

President's Introduction

Dear Members & Colleagues

Welcome to the Winter Newsletter. I am grateful to Mr Neil Keeling for his hard work in producing yet another refreshing publication in what has been by and large a fairly dire year. I also give my thanks to all the contributors for this edition. There is a wide variety of content

which should provide interest to anyone who picks it up for a browse.

We are by no means anywhere over the threat of COVID-19. Thankfully I still don't have to hug anyone or even give them a firm handshake but we have had one face-to-face Council meeting and I am sure you are all looking forward

to our live Annual Scientific Meeting this year, details of which are contained within these pages.

Enjoy the read and I am sure we will all anticipate a slightly less socially distanced New Year.

Mr Don Menzies
President



Editor's Introduction



As the days shorten and the clocks go back, a wet and windy Autumn gives way to winter frosts with its usual impact on our UK healthcare systems. Of course in recent years the stress on emergency departments has been almost continual and the much-vaunted 6000 extra GPs seem to be lost in the current government's imagination. The pressure is on us all, to not only try to maintain our cancer surgical services, but to try and reduce the daunting elective waiting lists that have built up

over the past 18 months, whilst the infrastructure and our teams and colleagues creak under almost continual strain.

Fortunately it is December - which means that we can all look forward to this year's ALSGBI Annual Scientific Meeting (ASM) at the ILEC in London, hooray! As one of the first face-to-face meetings since the SARS Cov-2 epidemic struck it will be refreshing to meet, chat and share news, techniques, tips and tricks with colleagues from around the country in a convivial

supportive atmosphere. The meeting promises the usual treats and the Conference Dinner will be held at Queen's Club on Monday evening.

In this issue of the Newsletter you will see that the important and often ignored aspect of minimally invasive surgery is being addressed - that of sustainability. As a long term advocate of high quality reusable ports and instruments, personally, I am delighted to see efforts aimed at reducing our carbon footprint and lessening our contribution to landfill. We can all play our part in reducing waste.

We also bring your attention to our continual efforts to bring knowledge and skills to our trainees and the establishment of both robotic and conventional laparoscopic training courses, not just the local courses or the annual Lap-Pass® sessions at our ASM. We have also been listening to our membership and assess the impact that the epidemic has had on services and training. I hope the we can use these to learn how to adapt more quickly in the next time this strikes so that we can maintain high quality training for the minimally invasive surgeons of the future.

Mr Neil Keeling
Editorial Secretary

ALSGBI COUNCIL 2021

ALSGBI Executive

President
Mr Donald Menzies

President Elect
Mr David Mahon

Honorary Secretary
Professor Nader Francis

Honorary Treasurer
Professor Tan Arulampalam

Director of Education
Mr Paul C Leeder

Members of ALSGBI Council

Midlands
Mr Jawad Ahmad

Trent
Mr Altaf Khan Awan

Ireland
Miss Claire Jones

Oxford & Wessex
Professor Jim Khan

Northern & Yorkshire
Professor YKS Viswanath

North West & Mersey
Mr Chelliah R Selvasekar

Scotland
Ms Shafaque Shaikh

North Thames
Mr Marco Adamo

Anglia
Mr Neil Keeling

South Thames
Mr Iain Jourdan

Wales
Mr Graham Whiteley

South & West
Mr Simon Higgs

AUGIS Representative
Professor Giles Toogood

ACPGBI Representative
Miss Arifa Siddika

ASiT Representative
Mr Joshua Clements

ALSGBI Representative at European
Association of Endoscopic Surgeons
Professor Nader Francis

Academy Chair
Mr Rikesh Patel

ALTS Chairperson
Mrs Debbie Gooch

Deputy ALTS Chair
Ms Alice E Jones

Editorial Secretary
Mr Neil Keeling

Audit Director
Mr Graham Whiteley

Research Director
Professor Jim Khan

Website Director
Mr Neil Keeling

Welfare Officer
Mr Andrew Day

Equality and Diversity Representative
Ms Tamsin Morrison



Mrs Jenny Treglohan
Executive Director
jtreglohan@alsgbi.org
Mob +44 (0)7973 232038
www.alsgbi.org



Mrs Sarah Williams
Director of Fundraising
swilliams@alsgbi.org
Mob +44 (0)7854 858714
www.alsgbi.org

 **ALSGBand1**
#ALS2021

 Follow @ALSGBand1



ALSGBI Industry Partners for 2021-2022

PLATINUM



GOLD



SILVER



Contents

1	MR DONALD MENZIES - President's Introduction	14-15	Memorandum of Understanding IAGES & ALSGBI
1	MR NEIL KEELING - Editor's Introduction	16	PROFESSOR YKS VISWANATH & MR ANIL REDDY 7th Laparoscopic & Robotic GI Hybrid Video Symposium
1	ALSGBI COUNCIL 2021	16	NEWS ITEM FROM KARL STORZ
2	ALSGBI 2021 INDUSTRY PARTNERS	17	MS CLAIRE JONES - UGI Congress, Belfast
3	MR MARIUS PARAOAN - Coming out from the pandemic: Second Wigan LapPass® and Laparoscopic Simulation Course	18	NEWS!!!! IMPORTANT DATE FOR YOUR DIARY 2022
5	MESSRS ANTAKIA & KEELING - Intermediate laparoscopic skills for surgical trainees: Simulation-based training to improve clinical performance	19-20	ALSGBI SCIENTIFIC PROGRAMME Monday 6 December 2021
6	MR JAWAD AHMAD - ALSGBI Basic Robotic Skills Course	21-24	ALSGBI SCIENTIFIC PROGRAMME Tuesday 7 December 2021
7-9	ALSGBI COVID-19 Survey 2021	24-25	INDUSTRY EXHIBITION PLAN
10	MS JENNIFER NAGY, General Manager of Ethicon GB, Johnson & Johnson, Medical Devices companies Ensuring Cancer is not the Forgotten "C" of COVID-19	26	MR MICHAEL HUTTON - Advancing the standard of care with digital surgery solutions a Medtronic news item
11	PROFESSOR YKS VISWANATH - ALSGBI Laparoscopic Surgery Training Day Programme at Karl Storz	27	MS TAMSIN MORRISON - The ALSGBI EDI Update
13	MR CHELLIAH SELVASEKAR - ALSGBI inc. Robotic & Technology Enhanced Surgery goes global!	27	APPLIED MEDICAL NEWS ITEM
		28-29	MS IZEM ONADIM & MS ANU THRIKANDLYUR Green Operating - An achievable future
		31	PROFESSOR YKS VISWANATH - Level of Harm TUGS (The Upper GI Gastrointestinal surgery) project 1

Coming out from the pandemic: Second Wigan LapPass® and Laparoscopic Simulation Course

14 May 2021, Royal Albert Edward Infirmary, Wigan and Leigh Teaching Hospitals NHS FT



As the COVID-19 restrictions were lifting up across the country, we held our second LapPass® and laparoscopic simulation training course at Wrightington, Wigan and Leigh Teaching Hospitals NHS FT, building on our very successful first course held before the pandemic restrictions hit hard.

The course was held in the Education Centre at Royal Albert Edward Infirmary which is very well equipped with Inovus Laparoscopic stations and allows safe social distancing to be observed.

We have advertised our course again through the ALSGI with support from Jeremy Williams and for the first time we collaborated with the ASiT offering discount to its members. Not surprisingly, the course was oversubscribed and with regrets we had to turn down many enthusiastic trainees as we limited the places to 8 participants. The course was supported by Inovus, Karl Storz, Medtronic and SurgiMed with equipment used in for the second part of the course in the afternoon and we had our experienced Faculty team of 4 trainers which allowed a very good ratio of 1:2 Faculty to trainees. The pre-course preparation was part of the key to success and consisted of two Zoom sessions during which we made the trainees accustomed to the house rules including COVID-

19 arrangements and the format of the day. We demonstrated to them the 4 LapPass® tasks and the simulation exercises giving them the opportunity to have a good understanding of the training program for the day.

The program of the day was divided in LapPass® training for the morning session during which the trainees had the opportunity to practice using the original Inovus LapPass® kit under closed supervision and feedback from the Faculty. This session was very focused and very intense with all participants performing all 4 tasks and noticing clear progression regarding time and errors and ending up with a mock LapPass® examination to prepare them for the real test.

The afternoon session was focused on simulation and we have introduced some innovation to our first course programme. With support from Storz we had two laparoscopic cameras and telescopes and a real-life size torso training box which allowed the delivery of 30 degrees laparoscopic camera holding training based on the very intuitive exercise developed at the University of Texas South-Western Center for MIS. In parallel, we have used for the first time the Lap AR training kit for laparoscopic appendicectomy training testing this concept

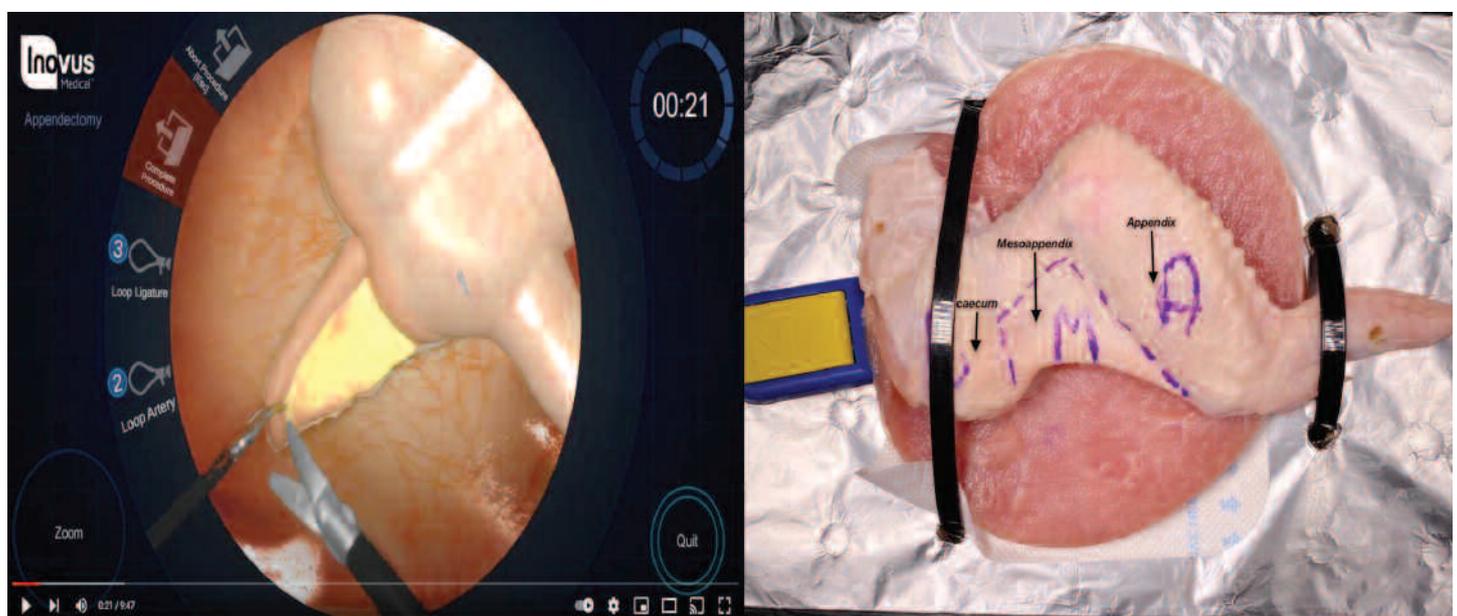
and obtaining feedback from participants. For the second part of the afternoon we have delivered training of using diathermy and energy devices (courtesy of equipment provided by Medtronic) on our own innovative simulation appendicectomy animal tissue model (published in 2020 in the Annals of the RCS of England). This was received with great enthusiasm by all participants who highlighted in their feedback the benefit of diathermy practice in a safe environment.

Alongside the training part we had offered the opportunity for the previous participants to our course to sit the LapPass® examination and this gave us the opportunity to mark another achievement on the day: Jay Roe Tan who was Core Surgical Trainee in North-West has successfully passed the examination held in a friendly but strict manner observing fully the standards set-up by the ALSGBI.

As usual we obtained anonymous feedback and this was excellent as published on the ALSGBI website. We have now established our course as very good value for money, excellent ratio of trainer: trainees, using the original kit endorsed by the ALSGBI and delivering innovative simulation exercises meeting the needs of trainees in the early stage of their surgical training. The course could not have been successful without the efforts of my colleagues Stephen Marsh (my course co-director), Petre Ichim (Faculty Consultant), Hannah Barrow and Santhosh Loganathan (Faculty Registrars), the technical support from Inovus, Storz and Medtronic and the support from the staff from Education Centre.

Mr Marius Paraoan, MD FRCS

Consultant Colorectal Surgeon and Course Director, Wrightington, Wigan and Leigh Teaching Hospitals NHS FT



INNOVATION IN ACTION

AESCULAP® AdTec® Mini

3.5 mm Instruments for Less Invasive Surgery

Histoacryl® LapFix

Atraumatic Mesh Fixation for Laparoscopic Surgery

B. Braun offer innovative Aesculap products designed to improve the quality of minimally invasive surgery, whilst offering opportunities to reduce costs in laparoscopy.

