

## Bariatric Training and Education

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Obesity surgery is not only a craft but it also signifies consideration of the disease as a whole. An Operation Primer undertakes the task of communicating basic surgical techniques. Only someone who knows all the technical possibilities and procedures is in a position to react flexibly and adequately in different situations. About 50 different surgical methods have been developed in obesity surgery in the past 50 years. It is obvious from this that the optimal surgical method for the obese patient does not exist. Experience has shown that peri- and postoperative complications can be reduced with with simplified working steps. An Operation Primer is an ideal format for communicating new operative methods but it does not replace training by an experienced surgeon. A surgeon cannot rest on his laurels but must always keep up with the latest techniques. I would therefore like to take this opportunity to thank the Industry for making Mental Training, training on the computer simulator and operations in the laboratory possible. First-class surgery is possible only through careful acquisition of knowledge, regular training and quality control. Additional mental training is an effective way of optimizing the outcomes of further training for laparoscopic procedures. It is associated with fewer costs and with better outcomes in some crucial assessment scales than additional practical training.

Bariatric Surgery clinical fellowship in the USA

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Bariatric surgery has been gaining popularity worldwide. It is still not easy to master the comprehensive perioperative bariatric patient care and advanced laparoscopic skills including intracorporeal hand-sewn anastomosis.

Currently there are 62 bariatric surgery fellowship training programs in the USA according to the Fellowship Council (<http://www.fellowshipcouncil.org/>). The organization monitors individual fellowship training and regulates the matching process to ensure high volume and high quality training. ?

I completed one year clinical laparoscopic bariatric surgery fellowship, predominantly LRYGB and LAGB, with some LSG at Legacy Good Samaritan Hospital in Portland, Oregon. Subsequently I am undergoing another clinical MIS/bariatric surgery fellowship predominantly LRYGB and LSG, with some LAGB at Baylor College of Medicine in Houston, Texas. Both hospitals are accredited as Bariatric Surgery Center of Excellence by Surgical Review Corporation.

I would like to share my experience with 7 bariatric surgeons and discuss the way to organize a bariatric training program.

## Bariatric Fellowship in Australia

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General Surgical Training in Australia requires a six year undergraduate or 4 year post graduate medical degree and two years of post graduate experience before commencement. General surgical training is undertaken over a minimum of 5 years and requires successful completion of a two part clinical examination. Further post fellowship training is at the discretion of the individual surgeon though non compulsory two year programs in upper gastrointestinal, colorectal and hepatobiliary surgery have been established. There is no centrally administered training program in bariatric surgery though a number of individual institutions offer one year fellowship programmes.

The authors experience is of a one year programme undertaken at St George Private Hospital in Sydney in Upper Gastrointestinal and Bariatric Surgery. During the fellowship there were 275 bariatric operations including 52 laparoscopic adjustable bands, 158 laparoscopic sleeve gastrectomies, 29 laparoscopic gastric bypasses and 61 revisional operations. There were 433 non bariatric operations. International candidates from Singapore, New Zealand and the United Kingdom have previously completed the programme. Future international candidates are welcome to apply for the St George Fellowship program and other bariatric training programmes throughout Australia.

## Bariatric Fellowship Training in a Center of Excellence, Taiwan Experience

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**Background:** Bariatric surgery has gained more popularity in Asia-Pacific area. But, the multiple co-morbidities of morbid obesity and steep learning curve make comprehensive training program to be looked-for in recent years. Hereby, we present the fellowship training program in a unique International Bariatric Surgery Center of Excellence (BSCOE) in Taiwan.

**Methods:** From July 2009 to July 2010, fellowship training process, learning curve, patients demographic data, operation time and surgical complications were all collected from different stages of the learning. According to the bariatric training protocol of the institution, data was analyzed and compared.

**Results:** In this one-year period, totally 346 laparoscopic bariatric operations were performed in the BMI Surgery Center, E-Da Hospital. As a primary surgeon, the fellowship performed 169 bariatric cases independently after 43 assistance. Different type of bariatric surgeries were performed, as gastric banding with or without gastric plication, sleeve gastrectomy and Roux-en-Y gastric bypass. There were only 5 surgical complications (3.55%). There was no mortality. In this journey, we reviewed different stages of the fellowship training, as being from a mere assistant, progressed to primary surgeon, and then supervisor.

**Conclusion:** Low complication rates came from excellent supervised bariatric training program and we proposed a bariatric surgery training guideline in Asia-pacific area.