

### President's Introduction



Welcome to our readers from the Executive at ALSGBI.

I would like to start by thanking Mr Simon Dexter for leading the Association over the last two years with such enthusiasm and commitment. He has guided the society in adopting a section for Robotic Surgery, strengthened ties with industry, supported our ALTS section and housed a very successful Annual Scientific Meeting (ASM) in his home town of Leeds. You will be able to read a report of this in this edition of the newsletter. I can only hope to be as successful a President as Simon was. I am reassured however in that I know we have a superb team here at ALSGBI with the wonderful Association Managers – Jenny and Sarah, together with a solid Executive and Council who will not let me do anything stupid. We hope you find the Spring issue of the ALSGBI newsletter of interest. It contains reports from a variety of

recent meetings plus information about upcoming local and regional meetings. There are reports from our travel bursary winners and some other articles which you may or may not find of interest.

Plans for this year's Annual Scientific Meeting are well underway. We are returning to the ILEC Centre in Earls Court, London where we held our meeting in 2016. London is always a popular city for symposia and we hope to attract members from abroad as well as from all around the British Isles. Live surgery will be transmitted from The Royal Surrey County Hospital, Guildford under the direction of Professor Tim Rockall who can always be relied upon to provide a tremendous display of surgery.

As I write we are in the process of forming ties with several international laparoscopic Associations including India and

South Africa. Hopefully we will be able to provide more details in our next newsletter.

This edition will only be available online as it is being released at the start of the UK's involvement in the Covid-19 pandemic which is currently changing the face of all aspects of life and as yet has no predictable end point. All medical meetings and teaching sessions are being cancelled and no one knows what the surgical world will look like until it is all over. Hopefully we will be able to look back at this time (from our ASM in December) and appreciate how the surgical fraternity, medical profession and the nation has risen to deal with this unprecedented challenge.

We wish you all well.

**Mr Don Menzies**  
President, ALSGBI

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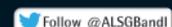
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## Editor's Introduction



This edition comes to you in the most surreal times I think anyone of our generation has ever experienced. The global viral pandemic that has been a possibility for many years is upon us in the form of SARS Cov-2: even the British Prime Minister is affected and as I type this newsletter he is in St Thomas' ITU.

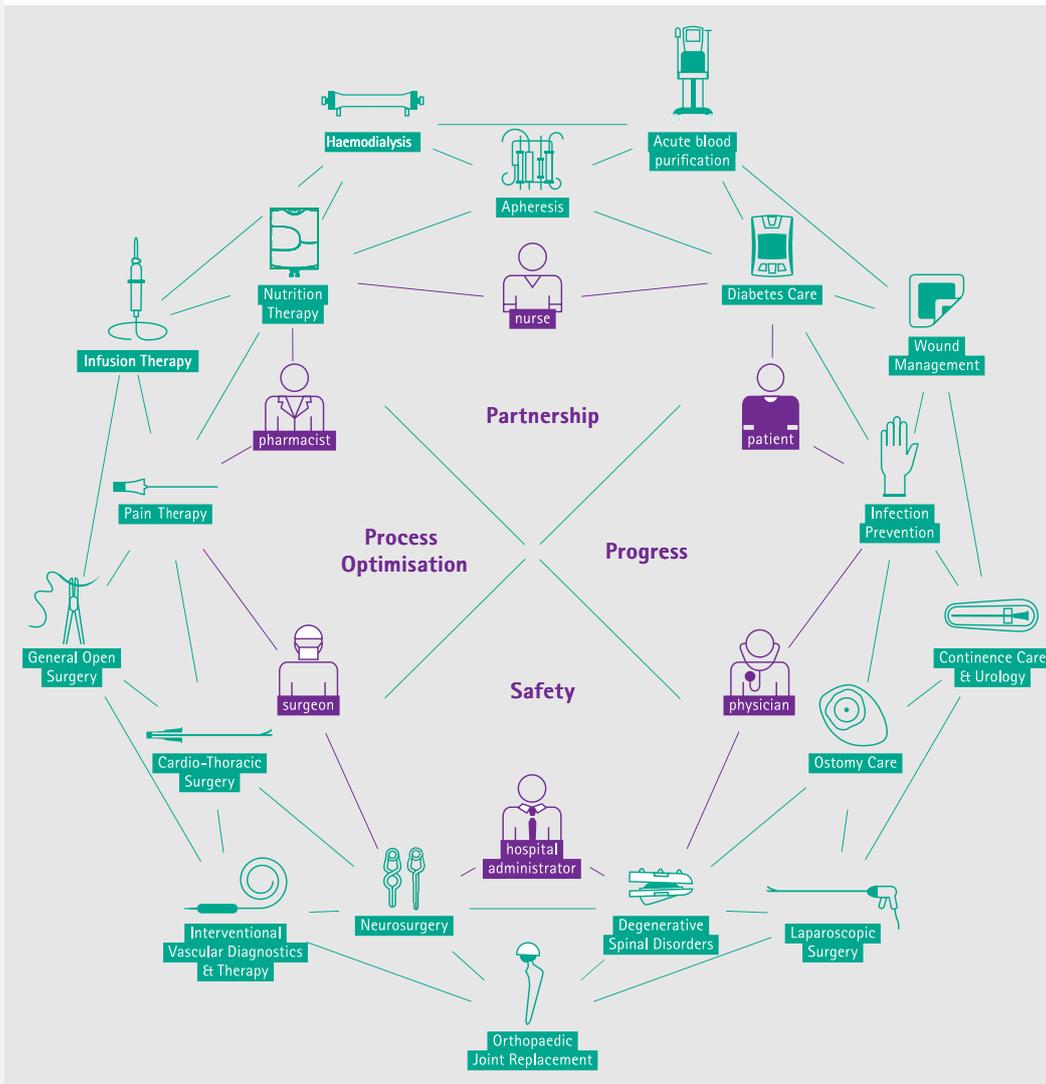
The lockdown of many aspects of normal life has affected everyone. Within our hospitals all elective operations are on hold and many of us have been 'repurposed' to help cope with the serious demands placed upon us.

Whilst this is going on, I think it is important that we do not forget our Association will continue. Our newsletter covers the various activities prior to

this pandemic, acknowledging the overseas fellowships our trainees were fortunate to experience: Learning from laparoscopic and robotic excellence around the world enabling them to bring new insights and skills back to the UK. I am sure in due course we will be able to return to our normal clinical practice and we will keep you updated as we do so.

I trust everyone will be keeping as safe as possible and in due course I look forward to receiving your submissions for the Autumn newsletter, perhaps even of your experiences of the pandemic?

**Mr Neil Keeling**  
Newsletter Editor



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# THANK YOU

During these difficult times whilst we may not be able to meet in person, we continue to think about our customers needs and strive to protect and improve the health of people around the world.

