

President's Introduction

Dear Members & Colleagues

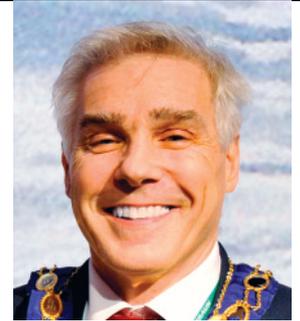
Hello everyone and welcome to the Winter issue of the ALSGBI newsletter that Neil has kindly produced for us once more. The last few years have certainly been different, but things are returning to normal in many ways. Although there is a big backlog of work to be carried out, along with a never-ending stream of new patients, the Association has been able to carry out many of its functions since lockdowns have eased and normality has resumed. We were lucky last year that we managed to fit our Annual Scientific Meeting in just before another wave of COVID hit. Several other associations have managed to hold annual meetings this year and the ALSGBI has been able to hold regional meetings and plenty of teaching/training days in the traditional face to face manner, reports from some of which can be found within. Despite resumption of regular activities, we have continued to provide educational content electronically via podcast and webinar, either alone or in collaboration with other societies and colleges – including a very successful intercontinental collaboration with IAGES.

Time has flown by and I am almost halfway through my presidential term of office. We are rapidly approaching our next Annual Scientific Meeting in Newcastle on November 7th-8th and I am looking forward to a very exciting program developed by the committee, led by Professor Viswanath YKS as the chief organiser. Details of the programme are included within the newsletter. Prior to the commencement of the meeting, we will hold training days in both laparoscopic and robotic surgery. The laparoscopic training day will take place in the DASH unit at Wansbeck General Hospital, Northumbria, while the robotic training day will be carried out at The Griffin Institute before faculty and delegates make their own dash for Newcastle. These are always exceedingly popular and we thank ETHICON and Intuitive for making them possible with additional product support from Karl Storz, Inovus and HC21. The congress will open on the Monday with a day of exciting live operating from two theatres at The James Cook University Hospital and some short as-live content to showcase specific techniques. I give particular thanks to Karl Storz for their sponsorship of the live link that allows us to provide the feed from the hospital directly to you in the auditorium. Concluding the first day we have a collaborative session with IAGES to help forge links between our societies and then there will be a

reception followed by dinner with a view in the BALTIC rooftop suite. The second day will contain our scientific content, including scientific papers, videos and posters as well as invited lectures from Dr Jordan Tsigarides and Professor Luigi Bonavina plus a Tomorrow's World symposium. In addition there is some bonus content in the form of (free) pre-bookable breakfast meetings. Once again we will be providing LapPass® assessment throughout – these skills do require significant practice beforehand if you hope to pass the assessment and details can be found on our website. There will be stations within the exhibition area provided by various sponsors for candidates to get some last minute fine tuning of technique and I thank Arthrex for loaning us their mobile skills laboratory once again to allow the assessments to take place. Book your slot early. Congress will conclude with reports from previous scholarship winners travels abroad and our prize-giving session, including presentation of the prestigious David Dunn medal.

Thank you to our industry partners without whom we would not be able to provide anywhere near as much educational activity. Particular thanks to B.Braun, ETHICON, Intuitive and Storz for their amazing support as Platinum Partners; to Arthrex, CMR Surgical, Medtronic and Olympus as Gold Partners; to Advanced Medical Solutions, Applied Medical, bk Medical, Brennan & Co, Corza Medical, Distalmotion, Elemental Healthcare, Fisher & Paykel, Lawmed and Teleflex as Silver Partners. Enjoy the newsletter and if you have any content that you think may be interesting for next Spring's publication, please contact our editorial secretary, Mr Neil Keeling.

Finally I would like to thank our directors, Jenny and Sarah, for all their hard work which ensures that the Association functions smoothly. Without them, none of this would happen.



Mr David Mahon
President

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Editor's Introduction



I hope that everyone here has prepared for this December's ALSGBI Annual Scientific Meeting in Newcastle with their best lightweight short-sleeved T-shirts as dress code for the local pubs and clubs?

This newsletter is compiled to both provide your programme timetable and to bring you up to date with some of the things that we have been doing this year. Whilst there are no overseas fellowship reports due to the post-Covid lag, there has

been plenty of activity. As you know our Association strives to be the foremost provider of ongoing education and training of consultants and trainees alike in lap surgery and now embraces robotic surgery. We bring

your attention to the Griffin Robotic Training Unit in Harrow which is developing a robotic driving test. There are three articles providing an introduction to the expanding role of our trainees' forum and the drive to expose students and FY doctors to laparoscopic and robotic surgery on a practical level this way we aim to stimulate an early interest in surgery. We also take a look at the webinars part of the programme that extend links to the Indian Association of Gastrointestinal Endo-Surgeons (IAGES) with whom we share a number of priorities.

If you wondered what happens to retired laparoscopic surgeons, see the article about Mr Michael Rhodes, they do not fade away – they just make excellent wine!

Mr Neil Keeling
Newsletter Editor

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Introductory Laparoscopy Course for Junior Doctors and Medical Students

May-July 2022, East of England Deanery



BASIC SUTURING and LAPAROSCOPIC SKILLS CLASS
For F1 doctors

Join us in the surgical simulation room for a trainee led teaching on suturing, hand/instrument ties and introduction to laparoscopic skills, as well as an opportunity to get career guidance and mentorship! Open to all EoE foundation trainees. Multiple sessions covering the same content will be held in the next few months. Endorsed by ALSGBI.

Date: 5th July 2022
Time: 18:00-20:00
Location: Addenbrooke's Hospital David Dunn Simulation Suite

Limited places. First come first served.
Certificates provided.

Apply here -> <https://forms.gle/T2vmvFne5Jssdh9r9>

For any queries, please contact yuri.hirayama@doctors.org.uk

A series of successful 90 minute workshops on basic surgical and laparoscopic skills were carried out at Addenbrooke's Hospital between May-July 2022, organised by ALSGBI Academy members Meiling Macdonald-Nethercott and Yuri Hirayama (FY1 doctors working at Cambridge University Hospital Trust). A total of 32 foundation doctors and medical students from across the deanery attended. Almost all participants had never had the opportunity to practice with laparoscopic boxes prior to attending the course and for over half of them, it was their first time attending a surgical skills course despite having an interest in pursuing surgery as a career. This could be due to the demand for surgical courses exceeding supply, which is becoming more noticeable as face-to-face sessions are resuming after being on hold during the pandemic. Furthermore, many surgical courses incur high fees, making them less accessible. However, we were fortunate enough to provide these sessions for free courtesy of Addenbrooke's surgical skills team. Local surgical CST and SpR trainees were recruited as faculty members and the sessions had a high faculty to participant ratio of almost 2:1.

Each session commenced with a presentation on the basic principles of laparoscopic surgery. This was followed by demonstration videos from LapPass® and RCS Basic Surgical Skills websites on the various lap-box activities prepared for the day. The candidates were then split into two groups, with one group working on the lap-box activities such as sugar cube stacking, glove cutting and knot tying, whilst the other half practiced basic surgical skills such as hand-tying and suturing. The groups swapped over mid-way through the session. The sessions also provided opportunities for participants to network and gain career advice from surgical trainees.

We received excellent feedback, with many attendees stating that they feel more confident with their surgical skills and have enjoyed learning about laparoscopic surgery. We hope to organise further sessions in the near future aimed at higher trainees, using more sophisticated simulation boxes.

"Really knowledgeable, patient instructors. Thought the short intro was perfect. Enjoyed lots of time to practice with lap instruments"

"Very good ratio of teachers to attendees; good equipment and great teaching"

"Excellent session - thank you for running!"

"Demonstrators were excellent and gave useful directions for how to use laparoscopic instruments and gave live feedback which helped to improve my skills. I would happily attend a session like this again!"

Dr Yuri Hirayama
FY2 Hinchingsbrooke, ALSGBI Academy



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1. Dip F et al. Randomized Trial of Near-infrared Incisionless Fluorescent Cholangiography. Ann Surg. 2019 Dec;270(6):992-999. DOI: 10.1097/SLA.0000000000003178

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Cutting Edge Careers Workshop – The School of Clinical Medicine, Cambridge

25 June 2022



The workshop was organised by the RCS England Education team as part of their Widening Participation scheme for year 11-13 students who are interested in applying to Medicine. In collaboration with the RCS England, many of ALSGBI Academy members participated in the event(s). It has been an excellent opportunity for pupils to find out more about life at medical school and being a Surgeon. It was a fantastic face-to-face event for pupils to work together with Surgeons and Medical students, as well as ask questions about the application process, personal statements and upcoming medical school interviews.

It was kick-started by our new ALSGBI Academy chair Miss Tamsin Morrison, who gave an aspirational talk about what it is like being a senior Surgical trainee and lots of top tips on how to become a successful Surgeon. The day progressed with small group practical sessions. Pupils worked in small groups and learnt about essential skills in suturing and laparoscopic skills in the practical session



under the supervision of surgeons and current medical students. We also had an engaging small group discussion session with mentors.

The day concluded with presentations by current Foundation trainees showing their journey through medical school and Foundation training. I was privileged to give a presentation and share my journey to Medicine via the alternative pathway of a graduate Medicine course. The feedback from pupils was overwhelmingly positive, and as ALSGBI Academy members we are very keen to get involved in more of these events in the future to widen participation and inspire future Surgeons.

Dr Meiling MacDonald-Nethercott
North West Anglia NHS Foundation Trust
Peterborough City Hospital
ALSGBI Academy Member



Six Editions of the ALSGBI Basic Robotic Skills Course & Development of the ALSGBI Robotic Basic Skills Driving Licence

May 2022, Griffin Institute, Northwick Park, London



The ALSGBI's vision, as the leading minimally-invasive surgical Association for General Surgery, is to formally evaluate this curriculum as an initial step in the pathway to becoming a credentialed robotic surgeon.

May 2022 saw another successful one-day basic robotic skills course which has been delivered by the expert ALSGBI faculty to 54 British surgeons so far. The Griffin Institute research centre, which is fast becoming the minimally-invasive pre-clinical training hub for the UK, hosts the course.

The pressing need and repeated calls for standardisation within robotic surgery, combined with a training deficit created by the COVID-19 pandemic has meant that these courses are more pertinent than ever.

In addition to this one-day taster course and the need for a more comprehensive certification of basic robotic skills, the first ALSGBI Basic Robotic Skills Driving Licence course was developed and piloted over four days in August 2022.



Course set up

Three dual console robotic units are provided, two 4th generation Xi and one 3rd generation X, with three da Vinci Surgical Skills Simulators. Nine and six candidates attended the one- and four-day course respectively, allowing for a significant amount of time to practice docking, undocking, patient cart assistance, virtual reality, dry and wet model simulation.



