

# ALSGBI newsletter



Association of Laparoscopic Surgeons  
of Great Britain & Ireland

## President's Introduction

Welcome to the Spring edition of the ALSGBI newsletter and once again our thanks go to Mr Neil Keeling for his expertise and efforts in bringing this together so professionally. I hope you enjoy reading it.

This is my first newsletter as incoming President; Mr Mark Vipond handed over the reins of our thriving and vibrant Association at the very successful Annual Scientific Meeting (ASM) in Southport in November 2015 and our sincere thanks to him for a Presidential term of which he should be proud and which has seen the Association go from strength to strength. His will be a hard act to follow indeed.

The Southport ASM was an excellent one and the feedback received has been very positive. It was all a meeting should be – inspiring, informative and enjoyable. Our thanks go to the organising team and especially to Mr Milind Shrotri for all the hard work he devoted to ensure it ran so smoothly and effectively. Our ASMs follow a common format with the training day on the Wednesday which is free for trainees attending the meeting (but places are always overbooked and need to be secured early). This day was again very generously sponsored by Ethicon and held at the MASTER Unit in Broadgreen Hospital. Our thanks to them and to Mr Paul Leeder for organising this with Mr John O'Leary and Mr Milind Shrotri and to a faculty which resembled a Who's Who of UK laparoscopic surgery. Thursday's live operating, generously sponsored by Karl Storz and Olympus, was slick, varied and skilful and reminded me of the pleasure I always get to be able to watch other people work and the Scientific Meeting was again of a high standard and congratulations to those who were prize winners. Our thanks also go to all our invited guests who this year included Professor Steven De Meester as the British Journal of Surgery (BJS) Lecturer and Professor Chinnusamy Palanivelu who once again demonstrated surgery of such technical excellence that it will be a talking point for years to come.

2016's ASM will be held in the ILEC Conference Centre in London. It promises to be an outstanding venue on several counts with very reasonably priced accommodation for London. Professor George Hanna's team will be hosting the Training Day at the Imperial College training unit and the theme of the meeting will be based around haemostasis in laparoscopic surgery. Our BJS Lecture will be delivered by Professor Michael Kendrick from the Mayo Clinic in Rochester, USA and other international speakers have confirmed their participation. Further details will follow in the Autumn newsletter but for now please note the dates 10 and 11 November with the training day on the 9 November. We look forward to seeing as many of you as possible.

In June 2018 the EAES will be holding its annual Congress in London and we encourage all members to attend this meeting. The last time EAES was hosted in the UK was in Glasgow in 2003 and it is important for us to "put on a good show" and to showcase our talents to the visiting Europeans. Should anyone wish to attend EAES this year the venue is Amsterdam and the dates are 15 to 18 June.

Finally I will mention LapPass again. I have written about this in this newsletter and we hope in the next few years to reinforce the teaching and assessment of these skills with regional training days supported by significant funding support from our existing education budget. Please watch this space and keep an eye on the website for courses being held near to you. This may be the optimal forum in which the assessments will be conducted and new skills learnt. The camera skills section will still need to be undertaken during your normal day-to-day theatre sessions. Please also note that the 2016 ALSGBI Travelling Scholarships are advertised on Page 4.

I have been associated with this Association for many years now and it is a great privilege and responsibility to be the current President. If there are things you would like to see the Council and Association be involved with in order to further laparoscopic surgery in the UK which you do not feel are currently being done then please write to me. I promise I will listen and I will try to serve the needs of all members of the Association where I can.

Best wishes

**Mr Peter Sedman**  
President, ALSGBI



## Editor's Introduction

I hope that you enjoy this Spring update, the first under the auspices of our new President, Mr Peter Sedman, I am sure that we would all wish to express our tremendous thanks to the outgoing Mr Mark Vipond for his hard work and stewardship. I think that we can look back at the success of the ASM in Southport and forward to the next meeting at the ILEC in London this year which promises to be an



excellent occasion. There will also be an ALSGBI contingent at the ASGBI International Surgical Congress in Belfast in May and EAES in Amsterdam in June, all dates for your diaries. You will see that the LapPass programme was extremely popular on its first outing at the ASM and

will be rolled out around the country to set basic (and not so basic) standards for trainees, before moving on to more advanced procedures. More opportunities for formal assessments will follow and as the ALSGBI sponsorship programme for trainee regional meetings is unfurled, access to recognised assessors will improve. We also have the reviews of the latest national and regional meetings and reports from our Travelling Fellows and David Dunn Medal winner Mr Crispin Schneider. Mr Sean Woodcock reports on the outstanding BOMSS ASM that had record number of attendees and we look forward to reading Mr Martin Wadley's account of the ALSGBI ASM and Mr Mark Vipond's report of the South West Chapter meeting too.

Please take a look at the ALSGBI website for details of the next meeting, as well as application forms for the local regional meetings.

**Mr Neil Keeling**  
Newsletter Editor

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# South West ALSGBI Regional Training Day

30 October 2015, Taunton



The 8th South West ALSGBI regional training day was held at the Musgrove Park Hospital Academy, Taunton on 30 October 2015, organised by Mr Richard Welbourn. The meeting was comprised of a mixture of live operating, technical talks on operative techniques and tips, with over 70 participants attending the meeting.

Our day started with a welcome address by Richard emphasising the interactive nature of the day. The first live operating session began with a TAPP inguinal hernia repair performed by Mr Peter Sedman followed by a TEP inguinal hernia repair by Professor Tim Rockall. Both surgeons demonstrated the procedures beautifully with precise dissection and identification of all structures. There was lively audience debate regarding the merits of the two laparoscopic approaches, types of mesh and whether fixation is necessary.