XX-ALSGBIA2-11-21

To find out more, please scan QR code or contact:



Sam Miller

sam.miller@bbraun.com

0114 225 9000



Transforming surgery. For good.

cmrsurgical.com



CMR
SURGICAL

Intermediate laparoscopic skills for surgical trainees: Simulation-based training to improve clinical performance

26 May 2021, West Suffolk Hospital



A practical intermediate laparoscopic skills course was held at West Suffolk Hospital on the 26 May 2021. Flyers with pre-course materials and information about the venue and faculty members were sent out to all junior surgical trainees in the East of England deanery four months prior to the course. A total of 14 candidates attended this course, out of which 12 were surgical core trainees and two were foundation year two doctors interested in pursuing a career in surgery.



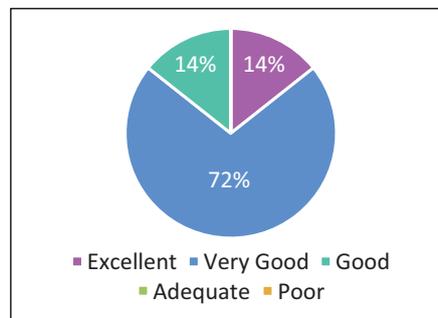
Candidates were paired per wet-lab station with a faculty member per station (five consultant surgeons and two theatre surgical nurse practitioners) and an extra faculty member to ensure all stations were running smoothly with thanks to James (Storz representative) and Hayley (Ethicon representative) for providing the laparoscopic stations and instruments.



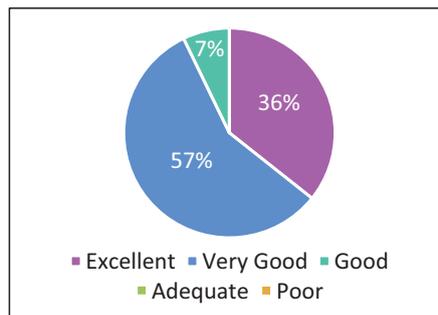
The one-day course consisted of a mixture of three short talks followed by hands-on practice on porcine specimens. Procedures included laparoscopic cholecystectomy, fundoplication

and gastro-jejunostomy. The tasks focused on laparoscopic suturing, stapling and safe dissection of calot's triangle with practice simulation videos on safe vessel clipping. Average practice time was 45-60 minutes per station.

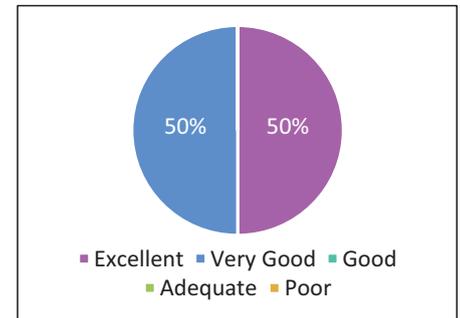
For laparoscopic cholecystectomy, a porcine liver specimen was placed in a box trainer and the gallbladder and calot's triangle anatomy was delineated. For laparoscopic fundoplication and gastro-jejunostomy, a porcine specimen including lower oesophagus, stomach with proximal jejunum was placed in a box trainer. Instructional short procedural videos were played prior to each task.



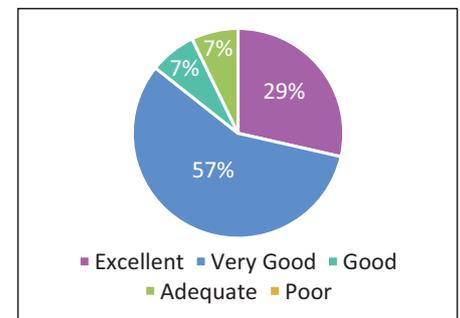
Comprehensive feedback from trainees was analysed after the course together with suggestions to be considered for future courses. Ten (72%) candidates found the course organisation with pre-course info excellent, and two (14%) found it very good and good respectively.



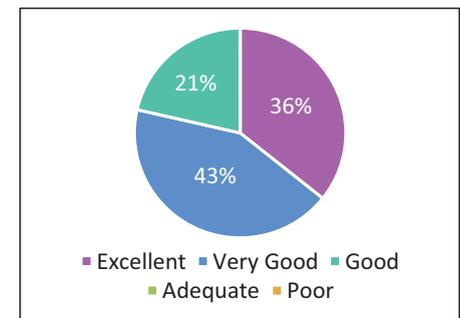
Five (36%) trainees found the laparoscopic cholecystectomy training excellent, eight (57%) very good and one (7%) good practice.



Laparoscopic fundoplication training was rated as excellent and very good by seven (50%) delegates respectively.



Four (29%) candidates rated laparoscopic gastrojejunostomy as excellent, eight (57%) very good, 1 (7%) good and adequate respectively.



Five (36%) trainees found laparoscopic stapling excellent, six (43%) very good and three (21%) good practice.

All delegates found the course very useful, and the majority asked if it could be run twice yearly and/or be added to the East of England deanery core surgical training programme. To have more hands-on training, it was suggested that the course duration would be extended over two days and if laparoscopic appendicectomy with other simulation exercises could be added to the course programme.

Mr Ramez Antakia

Colorectal trainee, West Suffolk Hospital

Mr Neil J Keeling

Anglian Representative

ALSGBI Basic Robotic Skills Course

13 June 2021, Griffin Institute, Northwick Park, London



Maintaining the long tradition to lead on training in minimally invasive surgery, ALSGBI Basic Robotic Skills Course was held at Griffin Institute, Northwick Park, London on 13 June 2021. The course was aimed at senior trainees and consultants who are new to robotic surgery and wished to experience the robot. The course was booked within days of its advertisement



on a first come first serve basis and was attended by 5 consultants and 4 trainees.

Delegates spent the whole day in the lab and practiced both technical and non-technical skills pertinent to robotic surgery. Each candidate spent four hours on the console practicing dry and wet lab exercises including bowel anastomosis. ALSGBI is privileged to have three senior robotic surgeons on its council namely Jim Khan (Colorectal Proctor), Chelliah Selvasekar (Colorectal Surgeon) and Jawad Ahmad (HPB Proctor) who volunteered to teach on this course. Professor Mark Taylor (President GBIHPBA and PSGBI) shared his vision of robotic surgery in HPB and attended the course as an observer.

The formal and informal feedback on the day has been super encouraging (see below). Candidates felt that the course was well organised, structured and hands on and they would certainly recommend this to their peers. 1st draft of ALSGBI manual of Basic Robotic Skills was piloted at this course and the feedback has been helpful in finalising the manuscript. ALSGBI is aiming to build on the success of this course and intend to make it a recurrent event, watch that space!

Mr Jawad Ahmad
Midlands Regional Representative



ALSGBI Basic Robotic Surgical Skills Course 13/6/21

Please give your overall star rating for this event

5 ★
average rating

100%
would recommend

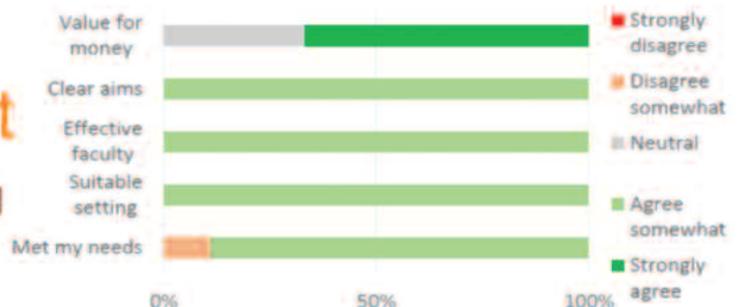
friendly
practical useful
inspiring
relevant
professional
engaging

What were you hoping to gain from attending this event?

Docking, console, simulation, suturing
Basic robotic skills

Excellent
Venue

How well do you agree with each of these statements



What was the most useful aspect?

The tissue section
All of it
Diagnostic laparoscopy, bowel anastomosis
Basic concepts of robotic surgery
Hands on training
Practical application and troubleshooting talk
Practical skills
Simulator and hands on parts
Simulation
Everything useful, excellent

What aspects could be improved?

Needs more tissue time
More one to one guidance on the simulator tasks
Better instruction from simulation training at start
More time on simulators
More hands on

Expert
Faculty

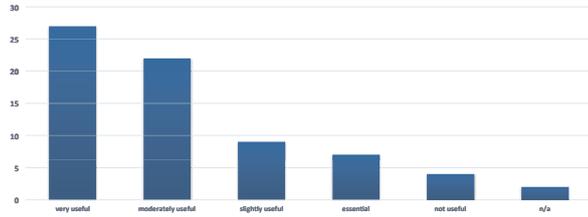
What are the next steps that you plan to take?

Log simulation time at the Da Vinci in my institution
Practice
Continue training in robotics
Make contact with local rep to start simulation training
Further evaluation of Da Vinci robot
Commence simulator training at base
Simulator training
Disseminate the knowledge and consolidation for me
Assimilation of knowledge

ALSGBI COVID-19 Survey 2021

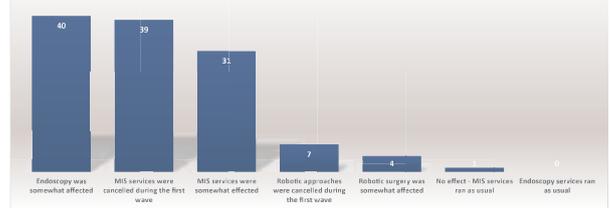
Question 7: Position statements

RCS intercollegiate guidelines



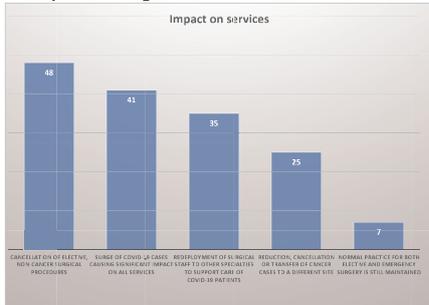
Question 8: effect on minimally invasive surgery (MIS)

MIS



Question 9: impact on surgical services

Impact on services



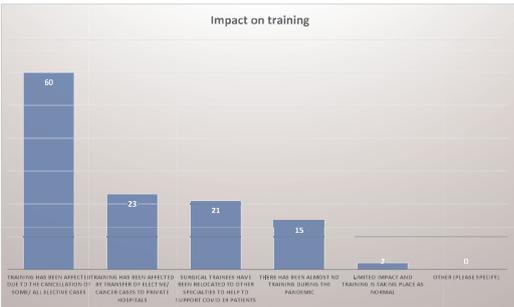
Question 10: Special Measures During MIS

Special Measures

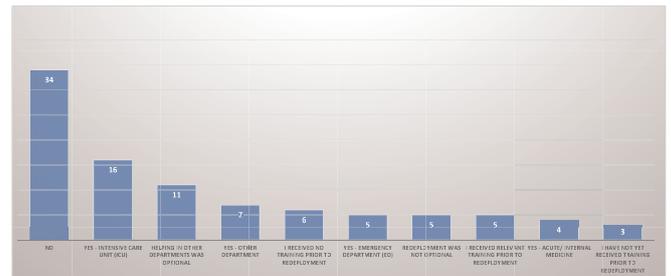


Question 11: current impact of pandemic on training

Impact on training



Question 12: have you been asked to help out or redeployed?



Question 13a: Main challenges regarding surgical practice, education & training

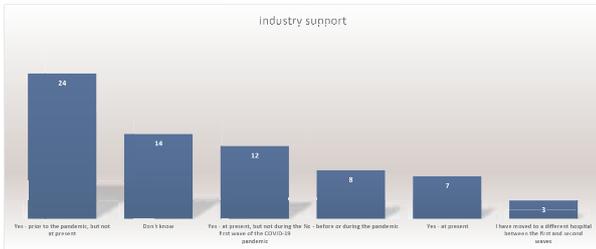
- A variety of responses were returned including:
- Don't know, fewer surgical lists, less opportunity as all trainees are fighting to get into list.
- Virtual Trainings/Webinars
- For surgical trainees, mobile simulator (such as surgical box trainer) for rent would be helpful
- Realism that training has been greatly affected and that the current cohort of trainees will need additional time. To be true there are so many zoom meetings they have become a turn-off - too many are individuals giving simple opinion. Any meeting or on-line education must have a specific objective.
- More webinars and on line surgical training. Help financing laparoscopic box trainers, cameras, instruments and materials.
- Virtual platforms has cut down the effect of absence of face to face conference
- Virtual clinics unable to examine patients if needed, less elective theatre lists etc
- Adequate theatre time

Question 13a: Main challenges regarding surgical practice, education & training

- Anaesthetic availability is limited still and theatre staffing is reduced of pre pandemic
- Fewer elective cases. Regular webinars helpful if after hours.
- How to return to full elective practice.
- Keep engaging and communicating
- Theoretical teaching has benefitted from Zoom etc. but lack of theatre time is a significant disruption to hands-on surgical training. The virtual meeting was a good alternative to the F2F meeting, webinars etc helpful.
- Reduced surgical opportunities for trainees - who are very concerned. Webinars and video teaching is a good substitute but clearly not the same.
- Lack of theatre access
- Online webinars, conferences and courses

ALSGBI COVID-19 Survey 2021

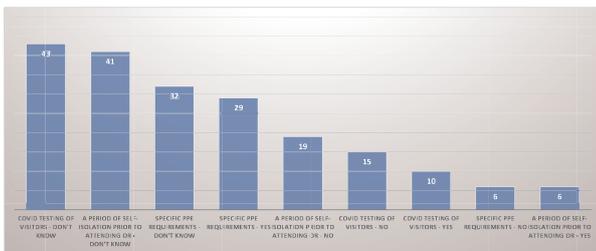
Question 13b: does your hospital accept industry visitors?



