Co-Directors: Ofelia Mosteanu, Teodora Atena Pop

Invited Experts: Mostafa Ibrahim, Pradeep Mudre, Theodor Voiosu, Andrei Voiosu, Cristina Mocanu, Bogdan Busuioc, Bogdan Ungureanu, Gheorghe Balan, Laura Lucaciu, Cristian Nedelcu, Catalina Bordianu, Iulia Deac

PROGRAMME

Februry 27, 2026	
12:00 – 13:00	**Registration and Welcome Coffee Break**
13:00 – 13:15	**Course opening**
13:15 – 15:00	**Hands-on** **Station 1 The Difficult Colon Lab** ***Focus:*** • dolichocolon, post-surgical anatomy, severe diverticular disease • predictive loop management • knowing when to continue, stop, or refer ***Skills Acquisition Pathway:*** 1. Master scope handling – fine control of tip deflection, torque steering, and image stability. 2. Recognize and manage loops – identify loop patterns and apply effective reduction maneuvers. 3. Navigate efficiently – progress confidently to the cecum with correct anatomical orientation. 4. Optimize mucosal inspection – apply washing, retroflexion, and detection of subtle flat lesions. *Outcome: Build the essential foundation required for all advanced endoscopic procedures.* **Station 2 EUS – FNA /FNB Acquisition Lab** ***Skills Acquisition Pathway:*** 1. Understand image orientation & anatomy – identify key structures and echogenic patterns.

2. Target lesions with confidence – stabilize the echoendoscope and position the needle path.
3. Perform needle puncture – coordinate needle movement precisely under real-time EUS guidance.
4. Optimize tissue acquisition – practice suction, fanning, and core sampling techniques.
5. **patient and lesion selection:** when to sample — and when not to
6. **FNA vs FNB decision logic:** choosing the right technique for the clinical question
7. **needle selection:** gauge, design, and indications
8. **scope position and stability:** controlling the puncture platform
9. **needle techniques:** fanning, torque, stroke length, suction strategy
10. **sample adequacy:** what "good tissue" really means
11. troubleshooting: bloody samples, insufficient cellularity, difficult access

Outcome: Acquire the fundamental skills necessary for high-quality diagnostic EUS.

Station 3: Polypectomy & EMR Lab.

Not techniques. Decisions.

- cold vs hot resection in 2026
- fibrotic and non-lifting lesions
- piecemeal vs en bloc: outcome-driven choices

Skills Acquisition Pathway:

1. Characterize lesions – determine when to use cold, hot, en-bloc EMR, or piecemeal resection.
2. Perform submucosal lifting – create a safe and adequate dissection plane with proper injection.
3. Control the snare effectively – practice optimal snare placement and activation.
4. Manage complications – learn immediate strategies for bleeding or deep mural injury.

Outcome: Gain essential modern polypectomy and EMR competencies for screening and therapy.

Station 4: Hemostasis

Skills Acquisition Pathway:

1. Recognize bleeding patterns – differentiate spurting, oozing, and exposed vessel lesions.
2. Perform injection therapy – control depth and volume for effective tamponade.
3. Apply mechanical hemostasis – place clips with accuracy and proper tissue capture.
4. Use thermal modalities – practice targeted coagulation with controlled energy delivery.

Outcome: Develop a complete toolbox for rapid and reliable endoscopic hemostasis.

Station 5: PEG Beyond the Procedure: Decision & Risk Management Lab. Because PEG is simple—until it isn't.

PEG Component – Skills Acquisition Pathway:

1. Select a safe site – use transillumination and palpation to confirm landmarks.
2. Perform puncture & guidewire placement – practice controlled access and wire advancement.
3. Complete the PEG placement – simulate externalization and secure fixation of the tube.

Outcome: Master essential techniques for enteral access

Station 6: Endoscopic Closure & Perforation Management Station

Stepwise strategies, not devices

- TTS vs OTSC
- sequential closure algorithms
- recognizing when endoscopy should stop

Skills Acquisition Pathway:

	1. Identify defect types – distinguish mucosal, deep, and full-thickness injuries. 2. Perform TTS clip closure – learn proper grasping, tissue approximation, and clip deployment. 3. Use OTSC systems – practice closure of large or complex defects. 4. Simulate endoscopic suturing – understand indications and basic suturing mechanics. *Outcome: Build confidence in managing endoscopic complications and restoring GI integrity.* **Station 7: ERCP Cannulation & Therapeutic Techniques Station** ***Skills Acquisition Pathway:*** 1. Identify papillary anatomy – understand variations and choose tailored cannulation strategies. 2. Develop refined wire control – practice controlled guidewire advancement in biliary/pancreatic ducts. 3. Achieve selective cannulation – follow step-by-step algorithms for safe and efficient access. 4. Simulate therapeutic maneuvers – stenting, sphincterotomy, and stone extraction (demo). *Outcome: Gain the core competencies needed for safe and effective ERCP practice.* **Station 8: Stenting Lab: Acquisition Skills** ***Not about devices. About control.*** • Choosing the right stent • Deploying with precision • Managing errors before they become complications
15:00 – 15:30	**Coffee break**
15:30 – 17:30	**Network Workshop:The Difference Between Medical Error, Complication, and Assumed Risk in Medicine - Catalina Bordianu si Valentina Saygo**