Mr Roel Hompes from Oxford gave a talk on the relatively new procedure of trans-anal total mesorectal excision (taTME). The accompanying video demonstrated the improved view and accuracy of dissection for the low part of the TME but also the technical aspects of equipment required and learning curve. Early results are showing improved resection margins and lower morbidity – it was stressed that all patients must be recorded on the taTME registry.

Professor Tim Rockall followed with a talk on TEP hernia repair explaining potential pitfalls and how to deal with them. A series of videos demonstrated how to deal with a peritoneal tear, irreducible sac, bleeding and difficulties developing the extra-peritoneal plane.

Mr Peter Sedman introduced the new LapPass - The Laparoscopic Passport for surgical trainees. This is a timed test of five defined laparoscopic skills assessing core competencies. First official runs of the programme were assessed at the ASM in Southport where over 50 trainees took part.

Following a buffet lunch and a knot-tying competition in the industry exhibition area, we were joined by Mr Giles Toogood who made a detour off the M5 from a family holiday in Cornwall. Giles gave a masterclass talk on how to perform laparoscopic cholecystectomy based on his experience of several thousand. Videos demonstrated the importance of demonstrating the 'critical view' before dividing anything. Video-nasties showed techniques for coping with the worst aspects of gall bladder inflammation and how to bail out if necessary.



Professor Tim Rockall returned to the operating theatre for the final session of the day performing a laparoscopic anterior resection. Patient habitus presented a particular challenge in this case and the value of learning from live operating was demonstrated by Tim as he showed how to deal with the technical challenge.

The meeting finished at 5pm and thanks go to Mr Richard Welbourn and the presenters/operators for providing such an excellent programme. We should also extend our gratitude to Taunton AV for the excellent theatre links and our Industry Partners for their generous support of the programme. The day concluded with a satisfying and relaxing faculty and trainee dinner at the Castle Hotel, Taunton.

**Mr Mark Vipond**  
Past President, ALSGBI





# ALSGBI Annual Scientific Meeting With a Little Help from my Friends

26-27 November 2015, Southport

There was great anticipation leading up to this year's ALSGBI Annual Scientific Meeting (ASM) in Southport. An excellent venue, with registrations up on last year and an exciting programme there was much to look forward to.

When the ALSGBI Laparoscopic Training Day commenced on Wednesday 25 November these expectations were realised. Based at Broadgreen Hospital the Training Day allowed a full day of hands on laparoscopic surgical training supervised by an experienced ALSGBI faculty. As ever the course was well attended and received and remains one of the most popular components of our ASM.

The ASM itself was based at Southport Theatre & Convention Centre. Having accommodation on the conference centre site is always a huge plus and was well received by many delegates.

The first day as is traditional was occupied by an excellent variety of live laparoscopic

surgery from Aintree University Hospital including colorectal, complex upper GI, bariatric and revisional cases. A 'live video' presentation by Professor Chinnusamy Palanivelu of a Laparoscopic D2 Gastrectomy in HD captivated the audience and as we have come to expect from him was a real 'tour de force'.

Thursday night's conference dinner was well attended and we were treated to an after dinner speech by Merseyside's own John Parrott. Scouse jokes were in plentiful supply and we all hoped that our overseas guests understood North West humour!

The final day began a little later for some with an excellent DVD session. The main symposium debating the use of

mesh in surgical reconstruction was well led by our guest speakers including Professor Steven DeMeester from California. His contribution to the debate and indeed his support of the whole meeting was much appreciated by ALSGBI Council and delegates.

During the meeting we saw the introduction of LapPass – The Laparoscopic Passport in the Athrex Mobile Training Lab. <http://www.alsgbi.org/trainees/passport>

Designed to improve laparoscopic skills and become a badge of proficiency this proved a huge success. Led by Mr Peter Sedman with support from ALSGBI Council trainers it was very popular and is bound to feature

in future meetings.

Free papers were followed by Professor DeMeester's guest lecture and finally the awards and prize ceremony. All in all the Southport meeting was a great success. A compact venue, easy to get to and with a great program many felt it was one of the best scientific meetings for many years.

Thanks must go to the presenters, our guest speakers, industry partners and prize winners, but above all our faculty in Southport including local organiser, Mr Milind Shrotri for organising such a successful event.

**Mr Martin Wadley**  
Past Midlands Regional Representative



Association of Laparoscopic Surgeons  
of Great Britain & Ireland

## Travelling Scholarships 2016

ALSGBI has generously funded a scholarship in memory of David Dunn. This scholarship is to the value of £4,000 and it is anticipated that this would enable a surgeon at the end of his/her training, or a consultant within 5 years of appointment, to make a substantial visit to a unit abroad to learn new skills in laparoscopic surgery, with a view to introducing these skills into his/her practice for the benefit of patients. The successful applicant will be expected to give a report on their visit at an ALSGBI Annual Scientific Meeting and also write a report for the ALSGBI Newsletter.

The ALSGBI in partnership with **B. Braun Medical Ltd** is also awarding two Aesculap Endoscopy Travelling Scholarships of £2,000 each. The purpose of these scholarships is to enable surgeons in training, or young consultants within 5 years of appointment, to extend their experience in minimal access surgery by short visits to one or more centres. The successful applicants will be expected to produce a brief report of their visit at a meeting of the ALSGBI and also write a report for the ALSGBI Newsletter.

Candidates for these scholarships should request an application form from Mrs Jennifer Treglohan, Executive Director, ALSGBI at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE or email: [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org) and be a current member of ALSGBI. The deadline for receipt of applications is **Friday 14 October 2016**. The names of successful applicants will be announced at the ALSGBI Annual Scientific Meeting in London, 10 and 11 November 2016.



