

November 15, 2016 AHD Objectives

Dysphagia Evaluation

1. Describe oropharyngeal dysphagia and esophageal dysphagia and know the appropriate initial diagnostic evaluation for each of these conditions. Describe the pertinent history findings seen in patients with mechanical obstruction of the esophagus versus a motility problem.
2. Understand the appropriate evaluation of chest pain of presumed esophageal origin.
3. Understand the appropriate differential diagnosis and evaluation of odynophagia.
4. Define achalasia and describe its clinical syndrome. Describe the appropriate diagnostic work up for achalasia and know some of the therapies available.
5. Describe the clinical syndrome of eosinophilic esophagitis and its risk factors and treatment.
6. Describe the appropriate evaluation of patients with GERD symptoms and the indications for antireflux surgery, endoscopic evaluation, and pH impedance testing.
7. Understand the indications for screening for Barrett's esophagus and its treatment options.

Acute Pancreatitis

1. Know the diagnostic criteria for acute pancreatitis and the upper limit of normal for lipase and amylase in the BUMC-P and the VA laboratories.
2. Define mild, moderate, and severe acute pancreatitis. Know the percentage of patients with acute pancreatitis that develop necrosis of the pancreas or extrapancreatic tissue and the best diagnostic imaging test to identify pancreatic necrosis.
3. Know the significance of high alanine aminotransferase (ALT) levels >150 units/L in the diagnosis of gallstone pancreatitis and the diagnostic imaging tests of choice to find cholelithiasis and choledocholithiasis.
4. Know the serum laboratory finding that predicts the development of pancreatic necrosis within 48 hours of admission and the serum laboratory finding that is a strong predictor of death due to pancreatitis.
5. Describe the importance of fluid resuscitation in the first 12-24 hours after admission. Describe the indication for urgent endoscopic retrograde cholangiopancreatography (ERCP) and its potential risks. Describe the reasons why enteral feeding for nutritional support is preferred over parenteral feeding.
6. Describe the time frame at which patients with necrotizing pancreatitis are most at risk of the necrosis becoming infected and describe the indication for antibiotic therapy.
7. Describe the appropriate management for infected necrosis and specifically the recommendations for the timing of percutaneous drainage vs. endoscopic drainage vs. open surgical necrosectomy.

Bariatric Surgery

1. Know the indications for the patient that should be considered for bariatric surgery.
2. Describe each of the procedures for obesity management: 1) sleeve gastrectomy, 2) Roux-en-Y gastric bypass, and 3) Adjustable gastric band.
3. Understand the early and late complications of weight loss surgery. Specifically describe the risks of marginal ulceration and dumping syndrome.