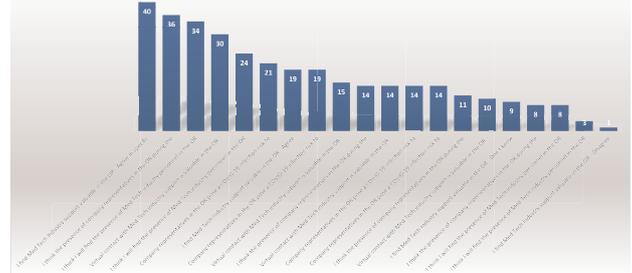
Question 14: what areas are covered by the Medtech visitor policy?



Question 15: which elements are included in your local policy for OR visitors?



Question 16: level of agreement with various statements



Acknowledgment



- Jenny Treglohan
- Jeremy Williams
- Fiona Carter
- Tan Arulampalam
- Paul Leeder
- Donald Menzies
- Industry Partners*
- The ALSGBI Executive

Ensuring Cancer is not the Forgotten "C" of COVID-19

COVID-19 has been dominating our lives for nearly two years. The vaccine rollout may tempt some to think that the end is in sight, but for organisations such as the NHS, it won't be that simple. In fact, the crisis is far from over.

The COVID-19 pandemic has also triggered other healthcare pandemics to rise in almost a domino effect.

Take cancer care, for example. The NHS Long Term Plan includes ambitions to diagnose 75% of cancers at stage 1 or 2, and for 55,000 more people to survive for five years or more by 2028. Cancer screening is vital to achieving these goals, and while screening programmes in colorectal, breast, and cervical cancer are now back up to pre-COVID rates, the pauses that occurred early in the pandemic created a backlog that at one point stood at around 3 million people, according to Cancer Research UK.

This is particularly urgent for colorectal cancer – also called bowel cancer – which is, paradoxically, both a very curable form of cancer and the UK's second-biggest cancer killer with around 16,000 deaths a year.

At Ethicon, we fully support all efforts to re-shape the colorectal cancer pathway to the benefit of patients from screening right through to treatment – working together with our NHS and charitable partners we are committed to ensuring colorectal cancer is treated effectively despite the challenges of COVID-19.

The NHS's new screening programme will be expanded from over 60s to over 50s, which is welcome news as if caught early, most colorectal cancer patients will survive.

But expanding the screening programme is not on its own enough – I believe we must also raise awareness, so that more people take up their offer of screening, and more can recognise the signs and symptoms of bowel cancer. The latter is particularly important for the under 50s, who are not yet eligible for screening but account for around 6% of diagnoses, or 2,500 people a year.

With COVID-19 continuing to impact cancer diagnosis, care and treatment such work has never been more important.

Jennifer Nagy

General Manager of Ethicon GB
Johnson & Johnson
Medical Devices companies

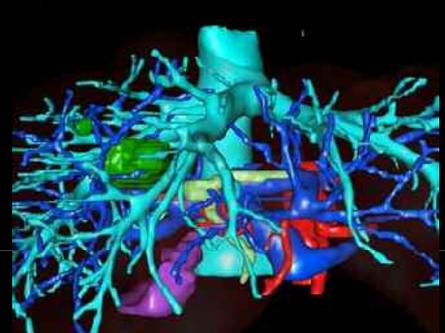
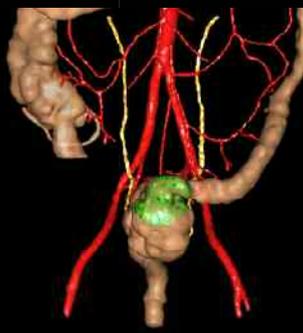
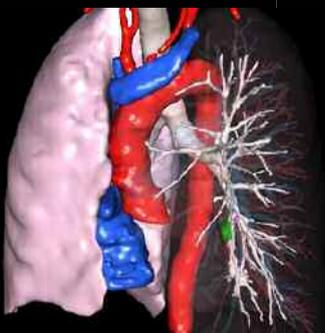
ETHICON
PART OF THE *Johnson & Johnson* FAMILY OF COMPANIES

Introducing Visible Patient

Scan →
for more
information



VISIBLE PATIENT™ Solution can help to identify variations in anatomical structures, including tumours^{1*}



ETHICON
PART OF THE *Johnson & Johnson* FAMILY OF COMPANIES

**VISIBLE
PATIENT**

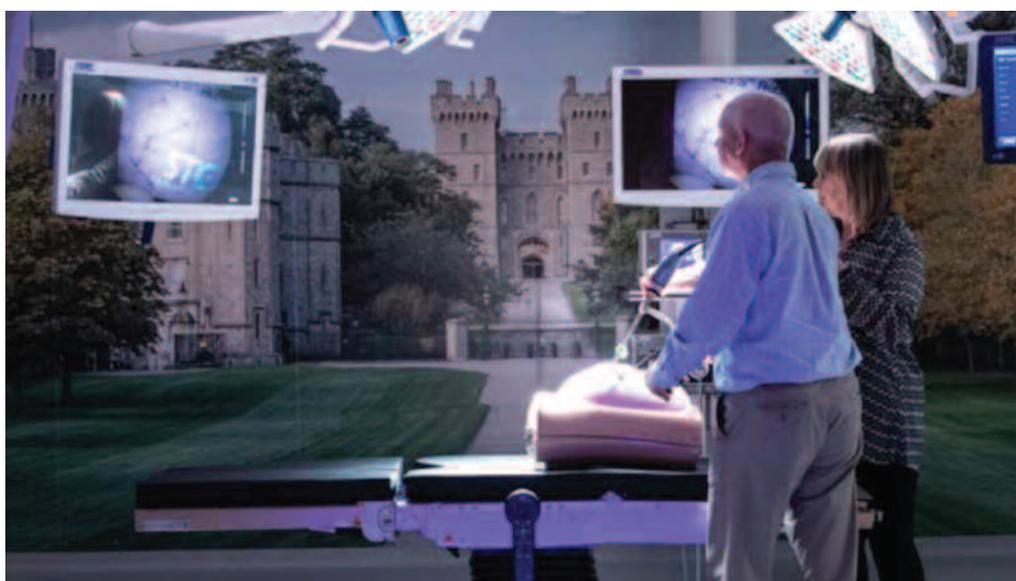
ETHICON AT ALSGBI | 5 - 7TH DECEMBER 2021

¹: Ethicon, Visible Patient Planning, 1012, v1, User Documentation, May 2020, Data on File.

* For complete indications, contraindications, warnings, precautions, and adverse reactions, please reference full indications For Use and User Manual, available from the Visible Patient website. This product is not intended for use with or for the primary diagnostic interpretation of Mammography images. The software is designed to be used by trained professionals (including physicians, surgeons and technicians) and is intended to assist the clinician who is solely responsible for making all final patient management decisions. The third-party trademarks used herein are trademarks of their respective owners.

ALSGBI Laparoscopic Surgery Training Day Programme

16 July 2021, Karl Storz Headquarters, Slough



The last year has been particularly difficult for surgical training. It was therefore with great excitement that we announced a special face to face training day for Summer 2021. The ALSGBI Laparoscopic Surgery Training Day offered a unique opportunity for a dedicated full day of hands-on practical training at the top class Karl Storz Facility in Slough. Trainees had the opportunity to spend a day in the company of experts in Minimally Invasive Surgery.

Training was in the form of briefing tutorials, concentrating on 'hands on' practical skills in laparoscopy. Participants had the opportunity to practice for their LapPass® qualification and develop techniques of laparoscopic suturing and stapling.

The Training Day was designed for trainee upper, lower and general gastrointestinal surgeons from CT2 to ST8 levels of surgical training, with skills generic to both specialties. In keeping with social distancing, there was a high faculty to trainee ratio to ensure individualized learning needs were met. There was an opportunity during the day to be assessed in LapPass® skills.

Applicants were asked to state their sub-specialty and their current level of training at application and any specific individual training preferences they may have for this rare opportunity. Early applications, with strong evidence of a commitment to laparoscopic surgery were considered in a competitive application process. In order to meet stringent RCSE course safety guidelines, places were limited to 24.

Feedback from the meeting was universally excellent and we hope to make these a biannual event

Faculty:

Mr Altaf Awan
Regional Representative, ALSGBI

Mr Andrew Day
Regional Representative, ALSGBI

Mr Neil Keeling
Regional Representative, ALSGBI

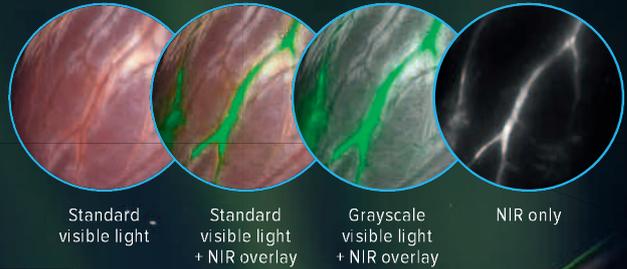
Mr Rikesh Patel
Academy Chair, ALSGBI

Professor YKS Viswanath
Regional Representative, ALSGBI

Synergy^{ID}

Near-Infrared Fluorescence Imaging

Experience the Synergy^{ID} all-in-1 console's outstanding 4K video with advanced visualisation, fluorescence imaging, LED lighting, image management, OR integration, and an easy-to-use tablet interface that allows staff to focus on patients instead of equipment. Multiple modes and colour options put premier customised visualisation at your fingertips.



Standard visible light

Standard visible light + NIR overlay

Grayscale visible light + NIR overlay

NIR only



arthrex.com

© Arthrex GmbH, 2021. All rights reserved.

Arthrex®

OLYMPUS

OLYMPUS CONTINUUM



OLYMPUS CONTINUUM Free Online Professional Development Courses

Elevating Patient Care. Together - Olympus Continuum is a comprehensive platform of educational programmes and training experiences designed to help you broaden your clinical expertise and enhance your procedural skills - so you can perform at your best and deliver the highest levels of patient care and safety.

OLYMPUS MEDICAL

KeyMed House, Stock Road, Southend-on-Sea, Essex, SS2 5QH, UK

Olympus Medical Systems EMEA

Olympus Medical Europe

@OlympusMedUKIE



DISCOVER OUR RANGE OF COURSES

BOOK ONLINE NOW
WWW.OLYMPUSCONTINUUM.COM

ALSGBI inc. Robotic & Technology Enhanced Surgery goes global!

19 September 2021, Virtual Webinar

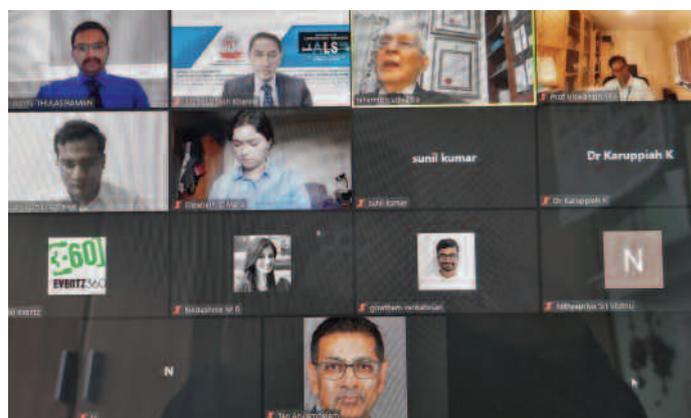
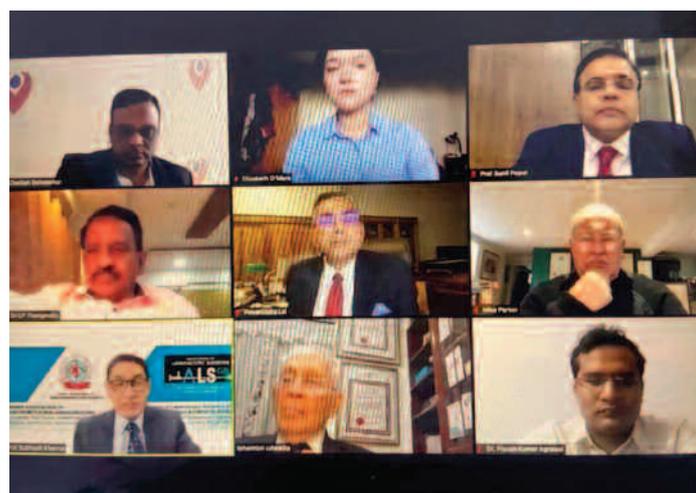


ALSGBI is a premier organisation that has ensured the safe adoption of minimal access surgery in the UK for many decades. ALSGBI signed a memorandum of understanding (MOU) with the Indian Association of Gastrointestinal Endo Surgeons (IAGES) in March 2020.



The main objective of the MoU is to ensure there is collaborative working between both organisations to promote safe adoption of minimal access surgery to benefit patient care and to facilitate training the trainees, the trainers and the wider team, vehicle for sharing knowledge and progress in minimal access surgery.