# 25th Anniversary Annual Scientific Meeting (ASM), Leeds

13-15 November 2019



The 25th ASM took place at the Royal Armouries in Leeds on 13-15 November 2019.

The training day was held on the 13 November in the Leeds Institute for Minimally Invasive Therapy (LIMIT) and was very well run, very well attended and very well supported. Congratulations

again to Mr Paul Leeder, and to Mrs Hilary Gupta and her team at LIMIT, and many thanks to Ethicon and also to Karl Storz, B Braun, Cook Medical and Inovus for putting on such a great training day.

The meeting as usual started with the first day primarily devoted to the live operating.

After being welcomed to Leeds by the Chief Executive of Leeds Teaching Hospitals, Mr Julian Hartley, the live surgery got off to a challenging start as we struggled to obtain an audio feed from Sheffield, and the Leeds theatre got off to a late start, as the operating team found themselves without an anaesthetist! Such is the unpredictability of live surgery, but as is usually the case, most hurdles can be overcome.

The live surgery from Sheffield went ahead with some outstanding moderating from Professor David Jayne who negotiated an unforgettable audio feed, via a mobile phone until the audio was re-established.

As the day progressed we were treated to some outstanding surgical procedures. The live cases were all excellent, and included a masterclass in robotic colorectal surgery from Mr Shwan Amin and Mr Jim Khan. Mr Andy Smith gave an excellent demonstration of both operative strategy and technical ability with a particularly challenging pancreatic resection, and the live operating wrapped up with a laparoscopic liver resection performed expertly by Professor Peter Lodge with his trademark cool composure.

The inclusion of several "as live" cases brought a different perspective and kept the surgery going throughout the day. Mr Naved Alizai kept us entertained with a selection of paediatric robotic cases, and Miss Emma Collins and Miss Sheila Fraser walked us through an excellent example of an extraperitoneal adrenalectomy. My own laparoscopic hemi-splenectomy and GIST resection were somewhat relegated to brief fillers given the volume of other exceptional cases going on...

After a thought provoking symposium on affordability of innovation in the NHS, supported by our Industry Partners, we wrapped up the day and moved on to the Presidents Drinks Reception in the prestigious Victoria Quarter in central Leeds. This was a great opportunity for everyone to dress up, mingle and enjoy some bubbles before moving inside to the Harvey Nichols 4th Floor Brasserie. The food and ambience was great, and after dinner we were treated to some gritty Yorkshire humour by Mr John Bentley, dual code rugby international, ex British and Irish Lion, and Olympic enthusiast.

On day 2 there were some excellent free papers and videos, all competing for generous prizes. The standard of the papers in particular was high and prizes went to Dr S Stefan, N Gandhi and I Cullen for best oral, DVD and poster presentations respectively, and Dr Park for runner up oral presentation.



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# 25th Anniversary Annual Scientific Meeting (ASM), Leeds *(continued)*

13-15 November 2019



*Miss, Mrs & President Dexter (left of photo)*



*President's Drinks Reception*



*Conference Dinner Speaker, Mr John Bentley*

The invited lectures were expertly delivered by 2 of our well-known European colleagues. Dr Richard van Hilleberg from Utrecht gave some detailed insights on the development and delivery of robotic surgery for Upper GI Cancer, for the EAES lecture. He also lent his considerable expertise to guide discussion around minimally invasive and robotic upper GI cancer surgery as part of a symposium on "Show me the data", supported by our own Professor David Jayne from a lower GI point of view.

Dr Filip Muysoms from Ghent humbled the assembled audience with his 2 lectures on complex abdominal wall herniae. His demonstration of the utility of robotics in this area was something of an epiphany for the uninitiated like myself, and I was left wishing I had more time to get my head around the different concepts and approaches he covered.

Other highlights included a breakfast symposium around the Versius robotic system from CMR, and an update on current advanced therapeutic endoscopy from Dr Matt Huggett, Consultant Gastroenterologist. The crossover of modern endoscopic techniques into managing traditional surgical conditions warrants a degree of recognition and collaboration, and I believe should be of continuing interest to this Association.

Presentations from our previous travelling bursary recipients on their experiences in international centres of excellence are always a point of interest, and Mr James Horwood and Miss Nienke Warnaar made us all envious of their experiences in Cleveland and Milan respectively.

The industry contribution was outstanding and I was proud to see so many of the latest equipment and innovations on show in the exhibition area. Once again our industry sponsors stepped up to provide lots of fun tasks for the industry challenge, which proved to be a full time event for some delegates.

The meeting overall was very well attended and the programme packed with something for everybody. In addition to the ALSGBI programme, the training day and the ALTS were both highly popular and continue to go from strength to strength.

As local organizer I was extremely grateful for all the support I received, in particular from all of our Industry Sponsors and especially Intuitive Surgical and Mölnlycke Health Care who generously supported the live surgery, ConMed and Cook Medical for supporting the 'As Live' surgery and of course Arthrex for supplying their Mobile Skills Lab. Much of the enormous amount of work involved leading up to the meeting is borne by Jenny and Sarah, our ever present management team, and I am truly grateful to them both for making my job manageable.

My final role as President at the AGM was the honour of handing a lifetime membership to my own teacher and mentor, Professor Michael McMahon, before passing the baton to Mr Don Menzies, who took over the helm as President of the Society. I've thoroughly enjoyed the last 2 years and it has been an honour to lead the Society - it is certainly an exciting time for ALSGBI and I wish Don all the best in steering us onwards and upwards.

**Mr Simon Dexter**  
Past President, ALSGBI



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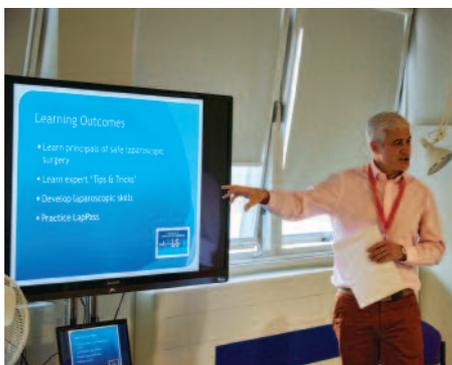


# ALSGBI Laparoscopic Training Day

13 November 2019



*Keen to get started!*



*Introduction by Mr Paul Leeder,  
Director of Education*

Medical Education Leeds was really proud to support the ALSGBI Silver Jubilee Annual Scientific Meeting Training Day by simulating hands-on laparoscopic surgery skills, and we didn't half display the 'Full Monty'. We really enjoyed turning the whole training department into a laparoscopic workshop to allow CT2-ST8 lower and general gastrointestinal surgical trainees the very best opportunity to practice necessary skills in a safe environment.

