

# European Standards in Coloproctology Project

## Colorectal Surgery Trainee Operative Experience

To achieve accreditation in Coloproctology, trainees will have to demonstrate adequate operative experience across a broad range of colorectal surgery, accrued during the whole of their surgical training. It is expected that much of this experience will be gained during the latter stages of training.

This list of minimum operative experience was drawn by a group of colorectal surgeons representing the United Kingdom, Sweden and Germany. Whilst it is accepted that there is no evidence base on which to support a minimum operative experience necessary to achieve an acceptable level of competence to undertake independent practice, common sense dictates that sufficient practical experience is required to be competent in a surgical speciality.

Other factors which have been considered when arriving at the minimum requirement include the variability in type of surgery performed in different units and different countries, differing emphasis from unit to unit between benign and malignant disease and a desire to produce numbers that are similar to those required for completion of specialist training in North America and Australasia.

Four groups of procedures are recognised, subdivided into a total of thirteen operative categories. Certain operations are regarded as index procedures, which define a specialist colorectal surgeon and the minimum number should be achieved for each of these procedures.

**Proctology:** Trainees will have performed a minimum of 100 proctological cases, 1/3 of which will have been under direct supervision of a trainer. Minimum numbers should be achieved in 5 out of the 6 sections. Anal fistula is regarded as an index procedure and minimum number of 30 procedures must be achieved.

**Colonoscopy:** In some European countries, colonoscopy is not performed by colorectal surgeons and the requirement for training in colonoscopy does not apply. In countries where colonoscopy is performed by colorectal surgeons, a minimum number of cases is defined, including the number to be performed under supervision.

**Colorectal resection:** Trainees will have performed a minimum of 130 colorectal resections, either open or laparoscopic. Minimum numbers should be achieved in 4 out of the 5 sections. Anterior resection of the rectum is regarded as an index procedure and a minimum number of 30 operations must be achieved.

**Stoma Formation:** Formation of a stoma is regarded as an index case and trainees should have created a minimum number of 20 stomas.

Trainees will be required to produce documentary proof of achievement of these minimum by way of a summary of their log book, verified by their trainers.

Table I – Operative Procedures

Section	Category of Procedures	Minimum Total Number <sup>1</sup>	Minimum Trainer Supervised <sup>2</sup>
<b>Proctology</b>			
1	Procedures for Haemorrhoids	30	5
2	<b>Anal Fistula</b>	30	10
3	Other proctological operations including abscess	20	5
4	Transanal procedures	10	5
5	Surgical procedures for incontinence	5	5
6	Prolapse procedures	5	3
<b>Endoscopy</b>			
7	Colonoscopy / flexible sigmoidoscopy	150	-- <sup>3</sup>
<b>Colorectal resection</b>			
8	Segmental colonic or ileo-colic resection <sup>4</sup>	40	20
9	<b>Anterior resection (with anastomosis)<sup>4</sup></b>	30	15
10	Perineal rectal resection	5	5
11	Total colectomy <sup>4</sup>	10	5
12	Rectal resection with colo-anal /ileoanal anastomosis <sup>4</sup>	25	5
<b>Stoma Formation</b>			
13	<b>Stoma procedure<sup>4</sup></b>	20	10

<sup>1</sup> Minimum total of procedures performed where the trainee was performing the operation as operating surgeon, with or without a trainer directly supervising the procedure. This number includes the minimum number supervised by a trainer.

<sup>2</sup> Minimum number of procedures performed by the trainee as the operating surgeon and directly supervised (taught) by a trainer scrubbed in for the procedure.

<sup>3</sup> Training supervision and requirements to be determined by individual Countries' endoscopic training requirements.

<sup>4</sup> Open or laparoscopic technique

## *Operative Procedure Categories*

### **1 Procedures for Haemorrhoids**

- Excisional haemorrhoidectomy, open or closed and variants (Ligasure® etc)
- Stapled haemorrhoidopexy (PPH)

### **2 Anal Fistula**

- Anal fistulotomy or fistulectomy
- Seton treatment of fistula
- Endorectal / endoanal flap repair of fistula
- Repair of recto-vaginal fistula (other than flap repair)

### **3 Other proctological procedures including drainage of abscess**

- Incision and drainage of abscess
- Lateral internal sphincterotomy
- Injection of botulinum toxin to anal sphincter
- Excision perianal lesion (skin tag, haematoma, viral warts etc)
- Excision / lay open /flap repair Pilonidal sinus disease
- Excision /exteriorisation hidradenitis suppurativa

### **4 Transanal procedures**

- Transanal excision of tumour
- Transanal endoscopic microsurgery (TEM)
- Anoplasty for stricture or ectropion
- Transanal repair of rectocoel
- Stapled Transanal Rectal Resection (STARR, TransSTARR)

### **5 Surgical procedures for incontinence**

- Sphincter repair
- Graciloplasty
- Sacral nerve stimulation insertion
- Artificial bowel sphincter

### **6 Prolapse procedures**

- Perineal repair of rectal prolapse (Delorme, Altemeier)
- Transabdominal resection or fixation of rectal prolapse, including laparoscopic procedures

### **7 Colonoscopy / flexible sigmoidoscopy**

- Diagnostic colonoscopy
- Colonoscopy and polypectomy
- Colonoscopic decompression of volvulus or pseudobstruction
- Colonoscopic dilatation and/or metal stent insertion
- Colonoscopic endomucosal resection of tumour

### **8 Segmental colonic or ileo-colic resection**

- Partial resection of colon for neoplasm / diverticular disease / Inflammatory bowel disease
  - Ileocolic resection
  - Right hemi colectomy
  - Transverse colectomy
  - Splenic flexure resection
  - Left hemi colectomy
  - Sigmoid colectomy
  - Hartmann's resection

### **9 Anterior resection**

- Anterior resection of rectum for benign and neoplastic disease. Hand sewn or stapled anastomosis (excluding colo-anal anastomosis)
- Rectal resection as part of abdomino-perineal resection of rectum

### **10 Perineal rectal resection**

- Perineal resection as part of abdomino perineal resection
- Perineal resection as part of proctectomy for inflammatory bowel disease

### **11 Total colectomy**

- Total colectomy of whole of abdominal colon, with or without anastomosis
- Excludes colectomy as part of ileo-anal pouch procedure (section 12)

### **12 Rectal resection with colo-anal /ileoanal anastomosis**

- Low anterior resection with colo-anal anastomosis
- Hand sewn to anal canal +/- colonic pouch
- Stapled to anal canal +/- colonic pouch
- Rectal resection +/- total colectomy with ileo pouch-anal anastomosis

### **13 Stoma formation**

- Creation, revision or closure of colostomy
- Creation, revision or closure of ileostomy