Continuing Medical Education Exam: April 2018

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Instructions:

The GIE: *Gastroinintestinal Endoscopy* CME Activity can now be completed entirely online. To complete do the following:

1. Read the CME articles in this issue carefully and complete the activity:

Repici A, Fuccio L, Maselli R, et al. GERD after per-oral endoscopic myotomy as compared with Heller's myotomy with fundoplication: a systematic review with meta-analysis. Gastrointest Endosc 2018;87:934-43.
Park CH, Jung JH, Hyun B, et al. Safety and efficacy of early feeding based on clinical assessment at 4 hours after ERCP: a prospective randomized controlled trial. Gastrointest Endosc 2018;87:1040-9.
Buxbaum J, Sahakian A, Ko C. Randomized trial of cholangioscopy-guided laser lithotripsy versus conventional therapy for large bile duct stones (with videos). Gastrointest Endosc 2018;87:1050-60.
Lin D, Soetikno RM, McQuaid K, et al. Risk factors for postpolypectomy bleeding in patients receiving anticoagulation or antiplatelet medications. Gastrointest Endosc 2018;87:1106-13.

2. Log in online to complete a single examination with multiple choice questions followed by a brief post-test evaluation. Visit the Journal's Web site at www.asge.org (members) or www.giejournal.org (nonmembers).
3. Persons scoring greater than or equal to 75% pass the examination and can print a CME certificate. Persons scoring less than 75% cannot print a CME certificate; however, they can retake the exam. Exams can be saved to be accessed at a later date.

You may create a free personal account to save and return to your work in progress, as well as save and track your completed activities so that you may print a certificate at any time. The complete articles, detailed instructions for completion, as well as past Journal CME activities can also be found at this site.

Target Audience

This activity is designed for physicians who are involved with providing patient care and who wish to advance their current knowledge of clinical medicine.

Learning Objectives

Upon completion of this educational activity, participants will be able to:

1. Contrast gastroesophageal reflux disease after per-oral endoscopic myotomy versus Heller's myotomy for achalasia.
2. Explain the risk of early compared with late feeding for post-ERCP pancreatitis in a low-risk patient group.
3. State the performance characteristics of cholangioscopy-guided laser lithotripsy versus conventional approaches for difficult bile duct stones.
4. Identify ways to reduce postpolypectomy bleeding in patients receiving anticoagulation or antiplatelet agents.

Continuing Medical Education

The American Society for Gastrointestinal Endoscopy (ASGE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
The ASGE designates this Journal-based CME activity for a maximum of 1.0 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Activity Start Date: April 1, 2018
Activity Expiration Date: April 30, 2020

Disclosures

Disclosure information for authors of the articles can be found with the article in the abstract section. All disclosure information for GIE editors can be found online at http://www.giejournal.org/content/conflictofinterest. CME editors, and their disclosures, are as follows:

Prasad G. Iyer, MD (Associate Editor for Journal CME)
Consulting/Advisory/Speaking: Olympus; Research Support: Takeda Pharma
Amit Rastogi, MD (Associate Editor for Journal CME)
Consulting/Advisory/Speaking: Olympus
James Buxbaum (CME Editor):
Disclosed no relevant financial relationships.
Karthik Ravi, MD (CME Editor):
Disclosed no relevant financial relationships.
William Ross, MD (CME Editor):
Consulting/Advisory/Speaking: Boston Scientific, Olympus
Brian Weston, MD (CME Editor):
Disclosed no relevant financial relationships.

Minimum Online System Requirements:
486 Pentium 1 level computer (PC or Macintosh)
Windows 95,98,2000, NT, or Mac OS
Netscape 4.X or Microsoft Internet Explorer 4.X and above
16 MB RAM
56.6K modem

Continuing Medical Education Questions: April 2018

QUESTION 1 OBJECTIVE:

Contrast gastroesophageal reflux disease after per-oral endoscopic myotomy versus Heller's myotomy for achalasia.

Gastroesophageal reflux disease after per-oral endoscopic myotomy versus Heller's myotomy for achalasia

Question 1:

A 46-year-old woman with achalasia elects to undergo per-oral endoscopic myotomy (POEM) versus conventional laparoscopic Heller's myotomy (LHM). Based on the findings of the current study, patients who underwent POEM had a higher incidence of which of the following?

Possible answers: (A-E)

A. Symptomatic reflux
B. Endoscopic finding of esophagitis
C. Abnormal acid exposure at pH-monitoring
D. All of the above
E. None of the above

Look-up: Repici A, Fuccio L, Maselli R, et al. GERD after per-oral endoscopic myotomy as compared with Heller's myotomy with fundoplication: a systematic review with meta-analysis. Gastrointest Endosc 2018;87:934-43.

QUESTION 2 OBJECTIVE:

Explain the risk of early compared with late feeding for post-ERCP pancreatitis in a low-risk patient group.

Safety and efficacy of early feeding based on clinical assessment at 4 hours after ERCP: a prospective randomized controlled trial

Question 2:

A 40-year-old woman presents to the emergency department with 12 hours of persistent right upper quadrant pain. Vital signs are within normal limits, but laboratory studies are remarkable for an AST and ALT greater than 3 times the upper limit of normal and a total bilirubin of 3.4 mg/dL, with a direct bilirubin of 2.8 mg/dL. An abdominal ultrasound demonstrates choledocholithiasis.

An ERCP is performed with difficult cannulation. Ultimately, sphincterotomy and balloon sweep of the common bile duct are performed, with removal of a single 6-mm stone. Subsequent cholangiogram showed no residual stones and good flow. No plastic pancreatic duct stent is placed. The patient is admitted to the hospital, and you see him 4 hours after the procedure. He is feeling well and denies any abdominal pain. Laboratory studies are within normal limits, including a serum amylase. He is hungry and asks whether he can eat. Which of the following is true regarding initiation of a diet now?

Possible answers: (A-E)

A. Compared with waiting 24 hours, initiating a diet at 4 hours after the ERCP is associated with an increase in medical cost and higher risk of post-ERCP pancreatitis.
B. Compared with waiting 24 hours, initiating a diet at 4 hours after ERCP is associated with an increase in medical cost but no difference in the risk of post-ERCP pancreatitis.
C. Compared with waiting 24 hours, initiating a diet at 4 hours after the ERCP is associated with a lower medical cost but higher risk of post-ERCP pancreatitis.
D. Compared with waiting 24 hours, initiating a diet at 4 hours after the ERCP is associated with a lower medical cost and no difference in the risk of post-ERCP pancreatitis.
E. Compared with a patient without difficult cannulation, initiation of a diet at 4 hours post ERCP is associated with an increase in medical cost and higher risk of post-ERCP pancreatitis.

Look-up: Park CH, Jung JH, Hyun B, et al. Safety and efficacy of early feeding based on clinical assessment at 4 hours after ERCP: a prospective randomized controlled trial. Gastrointest Endosc 2018;87:1040-9.