It was brilliant to meet such enthusiastic faculty and trainees, and certainly demonstrated to us what a great specialty this is to work in based on the support nationally. This in turn led to a remarkable faculty to trainee ratio which was hugely praised through feedback.

Leeds loved showcasing our facilities and pushing our technician Jack to the maximum (I think he prepared 60 meat models), but we all really enjoyed meeting everyone involved in set up and delivery of ALSGBI silver jubilee.

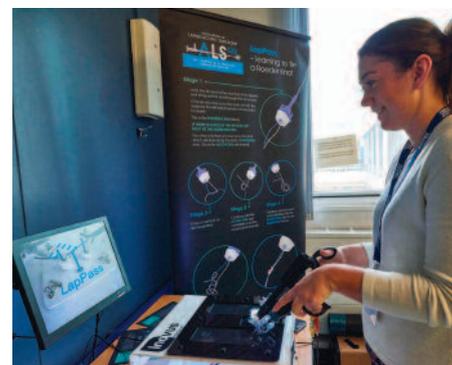
We have since moved into a new teaching area with a fantastic laparoscopic lab to accompany our 24-hour access VR room. We hope to see some of you back in Yorkshire during 2020.

## Hilary Gupte

Lead Clinical Skills and Simulation Educator  
Leeds Institute for Minimally Invasive Therapy (LIMIT), Medical Education, Leeds Teaching Hospitals NHS Trust



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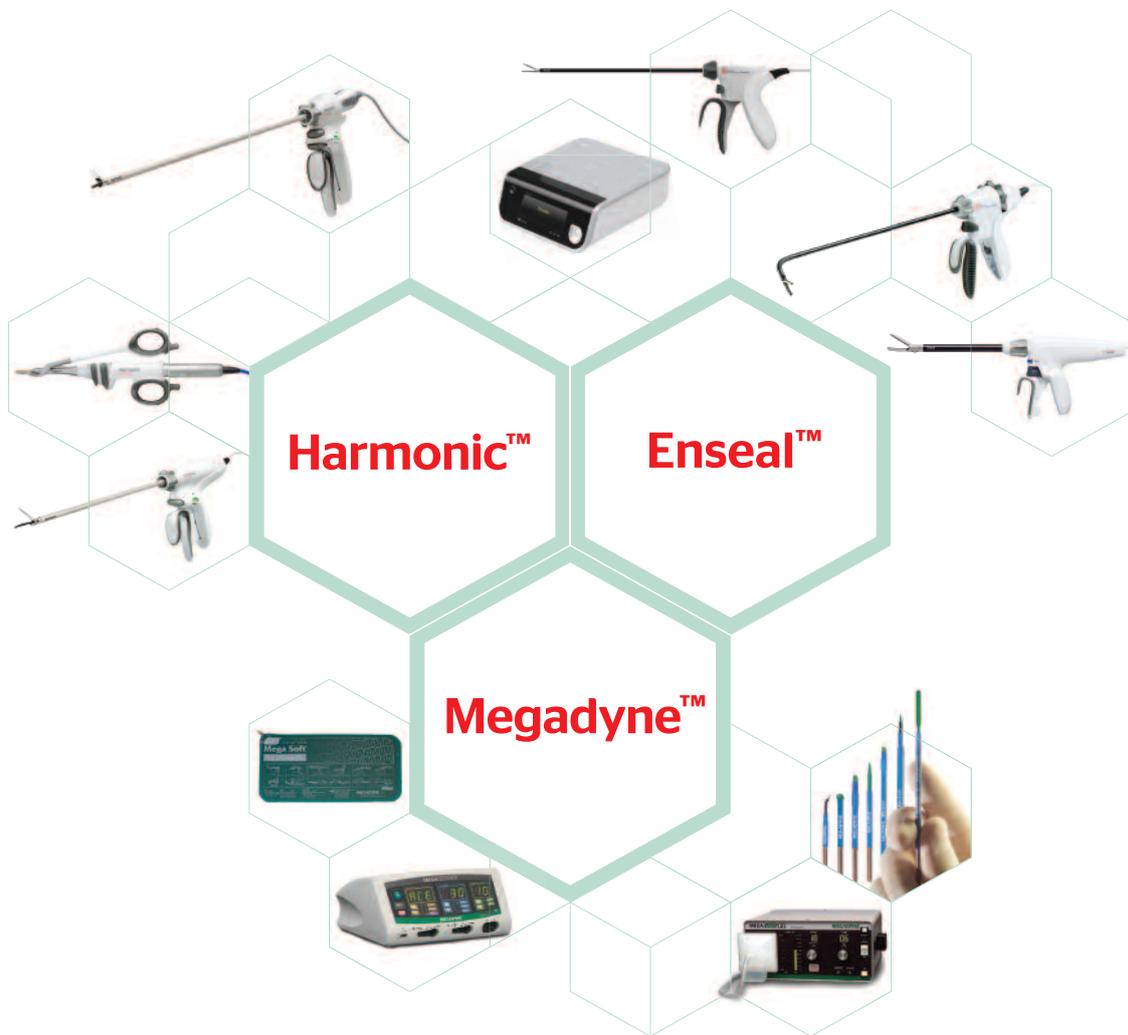
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# ALTS Meeting Leeds 2019

14 November 2019



*Lt Col Andrew Gilliam - Second in Command 201 Field Hospital*

The ASM was held in Leeds in 2019 proving to be another really good year with an encouraging number of delegates registering again. It is always so nice to see new and familiar faces joining the ALTS break-out session.

This year we had a working title of "The Full Monty". I took this to mean the whole team so our talks were based around high-performing teams – in the war zone and the sports setting. Our excellent speakers once again drew some of the medical staff into the room and a large number of medical students also chose to attend. Mr Ben Tipney and Mr Andrew Gilliam were really interesting, Andrew discussing his time in Afghanistan and Ben speaking about the importance of micro conversations, effective leadership skills and the importance of civility and respect in the workplace. Their talks left me feeling very motivated and keen to take the information back to Colchester.

Elemental once again really kindly sponsored our ALTS dinner tickets on a first come first served basis. Those who were able to come enjoyed a great meal in the restaurant at Harvey Nichols with pre-conference dinner drinks in the hall and outside Harvey Nicks next to the beautifully decorated Christmas tree.

We looked at the role of the laparoscopic theatre practitioner as well as the robotic theatre practitioner. We also discussed how important teamwork is, introducing a new role to theatre and the myths around our camera stacks and light systems. We were given the opportunity to have a hands-on guide to the



*ALTS Delegation*

Da Vinci robot and I am extremely grateful to Karl Storz, Intuitive, Elemental and Ms Liz Dreher from Derby Hospital for these great sessions.