The first 'Intercontinental webinar' series was held on the 19 of September. The welcome address was delivered by Professor Sunil Popat, President of IAGES and Professor Nader Francis, Honorary Secretary of ALSGBI, followed by a short presentation by Professor T Udwadia on the



evolution and expansion of laparoscopic surgery in India and the role of IAGES. Professor Mike Parker, Past President ALSGBI, delivered a presentation on 'Evolution of minimal access surgery in the UK and the role of ALSGBI'. It was interesting to note Professor Parker had met Professor Udwadia, the founding president of IAGES, many decades ago. (Picture attached)

This was followed by a crisscross multi-faculty case-based discussion by Mr Vishnu Thulasiraman, who is a MCh surgical fellow working with Professor Viswanath on complex oesophageal complications after an emergency colectomy for refractory ulcerative colitis. This generated a lot of discussion from the faculty both in UK and India. A gall stone-related complication was followed by Dr Piyush Agarwal, who works with Prof. Pawanindra Lal in New Delhi. This case presentation demonstrated some of the variations in practice between the UK and India, and there were some clear messages for trainees and trainers.

Finally, we had the vote of thanks by Dr Easwar Moorthy, honorary secretary of IAGES. The meeting had 505 registrations, and the feedback was excellent. The webinar was supported by Medinet, who provided excellent services and the virtual platform was user-friendly, and the team were very supportive.

The next intercontinental webinar is planned for late November 2021. Watch the space for more collaboration between the two national associations in the years to come!

Mr Chelliah Selvasekar

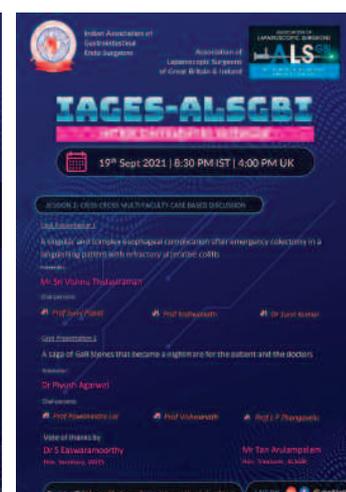
North West & Mersey Representative

Professor YKS Viswanath

Northern & Yorkshire Representative

Professor Tan Arulampalam

Honorary Treasurer





Indian Association of
Gastrointestinal Endo Surgeons

**INDIAN ASSOCIATION OF
GASTROINTESTINAL ENDO SURGEONS**
113,29/08, Dani Sadan, Walkeshwar Road,
Mumbai, Mumbai City, Maharashtra, 400006



**Association of Laparoscopic Surgeons of
Great Britain & Ireland (ALSGBI)**
@The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields, London, WC2A 3PE

Memorandum of Understanding

This memorandum of understanding (MOU) is made on this 22nd day of March 2021 at
Edinburgh, UK.

Between

Indian Association of Gastrointestinal Endo Surgeons (IAGES), a body having its registered office at
Mumbai represented by its president, Dr. Sunil D. Papat, Honorary Secretary, Dr. S Easawaramoorthy and
the International Academic Co-ordinator, Prof. Subhash Khanna.

And

Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI)
represented by its President Mr. Donald Menzies and Honorary Secretary, Prof. Nader Francis.

Where as both the organization hereby agree to act on the following terms and conditions:

1. The members of both associations shall enjoy all benefits of other collaborating associations except voting rights.
2. Regular charges and fees for the member delegates attending meetings organized by a collaborating association (as member delegates and not as an international delegate).
3. Members will apply through their respective national associations for a training/ fellowship program to certify their qualification status. Senior and experienced surgeons shall be offered fellowship without examination, at par with Indian members (details of eligibility shall be shared by both associations). For any training/fellowship programs with hands on experience/ interaction with patients, due permissions must be taken from the respective council/board by the member of the association.
4. Invited faculty from collaborating associations shall be offered local hospitality that shall/may include accommodation and conference registration. Travel to be taken care by the respective person.
5. IAGES agrees to include members of ALSGBI as reviewers and/or editorial board members, subject to approval of selection committee, for the Journal of Minimal Access Surgery.
6. All announcements of national conferences will prominently display names of collaborating association. Announcements of various programs will be circulated to members of collaborating society to encourage enhanced participation and interaction.

Continued...



Indian Association of
Gastrointestinal Endo Surgeons



Association of Laparoscopic Surgeons of
Great Britain & Ireland (ALSGBI)
@The Royal College of Surgeons of England
35-43 Lincoln's Inn Fields, London, WC2A 3PE

INDIAN ASSOCIATION OF
GASTROINTESTINAL ENDOSURGEONS
113,29/08, Dani Sadan, Walkeshwar Road,
Mumbai, Mumbai City, Maharashtra, 400006

7. President and secretary or their delegated representative will be guests of honour in the annual conference of the respective association. Local hospitality (registration and accommodation) shall be offered by host association.
8. ALSGBI has agreed to offer research project partnerships to IAGES members and to help conduct training programs in surgical research.
9. Both the associations hereby agree to share the academic program of the collaborating association in their website and other information booklets.

For the purpose of record, it is clarified that there will be no financial transaction/liability between associations. This memorandum of understanding, based on mutual respect and reciprocity, will come in effect immediately, subject to due ratification by the executive committee/governing council of respective association, and shall remain in force till officially withdrawn by respective EC/GC and communicated in writing.

IAGES

Prof. Sunil D. Popat
President

Dr. S. Easwaramoorthy
Hon Secretary

Prof. Subhash Khanna
International Academic Coordinator, IAGES

ALSGBI

Mr. Donald Menzies
President

Prof. Nader Francis
Hon Secretary

7th Laparoscopic and Robotic GI hybrid video symposium

1 October 2021



South Tees Institute 'Learning Research Institute' (LRI) at James Cook University Hospital in collaboration with Teesside University MCH faculty successfully convened hybrid 7th symposium with delegated interaction both face to face and virtually. This symposium was free to attend with 6 CPD points accreditation by RCS Edinburgh.

This meeting was graced by international faculty; Professor Yin-Kai Chao, from Taiwan and Professor Steven Wexner, Cleveland clinic, USA, Professor Popat, IAGES President, India. We were delighted to have the support of our nationally accredited surgical faculty, Mr S Dexter, Mr S Andrews, Professor Mahawar, Mr Immanuel, Mr Sen, Mr Maslekar and Mr C Muniapalle who shared their expertise. Chief medical officer Mike

Stewart from South Tees NHS Trust welcomed the delegates and the launch of our first hybrid meeting during the pandemic.

The day included a series of video talks including robotic colorectal surgery, evolution of colorectal surgery, robotic mediastinal and abdominal salient steps at oesophagostomy, update on endoscopic bariatric interventional techniques, minimal access approach to treat reflux with a string of magnets and approach to hiatal hernia repairs. This followed a few video presentations from trainees in the North East. Mr David Mahon, ALSGBI president elect, updated on ALSGBI initiatives including fellowships, Robotic and LapPass® training. The meeting was organised and convened by

Mr Reddy A and Prof Viswanath YKS with a huge support from our regional MCh GI speciality faculty; Mr G Bussa, Mr T Gill, Mr A Gilliam and Mr V Shanmugam. The event was generously sponsored by Ethicon, Medtronic, CJ Medical, Elemental, BD, Implatrica, Norgine, and Raise. The whole committee would extend a full appreciation to all sponsors.

We plan to host next 8th symposium on 5 October 2022 and look forward to future delegates.

Professor YKS Viswanath
Professor of Surgery

Mr Anil Reddy
Consultant Robotic Colorectal Surgeon

New Flexible HD Video Choledochoscope 11292VH/VHK

The flexible video choledochoscopes from KARL STORZ allow exploration of both the intra- and extrahepatic bile ducts as well as the surgical removal of gallstones.

To meet the increasing demands on image quality in choledochoscopy, a camera chip with HD resolution has now been integrated in the video choledochoscope. Furthermore, handling is more convenient than with the previous models, 11292VPK/VPUK, due to integration of an LED light source and the centred position of the connecting cable. At the same time, a new atraumatically shaped distal tip has been added.

The newly implemented HD image quality combined with the improved handling allows an even more detailed observation of the bile ducts. The IMAGE1 S™ S-Technologies also prove useful for highlighting certain structures through contrast enhancement or colour shifting. Thanks to the flexible HD Video Choledochoscope 11292VH/VHK, a plug-and-play version with integrated LED light source of all video choledochoscopes from KARL STORZ is now available.

STORZ
KARL STORZ—ENDOSKOPE

UGI Congress, Belfast

13-15 October 2021



The UGI Congress was a welcomed face-to-face meeting following a difficult 18 months in the NHS, with the option to join virtually too. Over 700 delegates attended the Belfast meeting in person and online from throughout the UK, Ireland and China, with the opportunity to bring together AUGIS, Pancreatic Society, GBIHPBA and UKIEUS.

The first day got the meeting off to a great start with plenary sessions on leadership, dealing with a terrorist attack and psychological concepts of high performance, along with a research update. Day 2 had 7 parallel sessions (OG cancer, benign UGI, EUS users, pancreas, liver, emergency UGI and bariatrics) to pick and choose from with updates and expert tips and tricks, along with

the opportunity for trainees to present their recent research. The final day saw further plenary sessions discussing the impact of COVID, the ageing population and outcomes, and a technology update with industry partners.

Overall it was excellent to have the opportunity to chat to colleagues face-to-face and make the most of Irish hospitality at the UGI congress drinks receptions on both the Wednesday and Thursday nights!

Ms Claire Jones
Irish Regional Representative



OR1 72 1.0 07/2020/A-E

SCENARA® Content Management

All in one place

- Centralised access to image, video and patient data
- Video editing, snapshots and image processing with a few clicks
- Supports medical findings documentation
- Interoperability with HIS and PACS

www.karlstorz.com

STORZ
KARL STORZ – ENDOSKOPE
THE DIAMOND STANDARD



SAVE THE DATE 2022

ALSGBI Laparoscopic & Robotic Surgery Training Days
Sunday 6 November
venue tbc

ALSGBI & ALTS Annual Scientific Meeting
Monday 7 & Tuesday 8 November
Hilton Newcastle Gateshead
Bottle Bank | Gateshead NE8 2AR



The UK & Ireland's No.1 Professional Association
in the field of Laparoscopic, Robotic & Technology Enhanced Surgery

ALSGBI Scientific Programme

Monday 6 December 2021

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE	
08:00 – 19:15	REGISTRATION DESK OPEN INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
08:30 – 19:00	INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
08:30 – 19:00	REFRESHMENT TIMES INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
08:30 – 16:00	Tea & Coffee
12:30 – 14:00	Lunch
17:25 – 19:00	The President's Drinks Reception
09:30 – 12:30	LapPass® ASSESSMENTS IN THE ARTHREX MOBILE LAB 
14:00 – 16:00	FORECOURT ILEC CONFERENCE CENTRE
09:00 – 09:05	WELCOME: Mr Donald Menzies (President) THE AUDITORIUM LONDON SUITE, GROUND FLOOR
09:05 – 09:15	PLATINUM PARTNERS' PRESENTATIONS Chair: Mr Donald Menzies (Colchester) PLANNING FOR A GREENER NHS  Mr Troy Quintrell UK Business Development Manager, Laparoscopy, KARL STORZ Endoscopy (UK) Ltd INNOVATING TO EXPAND ACCESS Ms Alison Rowan Marketing Manager UK & I 
09:15 – 17:00 <i>Flexible Timing</i>	LIVE HD LAPAROSCOPIC & ROBOTIC PROCEDURES FROM THE ROYAL SURREY COUNTY HOSPITAL, GUILDFORD Karl Storz Theatres 4 & 5 Intuitive Surgical Theatre 3  Plus special additional robotic selected edited videos 
NOTES	GUILDFORD OPERATORS Mr Iain Jourdan Mr Andrew Kent Mr James Read Professor Tim Rockall Mr Andrea Scala Mr Tim Worthington Plus Mr Krishna Patil Mr Tim Pencavel Mr Matt Perry
	GUEST OPERATOR Professor Nader Francis (Yeovil) Selected Edited Videos Professor Jim Khan (Portsmouth)

TIMETABLE	
From 09:15	MORNING OPERATING
  	T4 COMPLEX SURGERY INCLUDING ICG Laparoscopic pelvic clearance for stage IV endometriosis including anterior resection Mr Andrew Kent (Guildford) Professor Tim Rockall (Guildford) Featuring Rubina System & OR1 Setup Airseal +/-3mm instruments
  	T5 THE TEACHING THEATRE: SURGERY FOR THE TRAINEE Laparoscopic Right Hemicolectomy Professor Nader Francis (Yeovil) TAPP Hernia Repair Mr James Read (Guildford) Laparoscopic Cholecystectomy Mr Andrea Scala (Guildford) TEP Hernia Repair Mr Iain Jourdan (Guildford) Plus Trainee Surgeons Featuring Rubina System & OR1 Setup
  <i>Flexible Timing after AM complex surgery</i>	T3 ROBOTIC UROLOGICAL SURGERY Robotic Cystectomy & Ileal Conduit (all day case) Mr Krishna Patil (Guildford) Mr Tim Pencavel (Guildford) Mr Matt Perry (Guildford) Featuring Da Vinci Xi Airseal Insufflator
	ILEC IMPROVING OUTCOMES WITH FIGS DEVELOPMENTS & ADVANCEMENTS (10 minutes) Mr Manish Chand (UCL)
 <i>Flexible Timing</i>	ILEC ROBOTIC COLORECTAL SURGERY Robotic Right Hemi-Colectomy Selected Edited Video Professor Jim Khan (Portsmouth) Featuring Da Vinci Xi
	From 09:15 Moderators Robotic: Professor Jim Khan (Portsmouth) Professor Shamim Khan (London) Mr Dimitrios Moschonas (Guildford) Mr Chelliah Selvasekar (Manchester) Laparoscopic: Professor Tan Arulampalam (Colchester) Mr Ian Beckingham (Nottingham) Mr Joshua Clements (Belfast) Mr Simon Dexter (Leeds) Mr Neil Keeling (Bury St Edmunds) Professor Mike Parker (Past President) Mr Rikesh Patel (Edinburgh) ALTS: Mrs Jane Bradley-Hendricks (Colchester) Roving: Mr Graham Whiteley (Bangor) Ms Anna Palepa (ALSGBI Academy) Ms Evangelia Spyropoulou (ALSGBI Academy) Twitter: Mr David Mahon (Taunton) Mr Kunal Rajput (Chester)