The candidate to faculty ratio of a minimum 2:1 provides high quality feedback and teaching, with enhanced learning through formative assessment using previously validated tools (GEARS and virtual reality automated performance metric scores) for participants to track their learning curve.

Six Editions of the ALSGBI Basic Robotic Skills Course & Development of the ALSGBI Robotic Basic Skills Driving Licence

May 2022, Griffin Institute, Northwick Park, London



Driving Licence Curriculum:

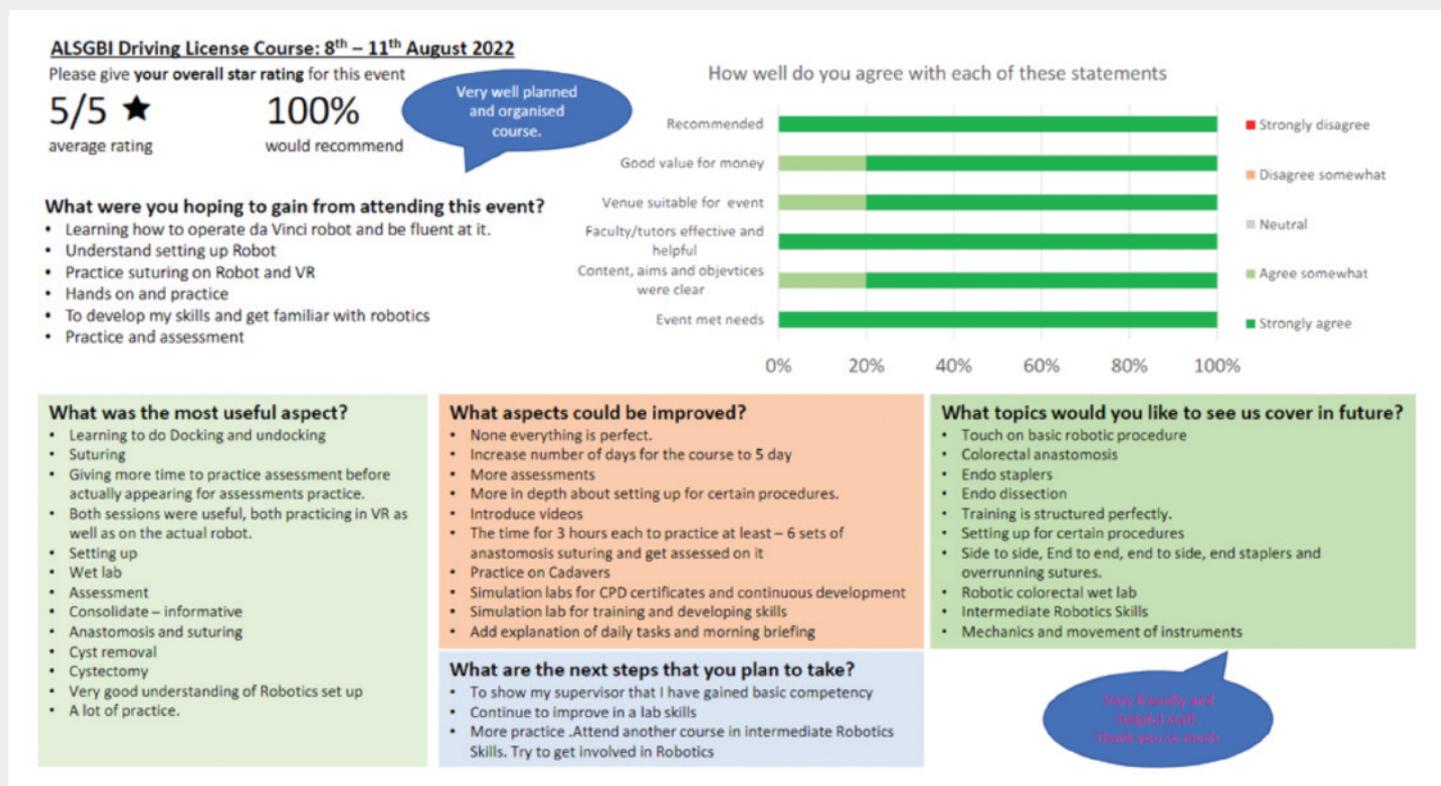
- Day 1: Systems introduction and troubleshooting, docking, undocking, VR simulation and dry model practice with formative assessment
- Day 2: VR and dry model practice with formative assessment
- Day 3: Wet lab with porcine small bowel and VR/dry model summative assessments
- Day 4: Summative technical and non-technical skills assessment on silicone based cyst model incorporating dissection, suturing and 3rd arm use.

The pass mark of 80% is split into:

- 40% VR/Dry model assessments
- 40% cyst model
- 20% MCQ

All candidates' summative assessments were filmed for retrospective analysis and quality assurance, as well as their final scenario with docking and acting patient cart assistant. In addition, the RCS Non-Technical Skills for Surgeons (NOTSS) tool was used.

Feedback



Future direction

- Robotic training standardisation within the UK, ultimately to provide appropriate accreditation to maximise patient safety.
- Further ALSGBI Robotic Driving Licence courses to be run throughout the year
- To extend the course to other centres once the curriculum has been validated and the infrastructure is in place.
- To provide taster basic skills courses for other robotic surgical systems, including the upcoming ALSGBI one day course with Versius by CMR and

subsequent development of driving licence courses for those robotic systems. Surgeons can then attend the relevant course depending on whichever robotic system their trust owns.

Mr Matthew Boal

General Surgery Registrar

Surgical Research Fellow at The Griffin Institute

ALSGBI Trainee Academy Report 2022



I am privileged to take over the role of ALSGBI Academy Chair from our founding lead, Rikesh Patel and I would like to thank him for his hard work and enthusiastic leadership over the last 2½ years. Created under the guidance of Professor Arulampalam amid a developing pandemic and training crisis, the Academy has grown from a small but dynamic group of ALSGBI trainees, to an impressive international committee of over 50 members. ALSGBI has a long history as a pioneering body in minimal access surgery and our aim was to create a shadow council of junior surgeons to work alongside the Council in this evolving role, with today's trainees and tomorrow's surgeons at its core.



Founding Academy members meeting during lockdown in 2020

As a peer-led group, the Academy is actively working towards addressing educational and professional training needs, promoting and providing learning in Minimal Access Surgery, representing the values of the wider Surgical community and inspiring future surgical professionals. We continue to realise this vision via the sub-team format that we started with, along with some new additions;

1 LapPass®: Grace Bennett - Trust Registrar North West & Jessica Banks - ST3 Yorkshire and Humber

The LapPass® group has successfully facilitated and supported a number of regional LapPass® courses across the country and will be in attendance at the LapPass® stand at this year's ASM. The group is in the process of recruiting more LapPass® assessors to help the expansion of regional courses.

2 Collaborative Research: Nayaab Abdul Kader - CT2 East of England

This group started by supporting regional collaborative groups and promoting external projects. It has now progressed to producing Academy-led research! Work in progress includes collaborative projects with Colchester, UCL Medical School students and Academy representatives in Malta.

3 Fellowship & Higher Research Opportunities: Shaza Mohamed - ST7 London & Medhat Aker ST8 EOE

We created an online database listing over 140 UK-based fellowship and research opportunities, with feedback from previous fellows, as a means of providing senior trainees with single-site access to information. The aim is to expand the database internationally and to include other sub-specialties.

4 Access to minimal access surgery and robotic training: Anuradha Thrikandiyur - ST3 North East, Vimal Mahendran - ST3 Scotland and Matthew Boal - ST6 Severn

The current focus of this group is to identify the gaps in access to training resources. This is being investigated via a survey on access to Robotic and Laparoscopic Training facilities across multiple specialties, the results of which we hope to share at the 2023 ASM.

5 ALSGBI webinars: Christina Intrator - CT2 North West & Liana Spyropoulou CT1 London

We felt the highly educational ALSGBI webinars would benefit from the trainee's perspective, complimented by specialists in the relevant fields. Academy representation has now successfully been extended to the IAGES webinars.

We intend to expand this section with Academy-led discussions, supported by ALSGBI council or the wider membership, named "The Surgical Handover".

6 Through the Keyhole Podcasts: Lydia Newton & Lucy Huppler - ST3 Severn (Sponsored by Ethicon)

The Podcast team have led a fascinating 2nd series with Professor Arulampalam, including The Challenge of Surgical Training, Virtual and Augmented Reality, The Power of Music and The First Day as a Consultant.

7 Developing digital resources for learning: Satish Kolli - ST5 Wales

The team are working on the production of educational MIS videos after the popularity of the LapPass® and box-trainer videos. We will extend this to common surgical scenarios for multiple specialties.

8 Surgical Education and Preparation for Training: James Walmsley - ST3 South West & Belal Amini - Trauma Research Fellow, London

A joint approach to facilitate post-graduate and undergraduate learning. The Academy piloted a successful ST3 interview preparation programme in 2021, which we hope to repeat. We also welcome new sub-specialty Representatives for Urology & Paediatric Surgery.

9 Early Years and Undergraduate Training: Juin Low - FY2 Northern Ireland

The students who led this sub-team have now graduated from Medical school but continue to develop links with Medical schools and Surgical societies. The group has run a series of laparoscopic training days for students and has created an online exam preparation series, available on the ALSGBI website.

10 Social Media: Kunal Rajput - ST3 London

The Academy Twitter page (@ALSGBIAcademy) continues to grow with nearly 900 followers at present. Along with keeping our membership up to date, sharing educational tips and developing links with significant organisations via multiple media channels, the social media group has been developing the Academy section of the ALSGBI website; so that you know who we are and what we do.

11 Support Us Focus Group: Anna Palepa - Trust CT2 East of England & Thomas Mroczek - CT2 North West

In recognition that everyone's training experience varies, Support Us is committed to providing intersectional guidance for aspiring surgeons. With the Council's EDI representative, the group has assisted with the ALSGBI membership survey, presented at ASiT 2022 and has participated in the RCS Widening Participation scheme. Support Us will be recruiting Ambassadors and developing collaborative workshops to support surgical providers with differing training backgrounds and characteristics.

Success in surgical training requires insight, preparation and dedication, which cannot be achieved alone. Training should also be enjoyable. During my years of involvement, the ALSGBI-ALTS community has been a firm reminder of this. As such, I have found ALSGBI to be a place of professional guidance, inspiration and opportunity for its junior membership, which the Academy builds upon with inclusivity. The ethos of the ALSGBI Academy is succinctly captured by the motto, "Novus Modus - The New Way", and I look forward to leading the committee as a voice and standard for Minimal Access training, with this aim and the surgical patient in mind. Finally, thank you to the Academy; keep up the inspiring work.

