





Endobronchial Ultrasound and Conventional Bronchoscopic Procedures Workshop

PROGRAM DIRECTOR: Dr. Ahmed Aljohaney, MD
Date: Wednesday, 15 March 2017 | Time: 14:30-19:00 | Meeting Room: AL MAHA









GENERAL:

- Attendance is limited to 25 participants.
- Pre-registration is required, seats are limited, will be reserved on first come first served basis.
- Registration is FREE for all who register for the *Gulf*Thoracic Congress 2017, please present your congress badge. (Note: Students are not eligible for the pre-congress workshops.)

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
- To demonstrate the practice of other conventional bronchoscopic procedures such as conventional TBNA, TBN core biopsies and others
- At the conclusion of the workshop the participant will have a good understanding of basic principles
 of skills required to safely begin performing EBUS and other conventional bronchoscopic procedures
 in a clinical setting.
- To demonstrate the practice of ENB (Medtronic) in collaboration with Fujifilm

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, which 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



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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. Nevertheless, pulmonologists should remain competent in performing conventional TBNA as a supplementary skill that is needed especially in the absence of newer technology at local hospitals.

FACULTY:



Ahmed Abdulaziz Aljohaney, MBBS, DABIM, FRCPC Associate Professor of Medicine College of Medicine, King Abdulaziz University-Jeddah Consultant in Pulmonary Medicine and Interventional Pulmonology King Abdulaziz University Hospital Jeddah, Saudi Arabia



Prof. Atul C. Mehta, MD, FACP, FCCP
Professor of Medicine, Lerner College of Medicine
Buoncore Family Endowed Chair in Lung Transplantation
Staff, Department of Pulmonary Medicine,
Respiratory Institute Cleveland Clinic,
Senior Editor, Journal of Bronchology and
Interventional Pulmonology
Cleveland, OH, USA



Amr Albanna, MD, MSc
Assistant Professor, Consultant Pulmonologist,
King Saud bin Abdulaziz University for Health
Sciences
Head of Research Office, KAIMRC-WR
Deputy Chairman, Quality and Patient Safety,
Department of Medicine
National Guard Health Affairs- Jeddah
Jeddah, Saudi Arabia



Enas Batubara, MD, SBIM, SF-AP, FCCP Pulmonary Consultant Head, Bronchoscopy and Pleural Disease Unit Prince Sultan Military Medical City, Riyadh Riyadh, Saudi Arabia



Majed Alghamdi, MD
Assistant Professor of Pulmonary Medicine
Faculty of Medicine,
King Saud Bin Abdulaziz University for Health Sciences,
Consultant Pulmonologist and
Interventional Pulmonologist
Director of Pulmonary Rehabilitation Program
King Abdulaziz Medical City-Riyadh,
National Guard Health Affairs
Riyadh, Saudi Arabia



Mohammed Alhajji, MD, MSc, MRCP (GIM), MRCP (Resp.), CCT
Consultant, Interventional Pulmonologist
King Faisal Specialist Hospital & Research Center
Riyadh, Saudi Arabia



TIME	TOPIC	FACULTY
14:00 - 15:00	Registration	
15:00 - 15:05	Welcome and Introduction	Ahmed Aljohaney - KSA
15:05 - 15:30	Conventional TBNA, do we still need it ?	Enas Batubara - KSA
15:30 - 15:55	EBUS: Evidence and importance	Mohammed Alhajji - KSA
15:55 - 16:20	Systematic approach of mediastinal sampling	Amr Albanna - KSA
16:20 - 16:30	Break	

	Practical part: 16:30-18:50 Practical part: 16:30-18:50					
Station	TBNA/TBN Core Biopsy	EBUS-TBNA	EBBx,TBBX, EB Brush	ENB Device		
Instructor	Atul C. Mehta	Majed Alghamdi	Mohammed Alhajji	Medtronic in collaboration with FUJIFILM Value from Innovation		
Time	45min	45min	45min	45min		
Group	А	В	С			
Group	В	С	Α			
Group	С	А	В			
18:50 - 19:00	Evaluation & Feedback					