

Interventional Endoscopy Fellowship – Sheffield Children’s Hospital

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I had the honor of working for 2 weeks with Prof Mike Thomson and his team at Sheffield Children’s Hospital, UK, with the specific goal of expanding and improving my interventional endoscopy skills.

Shaare Zedek Medical Center has one of the largest pediatric GI endoscopy services in Israel. We provide the full range of diagnostic services and routine interventional procedures including endoscopic dilatations, polypectomy, foreign body removal, variceal banding and injections, and stent placement. In addition we have a fruitful cooperation with our pediatric surgical team for multiple joint interventions, and, in association with our adult GI colleagues we also provide ERCP down to neonatal age.

With our growing unit, and with constant technological advancement, the scope for further interventional therapeutic options continues to grow. Prof Thomson kindly allowed me to work together with his team for hands-on training in various techniques. To allow me the full experience I was required to apply for UK medical registration via the General Medical Council.

Throughout my stay I learnt multiple procedures which we have previously not performed at my center. Amongst those that I plan on incorporating to our service include laparoscopic-assisted percutaneous endoscopic jejunostomy (LA-PEJ). This technique has several advantages over surgical jejunostomy and G-J devices, and I feel this would be a welcome addition to our therapeutic options. A further technique I learnt was single-stage PEG insertion. This technique has a distinct advantage over routine PEG placement, particularly in those patients with esophageal anomalies or high anesthetic risk patients.

Furthermore I performed a double-balloon enteroscopy, a relatively uncommon procedure in pediatrics, however invaluable in patients with small bowel polyps or various forms of small bowel bleeding. We also performed various joint procedures with the surgical team, including salvaging a MACE device which needed to be guide-wired through the surgical site into the cecum. I also participated in a course learning endoscopic full-thickness resection, a skill with multiple potential indications in pediatric gastroenterology.

Overall the experience was not only highly informative and useful to my home team, but was a wonderful opportunity to work with a highly respected team well known in the ESPGHAN community. I hope to use the links formed in future joint research projects and to return for short fellowships in the future to further enhance our local endoscopy service.

I want to thank ESPGHAN for their invaluable support to allow me to travel for this fellowship, which seems a highly worthwhile investment by ESPGHAN to share skillsets and improve GI services throughout Europe and the world.