ALSGBI Scientific Programme

Monday 6 December 2021

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE	
Until 17:00	AFTERNOON OPERATING
	T4 COMPLEX SURGERY Laparoscopic Distal Pancreatectomy Mr Tim Worthington Featuring Rubina System & OR1 Setup
	T5 THE TEACHING THEATRE: SURGERY FOR THE TRAINEE Laparoscopic Right Hemicolectomy Professor Nader Francis (Yeovil) TAPP Hernia Repair Mr James Read (Guildford) Laparoscopic Cholecystectomy Mr Andrea Scala (Guildford) TEP Hernia Repair Mr Iain Jourdan (Guildford) Plus Trainee Surgeons Featuring Rubina System & OR1 Setup
 Advancing surgical possibilities INTUITIVE	T3 ROBOTIC UROLOGICAL SURGERY Robotic Cystectomy & Ileal Conduit (all day case) Mr Krishna Patil (Guildford) Mr Tim Pencavel (Guildford) Mr Matt Perry (Guildford) Featuring Da Vinci Xi Airseal Insufflator
Flexible Timing 	ILEC ROBOTIC COLORECTAL SURGERY Robotic Right Hemi-Colectomy Selected Edited Video Professor Jim Khan (Portsmouth) Featuring Da Vinci Xi
<p>From 13:00 Moderators Robotic: Mr Jawad Ahmad (Coventry) Mr Rami Issa (London) Mr Dimitrios Moschonas (Guildford) Laparoscopic: Mr Altaf Awan (Derby) Mr Andrew Day (Redhill) Mr Paul Leeder (Derby) Ms Tamsin Morrison (Colchester) Ms Shafaque Shaikh (Aberdeen) Professor YKS Viswanath (Middlesbrough) ALTS: Mrs Debbie Gooch (Colchester) Roving: Ian Beckingham (Nottingham) Simon Dexter (Leeds) Mr Graham Whiteley (Bangor) Ms Anna Palepa (ALSGBI Academy) Ms Evangelia Spyropoulou (ALSGBI Academy) Twitter: Mr David Mahon (Taunton) Mr Kunal Rajput (Chester)</p>	

TIMETABLE	
17:00 – 17:20	 ROBOT-ASSISTED FEMALE PELVIC FLOOR SURGERY Dr Marcus Carey, Epworth Freemasons Hospital Melbourne, Australia
17:20 – 17:23	ANNOUNCEMENT OF THE TOP 2 POSTERS FOR PRESENTATION & PRESIDENT'S ROUND-UP OF THE DAY Mr Donald Menzies (ALSGBI President)
17:25 – 19:00	THE PRESIDENT'S DRINKS RECEPTION PRE-BOOK & INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
19:00 – 22:00	ALTS MEMBERS' EXCLUSIVE EVENT PRE-BOOK George & Dragon Pub 1st floor, ILEC Hotel  Advancing surgical possibilities
19:15	ROUTEMASTERS DEPARTURE FOR THE QUEEN'S CLUB PRE-BOOK FRONT OF ILEC CONFERENCE CENTRE LILLIE ROAD
19:30 – 22:30	CONFERENCE DINNER PRE-BOOK The Queen's Club, Palliser Road London W14 9EQ with Guest Speaker Mr Alfie Moore, the Stand-up Police Sergeant!
22:40	ROUTEMASTERS DEPARTURE FOR THE ILEC

LIVE LINKS SPONSORED BY

 INTUITIVE

 Advancing surgical possibilities

 STORZ
KARL STORZ - ENDOSCOPE

THE LIVE SURGERY CAN ALSO BE VIEWED
IN THE INDUSTRY EXHIBITION

ALSGBI Scientific Programme

Tuesday 7 December 2021

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE	
08:00 – 17:30	REGISTRATION DESK OPEN INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
08:00 – 08:30	BREAKFAST MEETING PRE-BOOK THE AUDITORIUM LONDON SUITE, GROUND FLOOR THE GLOUCESTER JOURNEY TO IMPLEMENTATION WITH VERSIUS A ROBOTIC SURGERY SERVICE Mr Simon Higgs (Gloucester) Mr Mark Vipond (Gloucester) 
08:30 – 14:30	INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
08:30 – 14:05	REFRESHMENT TIMES INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
08:30 – 09:00	Tea & Coffee
10:20 – 10:50	Tea & Coffee
12:55 – 14:05	Lunch
08:30 – 12:30	LapPass® ASSESSMENTS IN THE ARTHREX MOBILE LAB FORECOURT ILEC CONFERENCE CENTRE 
09:00 – 09:05	INTRODUCTION: Mr Donald Menzies (President) THE AUDITORIUM LONDON SUITE, GROUND FLOOR
09:05 – 09:15	PLATINUM PARTNERS' PRESENTATIONS Chair: Mr Donald Menzies (Colchester) SUSTAINABILITY IN SURGERY Mr Chris Scott J&J Medical Devices UK/I Sustainability Lead PRE-EMPTIVE VACUUM THERAPY FOR ESOPHAGECTOMY Dr Dawn Cooper, Lead Medical Science Liaison B Braun Medical Ltd  
09:15 – 09:55	VIDEO SESSION (5 VIDEOS) (8 minutes each) Chairs: Mr David Mahon (Taunton) Mr Donald Menzies (Colchester)
09:15 – 09:23	VIDEO 01 ROBOTIC ANTIREFLUX SURGERY USING WITH THE LINX DEVICE Presenter: Mr B Knight Portsmouth Hospitals University Trust, UK
09:23 – 09:31	VIDEO 02 A LAPAROSCOPIC TECHNIQUE TO PREVENT THE FORMATION OF PARASTOMAL HERNIAS BY CREATING AN EXTRAPERITONEAL TUNNEL TO DELIVER THE STOMA Presenter: Mr J Montiero de Barros Derriford Hospital, Plymouth, UK
09:31 – 09:39	VIDEO 03 ROBOTIC CARDIAPLASTY FOR END STAGE ACHALASIA Presenter: Mr B Knight Portsmouth Hospitals University Trust, UK

TIMETABLE	
09:39 – 09:47	VIDEO 04 ROBOTIC GASTRIC BYPASS FOR MORBID OBESITY AFTER FAILED GASTRIC BAND Presenter: Mr B Knight Portsmouth Hospitals University Trust, UK
09:47 – 09:55	VIDEO 05 MULTI-MODAL APPROACH WITH FLUORESCENCE IMAGING, LAPAROSCOPIC ULTRASOUND AND LASER LITHOTRIPSY IN THE LAPAROSCOPIC MANAGEMENT OF COMPLEX LARGE BILE DUCT STONES Presenter: Dr N Bandlamudi Royal Derby Hospital, UK
09:55 – 10:20	THE ALSGBI LECTURE IMPACT OF MINIMALLY INVASIVE & ROBOTIC OESOPHAGEAL CANCER SURGERY ON SURVIVAL & QUALITY OF LIFE; FUTURE IMPLICATIONS OF DEVELOPING ENHANCED TECHNOLOGY IN FOREGUT SURGERY  Professor Mark van Berge Henegouwen Professor of Gastrointestinal Surgery Amsterdam University Medical Centre (UMC) The Netherlands Introduction: Professor YKS Viswanath (Middlesbrough) Chair: Mr Donald Menzies (Colchester)
10:20 – 10:50	INDUSTRY ENGAGEMENT & REFRESHMENTS INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR
10:50 – 11:10	SURGERY ON THE FRONT LINE: TREATMENT, TRAINING & DIGITAL COLLABORATION  Professor David Nott, Consultant General Surgeon, St Mary's Hospital, London Chair: Professor Tan Arulampalam (Colchester)
11:10 – 11:20	POSTER PRESENTATIONS: THE TOP 2 (5 minutes each) Chairs: Professor Nader Francis (Yeovil) Mr Graham Whiteley (Bangor)
11:20 – 11:45	THE EUROPEAN ASSOCIATION FOR ENDOSCOPIC SURGERY LECTURE DEALING WITH COMPLEXITY  Mr Ben Tipney, Human Factors Specialist & Managing Director of MedLed Chairs: Professor Nader Francis (Yeovil) Mrs Debbie Gooch (ALTS Chair)

ALSGBI Scientific Programme

Tuesday 7 December 2021

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE	
11:45 – 12:38	<p>SYMPOSIUM ONE - THE DIGITAL SURGEON</p> <p>The purpose of this symposium is to discuss the evolving direction of modern surgery, data and software solutions abound. The surgeon of today needs to have an understanding of surgical data and who should own that data, what to do with data surplus which is generated by measuring everything, what to do with the surgeon's specific data, how it should be handled and how to address poor performance in surgery when the data shows it, how to deal with the surgeon and what mechanisms should be used. This is the hottest topic in surgery that key industry stakeholders should be involved in along with regulatory bodies, colleges and patient representatives. This is an opportunity to plug into the debate led by key players in the field.</p> <p style="text-align: right;">ETHICON <small>part of the Johnson & Johnson family of companies</small></p>
11:45 – 11:48 (3 mins)	<p>INTRODUCTION</p> <p>Professor Tan Arulampalam (Colchester)</p>
11:48 – 12:03 (15 mins)	<p>THE EXTINCTION OF THE ANALOGUE SURGEON</p> <p>Mr James Kinross, Consultant Surgeon and Clinical Senior Lecturer in Colorectal Surgery Imperial College London</p> <p style="text-align: right;">Medtronic</p>
12:03 – 12:18 (15 mins)	<p>SURGICAL DATA SURPLUS A NEW PROBLEM TO MANAGE</p> <p>Professor Ewen Harrison, Professor of Surgery & Data Science, Honorary Consultant Surgeon University of Edinburgh</p>
12:18 – 12:28 (10 mins)	<p>ALSGBI POSITION STATEMENT ON MANAGEMENT OF SURGICAL DATA FOOTPRINT IN MODERN SURGICAL PRACTICE</p> <p>Professor Jim Khan (Portsmouth)</p> <p style="text-align: right;">INTUITIVE</p>
12:28 – 12:38 (10 mins)	<p>PANEL DISCUSSION & QUESTION TIME</p> <p>Professor Tan Arulampalam (Colchester) Professor Nader Francis (Yeovil) Professor Ewen Harrison (Edinburgh) Professor Jim Khan (Portsmouth) Mr James Kinross (London) Mr Rikesh Patel (Manchester)</p> <p>Chair: Professor Tan Arulampalam (Colchester)</p>
12:38 – 12:53 (10 mins)	<p>'AS LIVE' ROBOTIC TALK LATEST DEVELOPMENTS IN ROBOTIC SURGERY</p> <p>Dr Julio Garcia-Aguilar, MD, PhD, Surgeon Memorial Sloan Kettering Cancer Centre, New York</p>
(5 mins)	<p>QUESTION TIME</p> <p>Chairs: Professor Nader Francis (Yeovil) Professor Jim Khan (Portsmouth)</p>
12:55 – 14:05	<p>INDUSTRY ENGAGEMENT & LUNCH INDUSTRY EXHIBITION LONDON SUITE, GROUND FLOOR</p>