**B | BRAUN**  
SHARING EXPERTISE

# ALSGBI Annual Scientific Meeting With a Little Help from my Friends

26-27 November 2015, Southport

The ALSGBI Annual Scientific Meeting is a two day national conference targeted at laparoscopy enthusiasts from across the whole general surgical spectrum. The first day is dedicated to technical live demonstrations of laparoscopic procedures. The second day focuses on scientific presentations and lectures. One day before the conference starts, trainees can attend a subsidised laparoscopic training day that offers hands on practical tutoring in a simulated and natural tissue environment.

During the first day a number of live laparoscopic procedures are presented as several parallel running video streams. This allows the chairmen to switch in and out of different operations to focus on the most interesting parts of each procedure and to bypass any unexpected delays. A variety of lower and upper GI procedures performed live at hospitals across the UK was shown with an interesting international addition in the form of a gastrectomy performed by Professor Palanivelu from the GEM Hospital, India. The video and sound quality of the live streams was exceptional and there was no perceivable time lag.

The second day consisted of several sessions encompassing lectures, videos, and oral presentations. Prizes were available in the categories of the best poster, video and oral presentation. It was refreshing to have a mixture of different presentation formats as I felt that this approach helped in keeping the audience engaged. One of the highlights of the day was Professor DeMeester's BJS Lecture on recurrence after paraoesophageal hernia repair. Outcome data presented from his unit reflected some of the controversies regarding the use of intraabdominal prosthetic material which was also the hot topic of the meeting.

The industry exhibition consisted of technology oriented stands that

allowed for plenty of hands-on involvement to test some of the latest developments in laparoscopic technology. The quality of the catering throughout the event was excellent and well above the standard of other conferences that I have attended thus far. Any downtime between presentations could be used by attending trainees to acquire a "LapPass". This recently introduced, gratis certificate can be added to one's portfolio if a series of laparoscopic skills tests are passed successfully.

The meeting concluded with the reports from last year's ALSGBI Travelling Scholarship winners, which I felt was a great source of inspiration for those wishing to pursue a post CCT fellowship abroad. Having been to the ALSGBI for the first time I felt that it offered a welcome break from established conference formats by amalgamating surgical technique, technological innovation and clinical science while also providing an exchange platform for laparoscopic enthusiasts from different subspecialties.



## Mr Crispin Schneider, MRCS

ST5 General Surgery  
UCL Clinical Research Associate  
Winner of the 2015 David Dunn Medal

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# ALSGBI Annual Scientific Meeting With a Little Help from my Friends

26-27 November 2015, Southport

This year's conference was in Southport, a lovely seaside town, however it was November so we all left our bikinis at home. The weather was far from warm but the welcome could not have been any warmer. Everyone was so nice and helpful. The Ramada Plaza Southport was a lovely hotel and an excellent conference venue. As the conference was all in the same area it didn't matter what the weather was doing outside, as all we had to do was to look at the weather and not experience it!

The local organising team did a fabulous job arranging all the live operating which really was first class with some very challenging surgery being performed.

The exhibition was up to the usual high standard providing a wide range of key equipment required in laparoscopic surgery. In fact I met two theatre practitioners (Mrs Susan Alleyne and Mrs Francia Maala), who hadn't been before, they thought the exhibition was excellent as they had never come across all the relevant companies in one place before. In fact Susan was even more pleased when she won one of the "iwatches" in the free prize draw! So it was well worth her while coming.

After the live operating was finished on the Thursday we all adjourned to the exhibition for a drinks reception which was followed by an exhibition of Indian dancing by the Avishkar Performing Arts who put on a superb show.

The dinner on the Thursday night was as usual extremely well attended, not a spare seat! The lovely room was decorated with some candelabras and some twinkly lights setting a lovely atmosphere. The food was excellent as was the wine and there was no shortage of either! Our after dinner speaker was John Parrot, who really was excellent and had us all laughing.

Of course after the dinner everyone retired to the bar to put the world to rights before retiring to bed very late!

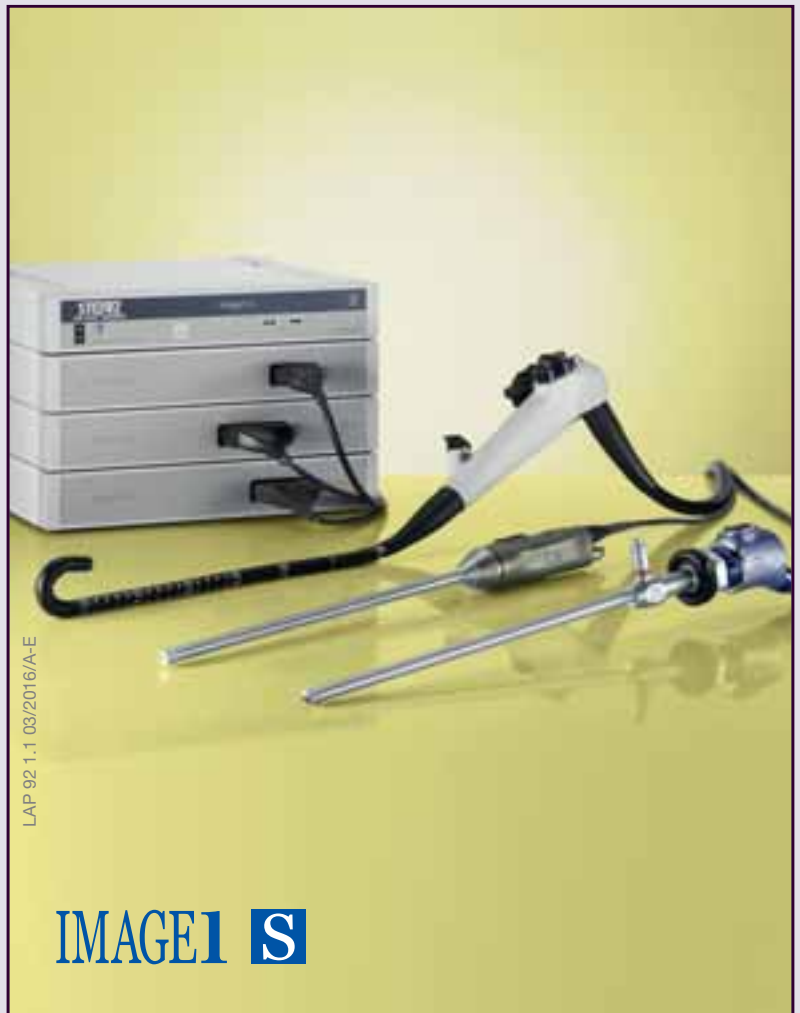
Friday is the day that we split and have a parallel session for all ALTS members (and anyone else who wants to join in!) Unfortunately we did not have as many members this year as we had in previous years. This is very unfortunate as the whole meeting is centred around team training. My plea to you is to try and come this year, you will definitely enjoy it.

