

**AMERICAN SOCIETY  
FOR  
GASTROINTESTINAL ENDOSCOPY**

**SPECIAL INTERNATIONAL WORKSHOP**

**FUTURE DEVELOPMENTS  
IN GASTROINTESTINAL ENDOSCOPY**

**THURSDAY, MAY 24, 1973  
NOON TO 3:00 P.M.  
AMERICANA HOTEL, N. Y., N. Y.**

**Arrangements Committee:**

**Leonidas H. Berry  
Angelo Dagradi  
John Morrissey  
Mitchell Spellberg  
Henry Colcher**

PRELIMINARY WORKSHOP

"WET SESSION"

MICHAEL REESE AND COOK COUNTY HOSPITALS, CHICAGO  
MAY 17 and 18, 1973

Featuring Advanced Technics in Distal Duodenoscopy,  
Transduodenal Cholecysto-cholangiography and  
Pancreatography

Guest Endoscopist and Gastroenterologist  
ITARU OI  
Associate Director  
Institute of Gastroenterology  
Tokyo Women's Medical College, Japan

FINAL WORKSHOP

"DRY SESSION"

AMERICANA HOTEL, N. Y., N. Y.  
THURSDAY, MAY 24, 1973  
NOON TO 3:00 p.m.

PROGRAM

LUNCHEON

Remarks - Henry Colcher, President, ASGE

Leonidas H. Berry, Chairman - Presiding

Co-Chairmen

Sir Francis Avery Jones (England)

Sadataka Tasaka, President, Japan Endoscopy  
Society (Japan)

Norbert Henning, Honorary Member ASGE (Germany)

INTRODUCTION OF GUESTS

PROGRAM CONTINUED

SYMPOSIUM (A): ESOPHAGUS-STOMACH

- Moderator: Sir Francis Avery Jones  
Speakers: Future of Endoscopic Instruments -  
Philip A. LoPresti (USA) 10 min.  
Newer Developments in Endoscopic Photo-  
graphy -Jean Laurent (France) 10 min.  
Future of Early Gastric Cancer Concepts -  
Takao Sakita and Asao Kasumi (Japan) 10 min.  
Newer Frontiers in Therapeutic Endoscopy -  
Wolfgang Roesch (Germany) 10 min.  
Opening Discussion: Robert Nelson (USA)  
3 min.  
Question Period: 7 min.

SYMPOSIUM (B): BULBAR-POSTBULBAR DUODENUM

- Moderator: Sadataka Tasaka  
Speakers: Advanced Bulbar Duodenoscopy -  
Joseph Belber (USA) 10 min.  
Future of Papilla Cannulation -  
Itaru Oi (Japan) 10 min.  
Opening Discussion: Basil Hirschowitz  
(USA) 3 min.  
Question Period: 7 min.

SYMPOSIUM (C) RECTUM-COLON

- Moderator: Norbert Henning  
Speakers: Future of Colonoscopy -  
Howard J. Eddy, Jr. (USA) 10 min.  
Growth of Surgical Technics -  
Hironi Shinya (USA) 10 min.  
What about Teaching and Training  
Standards for the Future -  
Henry Colcher 3 min.

## COMPOSITE ABSTRACT

Time and space do not permit the printing of individual abstracts of the papers submitted for this Workshop. In the statement which follows, a composite abstract of some of the salient points of the discussions will be presented.

### RAPID DEVELOPMENT OF INSTRUMENTS

Among the subjects frequently raised, regarding future projections of Endoscopy is the problem of acquisition of rapidly developing, multiple expensive instruments. The obvious trends indicate that more endoscopic instruments with increasing ingenious capabilities will continue to be built. It is difficult to curb the inventive genius of man. It may be equally difficult to control the exploratory curiosity of enterprising endoscopists. Hopefully the advancement of medical care will always prevail as the highest standard of progress for the future.

