FALS Guidelines

(Fellowship of Advanced Laparoscopic Surgery)

About FALS Fellowship Course

This course is to train senior or advanced laparoscopic surgeons and to keep the members abreast with recent advancements in advanced laparoscopic procedures. FALS courses are organized in various sub- specialties such as hernia, bariatric surgery, upper gastrointestinal surgery, colorectal surgery and oncology, HPB and robotic surgery.

A. FELLOWSHIP CATEGORY

Eligibility Criteria:

- IAGES MEMBERSHIP IS MUST.

  Those who are not members may apply for membership online. See the website www.iages.infor more details
- 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.

- FALS courses can be taken under following subspecialty
  - Upper GI
  - Colo-rectal
  - Oncology
  - Hernia
  - Bariatric surgery
  - Robotic Surgery
  - HPB

1. **Non-Examination category**

- Surgeons who have been doing laparoscopic surgery in the chosen field for 10 or more years are eligible for Non-Examination Category.
- Candidates should have performed more than 100 laparoscopic surgeries in the chosen subspecialty and need to submit a logbook to substantiate the claim.
- All the candidates will be interviewed by the IAGES board for final assessment before the award of fellowship

2. **Examination Category**

- All surgeons with a minimum of five years experience in the chosen specialty of laparoscopic surgery.
  (Includes experience in laparoscopy as a postgraduate surgical resident).
- The applicant should have performed over 25 laparoscopic procedures in the chosen specialty either jointly or independently.
- All the candidates would appear for MCQ assessment and Viva by the IAGES FALS board for final assessment during the forthcoming annual national conference before awarding the fellowship

B. **<u>Non-Fellowship Category</u>**

- FALS course is also open to Non-members and all surgical postgraduates and interested surgeons across the globe, under the non-Fellowship category wherein they are eligible to take this course and receive the Certificate of completion of FALS course.
- 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)
- Complications - Infection, Bleeding, Leak, Stricture, Obstruction, Others (type if others) as drop down
- Remarks - Type the outcome of the event, if patient has been conservatively managed, Recovered, Diseased, Transferred, etc

FALS UPPER GI FELLOWSHIP COURSE MODULES

Module No.	Module Topic
1	The Surgical anatomy of GE Junction & Esophagus - An MIS Perspective
2	The Functional assessment of the esophagus
3	Antireflux Surgery for GERD
4	Surgical Management of Achalasia Cardia
5	MIS for Paraesophageal Hernia
6	Revision Surgery following Hellers Myotomy
7	Approach to Boerhaave Syndrome
8	MIS for Benign Tracheooesophageal fistula &Esophageal Diverticula
9	Role of Endoscopy and Endotherapy for Benign EsophagealDissorders - Achalasia & GERD
10	MIS for Benign Esophageal Tumour
11	Perioperative Complications and Management During Functional esophageal Surgery
12	Current Status on role of revision Surgery Following Fundoplication
13	Transthoracic Esophagectomy: Step by Step
14	Robotic Esophagectomy: How do I Perform?
15	The Role of Transhiatal Esophagectomy in 2020
16	Enteral Feeding PEG, MIS Options
17	Stents in Foregut Disorders
18	Perioperative Complications and Management during Malignant Oesophageal Surgery
19	Endo Laparoscopic Resections – GIST
20	Surgery for Peptic Ulcer Disease (Truncal Vagotomy +GJ, HSV)
21	MIS For Benign Perforations in Stomach and Duodenum
22	Gastric Volvulus
23	MIS Total D2 Gastrectomy
24	Robotic D2 Gastrectomy
25	Complications following Gastric Surgeries
26	Diaphragmatic Hernia
27	MIS for Duodenal NET +. MIS for Duodenal cancer
28	Panel Discussion on video demonstrations of Bariatric surgery
29	Panel Discussion on complications of Bariatric surgery
30	Current management of Portal Hypertension

FALS COLO RECTAL FELLOWSHIP COURSE MODULES

Module No.	Module Topic
1	Colorectal Anatomy
2	Role of Colonoscopy for Surgeons
3	Enhanced Recovery After Surgery (ERAS) in Colorectal Surgery
4	Pathology Specimen and Role of Pathologist in Colorectal Cancer and its Impact on Outcome
5	Bowel preparation for colorectal surgery and antibiotic prophylaxis- Review of literature
6	Evidence based management of Haemorrhoids and Evaluation of ODS
7	VAAFT
8	Laparoscopic management of complete rectal prolapse
9	Surgical management of Diverticulitis
10	Acute Left sided colonic obstruction : Management options
11	Newer Diagnostic and Therapeutic Approaches for Abdominal Tuberculosis
12	Prevention and Management of para-stomal hernias
13	Laparoscopic right hemicolectomy technique
14	Conventional Versus Minimally Invasive Hartmann Takedown: A Meta-analysis of the Literature.
15	Role of ICG in assessing LN, Mets and to assess bowel perfusion / anastomosis
16	Laparoscopic left hemicolectomy techniques- one step at a time – IMV, Splenic flexure and IMA
17	Lap AR: The Learning Curve!
18	Laparoscopic Abdominoperineal Resection
19	Laparoscopic colorectal anastomotic options - Intracorporeal / Extracorporeal / Hand sewn / Side to side/ End to side stapling technique and extraction.?
20	Transanal Minimally Invasive Surgery (TAMIS).
21	Robotics in Colorectal Surgery.
22	How to make an ideal stoma and management of stoma
23	Colonic polyposis syndrome - screening and surgical management
24	Functional outcomes of sphincter preserving surgeries
25	Open, Lap, Robotic for Rectal Cancer - Does approach matter?
26	Imaging in colorectal disease : Anatomy , MRI Assessment for Rectal Cancer - Pre / post NACRT treatment.