Lastly, we are planning to run an ALSGBI Academy stand at this year's ASM where we invite you to share your ideas or sign up to join us. I look forward to meeting you all in Newcastle!

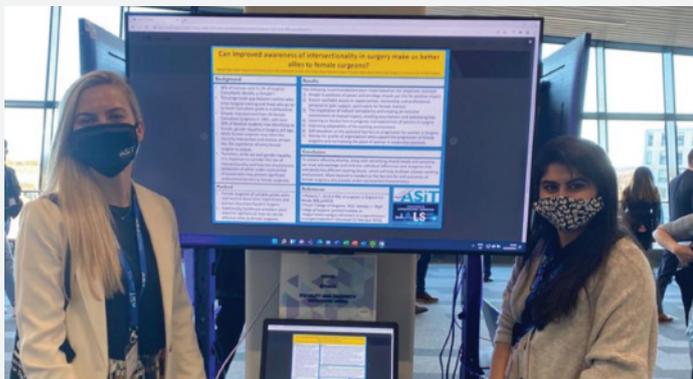
Miss Tamsin Morrison

ST8 Colorectal Surgery
Addenbrooke's Hospital, Cambridge
ALSGBI Academy Chair



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ALSGBI Academy, Support Us group update, 2022



Academy members presenting at the ASiT 2022 EDI Section in Aberdeen

The ALSGBI Academy Support Us group was created with our Council EDI representative Tamsin Morrison and works to represent the values and core qualities of the various personal and professional subgroups within our membership, stressing the individual but equal importance of each of them. We believe that the diversity within the Support Us team itself provides us with key tools to share our personal experiences, raise concerns, and create potential solutions, to ensure support for present and future colleagues.

We have reviewed the ALSGBI Membership Demographic and Inclusion survey results and in response to this, we will be inviting ambassadors to help us support and represent the many intersections that are known to experience obstacles to surgical training and progression. We will present the summary of the survey with suggestions for improvement at the 2022 ASM,

including an action plan for the next 12 months. We also continue to work with the National Surgical EDI Network, formed by the EDI leads of multiple surgical societies across the UK, with a focus on the diversity and inclusivity of our organisations and councils.

We are currently developing a mini-series of talks and workshops on different topics to support our diverse ALSGBI community and want to make sure these are accessible to all. Some of our ALSGBI industry partners have kindly agreed to sponsor us to help facilitate this. We intend to collaborate with existing organisations to broaden our views and experience, help identify the challenges that people face for example, for the LGBTQ+ community during their surgical training and improve the work experience.

We know from personal experience, that the challenges of navigating a new job in the NHS and applying to UK surgical training programmes for overseas graduates can be helped by access to the right advice. Our plans also involve the creation of a podcast on international medical graduate (IMG) related topics, potential incorporation of surgery specific requirements to existing workshops such as the "GMC Welcome to UK practice", as well as development of an advice network for our IMG membership.

We will also be present at the ALSGBI Academy Stand at the 2022 ASM in Newcastle, if anyone would like to share any ideas, discuss suggestions with us or sign up as a Support Us Ambassador.

Miss Anna Palepa

CT2 Colchester General Hospital

Mr Thomas Mroczek

CT2 East Lancashire Hospitals NHS Trust

Support Us Group Co-leads, ALSGBI Academy

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IAGES-ALSGBI Intercontinental Webinar Series

The 4th IAGES-ALSGBI intercontinental webinar, Bariatric Complications & Laparoscopic Panproctocolectomy, took place on Sunday 28th August 2022. The expert panel welcomed 408 attendees from around the globe to the highly anticipated next instalment of this webinar series.

IAGES President Professor Thangavelu started the webinar with a brief overview of the history and development of IAGES, which is now the largest group of endoscopic/laparoscopic surgeons internationally. He highlighted the fantastic work IAGES does to improve and support laparoscopic surgical training, from prizes and funding, to courses and webinars. He welcomed ALSGBI President Mr David Mahon who discussed the strong partnership ALSGBI and IAGES have fostered and the commitment from both associations to prioritise training and education. Mr Mahon and the wider ALSGBI committee look forward to welcome Dr Thangavelu and his colleagues to Newcastle (UK) in November for the ALSGBI Annual Scientific Meeting.

Professor Mahon delivered the first presentation, Bariatric Surgery and Complications. As an internationally renowned bariatric surgeon with a wealth of experience in this field, his presentation was extremely informative for all general surgeons on the management of common complications following bariatric surgery. He covered the most common bariatric procedures undertaken in his clinical practice and their potential complications, including leak, bleeding and internal herniation and how best to manage this complication when they present outside a specialist bariatric centre. Following the presentation, an excellent discussion between Mr Mahon and Mr Randeep Wadhawan ensued, comparing bariatric surgery in Indian and



the UK and tackling important surgical questions such as whether staple line reinforcement is necessary or not.

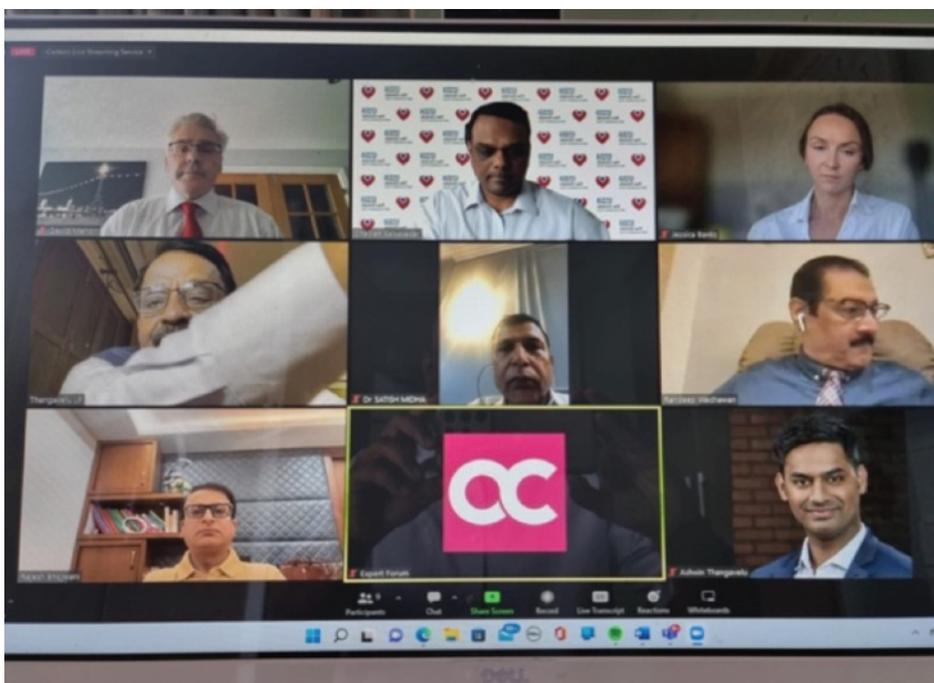
The second speaker, Dr Rajesh Bhojwani, is an extremely experienced laparoscopic surgeon who has been instrumental in developing minimal access surgery in India. He discussed his personal experience of performing laparoscopic panproctocolectomy, mainly for patients with IBD, including informative video vignettes demonstrating the less well known 'anticlockwise' technique. He also highlighted the increasing

technical difficulty of this procedure as the age, BMI and comorbidities of our patients increase. More specifically the challenges of operating on a patient who has failed to respond to a prolonged course of medical/immune-therapy. This opened up a really insightful discussion on how important a collaborative approach is between gastroenterologist and surgeon in order to ensure optimal outcomes for this complex patient population.

With each instalment of this IAGES and ALSGBI webinar attendance is growing, with participants joining from across the world it highlights the international reach of this partnership. As a member of the ALSGBI academy this was an excellent opportunity for me to sit on the panel and learn from such an eminent group of surgeons. We hope to broaden ALSGBI Academy involvement in upcoming webinars, with academy representatives on the panel to convey the perspective of surgical trainees. We hope you can join us for the next instalment and continue to review the Societies' websites for upcoming education events.

Miss Jessica Banks

ALSGBI Academy Member ST3 General Surgery
Doncaster and Bassetlaw Teaching Hospitals
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1. Ethicon, Project Floyd: Claims Metrology Report, June 2018, PRC079564B (145171-200630)
2. Ethicon, Floyd Relaunch Claims Metrology, June 2020, PRC095763A (145171-200630)
3. Ethicon, Floyd Relaunch Claims Ex-Vivo Sealing, June 2020, PRC094697A (145171-200630)

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Old Dog, New Tricks...



ICG has been around for a while, but technology is advancing so that new, exciting applications are being discovered. Hear from Altaf Awan as he talks about his experience with this 'old dog' – ICG.

What are the advantages of use ICG in emergency surgery?

Indocyanine Green (ICG) is an invaluable tool in both open and minimally invasive emergency abdominal surgery. Surgical conditions affecting perfusion to bowel and requiring surgical intervention, such as adhesive small bowel obstruction, incarcerated or strangulated bowel in inguinal or femoral (groin) hernias and mesenteric ischaemia are common. Intraoperative decision-making regarding bowel viability, and hence the extent of bowel resection or otherwise, is of paramount importance. ICG is a tool which helps identify areas of ischaemia and improve surgeons' decision making intraoperatively. As surgeons dealing with emergency abdominal conditions, we are all aware that this group of patients are extremely unwell and a significant proportion also suffer from medical comorbidities, hence a tool such as ICG would provide additional critical clinical information intraoperatively, thereby improving patient safety.

Another area where ICG may have a role is structure identification in emergency gallbladder and colonic surgery. There are certain limitations of using ICG in emergency gallbladder surgery, especially in cases with acute severe cholecystitis. However, with the appropriate training and experience, ICG would help identify critical anatomical structures such as the bile duct, thus allowing surgeons to make good operative judgement regarding total or subtotal cholecystectomy. In clinical situations where the gallbladder, because of severe inflammation, is adherent to the liver bed an assessment of the liver bed with ICG will help identify if any inadvertent damage has occurred to a sectoral duct following on from the removal of the gallbladder. In such cases an operative identification of bile leak would allow for better operative and postoperative management of the patient, hence reducing significant morbidity.

What are the barriers for using ICG in emergency theatres and how did you overcome these?

Firstly, Emergency General Surgery is becoming increasingly busy and involves complex decision making. We identified that ICG enhances structure identification and tissue perfusion intraoperatively, which in the context of emergency surgery is even more relevant and critical. We are very fortunate to have KARL STORZ IMAGE1 S™ Rubina® systems onsite, which has greatly facilitated our usage of ICG for both elective and emergency cases. Furthermore, our On-site Endoscopic Specialist from KARL STORZ, as part of our managed service contract, is of immense benefit to help with any technical issues resulting in much improved theatre efficiency and performance.

