

# EFIAGES Guidelines

**Candidate should be an IAGES member.**

**Fellowship certificate will be awarded only if the delegate attends the convocation ceremony at the subsequent national conference.**

**Registration for the national conference is mandatory.**

Those who are not members may apply for membership online. See the website [www.iages.in](http://www.iages.in) for more details. Post graduate degree in surgery is mandatory.

Number of years of experience in endoscopy should be a minimum of 2 years (includes experience in laparoscopy as resident). A resident or junior consultant should obtain certificate of experience from the HOD of the hospital/Institution as a supportive document. Attach soft copies of MBBS, MS or DNB certificate and MCI registration certificate during registration.

Members of collaborating associations who have signed MOU with IAGES are also eligible. They are expected to get their application endorsed by the respective collaborating association prior to joining the course.

## **EFIAGES: NON EXAMINATION CATEGORY:**

- Suitable for those candidates working as faculty in teaching institution and all surgeons with more than 10 year experience in endoscopy including therapeutic interventions.

- Have been doing significant number of endoscopies including therapeutic endoscopies for more than 10 years
- Would be eligible to receive the EFIAGES fellowship on satisfactory completion of the EFIAGES course and an informal interview.

### **(B) EFIAGES: EXAMINATION CATEGORY**

- Suitable for those with a minimum of 2 years experience in endoscopy (includes experience as resident).
- Fellow should have experience certificate from HOD, Employer or self if running own hospital.
- Fellow should present an online Log Book. Total 25 cases of diagnostic upper GI/Lower GI endoscopy Done/Assisted

### **EFIAGES-NON FELLOWSHIP CATEGORY**

- Online FIAGES is also open to Non members and all surgical postgraduates and interested surgeons across the globe under the Non-Fellowship category where in they are eligible to take course and receive the Certificate of attendance.
- They could register and participate in the annual national conference as postgraduates or Non-member category

### **Logbook**

- Age/Sex/Surgery/Role/Post-op course/Complication/Remarks
- Role - Assisted/under supervision/Independent (as drop down)
- Post-op course - Uneventful / Eventful (as drop down)
- Remarks - Type the outcome of the event, if patient has been conservatively managed, Recovered, Diseased, Transferred, etc

Complications - Infection, Bleeding, Perforation, Stricture, Failure to complete, others (type if others) as drop down

Remarks - Type the outcome of the event, if patient has been conservatively managed, Recovered, Diseased, Transferred to surgical intervention, etc

### **EFIAGES MODULES**

S.NO	TOPICS
1.	Welcome address by President
2.	Scope of Online EFIAGES course- Obstacles & Solutions
3.	Endoscopy Hard ware
4.	Endoscopy room setup & check lists
5.	Endoscopy : when to do and when not to do Informed consent
6.	Endoscopy step by step
7.	Demonstration of upper GI endoscopy With simulators
8.	Endoscopic atlas of Upper GI Pathology
9.	Endoscopic recording/documentation /Reporting
10.	Energy Sources for Flexible endoscopy
11.	Role of Endoscopy in cases of dysphagia other than Malignancy
12.	Role of Endoscopy in Upper GI bleeding
13.	Role of Endoscopy in GERD and Achlasia
14.	Role of Endoscopy in FB Upper GI tract
15.	Therapeutic upper GI endoscopy and Role of Endoscopy in Upper GI malignancy
16.	Recorded Cases of Upper GI endoscopy

- 17.** Prevention and management of Complications of Upper GI Endoscopy
- 18.** Colonoscopy Hard ware Indications Preparation
- 19.** Colonoscopy step by step
- 20.** Virtual Live Demonstration of Upper GI Endoscopy And Colonoscopy
- 21.** Colonoscopic image atlas
- 22.** Image enhancement endoscopy and colonoscopy
- 23.** Recorded demonstration of colonoscopy
- 24.** Guidelines and management in Therapeutic Colonoscopy
- 25.** Role of EUS in today's diagnosis and management
- 26.** Complications due to Colonoscopy
- 27.** Advances in GI endoscopy
- 28.** Role of Endoscopy in Obesity
- 29.** ABC of ERCP
- 30.** Role of Endoscopy in the era of laparoscopy
- 31.** Recorded transmission of therapeutic endoscopic procedures