### DIAGNOSTIC GASTROESOPHAGOSCOPY

#### Instruments

Progress in endoscopic diagnosis of the Upper G.I. tract will continue to greatly depend upon the development of clinically justifiable and capable instruments. New instrument development tends to follow demands of responsible endoscopists. Present trends are in the direction of shorter, deflecting tips, which bend in multiple directions and at more acute angulations. These developments may decrease the need for wide retroflexion and U-turns. On the other hand, there must be greater care against the risks or esophageal impaction. Diameters would become smaller for certain purposes and forward-viewing scopes will continue to be the most universally

useful. Side-viewing scopes are still essential to complete gastroscopy in many instances.

### Special Instruments

There are exciting new possibilities in this area for the immediate and distant future.

### Macro and Micro- Metric Instruments

These types of instruments with advanced capabilities are in the early stages of development. They include the Themister, a thin fiber bundle instrument for thermometry or temperature evaluation of lesions through the endoscope.

### Color and pH Instruments

Color and pH measurements are being made experimentally by spectro-photometric analysis, made possible by insertion of thin fiber bundles through special channels in the endoscope.

### Meter Sticks and Microfiberscopes

Meter sticks and Microfiberscopes for studying magnified small areas of the mucosa with standard endoscopic control are in use in the early stages of development at the present time. Very meaningful progress should develop in this area in the near future.

### Forceps, Brushes and Jet Stream Instruments

These types of instruments will be improved in the not too distant future. Storage chambers for multiple biopsies, eliminating the need for separate specimen retrieval, such as were used with lens scopes, are needed. Improved brush techniques and re-evaluation of jet stream and suction methods for certain problems may soon be developed.

## PHOTOGRAPHY

Cameras will become more instamatic with more sensitive film and advanced mechanisms. Polaroid techniques, ultraviolet and other types of light sources with fiber glass, plastic and other types of light transmitting materials are being used experimentally. Fluorescent dyes, vital staining and microangiography are techniques which may improve the diagnosis of early cancer and cancer precursor lesions in the near future.

## DUODENOSCOPY

The exploration of the bulbar and post-bulbar duodenum is being performed meaningfully by more and more endoscopists each year. Duodenoscopy just for the sake of duodenoscopy is not justified either now, nor for the future. Insufficient indications are often associated with added risks of injury. The attractive and fascinating procedure of cannulating the papilla of Vater for the study of the biliary tract and pancreas has great and, as yet, unexplored diagnostic possibilities for the future. The procedure requires special skills and training and more expertise will be necessary as the technics advance.

## PROCTOCOLONOSCOPY

There is increasing interest in the diagnostic fiberoptic colonoscopy. Most experienced endoscopists do not feel that conventional rigid tube proctoscopy with fiberoptic lighting will be replaced by elaborate expensive fiberoptic technics. Special skills are required and trial and error methods without certain optimal supervised training is to be deplored now and for the future.

## THERAPEUTIC ENDOSCOPY

Colon and gastric polypectomy is being satisfactorily performed in skilled hands. The generated enthusiasm, particularly among surgeons, is remarkable. The future of this method, like all new procedures, cannot be fully evaluated from the outset. Much depends upon whether the remarkable degree of enthusiasm by internists and surgeons can be tempered with good clinical judgement. In some areas there would seem to be the need for individual restraint and realization that an optimal amount of supervised training and experience is essential to the justification of attempting these procedures. In skilled hands the future holds many important possibilities. Included are topical hemostasis and electrocoagulation in spontaneous hemorrhagic diseases; the removal of foreign bodies with miniature forceps and magnetic instruments; adequate intravascular treatment of esophageal varices and other techniques which may become superior and more advantageous than present procedures.

## TEACHING AND TRAINING

There are obviously an insufficient number of training opportunities to meet present demands in endoscopy. The immediate future does not seem to offer any significant improvement. How to meet this problem varies in different parts of the world and in different geographic localities of the United States. Some thoughts to be pondered by all participants of this Workshop will be presented and hopefully by universal cooperative effort, increasingly adequate solutions to the teaching and training problem will be found in the near future.

More Workshops which bring together advanced authorities and clinicians whose endoscopic experiences are less advanced, but who carry the burden of human need would seem to bring important answers to many of our problems.