**Abdominal Surgery Rotation (ASR)**

Welcome again to your Abdominal Surgery Rotation. The following is a Q&A about the rotation and its goals.

**Why do we need subspecialty rotations in the Main Operating Room (MOR)?**

In the last few years a majority of the residents seemed dissatisfied with their time in the MOR. Residents perceived the work in the MOR to be lacking in educational opportunities and were not happy with the structure of teaching or faculty interactions. In order to improve the experience of the residents during their time in the MOR, faculty members interested in educational aspects of residency created different rotations for the MOR. Despite the fact that the major source of dissatisfaction is the longer work hours in the MOR, we hope that this effort might make the MOR experience more pleasant.

**Why do we need an Abdominal Surgery Rotation (ASR)?**

There is a vast spectrum of abdominal cases in our hospital, covering simple rectal procedures under sedation to more complex procedures such as Whipple and liver resection. Yes, liver and spleen are also abdominal organs!

Our impression was that abdominal cases did not receive the attention they deserved by the residents. The advent of the laparoscopic surgery also changed the nature of the procedures, making it even more difficult to understand the anatomy and the surgical techniques. Pneumoperitoneum and steep Trendelenburg or reverse Trendelenburg added more challenges to the anesthetic management. Nevertheless, abdominal cases are still underestimated by many residents. Many do not realize that a large portion of their future cases in private practice will be comprised of abdominal procedures. A good understanding of the surgical techniques, anesthetic challenges, fluid and pain management, transfusion strategies etc. is very important for the daily work of an anesthesiologist. Abdominal cases have much more to offer than one might think.

**What are the goals of the ASR?**

ASR is created by Vivianne Tawfik, Natalya Hasan, Jennifer Basarab-Tung, Vanessa Moll, and Alimorad Djalali.

The goal of ASR is to create an in-depth understanding of abdominal cases. The syllabus was created with the kind help of the residents above because only residents know what the target audience needs to know.

At Stanford, we are fortunate to have a highly skilled group of surgeons from whom we can learn a lot. Our goal was to include their feedback, and facts from the surgical literature in our syllabus to go beyond the boundaries marked by the “Blue Drape”. This goal turned out to be daunting. We included the surgeons as much as possible. Some of them gave us valuable feedback; however surgical interest in the other side of the drape was not overwhelming. Anesthesiologists and surgeons still work in the same room but in different “realities!”

The ASR rotation is a work in progress and needs your feedback in order to grow.

**Why should I spend time reading the ASR syllabus?**

We have innumerous books and articles available. Why should we add another syllabus to the collection?

With this syllabus we tried to collect relevant information for your cases as they are performed in our hospital and by our surgeons. We tried to collect the best available evidence for different procedures despite the paucity of relevant evidence-based literature. We think this syllabus will help you better understand why and how we do certain things at Stanford.

**What are the ACGME Goals and Objectives?**

We assume that you already have read about those goals and objectives in extenso. Please follow the guidelines.

Just another reminder of ACGME Goals here:

* 1-Patient Care.
* 2-Medical Knowledge.
* 3-Practice-Based Learning and Improvement.
* 4-Interpersonal and Communication Skills.
* 5-System-Based Practice.
* 6-Professionalism.

Whereas many goals and objectives are merely word games, our additional objectives are as follow:

* Having an in-depth understanding of the procedures. What are the procedure-related risks for the specific patient with regard to patient’s own risk factors which are a given, and difficult to modify.
* Developing proficiency in discussing the case with the attending the night before.
* How to convey the risks to patients and their families. Preparing patients for the time after the procedure. What should they expect?
* Improving communication skills when interacting with patients and the members of the operating team.
* How to foresee problems and allocate resources.
* Adequate set up of the room without being under-prepared or wasteful.
* Understanding the concept of fluid management for abdominal cases.
* Understanding transfusion strategies.
* Performing anesthesia with regard to postoperative pain problems, and developing strategies to deal with patients with chronic pain.
* Understanding regional anesthesia in the context of abdominal surgery. What is desirable? What is doable? How do we do it? How does pain management affect outcome?
* Developing skills to manage conflicts, and becoming familiar with de-escalation strategies in the operating room.
* Having enough knowledge about the planned procedure to initiate a discussion with surgeons when anesthesia and surgical goals divert.

**What administrative problems should you anticipate?**

MOR is a busy place. Occasionally you may be scheduled to do unrelated cases. Scheduling the MOR is a difficult task. Due to the large number of the cases and the low number of residents available, it is hard to schedule the residents according to the rotation they are on. Please do not be frustrated. You can read your assigned sections and talk with non-ASR attendings about the way they manage cases. You will be surprised how different their approaches may be regarding the concepts we discuss here. Try to analyze and compare their approach to that presented in the syllabus. Keep what you liked and disregard what did not make sense to you. That is the best way of learning.

Be aware that some strategies will only make sense in a later stage of your residency, when you are more advanced and seasoned.

**What are our expectations from you?**

We would appreciate your active participation during your rotation. Nothing is more frustrating than a one-way conversation! We want you to be critical and constructive. Please do not take on conflicts by yourself. Always notify your attending when you encounter problems with patients or with surgeons or any other member of the OR team.

Please be kind to your patients and talk to your attending before approaching a patient if you anticipate major conflicts.

**Are we receptive to feedback?**

We encourage your feedback. This rotation is made for you and we appreciate any feedback. Like any other endeavor concepts will mature overtime. Many aspects that we found useful may not seem beneficial to you. Voice your opinion and we will try to accommodate your concerns.

Please give us your feedback via the following email address:

absurg@yahoo.com

I am (A. Djalali) the only person with access to the account. All emails are handled confidential, and I will not discuss your problems with others.

We hope you will enjoy the rotation.