Please encourage your theatre staff to join ALTS and come along to the conference. The conference is great value for money: It is an opportunity to meet with our Industry Partners, explore new developments and also to meet other theatre staff sharing common problems and solutions. The standard of operating is always so good and the lectures and poster presentations very interesting. Annual ALTS membership is only £33 and provides the member with the biannual newsletter and entrance to both days of the conference.

The ALSGBI ASM will be held in London this year on Monday 7 and Tuesday 8 December. We are exploring sustainability in the theatre environment, education and green "things" – it would be great to see you there.



**Ms Debbie Gooch**  
ALTS Chair



*Mr Ben Tipney, Founder & Managing Director, MedLed*



*Xmas Cheer, Victoria Quarter, Leeds*



*Professor Tan Arulampalam, Colchester Hospital*

A big thank you to



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# 5th Northern Laparoscopic and Robotic Video Symposium

4 October 2019, Darlington



Another excellent symposium this year was held at Darlington ECHO Arena on 4 October and over 120 delegates attended. The event was free and kindly sponsored by industry. This year the organisers were Mr Andrew Gilliam and Mr Venkatesh Shanmugam with other MCh faculty Mr Gopinath Bussa, Mr Talvinder Gill, Mr Anil Reddy and Professor YKS Viswanath. The invited international faculty included Professor MVB Henegouwen (Netherlands), Dr Adel Abou-Mrad (France) and Dr Robin Thambudorai (India). In addition many regional and national faculty graced the symposium. The day included a series of video talks covering robotic colorectal surgery, bariatric surgery and minimal access oesophagectomy/gastrectomy. The meeting concluded with presentations from trainees in the North East.

We look forward to hosting the 6th Northern Robotic and Laparoscopic Annual Video Symposium on 2 October 2020. We will continue to invite all surgical trainees and thank all sponsors and faculty for their continued support.

**Professor YKS Viswanath**

Professor of Surgery, Regional Representative on ALSGBI Council

**Mr Andrew Gilliam**

Consultant Upper GI Surgeon

**Mr Venkatesh Shanmugam**

Consultant Colorectal Surgeon

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# BOMSS Annual Scientific Meeting

22-24 January 2020, Aberdeen



Having warmed up with Sports Personality of the Year, it was only fitting that the next major event on the calendar to be held at the newly opened and state of the art P&J Live Arena in Aberdeen was BOMSS 2020.

The event kicked off on the Wednesday with a BOMSS training day with over 100 delegates incorporating specialist nurses, dietitians, psychologists and surgeons.

An active decision was made to change the format of the teaching to get away from didactic lectures to interactive case scenarios involving patient videos, radiology imaging, an online voting system and an expert panel. It was evident that the audience could associate with these cases and this led to an excellent exchange of knowledge and ideas, thereby allowing individuals to learn from each other. The training day was capped off with drinks and food at Brew Dog in Aberdeen city centre later that evening.

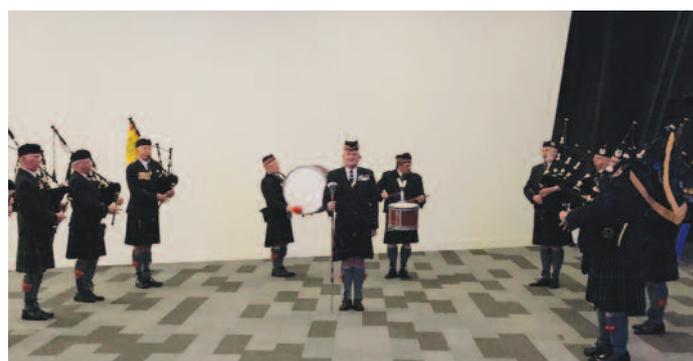
The following day the main event kicked off with a welcome speech from the president of BOMSS, Professor David Kerrigan. This was followed by some fantastic talks from speakers from the UK, European colleagues and further afield including the USA, Mexico and Brazil. It was evident that there was exciting research being conducted in the field of bariatric surgery during the free paper sessions.

The delegates were entertained during the evening reception drinks by the Aberdeen Strathcona Pipe Band followed by Professor Duff Bruce who opened the BOMSS dinner by addressing the Haggis, which is a famous Scottish tradition on Burns Night. This culminated with a lovely night of food, drink and dancing; the Ceilidh seemed to go down a treat! As always, this excellent meeting wouldn't have seen daylight without the great organisational skills and hard work of Ms Sarvjit Wünsch and Ms Nichola Bartlett, BOMSS Specialty Managers.

**Mr Peter Mekhail**  
Aberdeen Royal Infirmary



*Professor Duff Bruce addressing the Haggis*



*The Aberdeen Strathcona Pipe Band*



*BOMSS training day preparation team*



*BOMSS training day*

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# David Dunn ALSGBI Travelling Scholarship 2017

## International Colon and Rectal Surgery Fellowship, Mayo Clinic 2018-19

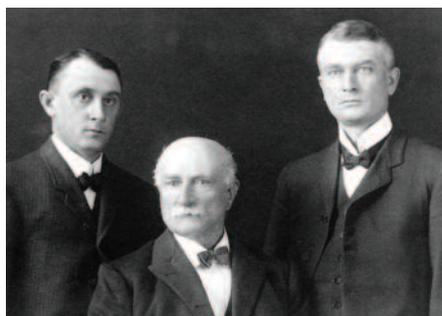


Mr James Ansell MD, FRCS  
 ("Photo by the sink", the Mayo brothers would frequently be photographed by the scrubbing-up sinks - this is a "mandatory" requirement for the graduating fellow!)

Mayo Clinic has a long and interesting history. In 1864 during the Civil War, WW Mayo was working as an examining physician for the US Army recruitment board, based in Rochester, MN. A few years later his sons Will and Charles were born prompting the family to stay in Rochester. At an early age the Mayo brothers were recruited into helping with their father's practice. After attending medical school they returned home to Rochester to formally join WW Mayo's practice. On 21 August 1883 a massive tornado hit the town killing dozens and injuring hundreds. The next morning a decision was made to centralise medical care and create a make-shift emergency facility. A subsequent collaboration between the Mayos and the Sisters of St Francis eventually inspired Saint Mary's Hospital, which later became part of the Mayo Clinic.

Will and Charlie Mayo became renowned for their travel, seeking out new techniques and procedures that would help their patients. They spent time with numerous leaders in their field learning about early anaesthesia and sterilisation techniques, observing surgeons like William S Halsted and Howard A Kelly across leading hospitals in North America and Europe. This led to many "firsts" at the clinic. Henry S Plummer established the first medical record, Donald Balfour (married to Will Mayo's daughter) gained notoriety for GI surgery and instrument design. John Kirklín developed the first commercial heart-lung bypass machine, Louis Wilson the first frozen section and John Lundy created the first blood bank in the US. In 1950 Edward Kendall and Phillip Kench received the Nobel prize for isolating

cortisone in the treatment of rheumatoid arthritis. The list goes on. I would urge anyone interested to refer to the recent Ken Burns PBS documentary, Mayo Clinic: faith, hope and science for a greater insight into Mayo's history.



