

Endobronchial Ultrasound (EBUS) Workshop



PROGRAM DIRECTOR: Dr. Ahmed Aljohaney (KSA) PROGRAM CO-DIRECTOR: Prof. Atul C. Mehta (USA)

15:00 - 19:00

WEDNESDAY, 4 MARCH 2015

MEETING ROOM: AL DANA

INTRODUCTION:

- Attendance is limited to 20 participants.
- Pre-registration is required, seats are limited, will be reserved on first come first served basis.
- Certificate of Attendance will be provided by STS with CMEs from SCFHS.
- Registration is **FREE** for all who register for the *Gulf*Thoracic Congress 2015, please provide proof of payment (receipt).

TARGET AUDIENCE:

This workshop is designed for the practicing Pulmonologist, Chest Surgeon and Interventional Bronchoscopy Assistants. The course is intentionally limited in the number of participants, in order to allow for maximum benefit of small group instruction and interaction with faculty in the hands-on sessions.

OBJECTIVES:

- To inform delegates about the exact role of EBUS and briefly review the literature.
- To provide a clear understanding of the tools and techniques involved.
- To demonstrate the practice of EBUS-TBNA and provide an opportunity for delegates to perform the procedure on a phanthom.
- At the conclusion of the workshop the participant will have a good understanding of basic principles of skills required to safely begin performing EBUS in a clinical setting.

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SUMMARY:

In the last years endobronchial ultrasound (EBUS) has revolutionized the world of bronchoscopy. EBUS is a minimally invasive technique that allows visualization of tracheabronchial wall structures and other structures adjacent the airway such as blood vessels or lymphadenopathy. There are two types of EBUS: linear and radial. The linear EBUS consists of several transductors forming a curve in the distal extreme of the flexible bronchoscope that generate an image of 50 degrees in relation to the major axis of the bronchoscope, wich allows for a punction to be directly observed in real time. The radial EBUS consists of a rotatory transductor in the distal extreme of a miniprobe that generates an image of 360 degrees around the major axis of the bronchoscope, but does not allow for real-time samples. The main indication of the radial EBUS is the diagnosis of peripheral lung opacities. EBUS should be considered as a primary method of evaluation of lymph nodes seen to be positive in PET scan and may replace the majority of surgical mediastinal staging/diagnostic procedures. Linear EBUS has become the heart of N lung cancer staging, avoiding the comorbidity and comorbility of mediastinoscopy.

FACULTY



Ahmed A. Aljohaney, MBBS, DABIM, FRCPC Assistant Professor of Medicine College of Medicine, King Abdulaziz University Hospital Jeddah, Saudi Arabia



Prof. Atul C. Mehta, MD, FACP, FCCP Staff Physician, Cleveland Clinic Foundation Respiratory Institute, Cleveland Clinic Editor-in-Chief, Journal of Bronchology & Interventional Pulmonology Cleveland, OH, USA



Amr Albanna, MD, MSc

Assistant Professor, Consultant Pulmonologist and Pulmonary Intervention, King Saud bin Abdulaziz University for Health Sciences Jeddah, Saudi Arabia



Ayse E. Küpeli, MD Assoc. Prof Pulmonary Medicine Department Baskent University School of Medicine Ankara, Turkey

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PROGRAM

15:00 - 19:00		WEDNESDAY, 4 MARCH 2015	MEETING ROOM: AL DANA
TIME	торіс		FACULTY
15:00 - 15:05	Welcome Notes		
15:00 - 15:30	EBUS-TBNA: Theory and Evidence		Dr. Ahmed A. Aljohaney - KSA
15:30 - 16:00	EBUS: Step by Step		Dr. Amr Albanna - KSA
16:00 - 16:30	Dare to do EBUS-TBNA?		Prof. Atul C. Mehta - USA
16:30 - 17:00	COFFEE BREAK		DAMES SUL
17:00 - 17:30	C-TBNA: How to improve the yield?		Prof. Atul C. Mehta - USA
17:30 - 19:00	Station - 1: Hands-On Session: Step by Step Demonstration of Technique in EBUS TBNA Models		Dr. Ahmed A. Aljohaney - KSA
	Station - 2: Hands-On Session: Step by Step Demonstration of Technique in EBUS TBNA Models		Dr. Amr Albanna - KSA
	Station - 3: Hands-On Session: Step by Step Demonstration of Technique in C-TBNA Models		Prof. Atul C. Mehta - USA Dr. Ayse E. Küpeli - Turkey
	Closing Remarks		Dr. Ahmed A. Aljohaney - KSA