Ms Sara Dalby and Mr David Newton gave us some very informative and enjoyable talks. Sara spoke about her experience of spending some time in the States looking at advanced roles in the pre, peri and post-operative environment.

David gave us a light hearted and enlightening talk about NHS procurement which we all know is a bit of a minefield but the CPSN really are there to help us! We then joined in with the main scientific meeting for some more excellent presentations.

At the end of Friday we then had to make the long journey home (for some of us!) but it was well worth it! See you all this year.

**Mrs Jane P Bradley Hendricks**  
ALTS Chairperson



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# New Surgical Book Reviews

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## Schein's Common Sense Emergency Abdominal Surgery (Fourth Edition)

by

Moshe Schein, Paul N Rogers, Ari Leppaniemi,  
Danny Rosin and Jonathon E Efron

tfm Publishing 2016-01-18  
ISBN: 978-1-910079-11-9

This chunky paper back is the fourth incarnation of a book first published 15 years ago. It consists of all the information an abdominal surgeon needs to know, including many things that some surgeons did not realise that they needed to know.

The chapters are concise and informative with shaded boxouts of important bullet points and liberally scattered with Perelygin's colourful cartoons, where I found that they were funnier in this context than the dedicated cartoon book.

The benefit of the informal writing style is that there are many points made that are not often covered in the more traditional tomes. These are frequently associated with a humorous quip or dry comment, much in the same way that many surgeons teach in the classroom on the operating theatre and as such they enhance the point to help the trainee remember.

There are sections in each chapter on the role of laparoscopic surgery much of which err on the side of caution, but given that it has a wide audience of trainees with a general background, that is probably no bad thing.

The chapters are all up to date for 2016 surgeons although some text probably preceded the first edition with the use of 2/0 silk purse-string sutures when dealing with colonic obstruction as well as the layout of Heath Robinson equipment assembly somewhat superseded by off the shelf sealed kits for the purpose.

Much of the contents will be familiar to the experienced general surgeon in current practice and it is primarily aimed at the trainee but I think that surgeons of all levels will find it useful to read, digest and remember why we do the things that we do and importantly no longer do the things that we have since learned not to do.

**Mr Neil Keeling**  
Newsletter Editor



## The Little Book of Surgical Cartoons

by

Evgeniy E. Perelygin  
Edited by Moshe Schein

tfm Publishing 2016-01-18  
ISBN 978-1-910079-34-8

The preface to this book of humorous cartoons is by David Dent, Professor of Surgery in Capetown points out that the humour of surgeons, soldiers or airline pilots can be characteristically robust and that these cartoons are essentially visual burlesque.

The book consists of 133 colourful cartoons of various surgical situations accompanied by surgical quotes, homilies and maxims of surgeons past and present. Some are amusing and raise interesting points although a few are not particularly funny and others somewhat puzzling.

It looks like the type of book found on a coffee table or home lavatory shelf (although not a colorectal surgeon's!) but the humour does not really transfer to the general non-medical reader but may raise a smile or stimulate conversation in the operating theatre.

The author does say on the last page that if nothing else people may wish to use some of the cartoons to liven up Powerpoint presentations.

**Mr Neil Keeling**  
Newsletter Editor



## Schein's Common Sense Prevention and Management of Surgical Complications

by

Moshe Schein, Paul N Rogers,  
Ari Leppaniemi and Danny Rosin

tfm Publishing  
ISBN: 978 1 903378 93 9

Schein's Common Sense Prevention and Management of Surgical Complications sets out to provide a guide on the avoidance and mitigation of surgical complications and in a period of great interest in the practice of evidence based medicine it is refreshing to read a book based on anecdotes and not heavily laden with references.

The book is incredibly easy to read, even if the language borders on crude at times. The illustrations resemble vintage seaside postcards, the appreciation of which will be very much reader dependent. The book's approach might endear colleagues inclined to discuss difficult cases over a drink rather than at a formal academic meeting.

In particular I enjoyed reading the authors' views on the management of anastomotic leaks and their congruence over the assertion that the buck stops with the consultant when things don't quite go to plan.

Medicine is most fascinating when practised experientially and this book achieves its aim of providing an informal framework based on a global experience. I found it easiest to read a chapter a day and would recommend this as interesting bedtime reading for trainees, consultants and "those who never have any complications."

**Mr Ami Mishra**  
Consultant Colorectal Surgeon  
West Suffolk NHS Foundation Trust



# Report of the B. Braun Aesculap Travelling Scholarship

My experience at the Colorectal Surgery Division of The Mayo Medical Centre, Rochester, Minnesota

**B|BRAUN**  
SHARING EXPERTISE

I am a Specialty Surgical trainee at Cambridge Deanery, presently working in Luton & Dunstable University Hospital. I was awarded the B. Braun Aesculap Travelling Scholarship, which afforded me the rare privilege of visiting the world renowned Colorectal surgery division of the Mayo Clinic, Rochester, Minnesota, with the aim of learning advanced techniques in minimally invasive surgery with particular interest in learning recent advances in Robotic assisted surgery and its applications in Colorectal Surgery. My first day at the Mayo Clinic

commenced with a very well organised full induction, which is the same routine induction rigor used for fellows and resident trainees. There were 2 other visiting fellows from outside the United States of America; one in clinical psychiatry and the other was in HBP surgery.

