**ESSO Hands-on Course on Minimally Invasive Oesophagectomy and Gastrectomy – 5 – 6 March 2026**

***Please complete this questionnaire and send to Ana Galán ana.galan@essoweb.org before 30 November 2025.***

**Personal information**

|  |  |
| --- | --- |
| Name | ………. |
| Age | ………. |
| Country | ………. |
| Year of graduation (surgeon) | ………. |

**Center information**

|  |  |
| --- | --- |
| Center of deployment: | ………. |
| My center has the facilities to perform minimally invasive surgery  | Yes / No |
| My center has a robotic surgical system | Yes / No |

**Open Surgery**

|  |  |
| --- | --- |
| Number of open esophagectomy procedures you have performed (estimation) | ………. |
| Number of open gastrectomy procedures you have performed (estimation) | ………. |

**Minimally invasive surgery**

|  |  |
| --- | --- |
| Do you have experience in assisting minimally invasive surgical procedures? | Yes / No |
| Do you have experience in assisting minimally invasive upper GI surgery? | Yes / No |
| Number of minimally invasive esophagectomy procedures you have assisted (estimation) | ………. |
| Number of minimally invasive gastrectomy procedures you have assisted (estimation) | ………. |
| Do you have experience in performing minimally invasive surgical procedures as primary surgeon? | Yes / No |
| Number of minimally invasive procedures you have performed (estimation) | ………. |
| Do you have experience in performing minimally invasive upper GI surgery as primary surgeon? | Yes / No |
| Number of minimally invasive esophagectomy procedures you have performed (estimation) | ………. |
| Number of minimally invasive gastrectomy procedures you have performed (estimation) | ………. |

**Robotic surgery**

|  |  |
| --- | --- |
| Do you have experience in assisting robotic surgical procedures? | Yes / No |
| Do you have experience in assisting robotic upper GI surgery? | Yes / No |
| Number of robotic esophagectomy procedures you have assisted (estimation) | ………. |
| Number of robotic gastrectomy procedures you have assisted (estimation) | ………. |
| Do you have experience in performing robotic surgical procedures as primary or secondary surgeon? | Yes / No |
| Number of robotic surgical procedures you have performed (estimation) | ………. |
| Do you have experience in performing robotic upper GI surgery as (partial) primary surgeon? | Yes / No |
| Number of robotic esophagectomy procedures you have performed (estimation) | ………. |
| Number of robotic gastrectomy procedures you have performed (estimation) | ………. |

**Comment (optional):**

|  |
| --- |
| ………. |