

## Application - Fellowship – Ano-Rectal Surgery (FARS)

### Department – General Surgery KGMU

S. No.	Head	Comment
•	Name of Course	Fellowship in Ano-Rectal Surgery (FARS)
•	Convenor of Course	Head of Department of Surgery KGMU
•	Scope of Course: (approx 50 words) <ul style="list-style-type: none"> <li>• Competency/proficiency to be covered</li> </ul>	<p>Upon completion of a one-year fellowship, the surgeon will possess the following characteristics:</p> <p>a) Expertise in the multidisciplinary management of patients with Ano-Rectal diseases.</p> <p>b) Comprehension of Ano-Rectal disease biology.</p> <p>c) Expertise in Ano-Rectal surgical procedures.</p> <p>e) Broad-based knowledge and comprehension of diagnostic procedures of Ano-Rectal diseases</p> <p>f) Appreciation of scientific methodology, study design, clinical trials and data analysis</p> <p>g) Ability to practice effectively in an academic, tertiary care setting and to participate in medical education and translational research.</p>
•	Need for course: (approx 50 words) <ul style="list-style-type: none"> <li>• Utility in present employment /likely future employment</li> </ul>	<p>Ano-Rectal diseases are mostly managed at specialized centres and medical colleges in India. The training in Ano-Rectal surgery during postgraduate courses, in general surgery or MCh GastroSurgery is often not adequate to manage specially Ano-Rectal disease patients requiring surgical management. Dedicated course training is necessary to produce more specialised Ano-Rectal surgeons capable of treating these common problems pertaining to Ano-Rectal diseases.</p> <p>The aim is to provide the training foundation for those individuals dedicated to careers in Ano-Rectal surgery through training in the areas of interdisciplinary management, complex Ano-Rectal surgery and research. This additional expertise emphasizes critical analysis of clinical problems and development of additional skills in the performance of techniques required for the practice of the subspecialty, including consultation skills and multidisciplinary treatment planning, with emphasis in basic and clinical research methodologies.</p>
•	Similar courses in other universities / colleges: <ul style="list-style-type: none"> <li>• Specify new course</li> </ul>	It is a new course in KGMU.
•	Duration in months	12 months
•	Maximum no. Of seats offered: per course	Two (02)
•	Frequency of course: ( annual/6 monthly)	Annual
•	Eligibility criteria for candidates:	Candidate should have completed MS/DNB in General Surgery
•	Mode of selection: (Advertisement to enrolment)	Combined merit - based on MCQ based Entrance examination (80%) and viva (20% marks)

		<p>Examination committee (for viva)</p> <ul style="list-style-type: none"> <li>• Dean Faculty of Medicine or nominee</li> <li>• Head of Department or nominee</li> <li>• Hon'ble Vice Chancellor nominee</li> <li>• External Expert (from reputed Govt/Private Institution) as decided by Board of Studies of Department of General Surgery KGMU</li> </ul>																								
•	Fees for course including fee structure:	As per University rules																								
•	<p>Curriculum:</p> <ul style="list-style-type: none"> <li>• Structure of course (full time/ part time)</li> <li>• Goal and objectives (competency and proficiency)</li> <li>• Syllabus</li> </ul> <p><u>Course Curriculum/Syllabus</u></p>	<p>Full time ( 12 months)</p> <p>The goals of this course are to provide comprehensive, multidisciplinary training to individuals who are committed to a career in Ano-Rectal Surgery. The certificate course programme will be a one year course.</p> <p>The course training will provide a broad exposure to the full range of clinical problems encountered in a tertiary centre related to Ano-Rectal surgery.</p> <p>The trainee will be full time resident of the institution (KGMU, Department of Surgery) and will perform the duties and responsibilities of a full time surgeon in the department.</p> <p><b>Fundamental Components of the Course</b></p> <p>a) The fellow must participate in the evaluation, management and care of a minimum of 200Ano-Rectal cases.</p> <p>b) Participation in a minimum of 100 surgical procedures, representing the full scope of Ano-Rectaldiseases.</p> <p>c) Intensive exposure to the interdisciplinary management of Ano-Rectal disease patients.</p> <p>d) Participation in the development and implementation of research in the field of Ano-Rectaldiseases.</p> <p><b>Course Curriculum/Syllabus</b></p> <p>The course will provide clinical exposure to following-</p> <table border="1"> <thead> <tr> <th>Ano-Rectal</th> <th>Benign anorectal</th> <th>Haemorrhoids</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Anal fissure</td> </tr> <tr> <td></td> <td></td> <td>Abscess and fistula</td> </tr> <tr> <td></td> <td></td> <td>Hydradenitis Suppuritiva</td> </tr> <tr> <td></td> <td></td> <td>Pilonidal disease</td> </tr> <tr> <td></td> <td></td> <td>Anal stenosis</td> </tr> <tr> <td></td> <td></td> <td>Pruritus Ani</td> </tr> <tr> <td></td> <td></td> <td>Sexually transmitted</td> </tr> </tbody> </table>	Ano-Rectal	Benign anorectal	Haemorrhoids			Anal fissure			Abscess and fistula			Hydradenitis Suppuritiva			Pilonidal disease			Anal stenosis			Pruritus Ani			Sexually transmitted
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pathological anatomy: Goodsall's rule and digital examination, fistulogram, injections, MRI, endoanal ultrasound	
Management of anorectal abscess including preoperative and postoperative care and the appropriate procedure based on anatomical spaces	4
<b>Technical Skills</b>	
Fistula-in-ano-low-lay open	4
Fistula-in-ano Seton	4