The colorectal division had 9 consultant staff; 5 were robotically trained and the others were laparoscopic colorectal surgeons. Each of the consultants had an assigned intern and resident trainee and in addition there were four colorectal fellows in the unit. Four fully functional operating rooms were dedicated for colorectal surgery daily. In addition, there was a separate purposely built colorectal operating room with full facilities for intraoperative radiotherapy. There were two robotic assisted operating rooms shared amongst the urologists, gynaecologists and the colorectal surgeons. On average, there were about 50 colorectal cases per week. The Colorectal Surgery division is a world renowned centre for treating complex Colorectal disease and the unit has an outstanding track record in the treatment of recurrent rectal cancer, with special emphasis on the use of intraoperative radiotherapy and it is one of the main proponents for the use of intra-operative radiotherapy.

The unit deals with very complex colorectal cases. I was involved with 3 cases of complete pelvic exenteration with formation of ileoconduit/ colon-conduit. This means that these complex cases were done as open surgery, but I soon discovered that there is a niche for Robotic surgery application for complex cases. Besides the complex colorectal work, the unit has a close affiliation with the gastroenterology department, which further generates referral of IBD cases. The management of very complex perianal fistula follows the same principles as treating sepsis (using seton-faecal diversion if appropriate, and advancement flaps when indicated). The unit also has facilities for endoanal resection of early stages anorectal tumour (TAMIS), which is heavily supported with the provision of frozen sections by the pathologist. It is worth mentioning that frozen section is a cradle project of the Mayo Clinic.

Robotic surgery has been around in Mayo Clinic over the last 15 years. The robotic system has been recently upgraded to the da Vinci xi (4th generation robotic system) which allows the interactive arm to be adaptive



Mayo Clinic at Night and photograph at the Mayo Clinic

to different positioning on the patient with a high definition 3D camera and has been routinely used for dissection in rectal cancer and proctectomy in ulcerative colitis patients. The main operative advantage of the da Vinci xi robotic assisted system in rectal/pelvic work is the high definition visual 3D images which allows for preservation of pelvic nerves, precise tissue handling and dissection, giving an added advantage in ultralow rectal cancer and has been shown to improve circumferential and distal margin sections. It has

historically been very challenging to adapt the system for total colectomy but I was privileged to observe the first case of panproctocolectomy done with the robotic system during my stay.

Robotic surgery has been integrated into the training of the residents and the fellows at the Mayo Colorectal division, and the unit has a dry laboratory for robotic simulation. I took advantage of this program during my visit. The training was organised by the representative from the Intuitive Surgical company the manufacturer of the da Vinci xi system and the certified surgical assistant nurse who assisted in the first ever robotic surgery that was carried out in Mayo Medical Centre. The session included the principles of operating the da Vinci system, the principle of targeting, safe insertion of the ports, controlling the arm and changing the instruments and providing effective assisting during surgery.

The next stage of the training was learning to operate from the surgeon's console with the endo-wrist instrument. The simulator has inbuilt modules such as targeting, visual co-ordination and surgical exercises such as ergonomic manoeuvres, suturing, knotting and cauterizing to control bleeding. Each module graduates in complexity as the trainee progresses with each task.

Furthermore each trainee has an individualised identification number which allows for storage of the trainee's performance on the system. Each module is broken into stages to reflect areas of progress and challenges. This provides the trainee with a performance monitoring system which helps to reduce the

learning curve. I had free access to the dry lab, aside the training course, and most of my spare time was spent completing all the modules on the simulator.

The collaboration between clinicians and the other medical expertise in Mayo Clinic is all funnelled into providing a stress less experience at the gigantic ultra-modern facility which otherwise, many external observers may find daunting and intimidating. The integration of care was evident by the way cross referrals between specialists worked and how patients' clinic appointments were synced. For example, some of the patients in colorectal clinic that required inputs from either urologists, gastroenterologists, oncologists, anaesthesiologists, and or plastic surgeons were seen in other concurrently running clinics. This provided a holistic health care delivery



Standard laparoscopic set-up and the da vinci forceps



package. Another example that readily comes to mind was the promptness with which the pathologists provided immediate reports from frozen section during colorectal resection to facilitate accuracy of resection margins.

The surgical resident teaching sessions held every Monday morning at 7:00am, two of which I attended, was taught by consultant staff from other departments. The topics were the role of radiation oncology in colorectal cancer and the role of endoscopic transanal resection of rectal tumours respectively. Surgical residents in the final year of their training had opportunities to present interesting cases seen during their posting at a grand round moderated by three to four consultant staff. The trainees critiqued the clinical management of the patients backed with current clinical evidence. This also served as a means to prepare the trainees for their membership examinations.

The Mayo Clinic model of care is predicated on the highest standards of clinical practice as established by the rich heritage of the Mayo brothers. The Mayo Clinic logo of three interlocking shields symbolizes Mayo's commitment to excellent and interdependence in the three areas of Research, Medical Education and Clinical Practice.



*Standard laparoscopic set-up and the da vinci forceps*

In conclusion, despite the high volume of work, the trainees still enjoyed one to one mentoring. There were excellent research opportunities, and each trainee had a project they were actively involved with. The topical issue in the unit was the insurgence of surgical site infection in colorectal surgery. As a result of this, the unit reverted to mechanical bowel cleansing with dulcolax, metronidazole and neomycin. Consequently, there is an on-going randomised controlled trial to investigate this change in clinical practice.

