –
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Dr Mark Priestly



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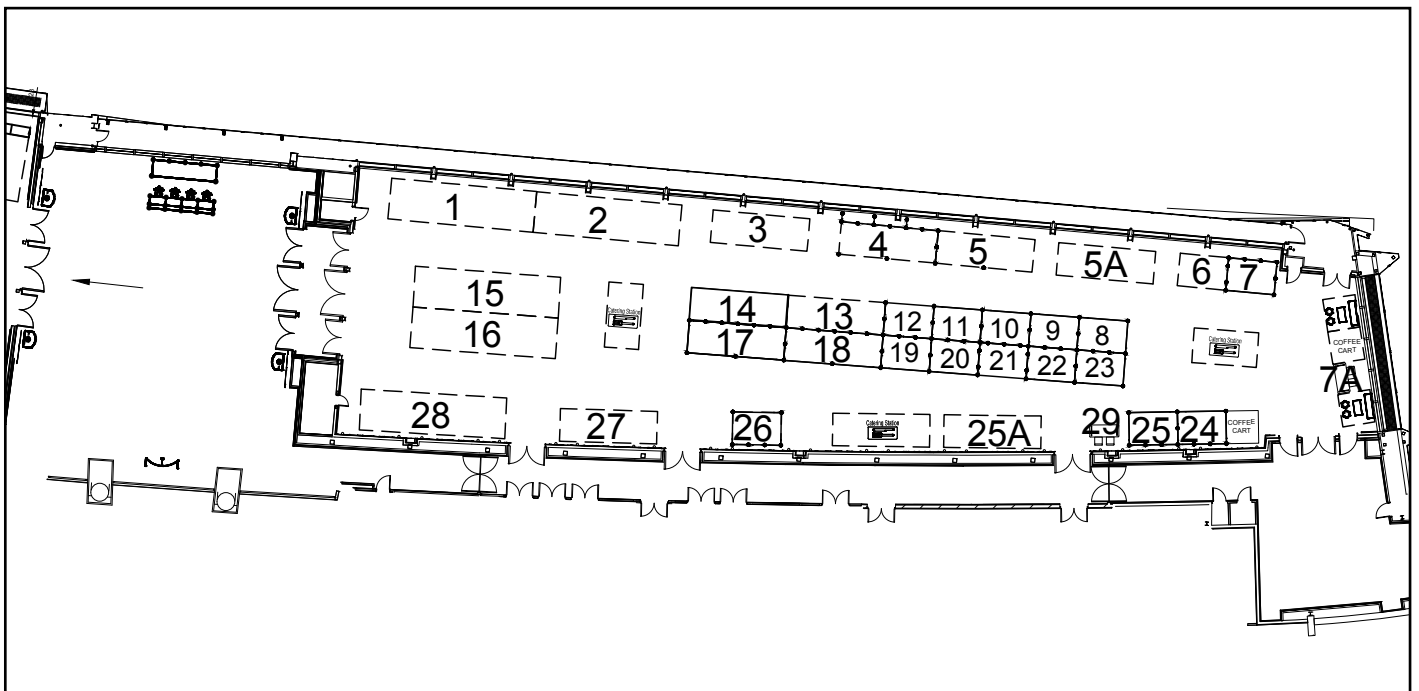
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