William Worrell Mayo and his sons: Charles (left), William James (right)

The current Mayo Healthcare system employs 63,000 people. There are 70 hospitals in Minnesota, Iowa, Wisconsin and two other main hospital sites in Arizona, Florida. The organisation has assets of US\$17.305 billion and its revenue for 2018 was US\$12.603 billion. There are 122 operating rooms across the two hospital sites in Rochester, 794 beds in the Methodist and 1,265 beds in St Mary's, with 4,500 doctors employed and 1.65 million patients seen each year.

The International Colon and Rectal Surgery Fellowship at Mayo Clinic began in 1985. From June 2018-19 I was fortunate enough to complete the fellowship. Having been back in the UK for 6 months I have had time to reflect upon this amazing opportunity and experience. Preparation for any post CCT fellowship in the US requires a lot of planning. Three exams (USMLE, Step 1, Step 2 CK and Step 2 CS), an interview, a visa application and finding a place to live, formed the focus of my attention over the two years leading up to June 2018. This didn't come without associated financial constraints which is why I was so grateful to receive support from the ALSGBI David Dunn Travelling fellowship.

We arrived in Rochester, MN during summertime, the day before the town carnival. An "interesting" plane journey with our 2-year-old daughter was followed by a great welcome from the local community. Rochester is a unique town in that most of the residents have some affiliation with Mayo Clinic. Minnesota is renowned for its strong sense of community and a distinctive brand of North American English sprinkled with Scandinavian expressions. The culture was infectious and we had so much help and support from Mayo; beyond that Rochester became a home from home. This was welcomed as the winter was long and harsh, snow (lots of), tornados and golf-ball size hail. The morning walk to work was character building!

The fellowship at Mayo consists of 6-week



Left: Walking to work in the winter.  
 Right: Family enjoying autumn in MN

placements with a different consultant trainer. Each provided the opportunity to focus on various aspects of colorectal disease. The commitment to training at Mayo is like no other place that I have experienced. Each trainer had the ability to coach you through operations, without taking over. I learnt so much about different aspects of colorectal management from robotic surgery, recurrent rectal cancer and proctology to complex IBD, abdominal wall reconstruction and pelvic floor surgery. The opportunity to work alongside leaders in the colorectal field was inspirational. The variety and volume of practice at Mayo is vast, making it an ideal place to prepare for the challenges of independent practice.

Mayo staff are extremely dedicated and work very hard to provide a world-class service for their patients. Hours are capped at 80 per week, rounds for the fellows start at 6am, although the junior members of the team were often in a few hours earlier! The weekend on-call commitment was a 1 in 3. There were no large teams, each service included the consultant, a trainee and a nurse practitioner (NP). I was one of four fellows (three from the US training programs). It was a privilege to spend time learning from the other fellows' knowledge and previous experiences from US surgical training. The resources at Mayo clinic allows residents to be free from ward duties and spend most of their time in the OR and clinics. This means that from an early stage trainees are able to perform significant portions of cases.



2018-19 Fellows: Anne-Lise D'Angelo (now Consultant at Mayo Clinic), James Ansell, Maile Parker (now Consultant in Springfield, Oregon), Monika Krezalek (now Consultant in Chicago, Illinois)

# David Dunn ALSGBI Travelling Scholarship 2017

## International Colon and Rectal Surgery Fellowship, Mayo Clinic 2018-19

(continued)

The OR is very well supported by a network of Surgical Assistants (SAs). They help set up and prepare each patient according to consultant preferences (which they know very well), and are key to independent trainee operating. It is often the case that consultants will have two ORs running) so a trainee needs to be able to operate with the SA to complete non-critical portions of each case. Clinics were also a great opportunity to learn. This involved seeing patients that had already been fully "worked-up" for surgery. The consultations were therefore particularly high value involving discussing treatment options for the patient alongside input from other healthcare specialties. This made them both enjoyable and a very worthwhile educational experience.



The OR team: Jess, Eric, Me, Joe, Jen

The fellows' education program is run by Dr Scott Kelley. This was a superb opportunity to learn and included education conferences/faculty lectures, visiting professorial lectures, anatomy/simulation cadaveric labs, journal club and grand rounds. The weekly Colorectal Tumor Board was a privilege to attend: The standard of radiological reporting, oncological advice and pathological analysis was excellent. Cases from around the world were frequently discussed with the opportunity to share insights and experiences from other cancer centres outside the US.

The research opportunities at Mayo were very well supported. I was fortunate enough to attend the 28th Annual Winter meeting of the Midwest Society of Colon and Rectal Surgeons, Aspen, Colorado. This is a great meeting similar to the European Alpine Colorectal Meeting. I attended with the current international fellow Dr Fabian Grass from Lausanne, Switzerland. Although the journey involved being diverted to Denver during a "snow bomb" and driving through the Rockies in the US equivalent of a Fiat Panda, we learnt a lot about colorectal disease. I was also able to confirm how average at skiing I am compared to my Swiss colleague!

Another highlight was presenting at the annual ASCRS meeting in Cleveland, OH. We were fortunate to be awarded the North West Surgical Society best oral presentation which was a great way to round off the year. At the meeting I met



Left: James Ansell. Right: Fabian Grass (current Mayo fellow), Aspen, Colorado

up with my mentors from University Hospital of Wales, Cardiff (Jared Torkington, James Horwood and Mike Davies; Mike himself was a previous Mayo International Fellow). We travelled back to Rochester where Professor Torkington gave an invited lecture on abdominal wound closure which was very well received. This was also a great opportunity to show the colorectal surgeons from Cardiff the Mayo and what I had been doing with my time here!

There are several lessons that I personally took away from the year. Firstly, I learnt just how important surgical planning is. Being able to think about a plan A is great but more important is having a plan B, C and D. Speaking to my mentors they always stressed the importance of planning for the unexpected and the ability to think about alternative strategies. I'm sure this will hold me in good stead going forwards in my own career. Secondly, I learnt the importance of exposure and defining anatomy which was particularly relevant in re-do pelvic surgery. Operating from the "known to unknown" and isolating out pathology formed a lot of my training. Patience in long cases was reinforced and not to leave the OR until you are 100% happy. Thirdly, and perhaps most

importantly, I learnt that everyone has complications regardless of experience. The importance of being honest, not to be afraid of apologising and to work with the patient was stressed by my mentors. They would confront problems and provide the necessary care until they had been addressed. Their colleagues were clearly a key source of support, offering advice and help where needed.