I end with a quote from Dr W J Mayo. "It is a great thing to make scientific discoveries of rare value, but it is even greater to be willing to share these discoveries to encourage other workers in the same field of scientific research".

On this note, I would like to extend my sincere appreciation to the Association of Laparoscopic Surgeons of Great Britain and Ireland and B. Braun Aesculap for sponsoring my visit to Mayo Clinic. Finally, I would like to thank Professor DW Larson and the colorectal surgery division for the opportunity. I would also like to thank Dr Kellie Mathis, who provided continued mentorship when Professor DW Larson was unavoidably absent due to other non-clinical commitments.

**Mr Akinfemi Akingboye**

Winner of the B. Braun Aesculap Travelling Scholarship 2015

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# Report of the B. Braun Aesculap Travelling Scholarship



Firstly, I would like to extend my thanks to B. Braun Aesculap and ALSGBI for enabling this Travelling Scholarship to take place. The Scholarship allowed me time to spend at the Department of Colorectal Surgery, Florida Hospital, Orlando with Colorectal Surgeon, Dr Sam Atallah. The purpose of the visit was to learn the technique of trans-anal TME (TaTME) from a centre with a large experience in this procedure and also how to transfer this expertise to my own NHS hospital.

The colorectal department in Orlando Hospital comprised five colorectal surgeons, general surgery residents, two colorectal fellows and a research fellow. The main hospital is based in the centre of Orlando with several smaller hospitals scattered in the peripheral areas of Orlando. Whilst major colorectal resections were undertaken at the Florida Hospital, clinics, endoscopy and day cases were undertaken in the smaller hospitals.



Much of the Florida Hospital has been recently built with state of the art technology from plush interiors to well-equipped theatre suites. This is all helped by the fact that the hospital was initially founded in 1908 by a small group of Seventh Day Adventists in Orlando to bring health care to the community. This religious theme runs through the hospital with impressive artwork and decor. To add a touch of the modern world and the fact that the hospital is in Orlando there was plenty of on-going building work for separate women's and children's hospitals both funded in part by a donation from the Disney organisation. Some of the views from the main hospital were very impressive looking onto a picturesque lake.

The colorectal team were very welcoming and extremely friendly. Dr Atallah has published widely on TaTME and his colleague Dr Matt Albert has a huge experience with TAMIS surgery. With Dr Atallah I attended his outpatient clinics which saw a wide range of colorectal problems from haemorrhoids, fistula and anal fissures. It was interesting to see a different perspective in the management of these conditions. In line with many US hospitals medical records were all electronic.

As I was focussed on gaining experience regarding the TaTME procedure Dr Atallah had an extensive library of unedited videos which we spent several hours going through. They illustrated detailed steps for TaTME from case selection, to patient setup and the surgical procedure. I also saw videos regarding future developments for TaTME from the robotic platform (DaVinci Sp Single port), a cadaveric procedure demonstrating the transvaginal route for undertaking a hysterectomy and image guided real time navigation for TaTME.

Dr Atallah was very open during the visit and I had plenty of opportunity to discuss TaTME. I was also introduced to the main theatre sister to appreciate how best to organise the theatre staff and equipment when undertaking TaTME.

I saw several surgical cases during my stay. These included several laparoscopic resections and the TAMIS platform to repair a recto-urethral fistula. I also saw a wide range of new technologies including the Lifecell Spy Imaging platform to check perfusion of the proximal colon prior to anastomosis and the Surgique Airseal CO2 insufflator. The latter was key to maintaining a near perfect seal for the TaTME.

Dr Atallah had also arranged for a live TaTME case. This took place in the Innovation Suite, which as its name suggests, was an impressive operating theatre. It was also designed to bring in three intraoperative MRI scanners if required.

The live TaTME case I saw was a 50 year old female with a low rectal cancer post chemoradiotherapy. The patient set up and equipment was similar to that found in most laparoscopic theatres. The abdominal phase of the procedure was undertaken by the first team including complete splenic flexure mobilisation. The abdominal team performed a limited rectal dissection only entering the TME plane posteriorly. Thereafter Dr Alberts and a second team began the transanal phase. This involved using the Applied TAMIS port. The steps were very clear and views were excellent. During the procedure it was possible to ask questions. As the abdominal dissection proceeded to the mid rectum the transanal operator was guided by the abdominal operator from above to ensure an accurate plane of dissection. In an experienced unit like this the whole procedure took three and half hours.

A TAMIS course was also run during my visit which again involved live operating and a didactic lecture session.

This was an excellent opportunity to spend time with a well established colorectal surgeon with extensive experience with TaTME. I am very grateful to B. Braun and ALSGBI. This has allowed me to introduce the technique of TaTME into my own hospital.

## Mr Baljit Singh

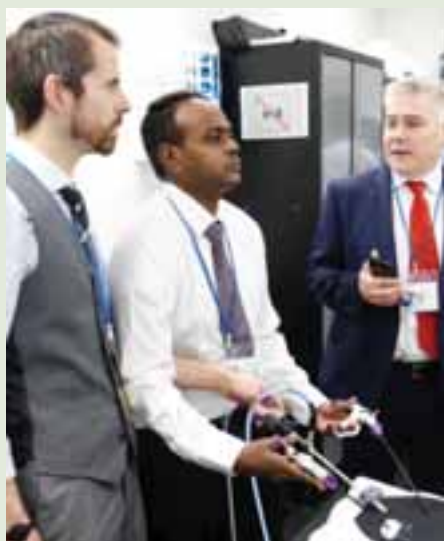
Consultant Colorectal Surgeon and Honorary Senior Lecturer University Hospitals Leicester

Winner of the B. Braun Aesculap Travelling Scholarship 2014



# "LapPass" The ALSGBI certificate of technical skill proficiency in laparoscopic surgery

LapPass was officially launched at our very successful ASM in Southport in November last year and proved to be more challenging to complete than I think had been anticipated. Congratulations are therefore well deserved to Ms Maria Tsachiridi and Mr Yousif Aawsaj who were the first two to pass all four technical skills in Southport and Mr Ashutosh Tandon who has also subsequently been awarded the certificate.



