6-2019

Surgery Poster - 2019

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Recommended Citation
Fernandez, Gladys M.D.; Tashjian, David MD; Seymour, Neal MD; Theodore, Sheina MD; Grant, Heather MD; and Isotti, Joy MD, "Surgery Poster - 2019" (2019). Research and Education Posters. 16.
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Boot Camp in a Box: Initial Experience with Pre-Training Skills Preparation for New Interns

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PURPOSE

• To demonstrate the feasibility of implementation of a pre-residency skills acquisition program for new interns

METHODS

• Knot-tying and suture kits, instruments, supplies, [Figure 1 and Table 1] and instructional videos for 4-tasks were sent to newly matched interns (n = 10). Tasks consisted of:
  1. 1- and 2-handed knot tying
  2. Interrupted simple suturing
  3. Running subcuticular suturing
• Trainees practiced all tasks until self-assessed competency then submitted a video of each task 8-weeks prior to start of internship
• Assessed videos were annotated and returned to trainees
• Tasks were repeated at the start of internship and 8-weeks later (at the end of Surgical PGY1 Boot Camp)

RESULTS

• Compliance was high: 95% of requested videos submitted
• Half of trainees returned second video in response to video feedback
• There was a decrement of scores at week 1 of residency compared to week 8 pre-training
• Performance improved overall from week 8 pre-training to week 8 of training for all tasks [Table 3 and Figure 2]
• Post hoc comparisons showed most significant change was high scores achieved at week 8 of training

CONCLUSION

• The consistently lower scores on the tasks at the start of internship (during Bootcamp) may reflect the single-opportunity higher stakes testing conditions of the week 1 assessment
• Subsequent achievement of significantly higher performance may have been helped by incentivized pre-training practice
• Study of effectiveness of pre-training curriculum and of video feedback is warranted

PRESENTATIONS

• This poster was also presented at the Associate of Program Directors in Surgery conference, Chicago 2019.
Incidencia y Manajement of Jejunojejunal Intussusception after Roux-en-Y Gastric Bypass: A Large Case Series

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BACKGROUND

- Jejunojejunal intussusception is a rare, but potentially catastrophic complication of Roux-en-Y gastric bypass (RYGBP) for morbid obesity
- Reported incidence of < 1% in the literature
- Theories regarding its etiology:
  - Roux limb dysmotility
  - Mesenteric thinning after significant weight loss
  - Postoperative adhesions
  - Nodal hyperplasia
  - JJ staple line
- Surgical options include reduction alone, reduction with enteropyexy, enteropyexy alone, and anastomotic revision

HYPOTHESIS

- Increasing the length of the jejunojejunalostomy (> 60mm) results in an anastomosis that becomes patulous over time and increases the risk of post-RYGB intussusception

RESULTS

- 575 patients underwent RYGB between January 1, 2008 and June 30, 2018 (Table 1)
  - Mean age 35.4 ± 8.0, mean BMI 47.0 ± 13.3
- Table 1. Demographics and operative technique for RYGBP patients in our institution
<table>
<thead>
<tr>
<th>Operative Approach</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic</td>
<td>27 (47.1)</td>
</tr>
<tr>
<td>Open</td>
<td>3 (5.2)</td>
</tr>
<tr>
<td>Robotic</td>
<td>1 (1.7)</td>
</tr>
</tbody>
</table>
- Jejunojejunalostomy Length
  - 45mm: 6 (10.4)
  - 50mm: 8 (25.0)
  - 50 mm (45 x2): 17 (54.3)
- Roux Limb
  - Antirotic: 21 (67.7)
  - Rototic: 10 (32.3)
- 34 patients were diagnosed with post-RYGBP jejunojejunal intussusception (Table 2)
  - Mean time to intussusception 66.8 months

ADDITIONAL RESULTS

- Management of intussusception was laparoscopic in the majority of cases and most intussusceptions were retrograde (Table 3)
- Surgical management involved reduction with or without enteropyexy or jejunojejunalostomy revision (Table 3)

METHODS

- Retrospective chart review of all patients that underwent RYGBP for morbid obesity and subsequently developed jejunojejunal intussusception
  - January 1, 2008 and June 30, 2018
- Demographics, details of the index procedure (operative approach, construction of roux limb and jejunojejunalostomy), symptoms and imaging findings at the time of presentation with intussusception, management, and outcomes of operative management were collected

ADDITIONAL RESULTS

- 34 patients were diagnosed with post-RYGBP jejunojejunal intussusception (Table 2)
  - Mean time to intussusception 66.8 months

CONCLUSIONS

- Jejunojejunalostomy length greater than 45mm may be associated with the occurrence of intussusception following RYGBP
- This association may explain the increased incidence of post-RYGBP intussusception noted in our case series
- Minimally invasive treatment with laparoscopic reduction and enteropyexy may offer effective treatment for most patients