**PILONIDAL DISEASE  
OBJECTIVE**

Competency in the management of pilonidal disease.

KNOWLEDGE	Standard
Pathophysiology of pilonidal disease	4
<b>CLINICAL SKILLS</b>	
Assess the symptoms and signs of pilonidal disease: abscess, sinus	4
Perform surgical management of pilonidal disease	4
<b>TECHNICAL SKILLS</b>	
Pilonidal sinus-lay open	4
Pilonidal sinus-excision + suture	4
Pilonidal sinus-graft or flap	3

**PRURITUS ANI  
OBJECTIVE**

Competency in the management of pruritis ani.

KNOWLEDGE	Standard
Aetiology and clinical presentation of pruritus ani	4
<b>CLINICAL SKILLS</b>	
Medical and surgical management of pruritus ani	4

**MASSIVE LOWER GI BLEEDING**

**OBJECTIVE**

Management of massive lower GI tract bleeding

KNOWLEDGE	Standard
Aetiology of massive lower GI bleeding	4
Utility, specificity and sensitivity of colonoscopy, angiography and radio-isotope scintigraphy in evaluation of lower GI bleeding	4
Angiographic treatment of lower GI bleeding	4
Evaluation of recurrent lower GI bleeding, including use of enteroscopy, exploratory laparotomy and intraoperative endoscopy	4
<b>CLINICAL SKILLS</b>	
Assess haemodynamic stability and outline a resuscitation plan	4

		Practice an algorithm for the evaluation of lower GI bleeding including exclusion of coagulopathy, gastroscopy, colonoscopy, selective mesenteric angiography, radio-isotope scintigraphy, on table colonoscopy with antegrade lavage	4
		Endoscopic treatment of lower GI bleeding including coagulation, injection therapy and laser ablation	2
		Manage the patient with regard to the indications for surgery, appropriate surgical procedures and their possible complications based upon cause, location, patient age and medical condition	4
		Perform intraoperative evaluation and management of persistent massive lower GI bleeding without an identified site	4
		Manage postoperative lower GI bleeding	4
		<b>TECHNICAL SKILLS</b>	
		Colectomy-total+ileostomy	4
		Colectomy-right	4
		Colectomy-left	4
		Colectomy-sigmoid	4
		Colostomy-construction	4
		Hartmann's procedure	4
		Ileostomy-construction	4
		<b>RECTAL CANCER</b>	
		<b>OBJECTIVES</b>	
		Management of patients with rectal cancer.	
		<b>KNOWLEDGE</b>	Standard
		Presentation of rectal cancer	4
		Diagnostic and staging approaches	4
		Pathology and staging	4
		Treatment options including local surgery, sphincter saving surgery, neoadjuvant and adjuvant therapy	4
		Complications including emergency presentation	4
		<b>CLINICAL SKILLS</b>	
		History and examination	4
		Investigation and staging	4
		Treatment planning	3
		Management of postoperative complications	4
		<b>TECHNICAL SKILLS</b>	
		Rectum-anterior resection	3
		Rectum-AP excision	3
		<b>ANAL NEOPLASIA</b>	
		<b>OBJECTIVES</b>	
		Ability to diagnose and manage anal neoplasia.	
		<b>KNOWLEDGE</b>	Standard

