

Grant	EAES Fellowship programme
Fellow	M. Habibi from Turkey
Host institution	Ponderas Academic Hospital, Bucharest, Romania
Director	Prof. Catalin Copaescu
Daily routines Surgical/clinical/research activities	<p>Routinely, I meet the team in the OR. I get information about specific patients and about the patients who underwent surgery the day before. Operations starts about at 9:00am. and finishes around 4 pm. General surgery activity usually consist in three theatre-lists with two or three cases each, every day from Monday to Friday. Depends on the case, I observe or join as a first or second assistant in the most interested theatre for me.</p> <p>On Fridays, I participate in the informative meetings prepared for preoperative obese patients or accompany outpatient follow-up of preoperative or postoperative patients.</p> <p>After surgeries or between surgeries we discuss about our research projects.</p>
Experience	<ul style="list-style-type: none"> -I have learned a lot of tips and tricks that will improve my own practice regarding many surgical procedures. -I have gained different perspectives on the issue of obesity surgery based on our debates with my colleagues. -To have scrubbing privileges is important, it is a good experience to be a part of surgical team. - I had the opportunity to participate in the audit meeting of the center of excellence of obesity surgery conducted by Neil E. Huther,MD, FACS. It was a valuable experince to observe their efforts to keep their excellence.
Tasks	I have joined three research projects.
Involvement	I have involved many surgeries as a first or second assistant. In addition, I have involved hernia clinical immersion and basic laparoscopy course.
Overall number & types of surgical procedures attended	
Number of surgeries performed by the fellow	None
Number of surgeries attended as the first assistant	20

Number of surgeries attended as the second/third assistant	40																											
Number of surgeries attended as observer only (not scrubbed)	22																											
Specify approximately the number & types of procedures attended	<table border="0"> <tr> <td>Laparoscopic sleeve gastrectomy ± hiatal hernia repair</td> <td style="text-align: right;">30</td> </tr> <tr> <td>Revisional surgery (ReSleeve- Plication to Sleeve- Band to Sleeve)</td> <td style="text-align: right;">7</td> </tr> <tr> <td>Laparoscopic gastric bypass</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Laparoscopic cholecystectomy</td> <td style="text-align: right;">10</td> </tr> <tr> <td>Laparoscopic gastric plication</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Laparoscopic jejunostomy</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Intragastric balloon procedure</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Laparoscopic/ Robotic colonic resection</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Laparoscopic heller myotomy</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Laparoscopic hysterectomy</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Laparoscopic/ Robotic hiatal hernia repair (Toupet)</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Laparoscopic TAPP- TEPP</td> <td style="text-align: right;">6</td> </tr> <tr> <td>Laparoscopic incisional hernia repair</td> <td style="text-align: right;">4</td> </tr> </table>		Laparoscopic sleeve gastrectomy ± hiatal hernia repair	30	Revisional surgery (ReSleeve- Plication to Sleeve- Band to Sleeve)	7	Laparoscopic gastric bypass	2	Laparoscopic cholecystectomy	10	Laparoscopic gastric plication	3	Laparoscopic jejunostomy	1	Intragastric balloon procedure	4	Laparoscopic/ Robotic colonic resection	4	Laparoscopic heller myotomy	3	Laparoscopic hysterectomy	4	Laparoscopic/ Robotic hiatal hernia repair (Toupet)	4	Laparoscopic TAPP- TEPP	6	Laparoscopic incisional hernia repair	4
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Conclusion	<p>I define my experience in Ponderas under supervision of Prof. Copaescu as witnessing the excellence in bariatric surgery and minimally invasive surgery. Ponderas Hospital is approved center of excellence both in bariatric surgery, colorectal surgery and hernia surgery. During my fellowship period I notice that it is not only a certificate but also a culture to catch the perfection. I admire the efforts of the team always striving to do better not allowing a single mistake to be happen.</p> <p>During my fellowship period, in many areas of surgery, my thoughts have changed, my vision was improved and it will directly affect my daily practice. Here are the some examples I would like to share.</p> <table border="1" data-bbox="475 1984 1409 2128"> <thead> <tr> <th data-bbox="475 1984 943 2024">BEFORE</th> <th data-bbox="943 1984 1409 2024">AFTER</th> </tr> </thead> <tbody> <tr> <td data-bbox="475 2024 943 2128"><i>In the field of general surgery,</i></td> <td data-bbox="943 2024 1409 2128"><i>I have observed that robotic surgery is a unique technology which is a</i></td> </tr> </tbody> </table>		BEFORE	AFTER	<i>In the field of general surgery,</i>	<i>I have observed that robotic surgery is a unique technology which is a</i>																						
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<p><i>I thought that robotic surgery was not necessary for surgeons with sufficient experience and enough skills in laparoscopic surgery.</i></p>	<p><i> blessing for surgeons especially in difficult cases like advanced rectal cancer, retroperitoneal resections, and TAR surgeries. Robots should be a part of an operation theater and could be implemented any time.</i></p>
<p><i>I thought that over sewing the sleeve line is unnecessary</i></p>	<p><i>It is the only way to reduce the bleeding complication to 0%. It may also have long term effect on weight loss by preserving the staple line integrity.</i></p>
<p><i>I had no idea about the frequency and severity of thoracic migration complication following sleeve gastrectomy.</i></p>	<p><i>It is an important and underreported complication. We need further studies about this entity. We should determine the most appropriate method to prevent it.</i></p>
<p><i>I had limited information about the role of fluorescence imaging in surgery.</i></p>	<p><i>I have observed the variable use of Fluorescence imaging in many areas of general surgery (controlling the blood supply of anastomosis, sentinel lymph node mapping, evaluating the biliary system) As its simple, safe and useful it will be a standard in many procedures in near future.</i></p>
<p><i>I had no experience on laparoscopic lysis of difficult adhesions.</i></p>	<p><i>I have experienced that even most difficult adhesions can be managed laparoscopically with appropriate technique and patience</i></p>
<p><i>We should do the best in our practice.</i></p>	<p><i>Also the best have the better. So we should always try to do more than that we are doing to keep the perfection.</i></p>

Additionally, at the same facility, there is a Surgical Training Institute, powered by Ponderas Academic Hospital, organising educational activities, courses, symposiums and clinical immersions. During my fellowship period, I got

chance to join hernia clinical immersion and basic laparoscopy course in which I learnt many tips and tricks.

Finally, It was an honor for me to be a part of Ponderas Surgery team. I would like to thank Prof. Catalin Copaescu for his mentorship.

He is not only a perfect surgeon, but also a great mentor, manager, role model and pioneer. After I learnt what he has done for the improvement of Romanian surgery, and have the opportunity to work with him in the outstanding hospital that he managed, I would say he is going to be immortal in the surgical history of Romania. I believe that what Georghe Hagi means for football for Romania, Prof. Copaescu is more than that for surgery.

I would also like to thank all staff for their warm hospitality.

Working with Catalin Copaescu and with his team was truly a unique and inspirational opportunity that has been a milestone in my life and provided me with great motivation to advance in my surgical career.

I would like to thank all EAES society and Educational Committee again for this educational opportunity.