

**The Fellowship Council
and
The American Hepato-Pancreato-Biliary Association**

**Advanced GI Surgery Curriculum for
Hepato-Pancreato-Biliary Surgery Fellowship**

Appendix

Version April 21, 2010

While there is general consensus that skill improves with more experience, the minimum number of procedures to attain competence in Hepato-pancreato-biliary procedures remains unclear. Currently the AHPBA recommends the following minimum case numbers in which the Fellow is the Primary Operating Surgeon or First Assistant as defined by the Fellowship Council. In addition, it is expected that the Fellow will act as Primary Surgeon for at least 70 of these major HPB cases.

<u>Procedure</u>	<u># Procedures</u>
Overall:	
Total major hepato-biliary and pancreatic operations as defined in Units 1, 2, 3, and 7 below	100
Unit 1 – The Liver	
Major liver procedure	25
- resection of 2 or more segments, with at least 15 of these procedures being hemi-liver resections	
- unroofing or sterilization of large or multiple hepatic cysts	
Unit 2 – The Biliary Tract	
Major biliary procedures	15
- ampulla or bile duct resection	
- transduodenal sphincteroplasty	
- biliary anastomosis – intra-hepatic or extra-hepatic	
- resection for gallbladder carcinoma	
Unit 3 – The Pancreas	
Major pancreatic procedure	25
- resection	
- tumor enucleation	
- anastomosis (e.g. pancreaticojejunostomy)	
- drainage (e.g. pseudocyst procedure)	
- debridement/necrosectomy	

Unit 7 – Transplant

Transplantation is not a requirement for HPB training; however, operative experience in liver and/or pancreas transplantation may be included in a Fellow's major HPB case list, representing up to a maximum of 20% in each of the 3 categories. For example, up to 5 donor pancreatectomies may be included in the totals for major pancreatic procedures and up to 5 liver transplants may be included in the totals for major liver procedures. However, any one transplant may be counted as contributing to only one of the categories (i.e. a single liver transplant can not be considered both a major liver case and a major biliary case).

In Addition:

A minimum of 12 months of clinical training in the surgical management of HPB patients is required for training in HPB surgery.

Experience in minor procedures such as liver biopsy, pancreatic biopsy and cholecystectomy is expected, but is not considered to be major HPB operative procedures.

Experience in intraoperative ultrasound is required.

Experience in hepatic tumor ablation is required.

Experience in minimally invasive HPB staging and surgical procedures is required.

Multiple procedures may be recorded per case under the following circumstances only:

- Intraoperative US, diagnostic laparoscopy, or simultaneous tumor ablation performed in conjunction with another major HPB case as defined in Units 1, 2, 3, and 7 above.
- Separate unrelated operation is performed at the time of a major HPB case (e.g. colectomy performed at time of hepatic metastectomy).
- Concomitant major pancreas and liver procedures performed during same case (e.g. Whipple and liver resection).
- Intrahepatic biliary reconstruction and vascular reconstruction performed at time of major liver resection may be recorded as separate procedures in addition to the hepatic resection. Vascular resection and/or reconstruction performed at the time of pancreatectomy can NOT be recorded as a separate procedure, and the appropriate combined pancreas procedure code should be selected under these circumstances.