<b>CLINICAL SKILLS</b>	
Diagnosis of thrombosed external haemorrhoids, internal haemorrhoids, skin tags	4
Diagnosis and treatment of complications of office treatment of haemorrhoids – pain, bleeding, sepsis,	4
Diagnosis and treatment of complications of operative treatment of haemorrhoids – urinary retention, haemorrhage, faecal impaction, infection stenosis, incontinence	4
<b>TECHNICAL SKILLS</b>	
Haemorrhoids-OP treatment(injection/banding/infrared)	4
Haemorrhoidectomy-operative	4
Haemorrhoidectomy-stapled	2
<b>ANAL FISSURE</b>	
<b>OBJECTIVE</b>	
Competency in the diagnosis and the medical and surgical treatment of anal fissure.	
<b>KNOWLEDGE</b>	<b>Standard</b>
Aetiology of anal fissure	4
Anatomical location of a classic anal fissure	4
<b>CLINICAL SKILLS</b>	
Assessment of the signs and symptoms of anal fissure	4
Arrange the nonoperative management of anal fissure,	4
Indications, contraindications, and complications of surgical treatment	4
<b>TECHNICAL SKILLS</b>	
Lateral sphincterotomy	4
<b>ABSCESS AND FISTULA</b>	
<b>OBJECTIVE</b>	
Competency in the diagnosis and the medical and surgical treatment of abscess and fistula-in-ano.	
<b>Knowledge</b>	<b>Standard</b>
The origin of cryptoglandular abscess and fistula	4
The natural history of surgically-treated anal abscess, including the risk of fistula formation	4
Complications resulting from abscess/fistula surgery: recurrence, incontinence	4
Operative strategy for anal fistula based on sphincter involvement/location	4
<b>Clinical skills</b>	
Differentiate cryptoglandular abscess and fistula from other causes	4
Assessment of abscess/fistula by techniques designed to elucidate	4

		disease
	<b>Ano-rectal neoplasia</b>	Rectal cancer
		Recurrent disease
		Miscellaneous malignant lesions
		Anal canal neoplasia
		Anal neoplasia
		Presacral lesions
		Rectal cancer
		Recurrent disease
	<b>Functional bowel disorders</b>	Rectal prolapse
		Solitary rectal ulcer
		Constipation
		Irritable bowel syndrome
	<b>GI Bleeding</b>	GI Bleeding

#### HAEMORRHOIDS

##### OBJECTIVES

Competency in the diagnosis and all medical and surgical treatments for haemorrhoids.

KNOWLEDGE	Standard
Aetiology of internal and external haemorrhoids	4
Anatomical distinctions between internal and external haemorrhoids	4
Classifications for internal haemorrhoids	4
Indications, contraindications and complications of non-operative treatment of haemorrhoids – topical applications, stool modifiers/softeners	4
Indications, contraindications and complications of office treatment of haemorrhoids	4
Indications, contraindications and complications of operative treatment of haemorrhoids	4

	Epidermoid carcinoma:	3
	Role of salvage therapies: abdominoperineal resection, chemotherapy, radiotherapy	3
	<b>CLINICAL SKILLS</b>	
	Treatment of epidermoid carcinomas based on stage: local excision, chemoradiotherapy, abdominoperineal resection, inguinal node management	2
	<b>FAECAL INCONTINENCE</b>	
	<b>OBJECTIVES</b>	
	Understanding of the causes, clinical findings	
	Understanding options for management	
	<b>KNOWLEDGE</b>	Standard
	Clinical features	3
	Pathophysiology	3
	Investigations	3
	Treatment options	3
	<b>CLINICAL SKILLS</b>	
	Take a directed history to differentiate types of incontinence	3
	Perform a physical examination to differentiate types of incontinence	3
	Outline a non-operative bowel management plan incorporating : dietary measures, medications, enemas, perineal skin care, anal plug	3
	Select patients for temporary and permanent faecal diversion	3
	<b>RECTAL PROLAPSE</b>	
	<b>OBJECTIVES</b>	
	Competency in the management of all patients with rectal prolapse	
	<b>KNOWLEDGE</b>	Standard
	The incidence, pathophysiology and epidemiology of rectal prolapse	4
	Understand the perineal and abdominal surgical options for prolapse with the indications for each approach, complications, recurrence rate and functional results	3
	<b>CLINICAL SKILLS</b>	
	Identify the associated anatomical findings of rectal prolapse and its clinical presentation including functional disturbances and physical findings	4
	Differentiate between mucosal prolapse, prolapsing internal haemorrhoids and rectal prolapse	4
	Appropriate management of incarcerated and strangulated rectal prolapse	4
	Manage constipation and incontinence in	4

the context of rectal prolapse	
Manage a patient with recurrent rectal prolapse	2
<b>TECHNICAL SKILLS</b>	
Prolapse-abdominal rectopexy	2
Prolapse-rectopexy + sigmoid resection	2
Prolapse-perineal repair	2

<b>SOLITARY RECTAL ULCER</b>	
<b>OBJECTIVES</b>	
Ability to diagnose and manage solitary ulcer syndrome	
<b>KNOWLEDGE</b>	Standard
Understand the associated pelvic floor disorder	2
<b>CLINICAL SKILLS</b>	
Recognise the clinical presentation, endoscopic and histological findings in a patient with solitary rectal ulcer	3
Utilise appropriate medical/surgical treatment options	2