I would like to thank Drs Kelly Mathis and Scott Kelley for the great fellowship and educational program delivered over the year. I am extremely indebted to Drs David Larsen, Eric Dozois, Robert Cima, Heidi Chua, John Pemberton, Heidi Nelson and Kevin Behm for their support and expert advice which has ultimately made me a better surgeon and prepared me extremely well for consultant life. I am extremely fortunate to have such a supportive Wife, Tania, who made her own sacrifices to allow me to complete this fellowship for which I am forever grateful. I would finally like to thank the ALSGBI for awarding me the David Dunn Travelling Scholarship. If you're looking for a colorectal fellowship in US - look no further!

### Mr James Ansell

Winner of the David Dunn ALSGBI Travelling Scholarships 2017

Colonoscopy	128
Right hemicolectomy	42
Anterior Resection	43
Sigmoid & Left colectomy	32
Subtotal colectomy	18
IPAA	16
Resections performed robotically	41

Numbers of key cases performed during fellowship



Visiting lecturer Professor Jared Torkington (UHW, Cardiff). From Left: (James Ansell, David Larson, Eric Dozois, Jared Torkington, James Horwood, Michael Davies, Kevin Behm, Heidi Chua, Kellie Mathis)

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# David Dunn ALSGBI Travelling Scholarship 2018

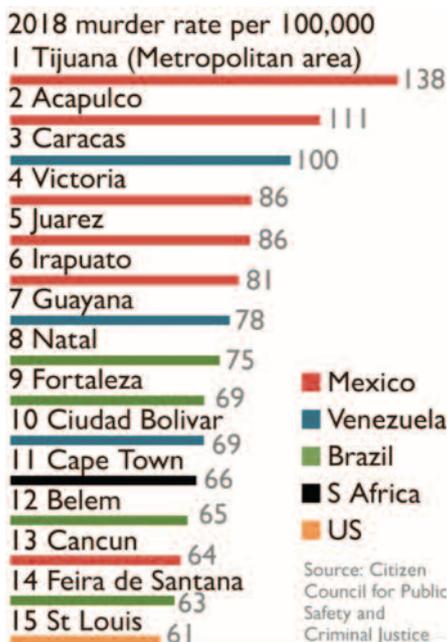
## Trauma and Laparoscopy at Groote Schuur Hospital, Cape Town



In January 2019 I temporarily emigrated to Cape Town, South Africa, having been awarded the David Dunn ALSGBI Travelling Scholarship. I undertook a 9-month period of work at a 50 bed level 1 Trauma Centre at Groote Schuur Hospital (GSH), a government funded 1,000 bed tertiary hospital serving the Western Cape. My objectives were: a) to establish the diagnostic realm of laparoscopy in trauma; b) to report on and upskill myself in the therapeutic potential of laparoscopy in trauma and the propensity for applicability in the UK; c) to immerse myself in, and lead, original research into the role of laparoscopy in trauma; d) to develop trauma surgery skills enabling fulfillment of my role as an Officer in the British Army Medical Corps Reserves. Working under the supervision of Professor Andrew Nicol (Head of Department), Professor Pradeep Navsaria, and Dr Sorin Edu, my time was split threefold: One month observation (whilst battling with the bureaucracy of the Health Professions Council of South Africa);



*Extracted intra-abdominal missile*



followed by two months in the 'Front Room' - a period of intense ATLS management of gunshot and stab victims; and finally, six months as an independently operating registrar on the trauma surgery rota.

The centre sees extraordinary levels of violence and trauma. The team on average managed 70-80 gunshots and 200 stab wounds per month. In 2018 Cape Town was the world's 11th most dangerous city, with 2,868 (almost solely gang related) murders, and a murder rate of 66/100,000 of the population (as referenced in the Citizen Council for Public Safety and Criminal Justice, 2018). In the first 4 months of 2019 there were 1,320 murders, a rate which would have made the Cape the most dangerous city in the world had it continued for the duration of the year. Consequently the South African Army was drafted into the problem zones in a partially successful attempt to gain control of the 10 key districts in the Cape Flats responsible for the violence. My surgical logbook

and skills reflected this epidemic of trauma. I logged 58 independent laparotomies including: Damage control procedures, colectomies, splenectomies, nephrectomies, stomach and bladder repairs and small bowel resections; as well as 46 cardiothoracic procedures including 5 thoracotomies, 32 major vascular procedures, and 25 laparoscopic procedures.

The role of laparoscopy at GSH is primarily focused on the diagnosis and repair of left sided diaphragmatic injuries following penetrating injuries to the left thoracoabdominal region (between the 4th intercostal space and sub-costal margin anteriorly and the tip of the scapular and costal margin posteriorly), with an aim to prevent secondary diaphragmatic hernia on the left side (the right side being covered by the liver preventing potential herniation). The laparoscopies were performed once the patients had successfully completed 48 hours of conservative abdominal observation (ie non-peritonitic with normal observations) in order to ensure that the potential diaphragmatic injury was the only focus. If it were performed at an earlier point and a haemoperitoneum was encountered, for example, then a full exploratory laparotomy would be required, rather than the intended laparoscopic diaphragm inspection/repair.

The second major use of laparoscopy in trauma at GSH is in the management of rectal injuries. Where clinical findings and/or imaging confirms that the missile trajectory passes within the vicinity of the extra-peritoneal rectum, a laparoscopy is performed to confirm no intra-peritoneal involvement. Faecal diversion is then achieved via a laparoscopic defunctioning colostomy.