Several steps need to be fulfilled as part of Trust governance policy. We presented the advantages of ICG to our surgical colleagues at our surgery divisional teaching day. With unanimous support from surgical colleagues, the case was taken to the Drugs and Therapeutic committee for approval. In addition, we presented a pilot study on the use of ICG in emergency cases to the anaesthetic team. We reiterated the fact that this technology in the pilot study has shown that in two patients ICG altered the intraoperative decision from bowel resection to no resection, and therefore the patients were discharged to the ward after surgery, thereby freeing up critical care beds for patients who need them most.

Do you see a role for the use of ICG in Training and Education?

ICG has an important role. Emergency general surgery involves performing complex procedures, requiring specific steps to be followed to perform them safely and adequately. ICG can play a role in emergency surgery training through facilitation of identification of critical landmarks, such as the bile duct during cholecystectomy, ureters during mobilization of the colon and assessment of perfusion defects in cases of ischaemic bowel. There is limited literature on the role of ICG in training and education, with no data in emergency surgery specifically. However, some studies have reported the benefit of ICG in delineating complex anatomy stereoscopically, which no doubt applies to emergency surgery also. In my experience, the real benefit of this technology for trainee education is its role in developing understanding of key concepts needed to perform emergency gastrointestinal surgery safely and confidently.

Mr. Altaf Awan

University Hospitals of Derby & Burton, UK

The Role of ICG in Bariatrics and Emergency General Surgery

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E-MASTERCLASS
WEBINAR SERIES

Originally recorded
July 19, 2022

1.5 hours running time



SPEAKERS:



Prof. Luigi Boni
IRCCS - Ca' Granda, Policlinico Hospital, Milan, Italy



Prof. Thomas Carus
Center for Minimally Invasive Surgery, Elisabeth Hospital, Thuine, Germany



Mr Altaf Awan
University Hospitals of Derby & Burton, UK



Mr Imran Bhatti
University Hospitals of Derby & Burton, UK



Jo Cook
DXG Specialist at Kimal PLC

A recording of the webinar is now available to watch on demand.
Please scan the QR code to view.

ALSGBI and Inovus Medical extend exclusive partnership on LapPass® curriculum



Inovus Medical – the global healthcare simulation company – this week announced that it has extended its exclusive contract to manufacture and supply the LapPass® surgical training curriculum in collaboration with the Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI).

Launched by ALSGBI in 2015, the LapPass® is a nationally recognised certificate of proficiency in the technically demanding skills required for laparoscopic surgery and the only validated laparoscopic skills curriculum in the UK. The LapPass® certificate can be added to a trainee surgeon's portfolio when a series of timed laparoscopic skills tests are successfully passed.

The original contract to manufacture and supply the LapPass® skill tasks was signed between the parties in 2019. Shortly after the agreement, Inovus announced it had integrated the LapPass® curriculum into its ground-breaking LapAR™ laparoscopic simulation platform. The integration with LapAR® allows surgical trainees

to track their progress and performance on LapPass® through objective metrics. The video review feature of the platform allows them to gain remote feedback from senior surgeons and offers a solution for remote certification. Since its integration with LapAR™, there have been over 3,300 LapPass® procedures recorded on the platform with hundreds of hours of training completed and tracked.

The highly successful collaboration will be extended for a further three years, providing an opportunity for Inovus and ALSGBI to further extend the reach of the LapPass® programme and work on integrating the curriculum into surgical training pathways across the UK and globally. The agreement to extend the contract comes just weeks after the LapAR™ platform received accreditation from the Royal College of Surgeons of England. As a result of the accreditation, trainees will now be able to accrue Continuing Professional Development (CPD) points for time spent training on LapAR™ and LapPass®.

Inovus Medical CTO,
Jordan Van Flute said,

"It has been a pleasure to work with the ALSGBI team over the last three years and we are excited to continue this collaboration. Following our recent accreditation with the RCS, trainees will now be able to earn CPD points while performing LapPass® training on the LapAR™, this will add a massive amount of value to trainees and, we hope, drive even higher levels of engagement with this important curriculum. We are particularly excited about the unfolding possibilities in machine learning as we start to use movement data from LapPass® procedures to identify patterns in behaviour and decision making."

ALSGBI President
David Mahon said,

"The ALSGBI is delighted to extend our partnership with Inovus Medical. Perhaps our most important function as an Association is to promote minimally invasive surgical education. Since our partnership began, Inovus has helped the surgeons of tomorrow carry out almost 3,500 laparoscopic training procedures as part of LapPass® - we look forward to continuing our collaboration and spreading this training even wider in future."



a c c e s s i b l e a f f o r d a b l e f u n c t i o n a l

Retirement – a dream or a disaster? Medal-winning winemaking in Suffolk



As laparoscopic surgeons, we all tend to like being busy. I was honoured to be president of the ALSGBI from 2009 to 2011 and always enjoyed clinical work, research and the duties linked to working for the ALSGBI. I suspect the same is true for all of us. We do however all have to retire eventually. This may be through choice, or ill health. It may be early (as seems to be more often the case as the NHS increasingly treats its most educated and talented employees with such disdain these days), or in some cases at the end of one's usefulness to the NHS. Whatever the reason or timing, it is a massive life event. Many plan ahead with strategies to use the time wisely, but many also land in retirement without a clear plan. For Irene and me, we knew we would need something to do in retirement and so it was back in 2010, in the midst of a minor mid-life crisis that I uttered the words "Do you know what, I'd like to make wine?"

This may sound a simple ambition, but it turned out to be a 12 year adventure which continues to this day. We were invited to help at the harvest in a 1 acre vineyard in Spooner Row, near where we lived in Attleborough. At the end of a back-breaking 6 hours picking, the owner, Mike McCauly pushed a dustbin with 30 kgs of grapes in it and said "if you want to make wine Michael – have a go with these grapes". We did and made something which was a cross between undrinkable and poison!! I realised there was more to this game than met the eye. I therefore enlisted on some day courses at Plumpton College and started visiting wineries all over the world as part of our holidays to talk to winemakers and try and improve my dreadful winemaking skills. It was a slow process but by 2016 we had won a Silver medal for a Bacchus we had made for a local vineyard, all be it just in the East Anglian Wine competition. It was however tasty and drinkable. Every year since we have won medals but always for other vineyards for whom we made wine. The journey hasn't been without disasters. Indeed it is amazing that everybody who brings grapes to a winery, no matter how poor they are, expects Chateau Lafite 6 months later!



We made wine for half a dozen vineyards and won them all medals, but only had 100 vines in our garden in Attleborough. The garden began to look like an industrial estate and Irene declared we had to stop buying more fermentation tanks or move. So it was in 2018 that we moved to Thurston and found ourselves with land. Not just any land, but a south facing sandy slope. We planted 2500 vines and last year made just over 1000 bottles of white and rose wine. It tasted OK to us and we were delighted to win two Silver medals last month in the Wine GB national competition. We celebrated by attending the awards dinner and I was pleased to chat briefly to Oz Clark – we seem to have finally arrived in the real wine world.

Members of the ALSGBI are welcome to visit for a tasting in our newly created tasting room and buy wines at the trade rate. Tastings and tours of the winery and vineyard can be organised by contacting us by phone, text or email on 07920427423 or mr@lapsurgeon.co.uk (an unusual email for a winemaker, but ALSGBI members will appreciate the domain name which I have to thank the current president for arranging many years ago). Part of the visit may be joining in as Ruby our Harris Hawk flies round the vineyard. Irene took on the hobby of falconry as she approached retirement and this turned out to be an excellent hobby as hawks are used to deter pests at several vineyards in East Anglia. We don't need to hire one in, Ruby is resident! Be warned – Mrs Parker, wife of one our esteemed former presidents, joined us as Ruby flew but wore a Parka with a fur lined hood. Ruby was certain this was a rabbit and swooped in talons first and ripped the hood off Mrs Parker's jacket. Visitors should keep their mink coats at home! Members of ALSGBI may also contact us through our website:- www.hawkswoodvineyards.co.uk

Mr Michael Rhodes & Mrs Irene Rhodes
Past President, ALSGBI





Innovative English Wine

Michael and Irene welcome visitors to their boutique English vineyard in Thurston.

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For Wine Sales and to book a Tour and Tasting please contact us by email mr@lapsurgeon.co.uk.



National **Wine GB** Competition
Silver Medal Winners

Irene with her Harris Hawk 'Ruby'



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Thurston Place, Beyton Road, Thurston, Bury St. Edmunds, IP31 3QZ
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SAVE THE DATE 2023

ALSGBI Laparoscopic & Robotic
Surgery Training Days
Wednesday 29 November
Portsmouth

ALSGBI & ALTS
Annual Scientific Meeting
Thursday 30 November –
Friday 1 December
Portsmouth



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

ALSGBI Scientific Programme

Monday 7 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

| TIMETABLE | |
|---|---|
| 08:00 – 19:10 | REGISTRATION DESK OPEN FOYER, GATESHEAD SUITE, GROUND FLOOR |
| 08:00 – 08:30 | BREAKFAST MEETING PRE-BOOK MEETING ROOM 1, LOWER GROUND FLOOR A MEETING ON THE METAVERSE The future of surgical education is exciting with exponential technologies allowing remote training and simulation. As surgeons are transported from the physical world to the digital world will we eventually be represented by our own avatars and enter the surgical metaverse? Professor Shafi Ahmed (London) Professor Bijen Patel (London) Chairs: Professor Subhash Khanna (IAGES) Mr David Mahon (President) Professor Viswanath YKS (Middlesbrough) |
| 08:30 – 19:10 | INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 08:30 – 16:00 | REFRESHMENT TIMES INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR Tea & Coffee |
| 12:30 – 14:00 | Lunch |
| 17:05 – 19:10 | The President's Drinks Reception |
| 09:30 – 12:30 14:00 – 16:00 | LapPass® ASSESSMENTS TO TAKE PLACE IN THE ARTHREX MOBILE LAB LOCATED ON THE HILTON FORECOURT  |
| 09:00 – 09:15 | WELCOME THE AUDITORIUM, HILLGATE ROOM GROUND FLOOR Mr David Mahon (President) Ms Sue Page, Chief Executive Officer & Mr Michael Stewart, Chief Medical Officer South Tees Hospitals NHS Foundation Trust Professor Viswanath YKS (Middlesbrough) |
| 09:15 – 09:20 | PLATINUM PARTNER'S PRESENTATION  A REVIEW OF ENDOSPONGE Mr Sam Miller, Senior Product Marketing Manager B. Braun Medical UK Ltd, Aesculap Division Chair: Mr David Mahon (President) |
| 09:20 – 16:30 <i>Flexible Timing</i> | LIVE HD LAPAROSCOPIC PROCEDURES FROM THE JAMES COOK UNIVERSITY HOSPITAL MIDDLESBROUGH Karl Storz Theatres 5 & 6  |
| | 'LIVE' OPERATORS  Dr Jamie Barbour Queen Elizabeth Hospital, Gateshead Mr Gopinath Bussa University Hospital of North Tees, Stockton on Tees Mr James Catton, Nottingham City Hospital Professor Anjan Dhar, Darlington Memorial Hospital Mr Dharmendra Garg James Cook University Hospital, Middlesbrough |