TIMETABLE	
13:50 – 14:05	<p>ANNUAL GENERAL MEETING</p> <p style="text-align: right;">Arthrex </p> <p>AGENDA</p> <ol style="list-style-type: none"> 1 Apologies for Absence (Professor Nader Francis) 2 Minutes of the ALSGBI Virtual AGM held on Wednesday 16 December 2020 (Mr Donald Menzies) 3 Honorary Secretary's Report (Professor Nader Francis) <ol style="list-style-type: none"> a) ASiT Annual Conference, Aberdeen 4-6 March 2022 b) 30th International Congress of the EAES 2022, Krakow, Poland, 5-8 July 2022 c) ALSGBI Laparoscopic & Robotic Surgery Training Days 2022 Newcastle, 6 November 2022 d) ALSGBI Annual Scientific Meeting 2022 Newcastle, 7-8 November 2022 e) ALSGBI Council & Regional Election Results f) Announcement of the Travelling Scholarships' Winners 4 Honorary Treasurer's Report (Professor Tan Arulampalam) <ol style="list-style-type: none"> a) Income & Expenditure b) Annual Comparison c) Subscription Rates 5 Director of Education's Report (Mr Paul Leeder) <ol style="list-style-type: none"> a) Support of LapPass® courses b) Increase access to LapPass® c) Working with industry to increase laparoscopic training d) Development of robotic training programme 6 President's Report (Mr Donald Menzies) 7 Election of Mr David Mahon as President (Mr Donald Menzies) 8 Any Other Business
14:05 – 14:10	<p>UPDATE FROM THE ALSGBI ACADEMY CHAIR</p> <p>Mr Rikesh Patel (Edinburgh) Chair: Mr Neil Keeling (Bury St Edmunds)</p>
14:10 – 14:15	<p>UPDATE FROM THE ALSGBI DIVERSITY & EQUALITY REPRESENTATIVE</p> <p>Miss Tamsin Morrison (Colchester) Chair: Mr David Mahon (Taunton)</p>
14:15 – 14:25	<p>PSYCHOLOGICAL BURN-OUT AMONGST SURGEONS:</p> <p>Psychological and reported physical harm on practising surgeons during the pandemic, results of 'The Global Level Of Harm Amongst Surgical Professionals' (GLOHASP): A multinational cross-sectional cohort study. Professor YKS Viswanath (Middlesbrough) Chair: Mr Graham Whiteley (Bangor)</p>

ALSGBI Scientific Programme

Tuesday 7 December 2021

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE		TIMETABLE	
14:25 – 15:05	FREE PAPERS FROM SUBMITTED ABSTRACTS (4 PAPERS) (10 minutes each) Mr Altaf Awan (Derby) Mr Neil Keeling (Bury St Edmunds)	15:45 – 15:55 (10 mins)	LEADING THE CHARGE FOR CHANGE SUSTAINABILITY IN THE DESIGN OF MEDICAL DEVICES  Mr Adam Power Managing Director, Elemental Healthcare
14:25 – 14:35	FP 01 DEDICATED WEEKEND OPERATING LISTS FOR LAPAROSCOPIC CHOLECYSTECTOMIES: AN INTENSIVE APPROACH TO AID COVID-19 RECOVERY AND REDUCE WAITING LISTS Presenter: Mr K Rajput, St Helens and Knowsley Trust, Whiston, UK	15:55 – 16:05 (10 mins)	PANEL DISCUSSION WITH QUESTION TIME Professor Tan Arulampalam (Colchester) Ms Annabelle Curtis (Bromley) Mrs Cleo Kenington (London) Mr Rikesh Patel (Manchester) Mr Adam Power (Elemental) Miss Chantelle Rizan (Brighton) Chair: Professor Tan Arulampalam (Colchester)
14:35 – 14:45	FP 02 LAPAROSCOPY IN EMERGENCY COLORECTAL SURGERY: A 7-YEAR PROSPECTIVE SINGLE CENTRE COHORT STUDY Presenter: Mr A Darbyshire Portsmouth Hospitals University NHS Trust, UK	16:05 – 16:45	FREE PAPERS FROM SUBMITTED ABSTRACTS (4 PAPERS) (10 minutes each) Chairs: Mr Andrew Day (Redhill) Mr Donald Menzies (Colchester)
14:45 – 14:55	FP 03 SPECIALIST-LED URGENT LAPAROSCOPIC CHOLECYSTECTOMY - THE NEW GOLD STANDARD Presenter: Mr M Glaysher Portsmouth Hospitals University NHS Trust, UK	16:05 – 16:15	FP 05 IMPROVING ENVIRONMENTAL PERFORMANCE OF LAPAROSCOPIC SURGERY Presenter: Ms H Hidayat Darlington Memorial Hospital, UK
14:55 – 15:05	FP 04 OUTCOMES OF EMERGENCY LAPAROSCOPIC SURGERY IN THE ELDERLY Presenter: Mr S Mercer Portsmouth Hospitals University NHS Trust, UK	16:15 – 16:25	FP 06 LEVERAGING ACCESS TO TECHNOLOGY AND ENHANCED SURGICAL TECHNIQUE (LATEST) IN LAPAROSCOPIC BILE DUCT EXPLORATION (LBDE) Presenter: Mr L Navaratne Northwick Park & St Mark's Hospitals, London North West University Healthcare NHS Trust, UK
15:05 – 16:05	SYMPOSIUM TWO – SUSTAINABLE HEALTHCARE FOR THE MODERN AGE The climate crisis is part of our lives and professional accountability, education and change need to be addressed in healthcare. This symposium introduces the subject and gives a state-of-the-art definition of the problem and where we are with tackling this issue. The role of industry in engaging with surgeons has never been more important. This panel represents the leading lights in the field. 	16:25 – 16:35	FP 07 SINGLE INSTITUTE EXPERIENCE ON ROBOTIC VS LAPAROSCOPIC VS OPEN APPROACH TO ABDOMINOPERINEAL EXCISION OF RECTUM AND ANUS Presenter: Mr M Mathur The Christie NHS Foundation Trust, Manchester, UK
15:05 – 15:07 (3 mins)	INTRODUCTION Professor Tan Arulampalam (Colchester)	16:35 – 16:45	FP 08 AN INTERNATIONAL CORE OUTCOME SET FOR EVALUATING ROBOTIC ASSISTED SURGERY INCLUDING PATIENT, SURGEON, ORGANISATIONAL AND POPULATION IMPACTS (THE RoboCOS STUDY) Presenter: Dr S Shaikh Aberdeen Royal Infirmary, UK
15:07 – 15:25 (18 mins)	SUSTAINABLE HEALTHCARE - THE ROLE OF THE SURGEON IN THE CLIMATE CRISES Miss Chantelle Rizan, RCSEng Surgical Research Fellow, undertaking PhD at Brighton and Sussex Medical School Sustainable Surgery Fellow at the Centre for Sustainable Healthcare <ul style="list-style-type: none"> • Sustainability in Healthcare – the Big Picture • The OR as a carbon hotspot • Opportunities to improve environmental impact of surgical services • Single-use vs Hybrid laparoscopic instruments; how to save cost and CO2 		
15:25 – 15:35 (10 mins)	HOW TO IDENTIFY 'GREENWASHING' IN THE WORLD OF SUSTAINABILITY Mrs Cleo Kenington, Consultant Surgeon St. George's Hospital (London) & Sustainability Leader		
15:35 – 15:45	HOW INDUSTRY IS ADDRESSING THE CLIMATE CRISIS Ms Annabelle Curtis, Member of BAREMA the Environmental Sustainability Special Interest Group (HQ Bromley)		

The ALSGBI Exhibition Plan

LapPass® – THE LAPAROSCOPIC PASSPORT FOR SURGICAL TRAINEES

THE ALSGBI CERTIFICATE OF TECHNICAL SKILLS PROFICIENCY IN LAPAROSCOPIC SURGERY

This gratis certificate can be added to your portfolio when a series of timed laparoscopic skills tests are successfully passed. The 5 defined laparoscopic skills assessing a high standard in core competencies are:

- Camera Holding (assessed intra-operatively)
- Intracorporeal Suturing
- Cutting & Dissection
- Creation & Accurate Deployment of Secure Endo-Loops (e.g. Roeder Knots)
- Grasping & Manipulation

Resources for the instructions on the tasks are available on the ALSGBI website <http://www.alsgbi.org/trainees/passport> from where assessment forms can also be downloaded.

The acquisition of the LapPass® is a nationally recognised standard and evidences a high level of skill in laparoscopic tasks relevant to advanced surgery. All trainees are encouraged to achieve this standard and to demonstrate this by obtaining the LapPass® certificate.

There will be 6 units in the LapPass® Training Area in the Exhibition. The LapPass® check-in desk will be open from 08:30-17:30 on Monday 6 December and 08:30-11:30 on Tuesday 7 December when it will be possible to book the LapPass® examination which will take place in the Arthrex Mobile Skills Lab outside the ILEC Conference Centre. LapPass® certificates will only be awarded to ALSGBI Trainee Members.

Supported by:



ALTS LapPass®

This year, ALTS have a dedicated stack which Theatre Staff are invited to join in the competition for fastest LapPass® task completer. We have a prize of £50 which will be presented during the awards ceremony on 7 December at 17:00.

ALSGBI Scientific Programme

Tuesday 7 December 2021

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE

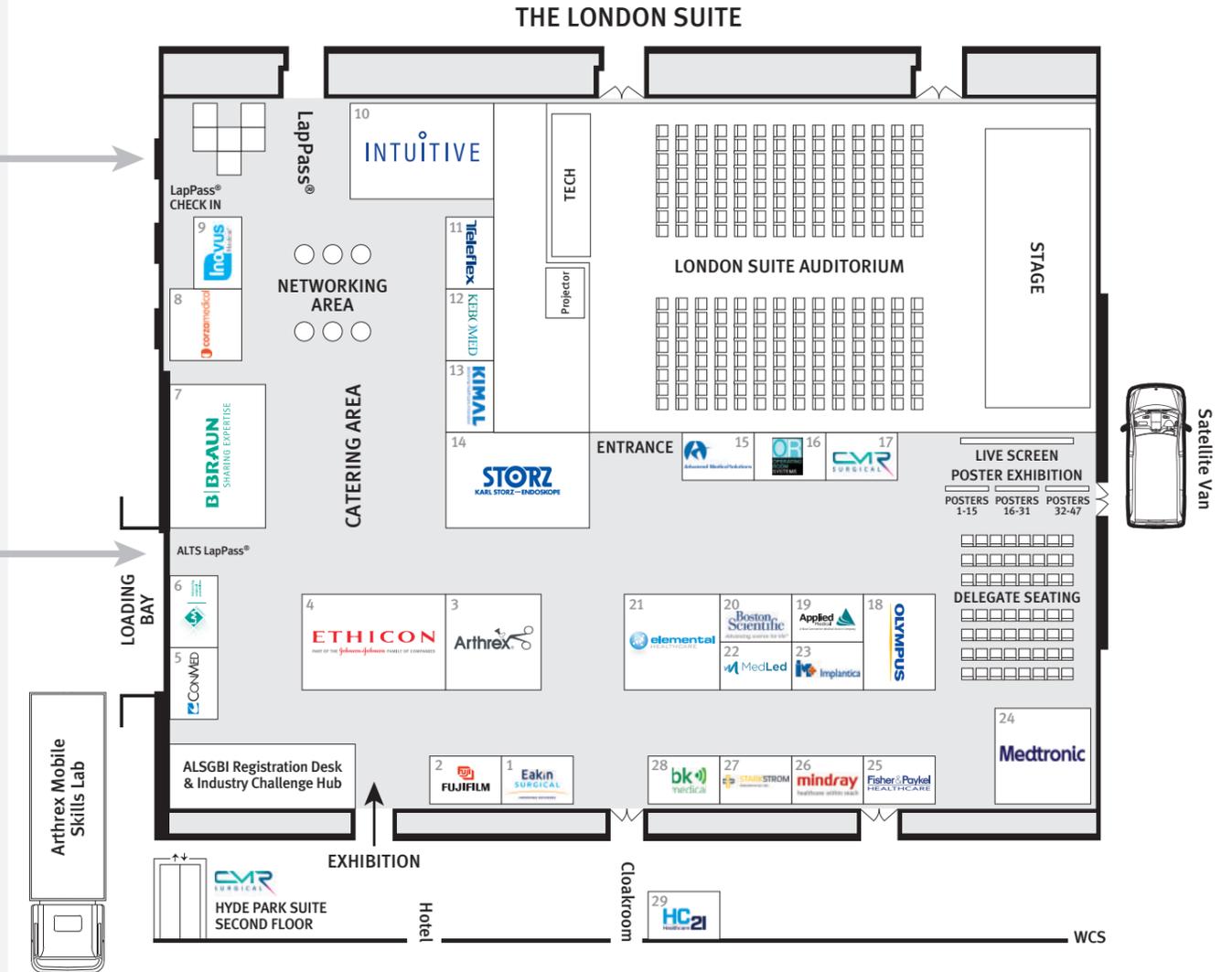
16:45 – 17:00	TRAVELLING SCHOLARSHIP PRESENTATIONS Chair: Professor Nader Francis (Yeovil)	
16:45 – 16:50	ROBOTIC UPPER GI SURGERY STRASBOURG TO UTRECHT Mr Ahmed El-Sharkawy (Derby) Winner of the B. Braun Aesculap Travelling Scholarship Award 2019	
16:50 – 16:55	TRAVELLING FELLOWSHIP TO THE AMSTERDAM MEDICAL CENTRE Mr Fadlo Shaban (Edinburgh) Winner of the B. Braun Aesculap Travelling Scholarship Award 2018	
16:55 – 17:00	QUESTION TIME	

TIMETABLE

17:00 – 17:05	ALSGBI AWARDS CEREMONY Chairmen: Mr Donald Menzies (Colchester) Mr David Mahon (Taunton) Presentation of the 2020 David Dunn Medal Winner of the 2021 David Dunn Prize Winner of the 2021 Journal of Surgical Simulation Award Winner of the 2021 ALSGBI Best Laparoscopic Video Prize Winner of the 2021 ALSGBI Best Laparoscopic Poster Prize Winner of the ALTS LapPass® Challenge Winner of the ALSGBI Industry Challenge ALSGBI Industry Challenge Runner-Up ALSGBI Industry Challenge Free Prize Draw	
	SUPPORT A TRAINEE SCHEME Thank you to all delegates who supported this scheme. The donations will be divided between all presenter members of the Free Papers FP01-08	
17:05	CLOSING REMARKS	

The ALSGBI Exhibition Plan

THE LONDON SUITE



KEY TO EXHIBITION PLAN & INDUSTRY CHALLENGE

Time to meet with the leaders of industry and your chance to take part in the highly competitive 'Industry Challenge'. All delegates may compete! All mini certificates to be handed to the Industry Hub, located behind the Registration Desk by 14:30hrs Tuesday 7 December.

