2022
ACG / LGS REGIONAL
POSTGRADUATE COURSE
MARCH 18-20, 2022 | In-Person
HILTON NEW ORLEANS RIVERSIDE | NEW ORLEANS, LOUISIANA

COURSE DIRECTORS:
James D. Morris, MD, FACP, and Eric P. Trawick, MD

2022
ACG'S HEPATOLOGY SCHOOL & EASTERN REGIONAL
POSTGRADUATE COURSE
APRIL 1-3, 2022 | In-Person
THE SEAPORT HOTEL • BOSTON, MASSACHUSETTS

ACG'S HEPATOLOGY SCHOOL
EARN UP TO 8.25 CME CREDITS

EASTERN REGIONAL COURSE
EARN UP TO 12.75 MOC POINTS
International GI Training Grants

GRANT AWARDS: $10,000 | DEADLINE MARCH 31, 2022

Whether you live in the U.S. or another country, you may be eligible!

Acquire or develop new cognitive knowledge or technical skill to improve patient care in your geographic area. The grant is to be used for travel to and from the training center and to the ACG Annual Meeting as well as for incidental expenses related to the training.

Visit gi.org/trainees/gi-training-grants for more information.

ACG AWARDS

Nominate a Colleague by April 15th!

2022 Award Categories:

- New! NP/PA Award for Clinical Excellence
- Berk/Fise Clinical Achievement Award
- Community Service Award
- Distinguished Mentorship & Teaching Award
- Diversity, Equity & Inclusion Award
- International Leadership Award
- Master of the American College of Gastroenterology
- Samuel S. Weiss Award

Nominations for these awards will be presented at the College’s Annual Scientific Meeting in Charlotte, NC on October 22, 2022.

gi.org/about/awards
On the Occasion of Lynch Syndrome Awareness Day

State of the Art in Colorectal Cancer Prevention for Lynch Syndrome Patients

📅 Tuesday March 22, 2022
⏰ 8:00 PM EST 5:00 PM PT

Presented by:
Swati Patel, MD, MS
Moderated by:
Carol Burke MD, FACP
Anu Chittenden MS, LGC

TUNE IT UP: A CONCERT TO RAISE COLON CANCER AWARENESS

ACG Virtual Community Event in honor of March Colorectal Cancer Awareness Month

Thursday, March 31, 2022 at 8 pm EDT

Hosted by Dr. Benjamin Levy and ACG Public Relations Committee

American College of Gastroenterology | gi.org/Concert
Participating in the Webinar

All attendees will be muted and will remain in Listen Only Mode.

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2022 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2023 for this activity.
MOC QUESTION

If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!

Week 12
Endoscopic Submucosal Dissection: What Gastroenterologists Need to Know
Moamen Gabr, MD, MS
March 24, 2022 at Noon Eastern and 8pm Eastern!

Week 13
Chromoendoscopy in IBD Surveillance: Always, Sometimes or Never?
Gursimran Singh Kochar, MD, FACP, CNSC
March 31, 2022 at Noon Eastern - No 8pm Broadcast

Join ACG at 8pm on Thursday March 31st for the Tune it Up Concert to Raise Colon Cancer Awareness!

Visit gi.org/ACGVGR to Register
ACG SPECIAL Grand Rounds
Join us for upcoming Virtual Grand Rounds!

March 22, 2022 at 8:00pm Eastern!
Lynch Syndrome Awareness Day!
State of the Art in Colorectal Cancer Prevention for Lynch Syndrome Patients
Speaker: Swati G. Patel, MD, MS

March 29, 2022 at 8:00pm Eastern!
Private Equity in Gastroenterology - "I Went the Private Equity Model: Reflections and Guidance"
Featured Speaker: Scott Frasier, MBA

Visit gi.org/ACGVGR to Register

Disclosures:

Rabia A. de Latour, MD
Nothing relevant to this topic.

Julie Yang, MD, FACG
Cook - Consultant
Steris - Consultant

Patrick E. Young, MD, FACP
Nothing to disclose.

Neena Mohan, MD
Nothing to disclose.

*All of the relevant financial relationships listed for these individuals have been mitigated
Ergonomics in Endoscopy

Rabia de Latour, MD
Director of Endoscopy, Bellevue Hospital Center
Assistant Professor of Medicine, New York University Grossman School of Medicine

Learning Objectives

- Ergonomics Meaning and Importance
- Risk Factors for Endoscopy Related Injury
- Types of Injury
- Injury Prevention
What Is “Ergonomics”

- Ergonomics is the science of designing tasks to fit within the physical and cognitive capabilities and limitations of the breadth of users.

Why Does It Matter?