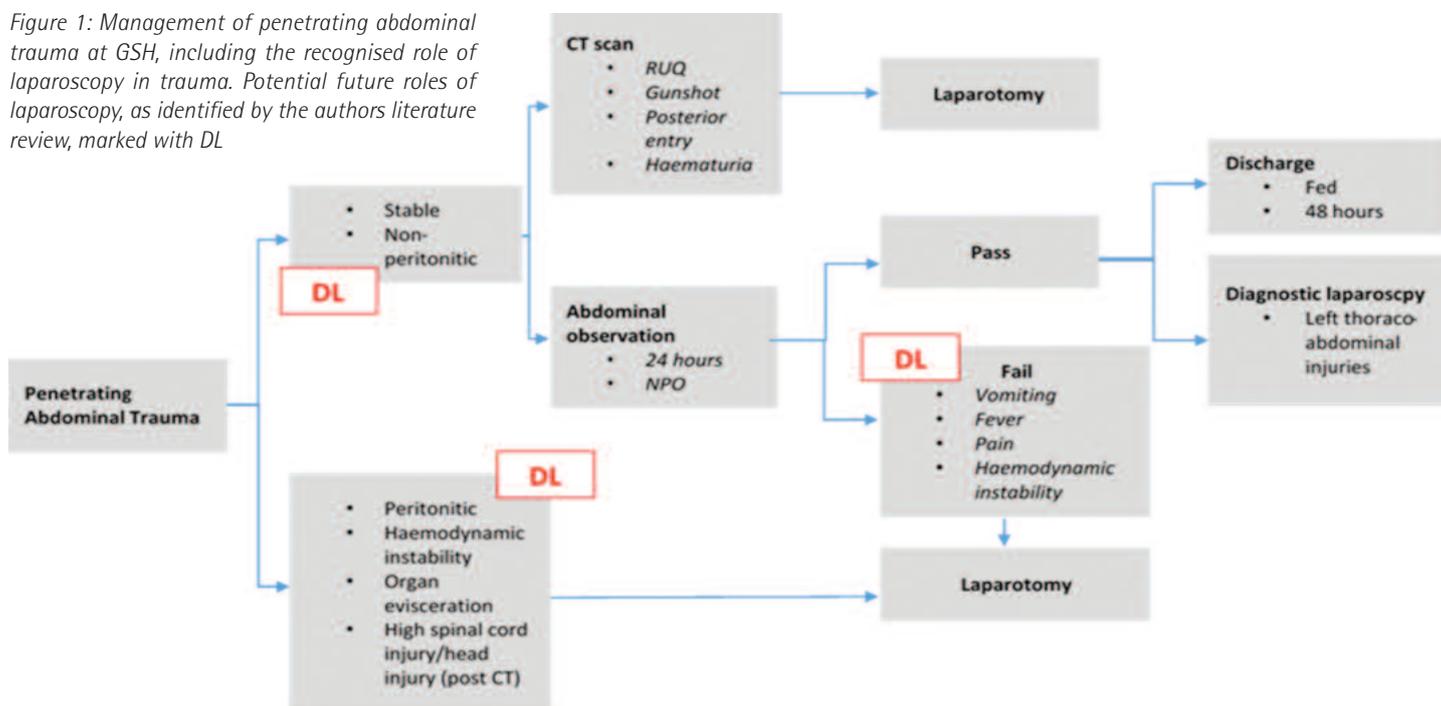
*Mr Teddy Fletcher with Professor Andrew Nicol (Head of Department)*

# David Dunn ALSGBI Travelling Scholarship 2018

## Trauma and Laparoscopy at Groote Schuur Hospital, Cape Town

(continued)

Figure 1: Management of penetrating abdominal trauma at GSH, including the recognised role of laparoscopy in trauma. Potential future roles of laparoscopy, as identified by the authors literature review, marked with DL



I explored the wider potential use of laparoscopy in trauma and how it may complement the current management of penetrating abdominal trauma at GSH (see figure 1) through performing an in-depth literature review which was presented at the University of Cape Town (UCT) as part of my role on the Teaching Board. As demonstrated in figure 1, GSH is a strong advocate of non-operative management for both stab and gunshot wounds. All non-peritonitic patients with normal observations are observed with serial abdominal examination, and only undergo laparotomy if this picture of stability changes – a concept which is safe, cost-effective and entirely applicable to the UK setting. I reviewed the potential for laparoscopy in three key areas: For diagnostic purposes immediately after the injury; at the point of failed conservative management; for peritonitic patients. Although there are a number of inherent limitations and barriers to employing laparoscopy for the immediate diagnosis and detection of a peritoneal breach following injury (such as missed injuries and higher 'unnecessary laparotomy' rates), there is certainly interest and scope for its use in this sphere, particularly for patients with high spinal cord injuries (see figure 1) where serial abdominal

examination is not possible. There are a number of case-series reports highlighting the therapeutic/interventional potential of laparoscopy in peritonitic, and even unstable, patients. Although there was no established role for this at GSH due to its dependence on laparoscopic experience and skillset, this is likely to be a developing sphere with a new generation of laparoscopic-focused surgeons.

Since my departure, I have presented my experience and the role of non-operative management and the place for laparoscopy in trauma surgery at the 'Birmingham Knife Symposium', a Royal College of Surgeons (RCS) event. My enhanced surgical skillset has also enabled me to take on additional work as a trauma registrar at St Mary's Hospital, London, as well as enhancing my role as an Officer in the British Army reserves.

In summary, this was an extraordinarily valuable and career-enhancing opportunity with all four objectives met.

**Mr Teddy Fletcher**

Winner of the David Dunn ALSGBI Travelling Scholarship 2018

## Overseas Bursary Winner 2019

I am a fellow at the Department of Surgery, Odessa National Medical University, Ukraine. In 2019 I was fortunate enough to receive an Overseas Bursary. This enabled me to participate in the LapPass™ training day and present my research at the ASM 2020. Sincerely, I wish to express my gratitude to all the ALSGBI team members for this.

The LapPass™ training day was a great event. It gives the opportunity to significantly improve the practical skills of young surgeons under the guidance of experienced colleagues. During this training I was able to make new acquaintances both with professors from the UK and with my peers. As a result of this training, I passed the LapPass™ exam.

On the scientific session the latest technological data was presented. Also oral and video presentations demonstrated the efficacy of operations from different levels of complexity. The calibre of the event was superb because the ASM organisers had invited some of the best surgeons from around the world.

The most difficult day for me was when I had to present my research. I felt a lot of anxiety before and during my oral presentation. Later I realised that

I had worried in vain: the audience was very friendly and asked me interesting but not confusing questions. The Chairmen commended a part of my study and they gave their recommendations for the direction of my future research.

After the ASM every ALSGBI member can enjoy watching photos and videos on the ALSGBI website because all the presentations were recorded. In this way it is possible to pay attention to the weak (and strong!) points of one's own presentation.

It is extremely important for young surgeons to improve their practical skills and scientific knowledge. In my opinion, it is impossible to thank the ALSGBI enough for such an opportunity.