15 Advanced Medical Solutions*	8 Corza*	9 Inovus	26 Mindray
19 Applied Medical*	1 Eakin Surgical Ltd	10 Intuitive	18 Olympus Medical*
3 Arthrex Ltd*	21 Elemental Healthcare Ltd*	14 Karl Storz Endoscopy (UK) Ltd*	15 OR Room*
7 B. Braun Medical Ltd*	4 ETHICON*	12 Kebomed*	27 Starkstrom
28 bk Medical	25 Fisher & Paykel Healthcare Ltd*	13 Kimal	11 Teleflex*
20 Boston Scientific*	2 Fujifilm	6 LawMed*	
17 CMR Surgical	29 HC21	22 MedLed	
5 ConMed	23 Implantica*	24 Medtronic*	

*Companies partaking in the Industry Challenge.

Advancing the standard of care with digital surgery solutions

A leading UK surgeon shares his perspective on implementing surgical video recording to support surgeon practice and ensure patient privacy

What was once a drawn-out, manual process of generating surgical data has been transformed into a simple, seamless one – for surgeons as well as the wider operating theatre team.

Clunky solutions like USB drives have historically created barriers to the widespread usage of surgical video. Now, Touch Surgery™ Enterprise from Medtronic simplifies the recording process, and transforms how surgical teams use the recordings after the procedure.

For example, the ability to add and easily filter using tags or notes transforms each clinician's video library into a customizable and flexible digital library. Mr. Hutton found this feature extremely valuable when sharing footage from an appendectomy in which a complication took place. With a few clicks, he was able to quickly search and share videos of the point-of-interest with attendees during a live shared learning event.

Mr. Hutton's top benefits of Touch Surgery™ Enterprise:

- 1 Enjoy unlimited storage on a secure cloud provided by AWS that complies with GDPR and NHS Digital Data Security and Protection Toolkit compliant
- 2 Exchange ideas and feedback with colleagues, mentors or trainees using comments
- 3 Add annotations during or after a case to create a rich case record

Protecting patient privacy

One thing Mr. Hutton could not compromise on was privacy, and the AI-powered technology that automatically removes sensitive information made Touch Surgery™ Enterprise a system he could trust. This feature means he can comfortably share the footage amongst colleagues.

"The artificial intelligence aspect of this platform is amazing. The built-in security features include full, real-time anonymisation of sensitive footage, using automatic pixelization, which assures our patients and our team."

Turning data into better practice

Mr. Hutton views the platform as an enjoyable method to teach outside of the operating theatre. By deploying this technology, he can offer guidance and advice to trainees.

For Mr. Hutton, the seamlessness of Touch Surgery™ Enterprise means his team never misses an opportunity to improve or assess cases. Now, it's become routine practice, which is surely a sign of a great solution.

Mr Michael Hutton, MB BS, FRCS(Eng)

Upper GI Specialist and Head of Governance
at Royal Cornwall Hospitals NHS Trust

Medtronic

Medtronic

Engineering the extraordinary

Unlocking the power of video

Your surgery, at your fingertips



Security by design



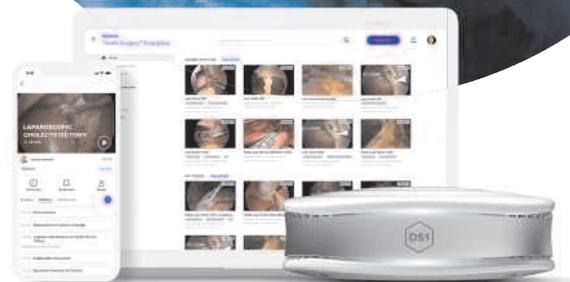
Seamless workflow



Accessible insights



Easy collaboration



ALSGBI EDI Update



Equality, Equity, Diversity and Inclusion? The general understanding of this term is open to interpretation, but what cannot be denied, is that embracing difference and fostering cognitive diversity leads to better performance of a team or an organisation. If this still sounds like a distant concept, I urge you to have a quick listen to the EDI Episode on our ALSGBI 'Through the Keyhole' Podcast series where Tan Arulampalam and I discuss the issue.

The events of 2020, left us with a new transparency on an old matter, spurring on the effort to achieve a more equitable working environment, healthcare provision and general society. ALSGBI like many organisations, produced its first equality statement, led by current president Don Menzies. However, ALSGBI recognised that there was room for improvement even in the most seemingly inclusive organisations and acknowledged that such a statement must be followed by action.

The 2021 RCS Kennedy Diversity Review, which is summarised in brief on the ALSGBI website, has highlighted the urgency with which we need to act. Now more than ever, it is imperative that we commit to change as an organisation and a profession to reflect our changing demographic, improve patient outcomes and develop a positive working experience and training environment for future surgeons.

Thus, the idea of an EDI Council representative was born and in 2020, I was elected to lead the charge on this matter for ALSGBI, personally representing the atypical surgical demographic in many forms along the way. I have been working on all things EDI since and it didn't take me long to release the following:

- 1 There is much to be done
- 2 It is a big task for one person but a hugely significant role
- 3 There are many people doing fantastic things in the name of EDI and a common goal is a powerful one

Subsequently, this position has led me into the path of other surgical organisations who are also working hard to achieve positive change in a field considered to be lagging behind other specialties when it comes to EDI. So, along with ASiT, ASGBI, AUGIS and ACP, we have fostered an EDI Surgical Network with a united and shared aim, in the hope that we can make a more significant impact together.

I have also had the opportunity to engage with Medical Students and University Surgical societies who are keen to work with ALSGBI to support aspiring surgeons who identify as female. A group that remains under-represented in most surgical specialties, which is reflected in our membership gender ratios here at ALSGBI. We are in the process of examining other aspects of our council and membership demographic too, in order to optimise the ways in which we can support you.

Being an ALSGBI trainee member has also rewarded me with the privilege of being a member of the ALSGBI Trainee Academy. This committee, chaired by Ricky Patel has brought together a group of enthusiastic and passionate individuals who share a common interest in Laparoscopic Surgery and surgical training. Refreshingly, the Academy also represents a cohort of widely diverse individuals who not only challenge the impression of the "Old Boys' Club", sometimes associated with Surgery, but who also reflect the evolving demographic of ALSGBI as an organisation and in time, tomorrow's surgeons.

As such, I am proud to introduce our new group of ALSGBI Academy members who have committed to helping me drive our EDI agenda forward, through focus on people who possess protected characteristics or identify with under-represented groups, be it ethnicity, race, disability, gender identity, religion, sexuality, place of primary medical graduation, working pattern or social background (to name a few). We are called the Support US Group and represent a cohort of forward-thinking surgical trainees who are keen to make change, with the support of our experienced senior Council. We have some necessary projects underway!

At present I am also working on the ALSGBI EDI agenda for change, which will be made available on the website along with our EDI statement. Here I will lay out the ALSGBI EDI action plan, our pledges for change and an outline of how we intend to deliver on these. I hope to address you all at this year's ASM in December for a more formal lay out of the above and further updates. In the meantime, if you have any contributions or feedback to give, please contact us with your ideas at research@alsgbi.org

Tamsin Morrison

ALSGBI EDI Representative and Lead of the Support US Group for the ALSGBI Trainee Academy

Applied Medical

As a new generation medical device company, Applied Medical is committed to improving the affordability and accessibility of high-quality healthcare. We are proud to have a significant and sustainable impact on healthcare by delivering technologies that enhance clinical care and satisfy the pressing economic needs of our customers. As a result of our dedication to understanding and satisfying our customers' clinical and fiscal needs, we are a leading provider of breakthrough technologies for minimally invasive and general surgery, as well as cardiac, vascular, urologic, colorectal, bariatric, obstetric, and gynecologic specialties.

By maintaining a high commitment to R&D, we are able to fuel the continuous development of new technologies and satisfy the clinical and economic needs of our customers. As a result of our commitment to innovation, we have a portfolio of over 700 medical devices and a pipeline filled with the next generation of breakthrough technologies for minimally invasive surgery.

Green Operating – An achievable future

Global warming and climate change are two of the biggest threats faced by the modern world. The impact of a process is quantified by the carbon footprint, i.e., the total greenhouse gas emissions. The NHS generates 22.8 million tonnes of carbon dioxide per year, equating to roughly 6% of UK net emissions. Reducing this would incur financial benefits as well as carbon savings; optimizing use of resources in operating theatres could save £7 million per NHS trust each year (1). The NHS has recognized the urgency in promoting sustainable care in order to improve the health of the public, and has become the first national health service to announce its commitment to achieving a net zero carbon footprint by 2045.(2)

The carbon footprint can be estimated by a "top down" method estimated by the monetary cost or a "bottom-up" approach using data on all component processes. The "top down" method, or environmentally extended input output (EEIO) model, is rapid and simple to perform (3); able to quickly identify hotspots where a more detailed assessment would be useful. The "bottom up" approach can then be used for a detailed analysis, so items within the same sector can be compared (4).

Miss Chantelle Rizan, a Research Fellow at Brighton and Sussex University Hospitals NHS Trust, is known for her work on sustainability in healthcare. A systematic review conducted by her group revealed the carbon footprint of a surgery to range from 6 to 814kg; the latter being the equivalent of driving 2273 miles in an average car. The major hotspots identified in her study were energy use and procurement of consumables (5). Electricity accounted for up to 63%–78% of the carbon footprint of operations in three studies (6), with this being closely linked to the duration of the procedure. Maintaining the theatre environment in terms of heating, ventilation and air-conditioning is likely to be the biggest consumer (7). It has been estimated that increasing energy efficiency by 30% in USA hospitals would save 11 million tonnes of carbon emissions and \$1 billion (8).

Procurement of consumables, specifically single-use items, have been found to account for up to 78% of the carbon footprint (9). Switching to reusable laparotomy pads, surgical scissors and suction receptacle can reduce their carbon footprint by 50-97% (10). Where this is not possible, reprocessing may be a more carbon-efficient option also offering financial benefits (11). Opening equipment only when needed should be considered too; 13% of disposable items were discarded without use in a study looking at neurosurgical procedures (12). A study modeled that maximizing reuse of instruments, using renewable energy and switching anaesthesia to be intravenous the carbon footprint of a hysterectomy operation could be reduced by 83% (13).

Where waste can't be avoided, the method of disposal should be considered; the NHS generates 538600 tonnes of waste per year, costing the UK £115 million and 30000 tonnes of carbon dioxide. Although this constitutes only a small proportion of the overall carbon footprint (14), the method of disposal has up to a 50-fold impact on the footprint itself. A study conducted on waste disposal by Rizan et. al found that high temperature incineration was noted to be associated not only with a high carbon footprint but a high financial cost (15). Where possible, measures should be taken to recycle, decontaminate via autoclave, or use low temperature incineration with energy from waste, prior to resorting to high temperature incineration. Human health and our global ecosystem are interdependent. 2019 saw a surge in climate disruptions and also marked the advent of the novel coronavirus pandemic. Healthcare demands have exponentially increased; therefore making the case for sustainable surgical practices more pressing. In a recent study (July 2020), Rizan et. al further highlighted the principles of surgical sustainability, and the importance of applying these especially with the advent of the pandemic. (16)

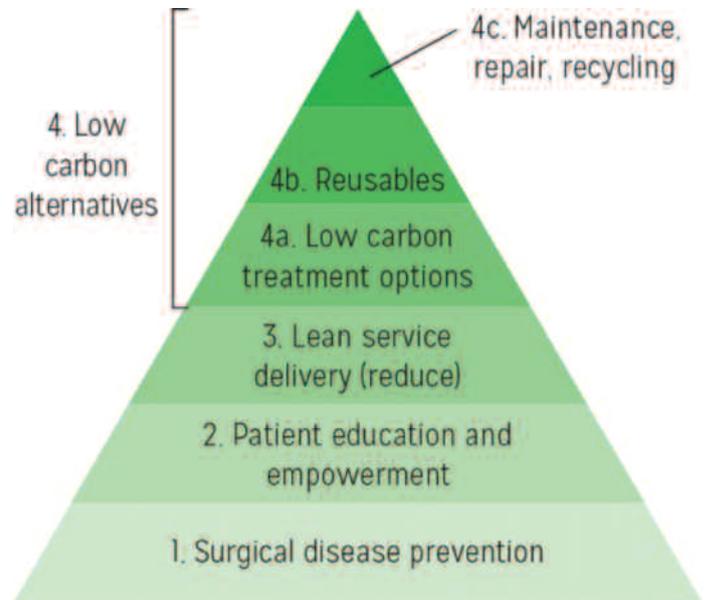


Fig 1. Principles of Surgical Sustainability

Low carbon treatment options and the use of re-useable equipment, along with lean service delivery methods are options that have been already highlighted and previously explored. But the model also highlights the importance of increased patient education, and public awareness about certain conditions, in order to reduce the demand on the healthcare system and the trickle down effect on surgery.