| TIMETABLE | |
|------------|--|
| | Mr Talvinder Gill University Hospital of North Tees, Stockton on Tees Professor Andrew Gilliam Darlington Memorial Hospital Mr Chakri Muniapalle James Cook University Hospital, Middlesbrough |
| | 'AS LIVE' OPERATORS may include: Mr Altaf Awan, Royal Derby Hospital Professor Joel Dunning James Cook University Hospital, Middlesbrough Mr Raj Gowda James Cook University Hospital, Middlesbrough Mr Simon Higgs, Gloucestershire Royal Hospital Mr Arul Immanuel Royal Victoria Infirmary, Newcastle Mr Madan Jha James Cook University Hospital, Middlesbrough Professor Kamal Mahawar Sunderland Royal Hospital Dr Venkatesh Munikrishnan, Apollo, India Mr Ian Paul James Cook University Hospital, Middlesbrough Mr Anil Reddy James Cook University Hospital, Middlesbrough Professor Viswanath YKS James Cook University Hospital Middlesbrough    |
| From 09:20 | MORNING OPERATING |
| | TX PROCEDURES & OPERATORS |
| | Theatre 5 Laparoscopic (SILS) Hemicolectomy Mr Talvinder Gill; Mr Dharmendra Garg Laparoscopic (SILS) Reversal of Hartmann's Procedure Mr Talvinder Gill; Mr Dharmendra Garg |
| | Theatre 6 Endoscopic Cardiomyotomy Mr James Catton Professor Anjan Dhar; Dr Jamie Barbour |
| | From 09:15 Moderators: Professor Tan Arulampalam (Colchester) Mr Joshua Clements (Ulster) Mr Arul Immanuel (Newcastle) Mr Neil Keeling (Bury St Edmunds) Miss Tamsin Morrison (Cambridge) Professor Sunil Popat (IAGES) Professor Chelliah Selvasekar (Manchester) Roving: Ms Christine Intrator (Bolton) Mr Javed Latif (Derby) Miss Anna Palepa (Colchester) Mr Graham Whiteley (Bangor) Twitter: Mr Javed Latif (Derby) |

ALSGBI Scientific Programme

Monday 7 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

| TIMETABLE | |
|--|---|
| Until 16:30 | AFTERNOON OPERATING |
| | TX PROCEDURES & OPERATORS |
| | Theatre 6 Laparoscopic Cardiomyotomy Mr James Catton; Mr Gopinath Bussa Laparoscopic Cholecystectomy Trainee vs Trainer Mr Chakri Muniapalle Professor Andrew Gilliam |
| | From 13:00 Moderators: Mr Andrew Day (Redhill) Professor Nader Francis (Yeovil) Mr Simon Higgs (Gloucester) Professor Jim Khan (Portsmouth) Ms Shaza Mohamed (London) Mr Rikesh Patel (Liverpool) Professor LP Thangavelu (IAGES) Mr Naga Venkatesh Jayanthi (Chelmsford) Roving: Mr Vimal Mahendran (Yeovil) Mr Graham Whiteley (Bangor) Twitter: Mr Javed Latif (Derby) |
| <i>Flexible Timing Order will vary</i> | 'AS LIVE' PRE-RECORDED VIDEOS <ul style="list-style-type: none"> • Robotic Gastric Bypass Mr Altaf Awan • Robot Assisted Minimally Invasive Oesophagectomy - Thoracic phase (Versius) Mr Simon Higgs • Right Robotic Pulmonary Segmentectomy Mr Ian Paul & Professor Joel Dunning • Robotic Colorectal Resection Mr Anil Reddy & Mr Madan Jha • Laparoscopic Anti Obesity Surgery Professor Kamal Mahawar • Robotic Oesophagectomy Mr Arul Immanuel • Laparoscopic Hiatal Hernia Repair with Anti Reflux Surgery using Articulated Instruments Professor Viswanath YKS • Robotic Transthoracic Diaphragmatic Plication Professor Joel Dunning • Robotic Pyeloplasty Mr Raj Gowda • Robotic Colorectal Surgery Dr Venkatesh Munikrishnan, Apollo, India <p>LIVE LINKS SPONSORED BY  THE LIVE SURGERY CAN ALSO BE VIEWED IN THE INDUSTRY EXHIBITION</p> |
| 16:30 – 17:00 | INTUITIVE SURGICAL LECTURE Mr Gary Guthart, CEO, Intuitive Surgical, USA Chairs: Professor Nader Francis (Yeovil) Mr David Mahon (Taunton)  |
| 17:00 – 17:05 | ANNOUNCEMENT OF THE TOP 2 POSTERS FOR PRESENTATION & PRESIDENT'S ROUND-UP OF THE DAY Mr David Mahon (ALSGBI President) |

| TIMETABLE | |
|---------------|---|
| 17:05 – 18:10 | IAGES CONNECTION The purpose of this session is to introduce IAGES (Indian Association of Gastrointestinal Endosurgeons) to UK surgeons and compare surgical practices and lessons learned  |
| 17:05 – 17:15 | IAGES & ALSGBI COLLABORATIVE FUTURE DIRECTION Professor LP Thangavelu, IAGES President |
| 17:15 – 17:30 | ERCP & SPYGLASS, CHOLANGIOSCOPY FOR GI SURGEONS Professor Subhash Khanna, IAGES Executive |
| 17:30 – 17:45 | ENDOSCOPY TRAINING FOR SURGEONS IAGES STANDPOINT Dr Sundaram Easwaramoorthy, IAGES President Elect |
| 17:45 – 18:00 | IPOM PLUS: AN UPDATE ON THE MANAGEMENT OF ABDOMINAL WALL HERNIAS Professor Sunil Popat, IAGES Past President |
| 18:00 – 18:10 | QUESTIONS & ANSWERS SESSION Chairs: Mr David Mahon (Taunton) Professor Chelliah Selvasekar (Manchester) Professor Viswanath YKS (Middlesbrough) |
| 17:05 – 19:10 | THE PRESIDENT'S DRINKS RECEPTION & INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 19:15 | DEPARTURE, ON FOOT, TO THE CONFERENCE DINNER OR THE ALTS MEMBERS' EXCLUSIVE EVENT |
| 19:30 – 22:30 | CONFERENCE DINNER PRE-BOOK Six Restaurant at BALTIC Centre for Contemporary Art, Newcastle Quayside, South Shore Road Gateshead NE8 3BA After Dinner Speaker: Mr Robbie Glen Former HM Prison Governor will entertain you! |
| 19:30 – 22:00 | ALTS MEMBERS' EXCLUSIVE EVENT PRE-BOOK ALTS Members are invited to the fabulous Babucho Bar Restaurant & Lounge Club Lower Dean Street, Newcastle Upon Tyne, NE1 3JD This event is kindly sponsored by LawMed  |

ALTS Scientific Programme

Monday 7 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

| TIMETABLE | |
|-------------|---|
| 08:00–12:30 | ALTS delegates are welcome to attend the ALSGBI Annual Scientific Meeting |
| 12:30–14:00 | REGISTRATION & LUNCH INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR Time to meet with the leaders of industry – your chance to take part in the highly competitive ‘Industry Challenge’ – all delegates to compete! |
| 14:00–14:05 | WELCOME & INTRODUCTION: Mrs Debbie Gooch (ALTS Chair) MEETING ROOM 1, LOWER GROUND FLOOR |
| 14:05–15:30 | SCHWARTZ ROUND DISCUSSING POINTS OF VIEW OF STAFF RELOCATED TO ANOTHER PLACE OF WORK DURING COVID19 Ms Victoria Harding (Middlesbrough) Ms Anna Ireland (Middlesbrough) Chair: Ms Jackie McSweeney Patient Safety Manager (ESNEFT) |
| 15:30–15:45 | TEA, COFFEE & INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |

| TIMETABLE | |
|-------------|--|
| 15:45–16:30 | CIVILITY IN THE WORK PLACE AND ITS EFFECT ON TEAM WORKING Mrs Deborah Gooch (ALTS Chair) |
| 16:30–19:10 | Time to meet with the leaders of industry – your chance to take part in the highly competitive ‘Industry Challenge’ – All delegates to compete! |
| 17:05–19:10 | THE PRESIDENT’S DRINKS RECEPTION INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 19:15 | DEPARTURE, ON FOOT, TO THE CONFERENCE DINNER OR THE ALTS MEMBERS’ EXCLUSIVE EVENT |
| 19:30–22:00 | ALTS MEMBERS’ EXCLUSIVE EVENT PRE-BOOK Babucho Bar Restaurant & Lounge Club Lower Dean Street, Newcastle Upon Tyne, NE1 3JD Exclusive Event! Pre-booking essential as spaces are limited |



ALSGBI Scientific Programme

Tuesday 8 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

| TIMETABLE | |
|---------------|--|
| 08:00 – 17:00 | REGISTRATION DESK OPEN FOYER, GATESHEAD SUITE, GROUND FLOOR |
| 08:00 – 08:30 | BREAKFAST MEETING PRE-BOOK MEETING ROOM 1, LOWER GROUND FLOOR ON-DEMAND ROBOTICS WITH DEXTER: A NEW CONCEPT FOR LAPAROSCOPIC SURGEONS  Distalmotion Professor Dieter Hahnloser, Chief Surgeon Head of Colorectal Surgery University Hospital Lausanne Synopsis Surgeons should be in total control of the OR, free to choose their preferred tools and techniques for every work step. This is the essence of on demand robotics, a new concept for laparoscopic surgeons. This presentation includes an introduction to on-demand robotics with Dexter, the Swiss robot, as well as a discussion of insights from day-to-day clinical use. Chairs: Professor Jim Khan (Portsmouth) Professor Viswanath YKS (Middlesbrough) |

| TIMETABLE | |
|--------------------------------|---|
| 08:30 – 16:00 | REFRESHMENT TIMES INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 08:30 – 09:00 | Tea & Coffee |
| 10:25 – 10:55 | Tea & Coffee |
| 12:55 – 14:10 | Lunch |
| 15:30 – 16:00 | Tea & Coffee |
| 08:30 – 17:00 | INDUSTRY ENGAGEMENT INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 08:30 – 12:30 13:30 – 15:30 | LapPass® ASSESSMENTS TO TAKE PLACE IN THE ARTHREX MOBILE LAB LOCATED ON THE HILTON FORECOURT  |
| 09:00 – 09:05 | INTRODUCTION: Mr David Mahon (President) THE AUDITORIUM, HILLGATE ROOM GROUND FLOOR |