*No pressure. Clock starts now!*

The assessment centre in the Arthrex Mobile Lab was continually busy over the two days of the meeting, and may I say a big thank you to all the people who made this possible. In particular may I thank Arthrex and their team for the use of the unit, to the many faculty who gave their time for the assessments and to Ms Eloise Dexter who ran the whole show so well. It is a feature we hope to repeat at subsequent annual meetings.

A great advantage of the assessment process at the ASM (as well as the concentration of expert assessors) is that it follows immediately on the



heels of the Training Day organised by Mr Paul Leeder, Mr Milind Shrotri and Mr John O Leary. This year it was hosted by the Master Unit at Broadgreen Hospital and was generously supported by Ethicon to whom we give grateful thanks. This day goes from strength to strength.

Thanks are also very much due to our industry partners and especially to Karl Storz, B. Braun and



Olympus for providing the equipment, encouragement and support for the practice training area in the Conference exhibition area and to Ms Jane Hendricks for overseeing this. This too proved to be an extremely popular and busy area of the conference exhibition.

I think those who have undertaken the LapPass assessments realize that the acquisition of these skills is hard fought and needs considerable practice to complete to the standard required.

For LapPass to be meaningful it has to be both challenging and (most importantly) relevant to our practice as laparoscopic surgeons and generally the feedback has been positive in both regards.



We expect to run assessments at the ASMs. It will be perhaps the best opportunity for trainees to get access to assessment sessions with a proven faculty and in due course it may be possible to roll out these assessment sessions locally as was originally intended; but for the time being Council feel that concentrating assessment at the ASM will be the preferred option but we will complement these free assessment sessions with Council funded regional training days in order to deliver local ALSGBI training. Please watch the website and newsletter for further information. The tasks are designed to be able to be conducted on low fidelity jigs and we would encourage practice in this way.

Ways to do this were presented in the last newsletter at [http://www.alsgbi.org/admin/ckfinder/userfiles/files/newsletter\\_autumn\\_2015\\_HR.pdf](http://www.alsgbi.org/admin/ckfinder/userfiles/files/newsletter_autumn_2015_HR.pdf) (pages 9 to 11). The camera skills by definition must be conducted in theatre in real live cases and assessments must be completed locally.



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. Once completed, the forms can be sent or emailed to Jenny or Sarah at the Office (address on the front of this newsletter) and will be registered on our central database. When all 5 skills are successfully completed the Certificate will be awarded and registered.

**Mr Peter Sedman**, President, ALSGBI

*"As a comment I would like to say that the LapPass tasks proved to be quite a challenge despite looking easy on the videos. I think though that with some practice every surgical trainee will be able to pass the test. The concept of the LapPass is new now but I believe that in the future it is going to become one of the imperative credentials in every trainee's portfolio as it is the first actual document that will demonstrate the level of ones practical skills."*



**Maria Tsachiridi**

*"I had limited experience of laparoscopic surgery prior to starting training here in the UK. Over the last 18 months I have gained from exposure to lots of laparoscopic cases and enthusiastic trainers at Northumbria. The LapPass system has provided a challenging but fun way of measuring my progress. I look forward to getting my times down!"*



**Yussif Aawsaj**



# 7th BOMSS Annual Scientific Meeting

27-29 January 2016, Cardiff City Hall, Cardiff



The wind howled and the rain lashed down as we arrived into Cardiff for the 7th BOMSS Annual Scientific Meeting. "Welcome to the Land of My Fathers". As soon as I walked into the Cardiff City Hall I knew this was going to be a great meeting. A very impressive venue where I learned all about the 11 heroes of Wales from the man in charge of the venue, Geoff, his Welsh patriotic pride and passion exuded as he gave me a guided tour of the statues of said heroes.



The annual BOMSS training day was held on Wednesday 27 January and was attended by a record number of delegates representing all the professions who deliver care to the obese patient in the UK. After registration and welcome we kicked off with "Motivational interviewing" from Dr Tim Antiss, "Alcohol use before and after bariatric surgery" delivered by one of our international speakers Professor Sophie Sogg from Boston followed by "X-ray interpretation" from Mr Sanjay Agrawal. After coffee we learnt about lipoedemia from Dr Keeley from Derby before splitting into groups to cover pre-optimisation, post-operative analgesia antiemesis and VTE assessment from our friends at SOBA and a session on the interpretation of blood tests by Dr Manisha Sharma from London.

In the afternoon the surgical trainees studied the science behind dissection, energy sources, stapling and reinforcement, the tips and tricks of removing gastric bands by Conor McGee and a talk on the mini-gastric bypass by Kamal Malawer.

Whilst this was going on the Northumbrian team put on a gastric band filling hands on station whilst those of a psychology bent listened to

Professor Julia Boyd who presented on "Attachment theory for post operative adjustment".

Yitka Graham rounded up the afternoon session with a debate on media and IT. Coffee was followed by the MDT session one of the favorites of the training day superbly convened by Ms Cynthia Borg. Thanks were given and a drinks reception rounded an excellent day all round.



BOMSS President Mr Roger Ackroyd opened the main meeting on Thursday 28 January. Session one was hosted by a plethora of professors. Professor Ceri Philips presented on the "Cost burden of obesity", Professor Chris Mathias on "Fainting after surgery and the autonomic nervous system", Professor Nick Finer on "What's new in obesity drugs?" and Professor Jeff Stephens on "microbiota and metabolic syndrome". Professor Kerrigan squeezed in an important presentation on the new bariatric tariffs that have ramifications for us all, but for once it was a good news story.



