

# So you want to be ... a gastroenterologist

Of the medical specialities gastroenterology offers the most varied mixture of day-to-day work – from busy, interesting, clinics to the management of sick inpatients and on to the endoscopy suite. Gastroenterologists manage a wide variety of conditions encompassing the whole of the gastrointestinal tract.

There is a trend to increasing subspecialization within gastroenterology, but most consultants still practice across the wide spectrum of liver and luminal diseases which gives an interesting variety of patients to manage. Endoscopy adds that something extra, but gastroenterology is not just about endoscopy. One's clinical skills are frequently challenged by interesting cases and there remains a large component of art in the management of many patients.

There have been many exciting developments in the treatment of gastrointestinal disorders. While proton pump inhibitors and eradication of *Helicobacter pylori* can deal with most upper gastrointestinal disorders, many challenges remain. Oesophageal carcinoma cases continue to rise, but there are new ways to treat early cancers endoscopically, so avoiding the mortality and morbidity of major surgery, and new ways to deal with Barrett's oesophagus, the precursor to many of these cancers.

Early use of immunosuppression and the introduction of biological treatments have transformed the management of inflammatory bowel disease and, in particular, Crohn's disease. Genetic developments hold the promise of being able to phenotype subtypes of inflammatory bowel disease and so help to predict behaviour of an individual patient's disease, and tailor treatment accordingly.

Gastroenterologists work closely with colleagues in surgery, radiology, oncology and histopathology with, perhaps, more of a multidisciplinary team component to routine practice than many other speciali-

ties. Management of upper gastrointestinal carcinomas, most of which unfortunately remain unresectable, has largely passed to gastroenterologists.

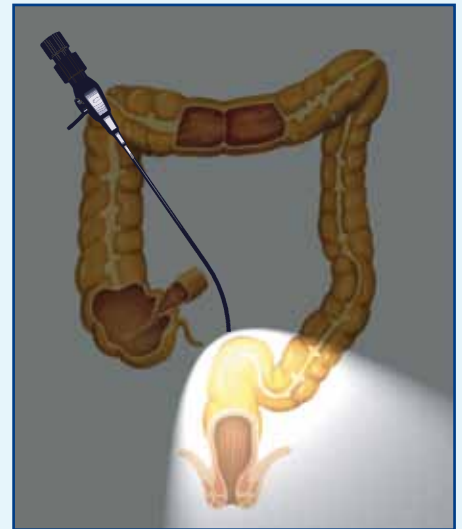
Training in endoscopy has been transformed over the last few years and now has a very structured approach. Increasingly complex endoscopic procedures are now performed with an aim of making surgical colleagues' knives as redundant as possible! Developments include endoscopic resection of large or complex colonic polyps and mucosal resection of early cancers in the upper gastrointestinal tract. The bowel cancer screening programme has been rolled out across the country. Many screened patients have challenging polyps to deal with and methods to deal with these continue to improve.

Endoscopic ultrasound is invaluable in the management of cancers and biliary disease. ERCP (endoscopic retrograde cholangiopancreatography) can deal with most biliary problems and can be the most challenging and enjoyable of endoscopic procedures – perhaps the ultimate video game for the Nintendo generation.

Most upper gastrointestinal bleeds are now managed endoscopically using a combination of injection, diathermy and novel clipping devices. Variceal bleeding can be very scary to the non-specialist, but responds well to banding and the newer pharmacological agents. Achieving haemostasis in patients bleeding heavily from ulcers or varices is very satisfying.

Functional gut disorders remain the bread and butter of outpatient gastroenterology. Irritable bowel syndrome may cause eye-rolling in some circles, but treating these patients can be very rewarding. Understanding of many functional gut disorders is increasing, but there is still a lot to learn. Most of these patients, however difficult, can be helped, substantially improving their quality of life. Perhaps it is in this area, more than others, that gastroenterology is a real art.

The volume of work in gastroenterology shows no sign of reducing – you will always be busy. A downside is that many targets,



including the 2-week cancer rule, can distort service provision. This risks swamping the service and disadvantaging other patients, so needs careful management.

## Conclusions

Gastroenterology is a broad speciality with a really good mixture of diseases, acute and chronic, which will always keep you on your toes and retain your interest. Endoscopy is a further interesting element, with much satisfaction and enjoyment to be gained, particularly from therapeutic procedures.

Entrance into gastroenterology training remains quite competitive, but perhaps not quite as difficult as in previous years. Make the most of your foundation and core medical training, getting exposure to gastroenterology if possible. Completing audit projects, involvement in teaching and any publications will help you get over the hurdle of short listing, giving you every chance to shine at interview.

I have thoroughly enjoyed my career and strongly recommend this speciality. **BJHM**

*Conflict of interest: none.*

## KEY POINTS

- Gastroenterology is a broad speciality with a good mix of diseases, acute and chronic.
- Endoscopy adds to job variety and enjoyment. More complex endoscopic interventions are now possible.
- Biological therapies have led to huge strides in the management of inflammatory bowel disease.
- There is a large multidisciplinary team element to daily work.

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