- Prevalence: 37% to 89%
- High prevalence of endoscopy-related injury both reported in the literature and perhaps underreported in real life experience
- Why?
  - The current endoscope design is not exactly ergonomic.
  - "High-risk biomechanical exposures" during the performance of routine colonoscopy
  - Lack of formal training on ergonomics
- Endoscopy ergonomics is a burgeoning field focused on understanding the endoscopist's interaction with the endoscope, the endoscopy unit, with their own bodies and aimed at re-designing these to minimize the risk of endoscopy-related injury.
Gender Based Concerns

- 2021 David et al: Gender-Specific Factors Influencing Gastroenterologists to Pursue Careers in Advanced Endoscopy: Perceptions vs Reality
  - Lack of ergonomically designed equipment for women (p=0.003)
- Women, on average, have smaller hand size

Hierarchy of Controls

- Most effective: Elimination
  - Prevention through design: ENDOSCOPE/DEVICE COMPANIES
  - Endoscopy suite: adjustable monitors, beds
  - Endoscope: support stands, caps, right/left dial assist
- Substitution
- Engineering Controls
- Administrative Controls
- PPE
  - Endoscopists’ technique
  - Microbreaks/stretches
  - Maintain physical fitness

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Types of Injury

- Hand (most common)
- Wrist (most common)
- Neck
- Back
- Feet
- Shoulder

Repetitive Strain vs Acute Injury

Risk Factors for Injury

**Personal risk factors**
- Non-neutral postures
- High forces (especially with non-neutral postures)
- High risk biomechanical pinching (% time hand is engaged in high risk pinching)
- Women > Men (?)
- Smaller hand size
- Suboptimal hand grip / Hand Force Generation Capabilities

**Environmental risk factors**
- Repetition
- % time spent performing endoscopy/volume
- "one size fits all" endoscopes
PAWA et al. AJG 2021:
- Largest Study to Date: survey completed by 1698 practicing gastroenterologists
- Aim:
  - assess the prevalence of self-reported ERI patterns of injury
  - endoscopist knowledge of preventative strategies
- Findings:
  - ERI 75% (thumb>neck>hand/finger>lower back>shoulder>wrist)
  - Prevalence M=F
  - Women – upper extremity/upper back ERI
  - Men – lower back related ERI
  - ERI less likely to occur among those who took breaks during endoscopy (p=0.002)

Lead Related Injury
- Lead Related Injury
  - 2 piece lead suit
- Fluoroscopy and Endoscopy Monitors
  - Minimize neck torsion
  - Minimize Eye Strain

Lipowska AM, Shergill AK. TIGE. Jan 2021: 23;256-262.
Prevention

Personal Modifiable Interventions
- Prevent + Fix Poor Ergonomic Habits and Behaviors
- Maintain Neutral Postures and Positions
- Perform Endoscopy in the Position of Greatest Strength: Athlete’s Stance
- Strength Improving Exercises (hand + body)
- Compression Stockings

Room Interventions
- Monitor Position – eye level
- Bed Height
- Short, straight, and soft scope orientation
- Cushioned Mat

Shergill AK, McQuaid KR. GIE. Dec 2019: 90;966-70.
Room Setup

Endoscopist Centered

A

System Centered

B

Bed Centered

C


Virtual Grand Rounds

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Inside or Outside?


Scope Orientation

"All Fingers Technique"

Hand Size

Lipowska AM, Shergill AK. TIGE. Jan 2021: 23;256-262.
Small Hands

Preventative Measures

Potential solutions/ideas in your suite to prevent injury:
- Individualized PT assessment and tailored ergonomic advice for your suite.
- GIE 2021: Pilot study aimed to “develop a new method of endoscopist wellness assessment”
  - spearheaded by a physical therapist who assessed ergonomic position and posturing during endoscopy to create an individualized wellness plan
  - 8 GIs, observed during 2 colonoscopies
  - working at computer, pain sites (back and neck)
  - created individualized plan

Pregnancy and Endoscopy

- Increased risk: Carpal Tunnel Syndrome
  - stretching, exercise, wrist splint support
- Low Back/Pelvic Pain:
  - Bed height
  - avoid heavy lifting
  - support belt/back brace
  - sitting stool w/ back rest
  - foot stool w/ alternate leg raises
- Prevent Syncope
  - Compression stockings
  - Avoid prolonged standing
  - Decrease Room Temperature
  - Hydration
Takeaway points

- LEARN about ergonomics and TEACH about it at your institution.
- Practice safe endoscopy practices – Prevention!
- Optimize your suite
- Injury is NOT your fault
- Get additional Disability Insurance
- Ongoing discussions with Industry to develop scope options
Thank you!

- Instagram: @drdelatour
- Twitter: @rabiadelatour

Questions?

Rabia A. de Latour, MD
Speaker

Patrick E. Young, MD, FACG
Panelist

Julie Yang, MD, FACG
Moderator

Neena Mohan, MD
Panelist