Continued

ALSGBI Scientific Programme

Tuesday 8 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

| TIMETABLE | |
|---------------|---|
| 09:05 – 09:55 | FREE PAPERS FROM SUBMITTED ABSTRACTS (5 PAPERS) Chairs: Mr Rikesh Patel (Liverpool) Professor Sunil Popat (IAGES) ALL ABSTRACTS ARE PUBLISHED IN FULL IN THE ALSGBI ABSTRACT BOOK WHICH CAN BE DOWNLOADED FROM THE ALSGBI WEBSITE |
| 09:05 – 09:15 | FP 01 LAPAROSCOPIC MANAGEMENT OF ACUTE SMALL BOWEL OBSTRUCTION IN NON-SELECTED PATIENTS: OUR 10-YEAR EXPERIENCE Presenter: Miss N Petrou Chelsea and Westminster Hospital, London, UK |
| 09:15 – 09:25 | FP 02 COMPARISON OF OUTCOMES IN SURGICAL AND ENDOSCOPIC TRANSGASTRIC CYSTOGASTROSTOMY FOR SEVERE ACUTE PANCREATITIS Presenter: Miss P Mountjoy Derby Pancreaticobiliary, Advanced Laparoscopic & Robotic Unit, Derby, UK |
| 09:25 – 09:35 | FP 03 ROBOTIC MULTI-VISCERAL RESECTION (RMVR) FOR LOCALLY ADVANCED COLORECTAL CARCINOMA- SINGLE ONCO-SURGICAL CENTRE EXPERIENCE Presenter: Dr C Lakmal The Christie NHS Foundation Trust, Manchester, UK |
| 09:35 – 09:45 | FP 04 ROBOTIC COLORECTAL SURGERY FOR COLORECTAL MALIGNANCY-EXPERIENCE OF FIRST 100 CASES IN A ONCO-SURGICAL CENTRE Presenter: Dr C Lakmal The Christie NHS Foundation Trust, Manchester, UK |
| 09:45 – 09:55 | FP 05 TO ASSESS THE IMPACT OF AUGMENTED REALITY (AR) TRAINING ON IMPROVING LAPAROSCOPIC APPENDECTOMY USING OBJECTIVE PERFORMANCE METRICS Presenter: Dr D Rawaf, Inovus Medical St Helens, UK, Imperial College WHO CC, London, UK |
| 09:55 – 10:00 | PLATINUM PARTNER'S PRESENTATION INNOVATIONS IN VESSEL SEALING: ENSEAL X1 Ms Amy Pogson, Ethicon Sales Specialist Chair: Mr David Mahon (Taunton) |
| 10:00 – 10:25 | THE ALSGBI LECTURE READY PATIENT ONE: THE POTENTIAL OF VIRTUAL REALITY WITHIN OUR MODERN NHS Dr Jordan Tsigarides, Honorary Research Fellow School of Health Sciences, University of East Anglia Chair: Professor Tan Arulampalam (Colchester) |
| 10:25 – 10:55 | INDUSTRY ENGAGEMENT & REFRESHMENTS INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 10:55 – 11:05 | POSTER PRESENTATIONS: THE TOP 2 (5 minutes each) Chair: Mr Neil Keeling (Bury St Edmunds) |

| TIMETABLE | |
|---------------|---|
| 11:05 – 11:30 | THE EUROPEAN ASSOCIATION FOR ENDOSCOPIC SURGERY LECTURE CURRENT DEVELOPMENTS WITH TECHNOLOGICAL ADVANCES OF THE MANAGEMENT OF GERD & HIATUS HERNIA Professor Luigi Bonavina, Professor of Surgery University of Milan Medical School Chairs: Professor Tan Arulampalam (Colchester) Professor Nader Francis (Yeovil) Professor Viswanath YKS (Middlesbrough) |
| 11:30 – 12:25 | SYMPOSIUM - TOMORROW'S WORLD FUTURE OF SURGERY Short Introduction by Professor Nader Francis (Yeovil) Professor Dieter Hahnloser (Switzerland) for Distalmotion Mr Simon Higgs (Gloucester) for CMR Surgical Professor Jim Khan (Portsmouth) for Intuitive Dr Venkatesh Munikrishnan (Apollo, India) for Medtronic |
| 11:30 – 11:35 | |
| 11:35 – 11:45 | |
| 11:45 – 11:55 | |
| 11:55 – 12:05 | |
| 12:05 – 12:15 | |
| 12:15 – 12:25 | ACADEMIC PANEL DISCUSSION Chair: Mr Jawad Ahmad (Coventry) Panel: Professor Nader Francis (Yeovil) Professor Dieter Hahnloser (Switzerland) Mr Simon Higgs (Gloucester) Professor Jim Khan (Portsmouth) Professor Subhash Khanna (IAGES) Dr Venkatesh Munikrishnan (Apollo, India) Professor Chelliah Selvasekar (Manchester) Professor Viswanath YKS (Middlesbrough) |
| 12:25 – 12:55 | STORZ SPONSORED LECTURE UNCERTAINTIES IN CARBON REDUCED SURGERY Mr Aneel Bhangu, NIHR Clinician Scientist in Global Surgery & Consultant Colorectal, General and Emergency Surgeon University Hospital Birmingham Chairs: Professor Tan Arulampalam (Colchester) Ms Shaza Mohamed (London) Panel: Mr Altaf Awan (Derby) Dr Sundaram Easwaramoorthy (IAGES) Mr Iain Jourdan (Guildford) |
| 12:55 – 14:10 | INDUSTRY ENGAGEMENT & LUNCH INDUSTRY EXHIBITION GATESHEAD SUITE, GROUND FLOOR |
| 13:55 – 14:10 | ANNUAL GENERAL MEETING AGENDA 1 Apologies for Absence (Professor Nader Francis) 2 Minutes of the ALSGBI AGM held on Tuesday 7 December 2021 at ILEC London (Mr David Mahon) 3 Honorary Secretary's Report (Professor Nader Francis) a) Membership Report b) Election Results c) Announcement of the Travelling Scholarships' Winners |

ALSGBI Scientific Programme

Tuesday 8 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

| TIMETABLE | |
|---------------|--|
| | <p>d) Key Dates:</p> <ol style="list-style-type: none"> 1 EAES Symposium, Malta, 26-28 January 2023 2 IAGES 20th Annual Congress, Coimbatore India, 9-12 February 2023 3 ASiT Annual Conference Liverpool, 3-5 March 2023 4 31st International Congress of the EAES Rome, Italy, 20-23 June 2023 5 ALSGBI Laparoscopic & Robotic Surgery Training Days, Portsmouth, 29 November 2023 6 ALSGBI Annual Scientific Meeting Portsmouth, 30 November-1 December 2023 <p>4 Honorary Treasurer's Report (Professor Tan Arulampalam)</p> <ol style="list-style-type: none"> a) Income & Expenditure b) Annual Comparison c) Subscription Rates <p>5 Director of Education's Report (Mr Altaf Awan)</p> <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 <p>6 President's Report (Mr David Mahon)</p> <ol style="list-style-type: none"> a) Announcement of President Elect <p>7 Any Other Business</p> |
| 14:10 – 14:15 | <p>UPDATE FROM THE ALSGBI ACADEMY CHAIR</p> <p>Miss Tamsin Morrison (Cambridge)</p>   |
| 14:15 – 14:20 | <p>UPDATE FROM THE ALSGBI DIVERSITY & EQUALITY REPRESENTATIVE</p> <p>Miss Tamsin Morrison (Cambridge)</p> |
| 14:20 – 14:25 | <p>CORESS UPDATES (Confidential Reporting System in Surgery)</p> <p>Mr Andrew Day (Redhill)</p> |
| 14:25 – 15:15 | <p>FREE PAPERS FROM SUBMITTED ABSTRACTS (5 PAPERS)</p> <p>Chairs: Mr Donald Menzies (Colchester) Miss Tamsin Morrison (Cambridge)</p>  |
| 14:25 – 14:35 | <p>FP 06 OUTCOMES OF EMERGENCY LAPAROSCOPIC CHOLECYSTECTOMY IN THE ELDERLY: A RETROSPECTIVE 9-YEAR SINGLE-CENTRE EXPERIENCE</p> <p>Presenter: Mr KW Ho, Ealing Hospital London North West University Healthcare NHS Trust, London, UK</p> |
| 14:35 – 14:45 | <p>FP 07 FEASIBILITY OF LAPAROSCOPIC MULTI-VISCERAL RESECTION FOR LOCALLY ADVANCED COLORECTAL CANCER</p> <p>Presenter: Mr AY Mohamedahmed, Sandwell and West Birmingham NHS Trust, Birmingham, UK The Dudley Group NHS Trust, Dudley, UK</p> |
| 14:45 – 14:55 | <p>FP 08 FEASIBILITY OF LAPAROSCOPIC ADHESIOLYSIS FOR SMALL BOWEL OBSTRUCTION</p> <p>Presenter: Dr LE Spyropoulou East Suffolk & North Essex NHS Trust, Colchester, UK</p> |