**Mr Mykola Paranyak**

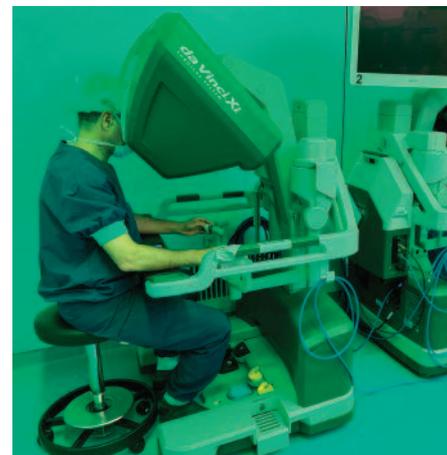
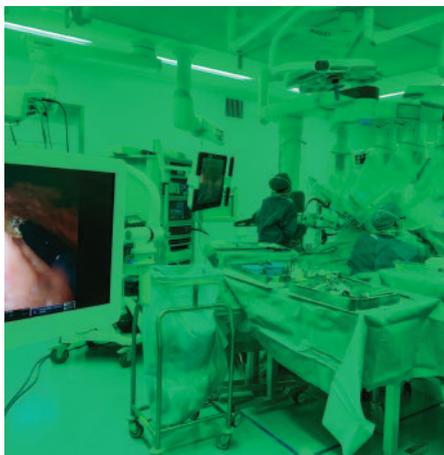
2019 Overseas Bursary Winner



# Report of the B. Braun Aesculap Travelling Fellowship 2018

## UMC Utrecht, the Netherlands

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SHARING EXPERTISE



With the support from the B. Braun Aesculap travelling fellowship I visited the Upper GI team led by Professor Richard van Hillegersburg at UMC Utrecht in the Netherlands in May 2019 following the completion of my higher surgical training in the North West deanery. Located in central Holland, Utrecht is the fourth largest city in the Netherlands. The vibrant city is host to Utrecht University, the largest university in the Netherlands. Utrecht is also home to Miffy (Nijntje in Dutch), the beloved cartoon rabbit created by the late Dutch artist Dick Bruna. UMC Utrecht is a leading robotic surgery centre in Europe. Professor van Hillegersburg and his colleague Professor Jelle Ruurda have been at the forefront of the robotic surgery development since the early 2000s. They have proctored many UGI units in Europe and in the UK and I was very fortunate to spend a month with their team.

Daily clinical activities were conducted in Dutch. The surgical team was fluent in English and made me feel very welcome. Importantly there was little evidence of hierarchy within the team. Every day began with a GI departmental meeting which all grades within the department attended. It was rather impressive to see so many professors present at the daily surgical handover. There were two to three full-day UGI operating lists per week.

A typical list consisted of two major resection cases and one to two benign cases. On operating days the surgical team met for debriefing in theatre at 08:15. The UGI senior fellow and physician associate were responsible for the positioning of the patient and the docking of the robot. The scrub team was well-rehearsed and the whole preparation took around 15 minutes. Knife-to-skin was routinely at 09:00. The punctuality of the Dutch team was commendable.

The UGI team had two dedicated Da Vinci Xi robots. There were two consoles to each robot which facilitated surgical training. The robotic system was used in trans-hiatal oesophagectomy, 2-phase, and 3-phase MIO (robotic thoracoscopic and robotic abdominal). I was particularly impressed by the superior visualisation and the dexterity of the robot in the dissection of mediastinal structures which was unmatched by standard laparoscopy. I was also fortunate to observe the use of the robot in complex benign cases including giant hiatus hernia repair and revision anti-reflux procedures. I learnt that robotic surgery had been widely adopted by both cancer units and benign units throughout the Netherlands. The Dutch medical system appeared well-funded. The theatre suites at UMC were spacious and well-designed for robotic surgery.

During my time with the team there was no cancellation due to shortage of HDU beds which unfortunately can be a relatively common problem in many UK hospitals. Moreover the team was often able to utilise extra operating theatres to prevent lists from over-running. Another little bonus was the free soup and snacks available to theatre staff at lunchtime. This was much appreciated especially after a long operation. The whole ethos of the unit engendered good morale amongst staff. A healthy work-life balance is highly valued by the Dutch.

Professor van Hillegersburg and Professor Ruurda are very active in international surgical training and research collaborations. During my time in Utrecht the team welcomed visiting surgeons from South America and the UK. I also attended the International Gastric Cancer Conference 2019 in Prague with the team. I felt extremely privileged to visit such an esteemed unit. I would like to sincerely thank Professor van Hillegersburg, Professor Ruurda and the ALSGBl for giving me such a unique opportunity through the travelling fellowship.

**Christina Lo MD FRCS**

Winner of B. Braun Aesculap Travelling  
Scholarship 2018



## DETAILS OF THE TRAVELLING SCHOLARSHIPS 2020

The **Association of Laparoscopic Surgeons of Great Britain & Ireland (ALSGBI)** incorporating **Robotic & Technology Enhanced Surgery (RATES)** is funding a scholarship in memory of the late Mr David Dunn, a Past President of the ALSGBI. **The David Dunn Travelling Scholarship** is to the value of £4,000 and it is anticipated that this would enable a UK-based surgeon at the end of his/her training, or a consultant within 5 years of appointment, to make a substantial visit to a unit abroad to learn new skills in laparoscopic and/or robotic surgery, with a view to introducing these skills into his/her practice for the benefit of patients.



**B. Braun Medical Ltd** in partnership with the ALSGBI is also awarding two **Aesculap Endoscopy Travelling Scholarships** to the value of £2,000 each. The purpose of these scholarships is to enable UK-based surgeons in training, or young consultants within 5 years of appointment, to extend their experience in minimal access surgery by short visits to one or more centres. The scholars are also requested to share their experience with the B. Braun Endosurgical Team upon completion.



The successful scholars, in each category, will be expected to give a report on their visits at a future ALSGBI Annual Scientific Meeting and also write an article for the ALSGBI Newsletter.

## OVERSEAS BURSARIES 2020

The ALSGBI is funding two **ALSGBI Overseas Bursaries** to the value of GBP 1,500 each. The purpose of these bursaries is to enable overseas surgeons in training, or young overseas consultants within 5 years of appointment, to attend the ALSGBI 2020 Annual Scientific Meeting in London this December. The successful candidates will acquire new skills in laparoscopic and robotic surgery, with a view to introducing these skills into his/her practice for the benefit of patients. The successful recipients will be expected to write an article for the ALSGBI Newsletter.



All candidates **MUST** request an application form from Mrs Jennifer Treglohan, Executive Director, ALSGBI at The Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PE or email [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org) and be current members of ALSGBI. The deadline for receipt of applications is 1 October 2020. The successful applicants will be notified by 1 November and will be presented with their prizes at the ALSGBI 2020 Annual Scientific Meeting on 8 December in London. For full information on the ALSGBI visit [www.alsgbi.org](http://www.alsgbi.org)



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## UPCOMING EVENTS

**ALSGBI Laparoscopic Surgery Training Day**

**Sunday 6 December**

**CLINICAL SKILLS LABORATORY**

**ST MARY'S HOSPITAL | LONDON W2 1BL**

**ALSGBI Annual Scientific Meeting**

**Monday 7 & Tuesday 8 December**

**ILEC CONFERENCE CENTRE | LONDON SW6 1UD**

**Association of Laparoscopic Theatre Staff Meeting (ALTS)**

**Monday 7 December**

**ILEC CONFERENCE CENTRE**

### Contact Details

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