27	Colonic Perforation and Anastomotic Leak
28	Surgery for ulcerative colitis: Who and when to take the call?How I do it ? Video: Laparoscopic restorative proctocolectomy with IPAA.
29	Short vs Long Course RT- Is there still a debate?
30	Surgeons role in Metastatic Colorectal Cancer&Different options in the treatment of Liver Metastases

FALS ONCOLOGY FELLOWSHIP COURSE MODULES

Module No	Topic
1	Applied anatomy for thoracic and Lap upper GI Surgery
2	CASE SELECTION : WHO IS THE OPERABLE PATIENT
3	OT set up anesthesia & port position in Thoracoscopic oesophagectomy
4	TRANSTHORACIAC ESOPHAGECTOMY - MASTER VIDEO
5	OTHER APPROACHES : TRANSHIATAL THREE FIELD AND IVOR LEWIS
6	COMPLICATIONS of esophagectomy and gastrectomy> Prevention &Management
7	Ca Stomach: CASE SELECTION : WHO IS THE OPERABLE PATIENT
8	Laparoscopic D2 gastrectomy – master video
9	Pallitative procedures in cancer stomach
10	COLORECTAL ANATOMY FOR THE LAPAROSCOPIC SURGEON
11	EVALUATION & CASE SELECTION OF THE PATIENT FOR LAP CRC SURGERY
12	Laparoscopic Rt hemicolectomy with CME and CVL : master video
13	Lap APR
14	Laparoscopic anterior resection : master video
15	Transverse colon malignancy – the right surgical approach
16	Special situations - Colorectal oncology
17	Complications of colorectal onco surgery
18	Is the time ripe for MAS LIVER SURGERY?
19	Lap radical cholecystectomy with clearance -
20	MAS IN CANCER PANCREAS- CURRENT CONTROVERSIES
21	LAPAROSCOPIC DISTAL PANCREATECTOMY – MASTERVIDEO combine with spleen preserving
22	LAPAROSCOPIC WHIPPLE SURGERY – MASTERVIDEO
23	ROBOTIC SURGERY FOR UPPER GI CANCERS
24	ROBOTIC ISR
25	TAMIS AND TaTME TIME TO TAKE NOTES AGAIN?

26	NEOADJUVANT THERAPY – BOON OR BANE FOR THE SURGEON?
27	NACT IN HPB –
28	HIPEC IN GI ONCO
29	ENDOSCOPY IN GI ONCO MORE THAN JUST DIAGNOSIS! (ESR EMR STENT)
30	Interesting case capsules in oncology

FALS HERNIA FELLOWSHIP COURSE MODULES

Module No	Topic
INGUINAL HERNIA & DIAPHRAGMATIC HERNIA	
1	History & Evolution of Laparoscopic Hernia Surgery
2	Endoscopic Anatomy of Inguinal Region
3	Mesh/Fixators/Sutures & Sealants for Hernia Repair
4	Laparoscopic Inguinal Hernia Repair- What does the evidence say?
5	Role of Robotics in Hernia Surgery
6	Difficult Groin Hernias- Giant, Recurrent, Incarcerated
7	Complications of Lap Inguinal Hernia Surgery (Except Recurrence)
8	Chronic Groin Pain – Is It A Myth or Reality? How to Tackle?
9	Recurrence After Lap Inguinal Hernia- Factors & Solutions
10	Laparoscopic Management of diaphragmatic – Hernias
11	Laparoscopic Management of Hiatal Hernia
12	Laparoscopy in Emergency Hernia Surgery
13	TAPP- Elucidating the techniques & Key to Success
14	TEP- Elucidating the techniques & Key to Success
15	eTEP for Groin hernia
VENTRAL INCISIONAL HERNIA	
16	Surgical Anatomy of Abdominal wall
17	Abdominal Incision Closure and preventing hernias
18	Well prepared is half done- Imaging in Hernias
19	Pneumoperitoneum, Botox
20	Complications of Laparoscopic Ventral Hernia Repair
21	e-TEP- RS + TAR
22	TARM
23	SCOM, SCOLA, eMILOS
24	Suprapubic, Epigastric & Sub Costal Hernia Repairs – Problems & solutions
25	Parastomal Hernia Repair - Tips & Tricks

