

# Doctors offered better training on endoscopes

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To improve surgeon's skills in using endoscopes, several training facilities have been or will be set up across the country.

The move reflects concern over the growing number of malpractice cases and an increase in the number of endoscopic operations since the 1990s, which now stands at more than 60,000 a year.

In mid-July, 26 doctors attended a seminar in Fujinomiya, Shizuoka Prefecture, on endoscopic operations at which seven instructors spoke.

The seminar included a demonstration in which a surgeon, assisted by two doctors, used an endoscope with a scalpel at its tip to operate on a piglet under the instruction of Satoshi Fukunaga, an expert in endoscopic surgery from the Cancer Institute Hospital in Tokyo's Toshima Ward.

"Shift the clamp from one hand to the other now," Fukunaga told the surgeon. "And place the camera in front."

Fukunaga and others involved in the operation stood for more than six hours, during which the entire procedure could be watched via a monitor.

"Every participant already has conducted an endoscopic operation," Fukunaga said after the seminar. "Nevertheless, with direct instructions from experts, you can improve your technique and better your decision-making process during surgery."

The training facility was opened by Tyco Healthcare Japan, a medical equipment maker, in 1994. Societies for gastroenterology, obstetrics, gynecology and pulmonology and various hospitals held seminars every weekend last year at the facility, which were attended by about 1,000 doctors. Admission was about ¥40,000.

Even though I was visiting the facility as a reporter, I



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**Surgeons take a training session to improve their skills in using endoscopes.**

attempted to use a surgical needle on a sponge with a training endoscope, but I found it extremely difficult because I could not feel the needle in my hand.

An endoscope is used in nearly all cholecystectomy and about 50 percent of operations on stomachs in which cancer has been detected at an early stage.

An increase of accidents in which endoscopes were used, including one involving inexperienced doctors at Jikei University School of Medicine's Aoto Hospital in November 2002, has become a problem.

As a result, more and more doctors are asking for proper training.

"Most procedures in an endoscopic operation are standardized," Fukunaga said. "The techniques are easy to teach, and you can improve them if someone tells you how."

Intensive training sessions are currently only avail-

able at two facilities in Japan, including the one established by Tyco Healthcare. But some facilities are in the planning stages and will be opened soon.

For example, Kyushu University in Fukuoka will open a training center for endoscopic surgery next month. It plans to accept 1,000 doctors a year from Japan and other countries.

Also in September, another medical instrument maker plans to open a training facility with 10 surgical beds in Hachioji, Tokyo, while other training centers plan to open in spring.

Training surgeons is the responsibility of each medical department, and a standardized training system, pertaining to safety measures, has yet to be established.

It is hard to find doctors qualified to instruct on the use of endoscopes, even as the number of training facilities on the instrument increases. Endoscopic skills are not guaranteed, and public trust in procedures in which the instruments are used will not exist until techniques are properly taught in the medical education system.

Tatsuro Yamakawa, chairman of the technical qualifications committee of the Japan Society for Endoscopic Surgery, said he would like to create a training system that included vivisection, the use of simulators and personal instructions from experts.

"We'd like to establish a network for such a system nationwide, so doctors can learn from each other," he added.

In June, the society implemented a system that ranked the endoscopic skills of surgeons based on video footage and the number of operations they had done. The society requires the ranking to be reviewed every five years.

Observers have said the system was a breakthrough in doctor training, which has been dogmatic and has remained static for a long time.