

Institution : Grupo Hospitalar Conceição – Ministério da saúde

Duration of Fellowship : 1 year – Fully funded clinical training year

Number of Available Fellowship Positions : 1

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Objectives of the Program : This program will provide advanced clinical training, teaching and research opportunities in the field of Endocrine Surgery. Fellows will become proficient in the diagnosis and surgical treatment of endocrine diseases. This fellowship offers and include complete integration with medical endocrinology, nuclear medicine and endocrine pathology. This program provides an outstanding opportunity for surgeons to develop the expertise to follow careers in Surgical Endocrinology.

Highlights of the Fellowship : This is the first Endocrine Surgery fellowship program established in Brazil since 2014 in the Conceicao Hospital Group. The Conceição Hospital Group is the largest health center in south of Brazil, management by of the Health Ministry, with more than 2,000 beds, that serves a large number of patients with thyroid, parathyroid, adrenal and pancreatic surgical endocrine diseases. The fellow will train with 3 experienced Endocrine Surgeons(Alberto S. Molinari, M.D.,M.S. , Alberto Treiquer, M.D. , José Gustavo Olijnyk,M.D. , M.S.). This service perform around 300 thyroidectomies, 60 parathyroidectomies, 8 adrenal tumors and 2 neuroendocrine pancreatic and GI tumor cases / year. Fellows will have an independent staff clinic entirely devoted to endocrine tumor and surgical endocrine disease. Fellows will become proficient in office and intraoperative ultrasound for thyroid and parathyroid disease. As the endocrine Surgery Service in our hospital, since 1,997, we perform the intraoperative parathyroid hormone monitoring for minimally invasive parathyroidectomy, the fellow will be well-versed with this approach. Fellows also play an active role in subspecialty conferences and clinical research besides manuscript preparation and publication. This program is designed to give fellows graded and able them to practice endocrine surgery independently at the end of the fellowship year as a Specialist in Endocrine Surgery by the Brazilian Association of Endocrine Surgeons(SBEC).

Program website for more information : www.endocrinologiacirurgica.org.br

Previous fellows : Alberto Treiquer, MD

Associate Professor of Endocrine Surgery
Division of Endocrine Surgery
Clinical and Surgical Endocrinology Service
Conceicao Hospital Group – PoA / RS

Jose Gustavo Olijnyk, MD , M.S.

Associate Professor of Endocrine Surgery
Division of Endocrine Surgery
Clinical and Surgical Endocrinology Service
Conceicao Hospital Group – PoA / RS

Cleuber Andrey B. da Rosa, M.D.

Endocrine Surgeon in private practice

Current fellow : Noslen Rodrigues de Souza

FELLOWSHIP PROGRAM IN ENDOCRINE SURGERY

INTRODUCTION

Established in 1996, the Division of Endocrine Surgery at Conceição Hospital Group, the largest health center in south of Brazil, management by of the Health Ministry, with more than 2,000 beds, that serves a large number of patients with thyroid, parathyroid, adrenal and pancreatic surgical endocrine diseases, as part of clinical training, teaching and research projects in the field of Endocrine Surgery for the Residence Program in General Surgery. Since that time, we have grown to become one of the largest endocrine surgery division in the country.

In 2014 was established the fellowship program in Endocrine Surgery, with one year of duration, providing advanced clinical training, teaching and research opportunities in the field of Endocrine Surgery . The candidates for the residency program in area of expertise in endocrine surgery, must have completed at least 2 (two) year residency in general surgery, in regular program accredited by the National Commission of Medical Residency (CNRM).

We are dedicated to advancing the art and science of endocrine surgery through innovative laboratory and clinic research and our surgeons are involved in studies of thyroid cancer, hyperparathyroidism, adrenal tumors and neuro-endocrine pancreatic e gastrointestinal tumors cases.

The Endocrine Surgery Division is made up by three experienced Endocrine Surgeons(Alberto S. Molinari, M.D.,M.S. , Alberto Treiguer, M.D. , José Gustavo Olijnyk,M.D. , M.S.). and perform around 300 thyroidectomies, 60 parathyroidectomies, 8 adrenal tumors and 2 neuroendocrine pancreatic and GI tumor cases / year. All this endocrine surgeons are Active Member of the Brazilian Society of Surgical Endocrinology(SBEC).

The fellowship program in Endocrine Surgery is fully integrated with the services of clinical endocrinology, nuclear medicine, pathology and radiology that routinely make meetings like Tumor Board. Our Clinical and Research Fellowships are integral components of our Program, working closely with the surgical residents and medical students, help us to provide the highest level of care for our patients. Our research fellows seek to gain new understanding of endocrine disease in order to improve the practice of endocrine surgery.

We also provide, with services of Nuclear Medicine, pathology, Radiology/ultrasound and oncology services , rotations and/or internships to supplement training in areas linked to the surgical Endocrinology and indispensable for the formation of the endocrine surgeon.