| TIMETABLE | |
|---------------|--|
| 14:55 – 15:05 | <p>FP 09 LONG-TERM OUTCOMES OF ROBOTIC RECTAL CANCER SURGERY - A PROPENSITY SCORE MATCHED ANALYSIS OF DATA FROM AN EXPERT UK COLORECTAL CENTRE</p> <p>Presenter: Dr R Duhoky Portsmouth Hospital University NHS Trust, UK University of Portsmouth, UK</p> |
| 15:05 – 15:15 | <p>FP 10 SINGLE-CENTRE, RETROSPECTIVE STUDY EVALUATING THE SHIFT FROM ROUTINE TO SELECTIVE DIVERSION OF LOW ANASTOMOSIS IN RECTAL CANCER SURGERY (KHANS TECHNIQUE)</p> <p>Presenter: Dr D Nunes Queen Alexandra Hospital, Portsmouth, UK</p> |
| 15:15 – 15:30 | <p>TRAVELLING SCHOLARSHIP PRESENTATIONS</p> <p>Chair: Professor Nader Francis (Yeovil)</p> |
| 15:15 – 15:20 | <p>WHAT TO CN DO IN TORONTO: IBD AT MOUNT SINAI</p> <p>Mr Rikesh Patel (Liverpool)</p> |
| 15:20 – 15:25 | <p>MARQUES DE VALDECILLA UNIVERSITY HOSPITAL ROBOTIC COLORECTAL OBSERVERSHIP</p> <p>Mr Richard Stevenson (Glasgow)</p> |
| 15:25 – 15:30 | <p>QUESTION TIME</p> |
| 15:30 – 16:00 | <p>INDUSTRY ENGAGEMENT & REFRESHMENTS</p> <p>INDUSTRY EXHIBITION</p> <p>GATESHEAD SUITE, GROUND FLOOR</p> |
| 16:00 – 16:40 | <p>VIDEOS OF DISTINCTION SESSION (5 VIDEOS) (8 minutes each)</p> <p>Chairs: Mr Andrew Day (Redhill) Mr Simon Higgs (Gloucester) Dr Nayaab Abdul Kader (Colchester)</p>  |
| 16:00 – 16:08 | <p>VIDEO 01 ROBOTIC LOW ANTERIOR RESECTION FOR LOCALLY ADVANCED RECTAL CANCER</p> <p>Presenter: Dr O Guest University Hospital Dorset, Poole, UK</p> |
| 16:08 – 16:16 | <p>VIDEO 02 LAPAROSCOPIC INTRACORPOREAL MESH REPAIR OF LATERAL AND ANTERIOR ABDOMINAL WALL INCISIONAL HERNIAS</p> <p>Presenter: Dr L Yao University Hospitals Plymouth, UK</p> |
| 16:16 – 16:24 | <p>VIDEO 03 VIDEO DEMONSTRATION OF ABDOMINAL LYMPHADENECTOMY IN A ROBOTICALLY ASSISTED OESOPHAGECTOMY</p> <p>Presenter: Mr J Chmelo, Northern Oesophagogastric Unit, Newcastle upon Tyne, UK</p> |
| 16:24 – 16:32 | <p>VIDEO 04 ROBOTIC ASSISTED CHOLECYSTECTOMY AND COMMON BILE DUCT EXPLORATION FOR SINGLE STAGE MANAGEMENT OF COMPLEX GALLSTONE DISEASE</p> <p>Presenter: Miss P Mountjoy, Derby Pancreaticobiliary, Advanced Laparoscopic & Robotic Unit, Derby, UK</p> |
| 16:32 – 16:40 | <p>VIDEO 05 MESH FIXATION TECHNIQUES IN TAPP REPAIR OF INGUINAL HERNIAS</p> <p>Presenter: Mr R Salem, Milton Keynes University Hospital NHS Foundation Trust, UK</p> |

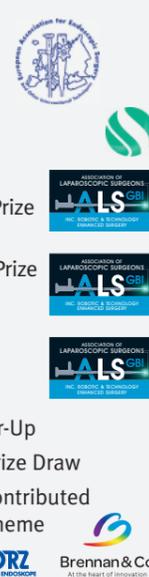
ALSGBI Scientific Programme

Tuesday 8 November 2022

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE

| | |
|---------------|--|
| 16:00 – 16:40 | PARALLEL VIDEO SESSION EXHIBITION, GATESHEAD SUITE, GROUND FLOOR VIDEO SESSION (5 VIDEOS) (8 minutes each) Chairs: Mr Telal Majeed (Liverpool) Miss Tamsin Morrison (Cambridge) Professor Viswanath YKS (Middlesbrough) |
| 16:00 – 16:08 | VIDEO 01 VIDEO DEMONSTRATION OF A ROBOTICALLY ASSISTED INSERTION OF A FEEDING JEJUNOSTOMY Presenter: Mr J Chmelo, Northern Oesophagogastric Unit, Newcastle upon Tyne, UK |
| 16:08 – 16:16 | VIDEO 02 EMERGENCY LAPAROSCOPIC PARASTOMAL HERNIA REPAIR Presenter: Mr A Butt University Hospitals Plymouth, UK |
| 16:16 – 16:24 | VIDEO 03 ROBOTIC TRANSABDOMINAL RETROMUSCULAR UMBILICAL PROSTHETIC (RTARUP) REPAIR FOR RECURRENT VENTRAL HERNIA Presenter: Mr J Latif, Derby Pancreaticobiliary Advanced Laparoscopic and Robotic Unit, Derby, UK |
| 16:24 – 16:32 | VIDEO 04 DEMONSTRATING A MINIMALLY INVASIVE APPROACH TO OESOPHAGEAL LEIOMYOMA – VIDEO-ASSISTED THORACIC SURGERY (VATS) EXTRA-MUCOSAL EXCISION Presenter: Mr A Ammar, University Hospitals of Derby and Burton NHS Trust, Derby, UK |
| 16:32 – 16:40 | VIDEO 05 FLUORESCENCE IMAGE-GUIDED LAPAROSCOPIC CHOLECYSTECTOMY IN ALAGILLE SYNDROME Presenter: Ms R Karmarkar University Hospitals Plymouth NHS Trust, UK |
| 16:40 – 16:50 | ALSGBI AWARDS CEREMONY Chairs: Mr David Mahon (Taunton) Professor Nader Francis (Yeovil) Winner of the 2022 David Dunn Medal Winner of the 2022 Journal of Surgical Simulation Award Winner of the 2022 ALSGBI Best Laparoscopic/Robotic Video Prize Winner of the 2022 ALSGBI Best Laparoscopic/Robotic Poster Prize ALSGBI Basic Skills Robotic Driving Licence Certificates Winner of the ALSGBI Industry Challenge ALSGBI Industry Challenge Runner-Up ALSGBI Industry Challenge Free Prize Draw Thanks to all the delegates that contributed towards the Support A Trainee Scheme |
| 16:50 | CLOSING REMARKS |



LapPass® THE LAPAROSCOPIC PASSPORT FOR SURGICAL TRAINEES

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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:

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- Intracorporeal Suturing
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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.

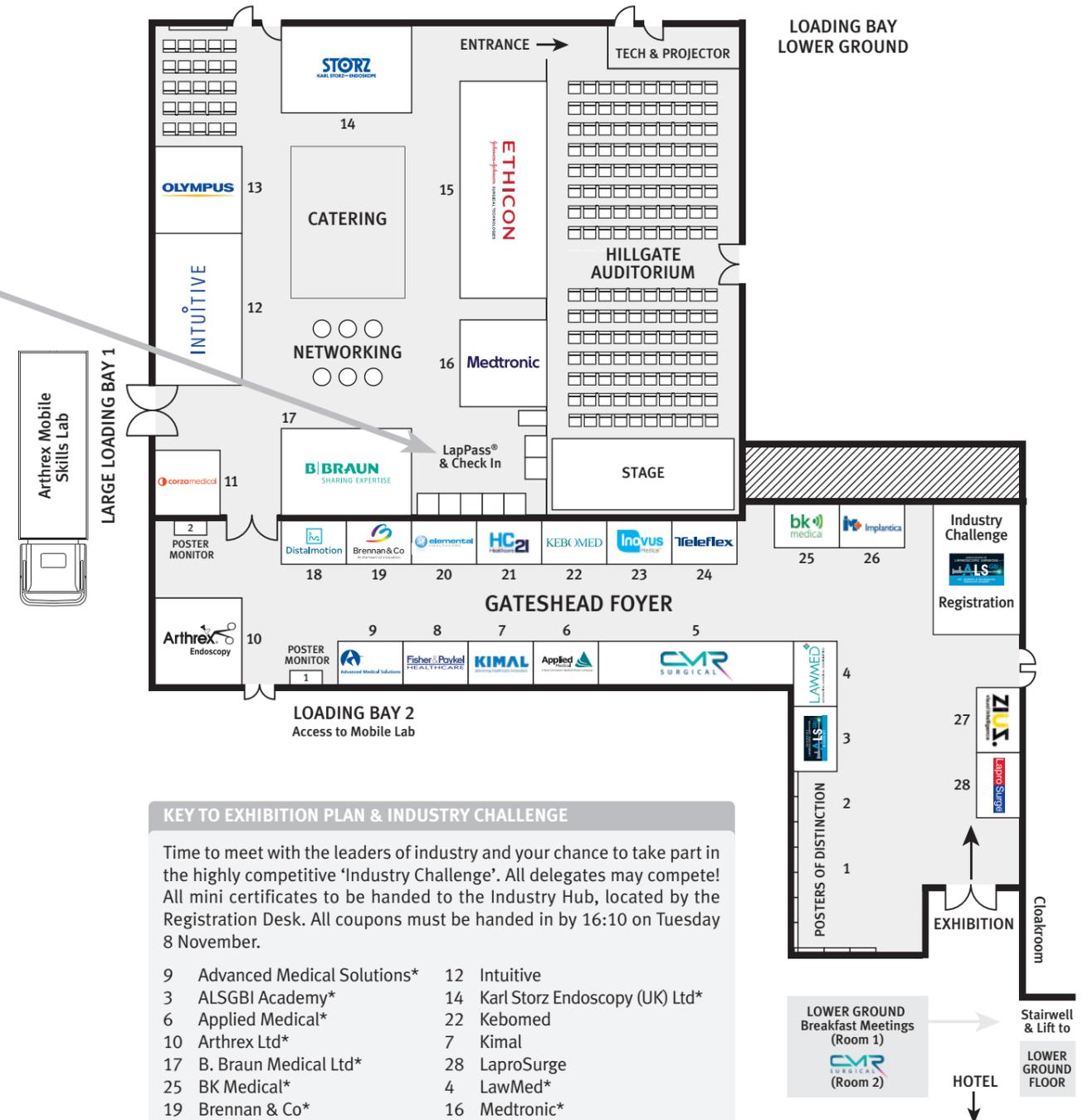
There will be 6 units in the LapPass® Training Area in the Exhibition. The LapPass® check-in desk will be open from 08:30-17:30 on Monday 7 November and 08:30-15:00hrs on Tuesday 8 November when it will be possible to book the LapPass® examination which will take place in the Arthrex Mobile Skills Lab outside the Hilton Newcastle. LapPass® certificates will only be awarded to ALSGBI Trainee Members.