<b>CONSTIPATION</b>	
<b>OBJECTIVE</b>	
Investigation of patients with constipation and treatment of patients with non-specific constipation.	
<b>KNOWLEDGE</b>	Standard
Normal colonic physiology	4
Definition of constipation and its epidemiology	4
Types and causes of constipation differential diagnosis in a patient with constipation	4
Non-surgical treatment options	4
Common causative factors for colonic pseudo-obstruction	4
<b>CLINICAL SKILLS</b>	
Take a directed history for a patient with constipation and perform a directed physical examination	4
Plan a treatment programme for a patient with constipation	4
Evaluate a patient with suspected colonic pseudo-obstruction	4
Manage a patient with colonic pseudo-obstruction	4

<b>IRRITABLE BOWEL SYNDROME</b>	
<b>OBJECTIVE</b>	
To understand the management options in irritable bowel syndrome	
<b>KNOWLEDGE</b>	Standard



Causes and clinical features	4
Management options	4
<b>CLINICAL SKILLS</b>	
Diagnostic features of irritable bowel syndrome	4

- Teaching learning methods

Seminars/Lecture/ Round teaching/OT teaching/Journal clubs/Clinical research protocol

Students can finish the operative modules any time within a stipulated time and in any order. Only the Soft skill development in skills laboratory setup has to be finished first (3) Students get the freedom to choose and identify

Fellows can translate their innate capabilities to credits and get the know-how of more than one discipline increasing their horizons

Since the entire course is Credit System based, for each Module, the candidates will be assigned credits for their work by respective Faculty/Unit.

The candidates may finish their modules and earn credits in Operative sessions within a certain stipulated time (maximum 3 years and minimum 1 year) in any order depending upon their availability of time and convenience.

The basic credits for any system as stipulated by faculty of a particular course, however, will have to be finished first.

The fellows may be rotated with different expert faculties / Units / Departments of a specific module so as to learn maximum from the respective experts in their actual operative module.

- Assessment plans

**The learning process will be facilitated by -**

- 1) Clinical expertise gained by working alongside experienced Ano-rectal Surgeon.
- 2) Attendance in daily Multi-specialtyboards.
- 3) Teaching sessions, which would include inter disciplinary seminars, Journal clubs, and case presentation.
- 4) Assisting and hand on experience in all Ano-rectal surgery procedures.
- 5) Posting to Critical Care Unit
- 6) Project work in the form of at least one publication in any Ano-rectal Surgeryjournal and involvement in community based intervention programme for Ano-rectal disease.
- 7) Lectures by experts in the field of basic sciences, preventive methods and Ano-rectal disease registry.

**Evaluation:**

- Internal assessment of the candidates by the faculty (100 marks).  
This will be done on a continual basis with respect to the overall objectives of the course, and specifically with respect to their operating skills, time spent with

		<p>patients in patient care/rounds, seminars, journal club &amp; MDT presentations.</p> <ul style="list-style-type: none"> <li>Final examination – at the end of the course conducted by both internal &amp; external examiner.</li> </ul> <p>It will consist of</p> <ol style="list-style-type: none"> <li>2 theory papers (50 x 2 = 100 marks)</li> <li>Clinical case discussion (50 x 2 = 100 marks)</li> </ol>
<ul style="list-style-type: none"> <li>Faculty (and qualifications) <ul style="list-style-type: none"> <li>Intradepartmental</li> <li>Interdepartmental (permissions)</li> <li>Inter Institutional (under consideration)</li> </ul> </li> </ul>	<p>Prof. Arshad Ahmad<sub>MS</sub>  Dr. Sandeep Kumar Verma<sub>MS MCh</sub>  Dr. Pankaj Kumar<sub>MS</sub></p> <p>Not Applicable</p> <p>Sanjay Gandhi Post- Graduate Institute, Lucknow/ AIIMS New Delhi/ any other Private Reputed Institution</p>	
<ul style="list-style-type: none"> <li>Regulatory body if any under which course will be offered:</li> </ul>	As per University rules, but this course is out of purview of Medical Council of India	
<ul style="list-style-type: none"> <li>Scholarship / payment to candidate, if any</li> </ul>	to be decided by the committee However as per departmental committee opinion the candidate may be paid as per senior residency financial rules	
<ul style="list-style-type: none"> <li>Amenities to be provided <ul style="list-style-type: none"> <li>Leave</li> <li>Hostel accommodation</li> <li>Central Library</li> <li>Central laboratory for research work</li> </ul> </li> </ul>	<p>As per University rules</p> <p>Will be provided as per availability</p> <p>Allowed</p> <p>Allowed</p>	