An expert in the field, Miss Cassandra Thiel, an Assistant Professor at NYU, has spent her life dedicated towards research to improve the resource efficiency in healthcare while maintaining quality outcomes. An important study conducted by her, which opened up the eyes of the world to the differences in healthcare practices in the developing/developed world, was her study to investigate the environmental sustainability of cataract surgery at Aravind Eye Care Centre, in Tamil Nadu, India. The centre is known for its reputation in efficiency, with use of re-useable instruments. Her results noted that the waste generation for a single phacoemulsification procedure at the centre, was 5% of the UK's phaco carbon footprint with comparable outcomes. She concluded that the surgical systems in most developed countries, in particularly their use of instruments, was unsustainable (17). A study conducted by Macneil et al. (2017), revealed that the carbon footprint of surgery, across three different health systems (Canada, the U.S, and the U.K) was estimated to be at 9.7 million tonnes of CO₂e per year.(18) This highlights that sustainability, though a global problem, faces a much bigger issue – low recognition. There is still limited awareness about the environmental impact the functioning of a healthcare unit entails, and this might be the biggest drawback.

Sustainable operating is an achievable goal. Demonstrable sustainable development initiatives in healthcare have been described in resource poor countries. A truly global effort is needed to bring together the hearts and minds of leaders and innovators in healthcare so we can deliver long term solutions to pressing problems and create a greener and healthier world for future generations.

Ms Izem Onadim

Clinical Education Fellow, East Suffolk and North Essex NHS Foundation Trust

Ms Anu Thrikandiyur

Clinical Education Fellow, East Suffolk and North Essex NHS Foundation Trust

Green Operating – An achievable future

References

- 1 NHS Institute for Innovation and Improvement. *Improving quality and efficiency in the operating theatre*. Coventry: NHS; 2009. Available at: http://harmfreecare.org/wp-content/files_mf/Improving-quality-and-efficiency-in-the-operating-theatre.pdf
- 2 NHS England commits to net-zero emissions by 2040 [Internet]. Centre for Sustainable Healthcare. 2020 [cited 2021 Apr 18]. Available from: <https://sustainablehealthcare.org.uk/news/2020/10/nhs-england-commits-net-zero-emissions-2040>
- 3 World Resources Institute. *Technical guidance for calculating scope 3 emissions*. USA: World Resources Institute; 2013. Available at: https://ghgprotocol.org/sites/default/files/standards/Scope3_Calculation_Guidance_0.pdf.
- 4 Kennelly C, Berners-Lee M, Hewitt C. Hybrid life-cycle assessment for robust, best-practice carbon accounting. *J Clean Prod*. 2019;208:35–43.
- 5 Rizan C, Steinbach I, Nicholson R, Lillywhite R, Reed M, Bhutta MF. The Carbon Footprint of Surgical Operations: A Systematic Review. *Annals of Surgery*. 2020 Dec;272(6):986–95.
- 6 Berner JE, Gras MDP, Troisi L, et al. Measuring the carbon footprint of plastic surgery: a preliminary experience in a Chilean teaching hospital. *J Plast Reconstr Aesthet Surg*. 2017;70:1777–1779.
- 7 Campion N, Thiel CL, DeBlois J, et al. Life cycle assessment perspectives on delivering an infant in the US. *Sci Total Environ*. 2012;425:191–198.
- 8 Cotton RT, Cohen AP. Eco-conservation and healthcare ethics: a call to action. *Laryngoscope*. 2010;120:4–8.
- 9 Thiel CL, Schehlein E, Ravilla T, et al. Cataract surgery and environmental sustainability: waste and lifecycle assessment of phacoemulsification at a private healthcare facility. *J Cataract Refract Surg*. 2017;43:1391–1398.
- 10 Kummerer K, Dettenkofer M, Scherrer M. Comparison of reusable and disposable laparotomy pads. *Int J Life Cycle Assess*. 1996;1:67–73.
- 11 Unger S, Landis A. Assessing the environmental, human health, and economic impacts of reprocessed medical devices in a Phoenix hospital's supply chain. *J Clean Prod*. 2016;112:1995–2003.
- 12 Zygourakis CC, Yoon S, Valencia V, et al. Operating room waste: disposable supply utilization in neurosurgical procedures. *J Neurosurg*. 2017;126:620–625.
- 13 Thiel CL, Woods NC, Bilec MM. Strategies to reduce greenhouse gas emissions from laparoscopic surgery. *Am J Public Health*. 2018;108(S2): S158–S164.
- 14 Sustainable Development Unit, Carbon Footprint update for NHS in England 2015. Cambridge: Sustainable Development Unit; 2016. Available at: <https://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx> Accessed April 30, 2020.
- 15 Rizan C, Bhutta MF, Reed M, et al. The carbon footprint of waste streams in a UK hospital. *J of Cleaner Production* 286 (2020):125446
- 16 Using surgical sustainability principles to improve planetary health and optimise surgical services following the COVID-19 pandemic | *The Bulletin of the Royal College of Surgeons of England* [Internet]. [cited 2021 Apr 19]. Available from: <https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2020.148>
- 17 Cataract surgery and environmental sustainability: Waste and lifecycle assessment of phacoemulsification at a private healthcare facility – ScienceDirect [Internet]. [cited 2021 Apr 25]. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0886335017307113>
- 18 MacNeill AJ, Lillywhite R, Brown CJ. The impact of surgery on global climate: a carbon footprinting study of operating theatres in three health systems. *The Lancet Planetary Health*. 2017 Dec 1;1(9):e381–8.

Stand
21

The Future of Operating Theatres

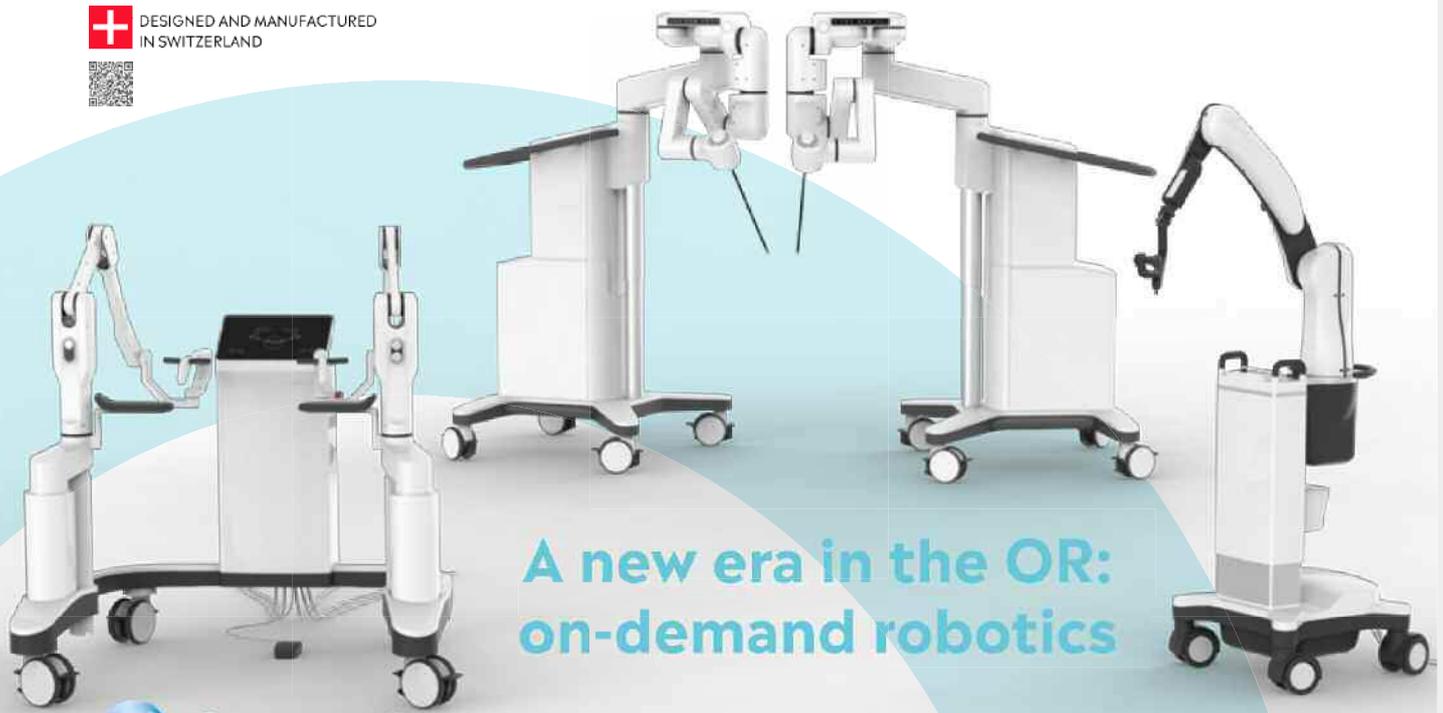
**Resposable™ devices reduce waste
in the operating theatre by 70%***



“The **carbon footprint** of using hybrid instruments for laparoscopic cholecystectomy is **around a quarter** of that for single-use equivalents, and the **financial cost around half.**”*

Integrating Robotics and Laparoscopy dexter's novel approach

 DESIGNED AND MANUFACTURED
IN SWITZERLAND



**A new era in the OR:
on-demand robotics**



W: www.elementalhealthcare.co.uk T: 0844 412 0020 E: info@elementalhealthcare.co.uk

*Rizan C, Bhutta MF. Environmental impact and life cycle financial cost of hybrid (reusable/ single-use) instruments versus single-use equivalents in laparoscopic cholecystectomy. 2021.

Level of Harm TUGS (The Upper GI Gastrointestinal surgery) project 1

The global level of harm amongst surgical professionals (GLOHASP): a multinational cross-sectional cohort study report on psychological & reported physical harm during the pandemic

Summary

All surgical professionals including laparoscopic surgeons, experienced psychological burnout & resulting physical harm affecting their personal plus work-life since the beginning of the pandemic. This global study investigated the Covid pandemic impact on psychological & physical health.

We conducted a global cross-sectional survey (Feb 18, 2020 -Mar 13, 2021) involving 66 countries & 545 participants. The primary outcome was to assess psychological Burnout (PB), fulfilment and self-reported physical level of harm (SRPLH). A validated Stanford Professional Fulfilment Index (SPFI) score with a self-reported physical level of harm (SRPLH) was employed. We used a practical overall composite level of harm score (OCLHS) calculating level of harm (LH) gradient 1-4, combining PB with SRPLH score.

Our findings on the final analysis included 517 (94.9%) surgical professionals barring medical students. The PB was evident in 57.7%; it associated with age ($p=0.002$) & scope of practice ($p=0.005$). In 80% (44/55), with high SRPLH affecting surgical services experienced PB ($p<0.001$). A 94% (52/55) of with the highest score of OCLHS were < 50 years of age ($p<0.001$), whereas 89% (49/55) of these were found to be professionally unfulfilled ($p<0.001$) without significant association with gender ($p>0.133$). A 1 in 4 participants contracted Covid during the pandemic year.

Conclusions

We found PB & professional unfulfillment (PU) was more frequent in younger professionals in the public sector & correlated with a high level of SRPLH impacting surgical services. Overall composite severe level of harm (OCSLH) was associated with professionals < 50 years. The PB, SRPLH, OCLH, amongst woman professionals, matched male counterparts, underscoring their buoyancy. The scores were high in surgical professionals who contracted the virus.

Professor Viswanath YKS

On behalf of TUGS Level Of Harm Steering group / ALSGBl council

Authors.

Abouelazayem M

St Georges Hospital

Viswanath YKS*

James Cook University Hospital

Bangash AH

STMU Shifa College of Medicine, Islamabad, Pakistan

Herrera-Kok JH

Complejo Asistencial Universitario de León

Cheruvu C

University Hospital North Midlands

Parmar C

Whittington Hospital NHS Trust

Demirli Atici S

University of Health Sciences Tepecik Training and Research Hospital

Yang W

The First Affiliated Hospital of Jinan University

Galanis M

University Hospital JWK Minden

Di Maggio F

St Thomas Hospital

Isik A

Istanbul Medeniyet University

Bandopyadaya S

Shrewsbury and Telford Hospital NHS Trust

Mahawar K

Sunderland Royal Hospital

TUGS Global Collaborative

*Corresponding author:

Professor Viswanath YKS

Professor of Surgery, Consultant Surgeon (Upper GI and Laparoscopic)

Honorary Professor Teesside University, MCh Programme Director

South Tees Hospitals NHS Foundation Trust

James Cook University Hospital

Marlon Road, Middlesbrough, Cleveland, UK, TS43BW

E: keyhole1234@gmail.com Tel: 00441642854863

Conflicts of Interest and Source of Funding

INTUITIVE

intuitive.com

Da Vinci Vessel Sealer Extend

30% slimmer jaws.*
60° of wristed articulation.



*In comparison to the EndoWrist One Vessel Sealer

IMPORTANT INFORMATION

The Vessel Sealer Extend is a class IIb medical device. Refer to complete mandatory statements available on the booth.

© 2021 Intuitive Surgical, Inc. All rights reserved. Product names are trademarks or registered trademarks of their respective holders.
PN1046346-EU RevB 03/2020