The resident in endocrine surgery should be encouraged to participate in the scientific activities of the Brazilian Society of Endocrinology and Metabolism (SBEM), the Brazilian Society of Surgical Endocrinology and the annual meeting of the AAES.

Endocrine surgeons at this division commonly treat the following diseases (*grouped by area*):

- **Thyroid** (thyroid nodules and goiters, thyroid cancer, Graves' disease)
- **Parathyroid** (primary hyperparathyroidism, renal patients with hyperparathyroidism and parathyroid cancers)
- **Adrenal** (pheochromocytoma, Cushing's syndrome, hyperaldosteronism, adrenocortical cancer, adrenal metastases, and incidentaloma)
- **Pancreas** (insulinoma, gastrinoma, neuroendocrine tumors of the pancreas).

GOALS

- 1- Demonstrate knowledge and understanding of the anatomy and physiology of the endocrine glands, in their normal and pathological States;
- 2- Demonstrate the ability to diagnose clinical endocrine diseases associated with the endocrine surgery;
- 3- Develop knowledge of endocrine disorders, hereditary and the understanding of the genetic role in these relations as well as the management and your diagnosis;
- 4- Demonstrate a critical sense of controversy and of current areas of research in the literature in the field of endocrine surgical pathologies
- 5- Demonstrate the ability to apply this knowledge and safely perform the appropriate surgical procedure for all these endocrine pathologies here defined, recognizing the best recommendation for each procedure.

CURRICULUM

- 1-Describe complete and detail the evolution of patients suspected of having endocrine surgical disease. Collaborate with the clinical evaluation and complementary to the diagnosis and evolution of these patients and on appropriate research orientation.
- 2-Participate in and handle the pre-operative and post-operative care of patients undergoing the surgery of thyroid, parathyroid, adrenal and neuro-endocrine pancreatic e gastrointestinal tumors.
- 3-Join the theoretical activities of medical residency program in Clinical Endocrinology, when focus are pathologies of the thyroid, parathyroid, adrenal and neuro-endocrine tumors of the pancreas and gastrointestinal.
- 4-Training to develop basic science and clinical research by enabling it to the collection, processing and interpretation of data.
- 5-Enable to the interpretation of imaging in Nuclear Medicine and Radiology of the endocrine surgery-related pathologies, in rotation in Nuclear Medicine and radiology Services.
- 6- Perform, assist or assist the achievement of the following surgical procedures:

a- THYROID

- Partial Thyroidectomy
- Total Thyroidectomy and *near* total

- Thyroidectomy for retrosternal goiter (mergulhante)
- Thyroidectomy for multinodular goiter (OKAY)
- Thyroidectomy for Graves ' disease
- Thyroid Reoperations (complement total thyroidectomy)
- Dissection of cervical central and lateral compartments

b- PARATHYROID

- Localization and resection of the inferior parathyroid
- Localization and resection of the superior parathyroid
- Localization and resection of ectopic parathyroid
- Reoperations in hyperparathyroidism
- Minimally invasive surgery in primary hiperparatireoisimo
- Surgical conventional Treatment in primary hyperparathyroidism exploration.
- Total Paratireoidectomia with transplantation and subtotal in multiple endocrinopathy and chronic kidney patient.

c- ADRENAL GLANDS

- Adrenal surgery left (anterior, posterior and video-laparoscopic)
- Adrenal surgery (anterior, posterior and video-laparoscopic)
- Retro-peritoneal Dissection of lymph nodes.
- Retro-peritoneal block resection for malignancy.

d- NEURO-ENDOCRINE TUMORS OF THE PANCREAS AND THE TGI

- Resection and enucleation-neuro-endocrine Pancreatic Tumors
- Resection of You neuro-endocrine, gastro-intestinal including mesenteric lymph node chain dissection.

7- Be able to interpret and order appropriately endocrine tests and imaging studies for each of the following glands:

- a- Thyroid
- b- Parathyroid
- c- Adrenal glands
- d- Endocrine pancreas
- e- Neuro-endocrine gastro-intestinal tumors

8- Enable proper interpretation on cytology and pathology of the surgical conditions of thyroid and parathyroid glands.

- 9- Training to develop basic science and clinical research by enabling it to the collection, processing and interpretation of the data in the statistical service curriculum rotation and epidemiology of institution or in conjunction with another.
- 10- Develop skills to write and submit articles produced within the service at national and international meetings.
- 11- Produce a scientific paper to be presented in national magazine until the completion of the program.
- 12- Participate in studies of image, biochemical and metabolic used for localization of ectopic parathyroid glands and pancreatic insulinomas(intra-operative parathyroid hormone dosage, trans-operative ultrasound, sequencial determination of insulinemia stimulated by calcium)