



British Society of  
Gastroenterology

e-news

www.BSG.org.uk

8 January 2008

## BSG Annual Meeting SECC Glasgow 23-26 March 2009

### Registration Now Live!

Early Booking Fees Before 10 Feb 2009 - [www.bsg.org.uk](http://www.bsg.org.uk)

BSG Full Member:	£90/day
Honorary/Senior/Invited Guest:	Free
Trainee:	£55
Subsidised Fee (Medical Research Fellows and non-medically qualified Clinical Scientist):	£60 (whole meeting)
Associate Member:	£45/day
Non-member:	£110/day

## Annual Advanced Endoscopy Update & Endoscopy Fellowships

@ Medical University of South Carolina, Charleston, USA

Financial grants are available for British gastroenterologists wishing to attend either of the above courses. Further details of both may be found on the BSG Endoscopy Section page (see links below).

The closing date for applications is February 1st

- [MUSC Annual Advanced Endoscopy Update](#)
- [MUSC Endoscopy Fellowships](#)

## BSG Webcast



View the WebCasts taken at the BSG Annual Meeting 2008 at the following link: [Click Here](#)

[Click here to see all meetings](#)

## Hepatology 2009 Course

25th-27th January 2009  
Royal Free & University College  
Medical School  
Hampstead, London, UK

[Click here for further information](#)

## The Royal Marsden Cholangiocarcinoma Conference

29th January 2009  
Royal Society of Medicine  
1 Wimpole Street, London

## OPCS Codes 4.6

As part of the continued consultative process with the Casemix Team in the Dept of Health regarding coding of gastrointestinal procedures, we would like BSG members to contact us with details of any gastrointestinal endoscopic, radiological or surgical procedures they perform in the upper and lower GI tract and HPB system, that they feel are not currently adequately covered by an appropriate OPCS code. The time for consultation is very short, so could any replies be emailed back to Dr Adrian Hatfield, Dept Gastroenterology, University College Hospital, London by **31st January** on [adrian.hatfield@uclh.nhs.uk](mailto:adrian.hatfield@uclh.nhs.uk).

Thanking you in advance for any replies that we can then feed back to the casemix team.

**Dr Adrian Hatfield, Consultant Gastroenterologist**

## GMC Guidance on Licensing and Revalidation

The way in which doctors will be regulated is about to change. The GMC will introduce the licence to practise in the autumn of 2009.

It will be the licence, rather than registration, that will signify to patients that a doctor has the legal authority to practise medicine in the UK. Only licensed doctors will be able to exercise the legal privileges currently reserved for registered medical practitioners, such as those relating to prescribing and signing death certificates.

[GMC leaflet: 'Licensing and you: Information for registered doctors'](#)

## BSG Education: Your Opinions Wanted!

The BSG Education Committee has designed a questionnaire to gather members' views on the educational activities of the BSG, particularly the Annual Meeting. The Education Committee is keen to better provide services for members, which might include more regional meetings or online content. It might involve new strands at the Annual Meeting.

We really appreciate your taking the time to complete this survey. Once analysed, the results will appear on the BSG website.

Professor J Jankowski, December 2009

Link: [http://www.bsg.org.uk/e\\_comm/edq\\_form.htm](http://www.bsg.org.uk/e_comm/edq_form.htm)

**A prize of £100 of M&S Vouchers will be awarded to the 100th responder to the survey.**

### [Further information](#)

## 13th Advanced Course in Gastroenterology & Hepatology

29-30 January  
Royal College of Physicians of Edinburgh, EH2 1JQ

### [Further Information](#)

## Liver and Colorectal Cancer: Molecular Biology And Clinical Research (CIBERehd)

6-7 February, Barcelona

### [Programme](#)

### [Meeting website](#)

## Current Perspectives In Chronic Constipation

9-10 February 2008  
A Scientific And Clinical Symposium  
Queen Mary University Hospital  
London E1  
Email: [j.s.harbour@qmul.ac.uk](mailto:j.s.harbour@qmul.ac.uk)

### [Further information](#)

### [Final programme](#)

## 11th Bill Owen Oesophago-Gastric Symposium 'Meet-the-Experts'

26 March  
Royal College of Surgeons of England, London

### [Flyer](#)

### [Programme](#)

## Advances in Diverticular Disease

## Colonoscopic Polypectomy and Endoscopic Mucosal Resection: A Practical Guide

Colorectal cancer is the third most common cancer in the United Kingdom with approximately 35,000 new cases diagnosed each year. The lifetime risk of being diagnosed with bowel cancer is about 1 in 20 for women and 1 in 18 for men. Most colorectal cancers are thought to arise in adenomatous polyps through the adenoma-carcinoma sequence and the removal of adenomas during colonoscopy has been shown to decrease the subsequent development of colorectal cancers.

Polypectomy is the most commonly performed therapeutic intervention and all colonoscopists should be able to perform the procedure safely and effectively. Practice has evolved considerably in recent years and there is now a range of equipment and techniques available for different clinical settings. Despite a wealth of clinical experience however, the practical application of polypectomy techniques has been subject to few controlled studies.

These guidelines are based on a Medline literature search and on expert opinion and review. Their purpose is to highlight areas of good practice and promote the use of standardised protocols within and between centres.