	In medicine, the terms *medical error*, *complication*, and *assumed risk* (or *accepted/justified risk*) have distinct meanings, both from a medical and a legal perspective, particularly with regard to the physician's liability. Understanding the difference between error, complication, and assumed risk is essential not only in a litigation context, but especially in everyday clinical practice. A complication may occur even when the medical indication is correct and the procedure is performed in accordance with established protocols, whereas a medical error involves a deviation from the applicable standard of professional care. Assumed risk, in turn, requires that the patient be genuinely and properly informed, with such information being documented, rather than treated as a mere formality. This presentation aims to provide physicians with clear reference points for understanding these distinctions, supported by practical examples from daily practice, and to emphasize the role of documentation, communication, and sound medical decision-making in building professional legitimacy. The objective is not to create fear or promote defensive medicine, but to enhance safety in medical practice and reduce conflict through clarity, accountability, and balance. **Coffee break**
17:30 - 18:00	**Symposia**
18:00 – 18:30	
	Plenary Lecture Session ***Chairs:***
18:30 – 19:30	***Lectures:*** ■ **Post-Procedure Damage Control. The procedure is over. The risk is not.** ■ **Mastering ESD: Key Strategies, Pitfalls, and Technical Pearls for Difficult Lesions – Pradeep Mudre**

	▪ **This lesion: EMR, ESD, eFTR or surgery? – Theodor Voiosu** ▪ **EUS When Things Go Wrong: Troubleshooting Access, Bloody Samples, and Failed Tissue Acquisition – Ofelia Mosteanu** **Discussion and wrap-up of the theoretical session**
20.00-22.00	**Welcome Cocktail**
	February 28, 2026
09:00 – 11:00	**Hands-on** **Station1: The Difficult Colon Lab** **Station 2: EUS Decision Lab – Basic and Advanced Cyst Drainage** ***Drain, sample, observe… or walk away*** • FNA vs FNB selection • route planning for cyst drainage • knowing when not to puncture ***EUS-LAMS Component – Skills Acquisition Pathway:*** 1. Identify collections – understand EUS criteria for WON and pseudocyst drainage. 2. Align scope and target – maintain a stable axis and assess distance to the collection. 3. Deploy the LAMS stent – simulate cautery puncture, tract creation, and flange release. 4. Confirm drainage – recognize signs of effective decompression. *Outcome: Master essential techniques for advanced EUS-guided therapeutic procedures.* **Station 3: Polypectomy & EMR Lab.** **Station 4: Bleeding Under Pressure** ***30 seconds to decide*** • time-limited bleeding simulations

	• prioritization and leadership under stress • algorithm-based decision-making **Station 5: PEG Beyond the Procedure: Decision & Risk Management Lab.** **Station 6: Endoscopic Closure & Perforation Management Station** **Station 7: ERCP Cannulation & Therapeutic Techniques Station** **Station 8: Stenting Lab: Acquisition Skills**
11:00 -11:30 11:30 -12:30	**Coffee break**
	Network Workshop „Who's afraid of the difficult patient?" - Iulia Deac **Agenda:** The difficult patient - definition Types of difficult patients Roles of the healthcare professional
12:30 -13:00	**Symposia**
13:00 – 14:00	**Lunch**
14:00 - 15:30	**Core skills level:** **THE DECISION ROOM:** ***Endoscopy is technique. Mastery is judgement.*** ▪ **Endoscopic Failure Management. What happens after the complication – (Chindea) -Gheorghe Balan** ▪ **Sampling vs Observing: The Pancreatic Cyst Dilemma – (Szolosi) – Cristina Mocanu** ▪ **Piecemeal Resection: Acceptable or Dangerous? – (Iepure) – Andrei Voiosu**
15:30 - 16:00	▪ **The First 60 Seconds: What's Your Plan? – (ciabotar csilla) – colangioscopie – Bogdan Ungureanu**
16:00 – 18:00	**Coffee break**

	Hands-on **Station1: The Difficult Colon Lab** **Station 2: EUS – FNA/FNB Acquisition Lab** **Station 3: ESD Dissection Technique Station** ***Skills Acquisition Pathway:*** 1. Mark and incise precisely – define lesion borders and create the initial mucosal entry. 2. Identify the correct plane – work within the avascular submucosal layer for safe dissection. 3. Use traction techniques – apply distal caps or clip-line methods for enhanced visibility. 4. Perform targeted hemostasis – control bleeding without disrupting the dissection. *Outcome: Develop advanced precision skills for complete oncologic resections.* **Station 4: Electrosurgery Without Fear** ***Stop guessing. Start understanding.*** real-world generator settings common errors and their consequences translating physics into safe practice total control without guesswork **Station 5: PEG Beyond the Procedure: Decision & Risk Management Lab. – Pradeep Mudre** **Station 6: Endoscopic Full Thickness Resection – eFTR – Bogdan Busuioc**
18:00 – 18:45	**Station 7: ERCP Cannulation & Therapeutic Techniques Station Teodora Pop** **Station 8: Stenting Lab: Acquisition Skills – Mostafa Ibrahim**
18:45 – 19:00	***Meet the expert:*** Participant Cases - Interactive discussion with the trainers. Closing Session