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GATESHEAD SUITE



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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 by the Registration Desk. All coupons must be handed in by 16:10 on Tuesday 8 November.

| | | | |
|----|---------------------------------|----------------------------|--------------------------------|
| 9 | Advanced Medical Solutions* | 12 | Intuitive |
| 3 | ALSGBI Academy* | 14 | Karl Storz Endoscopy (UK) Ltd* |
| 6 | Applied Medical* | 22 | Kebomed |
| 10 | Arthrex Ltd* | 7 | Kimal |
| 17 | B. Braun Medical Ltd* | 28 | LaproSurge |
| 25 | BK Medical* | 4 | LawMed* |
| 19 | Brennan & Co* | 16 | Medtronic* |
| 11 | Corza Medical* | 13 | Olympus Medical* |
| 18 | DistalMotion | 24 | Teleflex* |
| 20 | Elemental Healthcare Ltd* | 27 | ZiuZ Visual Intelligence |
| 15 | ETHICON* | Room 2, Lower Ground Floor | |
| 8 | Fisher & Paykel Healthcare Ltd* | CMR Surgical* | |
| 21 | HC21* | | |
| 26 | Implantica | | |
| 23 | Inovus | | |

*Companies partaking in the Industry Challenge

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The Medtronic Hugo™ system is not approved in all markets. Regulatory requirements of individual countries and regions will determine availability and approval or clearance timelines.

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Dexter by Distalmotion

The Dexter Robotic System™ is designed, developed and manufactured in Switzerland by Distalmotion. The system couples the precision of robotic surgery with the reliability and excellence of Swiss engineering.

Dexter® is a three-armed system that features a surgeon console, two patient carts and a robotic endoscope arm. The surgeon console is used to control Dexter's three robotic arms. Each Dexter patient cart holds one robotic arm composed of several joints. Each robotic arm guides one robotic instrument. The robotic endoscope arm holds and controls the laparoscope.

The Dexter System™ is an open-platform, compatible with any 3D imaging system as well as all energy systems and insufflators. Furthermore, the system is agnostic to translucent trocars and surgeons may use advanced laparoscopic instruments like staplers and clip applicators of their choice in combination with Dexter. The robotic instruments are single-use and supplied sterile, ensuring reliability for the surgeon and safety for the patient.

The mobile and flexible system is designed to give surgeons comprehensive access to the abdomen and pelvis for a broad range of procedures in general surgery, gynaecology and urology.

Dexter surgeons also have the option to remain sterile while operating at the robotic console. This allows them to switch between robotics and laparoscopy in less than 20 seconds at any relevant moment of the procedure. The three robotic arms leave sufficient space to operate laparoscopically alongside the robot at the patient bed. Of course, surgeons can also opt not to remain sterile, forego direct patient access and perform a procedure start to finish from Dexter's robotic console.

Dexter is designed to give surgeons more choice and more control in the OR by providing best-in-class robotics with advanced dexterity that can be leveraged on-demand, whenever and however the surgeon chooses, in conjunction with known laparoscopic techniques and without disrupting established OR setups. Dexter is the world's first and only robotic surgery system to offer this on-demand approach.

dexter

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With the release of the POWERSEAL devices, Olympus is introducing a line of versatile advanced bipolar surgical energy devices that augment an extensive and differentiated surgical energy portfolio, which features the unique THUNDERBEAT™ hybrid energy devices and SONICBEAT™ ultrasonic dissectors. The POWERSEAL devices provide surgeons with state-of-the-art sealing, dissection, and grasping capabilities in laparoscopic or open surgery while greatly reducing the force required by the surgeon to close the jaws.¹ The POWERSEAL devices can be used in numerous forms of surgical intervention including general surgery and gynecological, colorectal, bariatric, urological, thoracic, and vascular surgical procedures.

Alongside POWERSEAL, Olympus have launched a new generation of surgical imaging, VISERA ELITE III. The VISERA ELITE III system integrates 3D, near-infrared² and 4K imaging functions required in surgery. It also supports fluorescence guided surgery as well as NBI³, a unique observation mode developed by Olympus. By providing surgeons with multiple observation modes, the all-in-one system supports standardization and increases efficiency in the operating room. Users can also set up customized departmental profiles on VISERA ELITE III for different medical disciplines such as general surgery, urology, gynecology, ENT surgery and more. The platform allows software upgrades to add new surgical imaging functions as needed. Switching entire surgical visualization systems to access the latest technology is no longer necessary, which not only sets a new standard and provides a high degree of flexibility, but also makes VISERA ELITE III a future-proof investment.

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What is Low Impact Laparoscopy, and how can it help your patients?

The NHS has long been under pressure to shorten waiting lists, but the onset of the Covid-19 pandemic and the disruption to elective treatment has meant that waiting lists have reached their highest ever levels. More than ever, patient pathways need to be streamlined, to treat patients more efficiently and reduce hospital stays.

It is well documented that laparoscopic surgery, when compared to open, results in faster patient recovery, reduced surgical risk, and is a more cost-effective solution for hospitals (1). However, laparoscopy is still associated with a high use of analgesics, with one study finding that there was no difference in pain medication for minor or major surgery (3).

With over 13 million laparoscopic surgeries performed each year, could we go further to improve outcomes and efficiencies?

Aligned with the EAES guidelines, The concept of Low Impact Laparoscopy is defined as a minimally invasive approach combining low-pressure pneumoperitoneum and microscopy to reduce postoperative pain and improve outpatient management. (2).

Low pressure pneumoperitoneum is the first element of low impact laparoscopy. The AirSeal® Insufflator enables IAP of 6-8 mmHg rather than the conventional 12-15 mmHg. AirSeal® facilitates this reduction in pressure without compromising surgical vision. (3)

One study found that almost half of patients (46.7%) operated on at low pressure considered discharge on the same day possible, compared to 23% of patients operated on at standard pressure ($p=0.058$).²

The second element of Low Impact Laparoscopy is the use of micro-instrumentation to create smaller incisions. In a double-blind controlled study, 60 patients were randomized to undergo either micro laparoscopic cholecystectomy using one 10-mm and three 3.5-mm trocars or traditional laparoscopic cholecystectomy using two 10-mm and two 5-mm trocars. In the 3.5-mm LC group, incisional pain was significantly decreased in the 1st postoperative week as compared with the LC group ($p < 0.01$)⁴. It can also shorten hospital stays by 3 to 2 days for patients with smaller incisions,⁵ which would help ease the growing pressure on hospitals as waiting lists continue to climb.

To learn more visit: <https://lawmed.co.uk/low-impact-laparoscopy/>

References:

- 1 <https://bit.ly/3E15Ewx>
- 2 <https://bit.ly/3E5Ay6R>
- 3 <https://bit.ly/3fkEkim>
- 4 <https://bit.ly/3y1kWxC>
- 5 <https://bit.ly/3dOW2ug>



A small change can make a BIG difference!

NHS England is accountable for 4%¹ of the country's total carbon footprint. Medical equipment and other Supply Chain collectively account for 34%¹ of the footprint generated by NHS England.

Furthermore, it is estimated that 20%-33%² of all hospital waste is generated by the operating theatres and a single operation can generate more waste than a family of four produces in one week².

Following the Covid19 pandemic waiting lists for surgical intervention continue to soar, with recent publications estimating 7 million³ patients are waiting for some form of elective surgery, the largest waiting list since 2007.

Subsequently the challenge facing healthcare providers is how to reduce waiting lists whilst balancing the need to deliver surgical services in a more sustainable manner, both from an environment and financial perspective.

Rizan et al. (2022) outlined the environmental impact and life cycle financial cost of hybrid (reusable/single-use) instruments versus single-use equivalents in laparoscopic cholecystectomy.

References:

- 1 <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2022/07/B1728-delivering-a-net-zero-nhs-july-2022.pdf>
 - 2 A quantitative, qualitative, and critical assessment of surgical waste. Surgeons venture through the trash can. Tieszen ME, Gruenberg JC. 1992. s.l. : JAMA, 1992, Vols. 1992;267:2765-8.
 - 3 <https://www.impartialreporter.com/news/national/23044746.nhs-waiting-list-hits-7m-first-time-ever/>
- Rizan, C., Bhutta, M.F. Environmental impact and life cycle financial cost of hybrid (reusable/single-use) instruments versus single-use equivalents in laparoscopic cholecystectomy. *Surg Endosc* 36, 4067-4078 (2022). <https://doi.org/10.1007/s00464-021-08728-z>

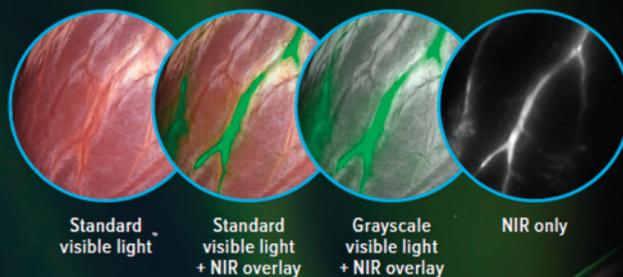
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Hands-on cadaver course
in foregut surgery
Ultrasound course

Friday 27th January

Symposium with live surgery
and scientific sessions

Saturday 28th January

Hands-on cadaver course
in colorectal surgery

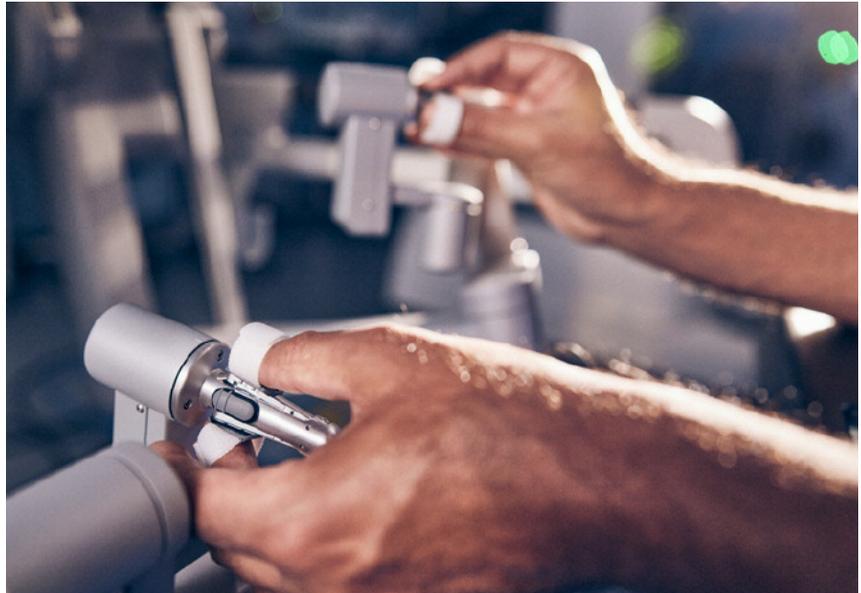


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Product Information

The da Vinci X and da Vinci Xi Surgical Systems are class IIb medical devices. Refer to complete mandatory statements available on the booth.

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

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