26	Lumbar Hernias and denervation bulges
27	Ventral Hernia Algorithm – Which Procedureis the best in this Patient?
28	Hernia repair in the morbidly obese
29	Complex Hernias - Complex Solutions?
30	Lap. Ventral Hernia Repair (IPOM, IPOM Plus)
31	Anterior Component Separation – Open & Laparoscopic
32	Posterior Component Separation. Tips & Tricks

FALS BARIATRIC SURGERY FELLOWSHIP COURSE MODULES

Module No	Topic
1	History & evolution of bariatric surgery
2	Setting up of bariatric programme
3	Bariatric Guidelines - Why they are different for India?
4	How to prepare the patient for bariatric surgery
5	Anaesthesia for bariatric surgery - "What is special"
6	Mechanism(s) of Bariatric surgeries & Outcomes
7	Evidence Based Procedure Selection - Does an algorithm exists?
8	Sleeve Gastrectomy - Step by Step "What is going to make it work"
9	Interesting complications other than leaks in Sleeve & their management-Video based
10	RyGB - Step by Step of various techniques
11	Complications of RyGB& their management
12	OAGB - step by step & technical variations
13	OAGB Complications & their management
14	Other Bariatric (non endoscopic) surgeries
15	Endoscopic weight loss options
16	Weight regain after bariatric surgery - now what?
17	Why band a bariatric procedure
18	Single port/Robotic bariatric surgery - "Where do we stand"
19	Follow up protocol and nutritional supplementation
20	Obesity surgery in adolescent & elderly - expectation, safety & outcomes
21	VTE risk mitigation - assessment & steps
22	Enhanced recovery after bariatric surgery
23	Management of ventral hernias in morbidly obese patients
24	Prediction of Diabetes Remission -"Role of scoring system"
25	Importance and ways of follow up -"Is it over rated"

26	Uncommon Complications encountered in bariatric surgery
27	Safety in bariatric surgery
28	Hiatus Hernia and Sleeve
29	Staple line- Reinforcement in Sleeve gastrectomy- options & current status
30	Conversion of sleeve to “What, When & How"
31	Sleeve leaks and its Management

Assessment of FALS fellowship candidates/Exam category

The candidate is expected to know all important facts in Chosen subspecialty in laparoscopic surgery.

- Written Paper Timings: 60 minutes
- Maximum number of marks: 100
- The written paper should have 100 MCQ questions (single best response type).

- Practical Examination:

  Interview/assessment for approximately 10 minutes on each candidate. The candidates are divided in to batches and are interviewed by the two or more senior most faculty members of IAGES depending upon the number of candidates. Maximum of 50 marks are allotted for the interview.

- Outcome of written and practical assessment will be prepared by the organizing team and to be signed and to be sent to the President with a copy to Hon Secretary Office and FALS board and results will be published in the IAGES website.
- Successful candidates would be expected to attend the subsequent annual conference and convocation to receive the fellowship certificate. The Fellowship certificate would be posted to the candidate if he /she fails to attend two consecutive annual congress/convocation.

Guidelines about conduct of FALS and selection of faculty:

- Topics for lectures have already been finalized and by and large were similar in all the fellowship course held in the past and alteration may be done in forthcoming courses according to the newer developments.
- The local organizing chairman may bring the changes after discussing with the president, chairman fellowship board and the secretary. The faculty is selected on the basis of their experience and field of interest. Speakers to be selected amongst present and past executive members and other eminent IAGES members
- The services of executive committee members both present and past, eminent and senior members can be utilized throughout the fellowship course. They are involved as the speakers, as chairpersons, as faculty in meet the professor session, for performing surgery in work shop, for interviewing the candidates, and for checking the answer sheet.
    - Duration of lectures 20minutes.
    - Discussion time 5 minutes
- The speakers are given liberty to prepare the lecture in their own way to cover all the important aspect related to the topic in allotted time. The text should be evidence based, authentic and well documented and should help in enhancement of basic understanding of subject. It is to be delivered expressively with support of excellent slides and video. Since the large number of delegates are new in the field of laparoscopic surgery, the

importance to be safe and to prevent complications should be highlighted whenever required.

- Speakers and chairpersons have to stick to the timeline. Only one liner introduction of speakers and chair persons will save time for the lecture.
- Chairpersons have to ensure that there is no encroachment on other speaker or discussion time and they have to facilitate interaction between speaker and audience and which should be to the point.
- All speakers and topic of their lecture should be finalized at least 1 to 2 months in advance by the local organizing committee in consultation and knowledge of the president, chairman-fellow ship board or any consigned officer. Alternative replacement has to be made for any last-minute withdrawal due to unavoidable circumstances.
- The Feedback assessment form is given to all the delegates for their comments and suggestions.
- Presentation of mementos to be avoided on the stage since lots of time is wasted and time scheduled is disturbed and delayed. It is preferable to place it in the registration bag.