### [Colonoscopic Polypectomy and Endoscopic Mucosal Resection: A Practical Guide](#)

## National Patient Safety Agency Rapid Response Report Issued: Reducing risk of overdose with midazolam injection in adults

Some adult patients are being overdosed with midazolam injection when used for conscious sedation. The presentation of high strength midazolam as 5mg/ml (2ml and 10ml ampoules) or 2mg/ml (5ml ampoule) exceeds the dose required for most patients. There is a risk that the entire contents of high strength ampoules are administered to the patient when only a fraction of this dose is required. Doses often exceed that required, are not titrated to the patient's individual needs, do not take into account concurrent medication (e.g. opioids) and may involve high risk groups for example, the frail or the elderly. There is frequent reliance on injectable flumazenil (antagonist/reversing agent) for reversal of sedation in patients that have been over sedated.

### [Reducing risk of overdose with midazolam injection in adults](#)

23 April 2009

An International Joint Conference for Gastroenterologists and Surgeons  
Royal Society of Medicine, London  
Email: [charles.everard@kcl.ac.uk](mailto:charles.everard@kcl.ac.uk)

### [Further Information](#)

## The Small Bowel Symposium 24th April 2009

St Mark's Hospital, London  
Email: [j.mannings@imperial.ac.uk](mailto:j.mannings@imperial.ac.uk)  
Tel: 0208 235 4203

### [Further Information](#)



## 21-25 November 2009 ExCeL London

**Please note following deadlines:**

**Opening of Abstract Submission:  
January 2009**

Deadline for Abstract Submission:  
8 June 2009

Reviewing of abstracts:  
15-26 June 2009

Abstract handling meeting, Vienna:  
10-11 July 2009

Deadline for late breaking Abstract  
Submission:  
17 July 2009

## Minimum price for alcohol backed by Sheffield study

40p per unit minimum would reduce crime and NHS costs

A stiff minimum price on alcohol set by the government would have a major impact on problem drinkers, according to university researchers.

[Read More](#)

## A Survey of BSG members' From Quintus Public Affairs

As you may have seen in our recent newsletter the BSG has appointed new communications advisers, Quintus Public Affairs to raise the profile of the BSG in political and media circles and to help us promote our key message. In their early months with the BSG, Quintus are keen to map the knowledge and expertise of our members to compile a directory of members' interests to draw upon in order to respond to Department of Health consultations, engagement with national and regional politicians and liaise with local and national press.

To help them in this task, please read the following questions and after you have finished reading this e-newsletter forward this email with your answers to Robin Grainger at Quintus - [robin@quintuspa.com](mailto:robin@quintuspa.com) :

What are your areas of expertise (clinical/health policy – the area can be as broad or as narrow as you like)?

Would you be willing to act as a BSG spokesperson on any of these issues – in responding to consultations or talking to regional/national media or to politicians?

Do you have previous experience of dealing/speaking with local or national media? If so, who?

Do you have previous experience of dealing with politicians (local councillors or MPs), and if so who?

Do you have good contacts/working relationships with service commissioners in your local area?

Do you have good contacts/working relationships with other keys figures in your local Trust or SHA?

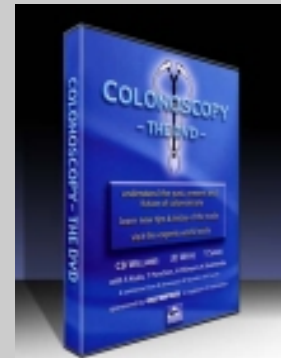
## JUMP FOR CORE!



Registration for DDW 2009 opens **7th January 2009** for members of AASLD, AGA, ASGE and SSAT and **21st January** for nonmembers.

Website: [www.ddw.org](http://www.ddw.org)

## St. Mark's Hospital - Educational CDs and DVDs



St. Mark's Hospital is a leading provider of medical training materials in gastro-intestinal care, catering for students, doctors, nurses, research scientists, surgeons and patients to a professional standard.

A variety of educational CDs and DVDs and interactive DVD-ROMs have been produced by an international line-up of top endoscopic professionals and surgeons.

The library contains everything from practical colonoscopy, nutrition, nurse training in endoscopy, fistula in ano, laparoscopic surgery and advanced polypectomy to new techniques and methods such as Narrow Band Imaging and ESD (endoscopic submucosal dissection).

**WANTED - Adventurous people throughout the UK to do something like this...**

**...for FREE!**



Dare devils are needed by Core - the Digestive Disorders Foundation to take part in a thrilling sponsored sky dive to raise funds for research into the causes, prevention and treatment of gut and liver diseases.

No experience is required and if you raise the minimum amount of sponsorship you will get to jump for **FREE!** Dates are available throughout the year and at several destinations in the UK.

We ask you to raise a minimum amount of sponsorship money in order for you to jump for free (from £360 depending on the jump you choose) and in turn we will receive an average donation of £140. Every extra pound that you raise over the minimum goes directly to Core so please raise as much as you possibly can!

Chloe Wicks, Core's community fundraiser from Peckham, South London did a tandem skydive for the first time at Hinton Airfield, near Oxford, on Saturday 11th October. "I had an incredible and surreal experience, I loved the freefall especially, I recommend doing a skydive to anyone!"

For an information pack or if you would like to find out about other challenge events please call Chloe on 020 7034 4972 or e-mail [chloe@corecharity.org.uk](mailto:chloe@corecharity.org.uk)

Further information about the work of Core can be found at [www.corecharity.org.uk](http://www.corecharity.org.uk).

**WE NEED YOUR SUPPORT!**

You can find out more about the St. Mark's range of DVDs at this website: [Click Here](#)

If you believe that you received this message in error and/or do not wish to receive further emails, please [click here](#).

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