Session two was centered on how to decrease the morbidity of sleeve gastrectomy and included three controversies with speakers for and against. "Hiatal hernia treatment during bariatric surgery: yes or no?" (Mr Simon Dexter vs Mr Shaw Somers), "Reinforce or not to reinforce during sleeve gastrectomy: is this just about cost?" (Mr Ahmed Ahmed vs Professor David Kerrigan) and "Band to sleeve or band to bypass" (Professor David Nocca vs Mr Marco Adamo).



Session three after lunch began with "The many roles for psychology throughout the treatment of the weight loss surgery patient" by Professor Sogg, Professor Jean-Marc Chevallier presented on the "One anastomosis Gastric Bypass" followed by Obstructive sleep apnoea update- an anaesthetists perspective from Dr Jon Cousins from SOBA.

The final joint session of the day focused on bariatric surgery for patients with type 2 diabetes we enjoyed presentations from Professor Rachel Batterham "How does it work?", Professor Shahrad Taheri from Qatar "Pre and post operative management" and Dr Barbara McGowan from London reviewing RCTs. Surgical, AHP and APSO free paper sessions followed with the day being wrapped up with a By Band Sleeve Study update.

The entertainment commenced with a drinks reception and the opportunity to listen to the Morriston Orpheus Male voice Choir followed by the gala dinner. A great evening was had by one and all.

Friday began bright and early with a second surgical and AHP free paper session and a DVD



session. The first joint session of the day was looking at "Medical-legal aspects of metabolic surgery" presented by Mr Marcus Reddy and then Mr Jim Byrne updated us with what new devices were emerging on the market to treat our patients. Following morning coffee our friend Professor John Dixon from Melbourne presented

on "Patient selection and prioritization: BMI a maligned metric that needs our understanding".

The free paper council prize session was held before lunch and won by a presentation entitled "Predictive Value of CRP for Complications following Laparoscopic Roux-en-Y Gastric Bypass." Well done to Miss Fiona Langlands.

The Prize poster was awarded to Mr Ian Maheswaran for "The Impact of Tier 3 Bariatric Services on Short-Term Clinical Outcomes Following Laparoscopic Roux-en-Y Gastric Bypass". The APSO 1st Prize for "The current provision of Tier 3 Services in the Obesity Care Pathway remains deficient nationally" to Ms Katharine Knight and 2nd Prize "A rare case of PICA syndrome post bariatric-surgery" to Padraig McQuaid.

The 7th BOMSS scientific meeting was closed by our President, Mr Roger Ackroyd.

This was the best meeting yet. We had record attendees to both the training day (105) and main meeting (320). You can appreciate from my summary of the meeting the tremendous breadth and depth of topics covered by both national and international speakers. It was also good to see our obesity and metabolic physicians (APSO) represented and our anaesthetic colleagues



(SOBA). There were many discussions and debates between sessions and excellent opportunity for networking. This is what a society should be about.

A mighty big thanks to Mr Jon Barry the local organiser and his team, the teaching and training committee, Sarv and Nichola, the staff at the City Hall in Cardiff who were so welcoming and our friends in industry who without their continued support the meeting would not happen. See you next year in Alton Towers!

**Mr Sean Woodcock**  
BOMSS Council

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# New Customised Laparoscopic Solutions – Leading the way in theatre efficiency



Single use surgical supplier Mölnlycke Health Care has expanded its laparoscopy range with a focus on individually tailored solutions for theatre teams.

In February Mölnlycke Health Care launched their new laparoscopic product offering to include quality trocars, instruments, laparoscopic custom ProcedurePak® trays and specialist laparoscopic drapes.

Avoiding a 'one size fits all' approach and working closely with end users, the move is a direct response to the drive for improved theatre efficiency, which international studies show is helped by the use of customised ProcedurePak trays in surgery<sup>1</sup>.

Mölnlycke Health Care says it's time to push the benefits of custom ProcedurePak trays into the laparoscopy arena and the approach is one which the company believe will deliver an even greater level of value to theatre teams.

The new product range is backed up by Mölnlycke Health Care's reputation for customer engagement and high level after-sales care. With Account Managers, Minimal Invasive Surgery (MIS) Specialists and Clinical Support Managers highly knowledgeable in laparoscopic procedures, the aim is to really understand the needs of individual theatre teams and customise the perfect solution.

Mölnlycke Health Care is an established manufacturer and supplier of world class single-use surgical and wound care products, with a portfolio including familiar brands such as HiBi®, BARRIER®, ProcedurePak and Biogel®.

The laparoscopic offer includes an extensive range of quality trocars and instruments, laparoscopic scissors, L-hook, retrieval pouch and drapes specially designed for laparoscopy procedures. The comprehensive laparoscopic product offering compliments an already well established supplier of quality and valued surgical brands.

Such an ambitious expansion into the laparoscopy field demonstrates Mölnlycke Health Care's determination to innovate and to spot an opportunity in the market, providing customised solutions without compromise.

Julie Davis, Head of Surgical Marketing for Mölnlycke Health Care said: "We are constantly looking at ways to improve our offer and to help under-pressure NHS Trusts achieve challenging efficiency targets.

Custom ProcedurePak trays for laparoscopy will streamline set-up, making the most of theatre time, and that should ultimately help with scheduling and increase in patient throughput.

We have a dedicated team with the expertise to help understand what surgeons and theatre teams really need and tray customisation puts them in control. It's not about providing the 'nice to haves' but about the items that perform well and make a tangible difference to theatre efficiency. We always look for a complete solution, and while products in our range are still available individually, we offer the ability to include the laparoscopy products in a convenient ProcedurePak."

James Westbury, Marketing Manager MIS and Biogel for Mölnlycke Health Care said: "Most theatre professionals would say they need more time and need access to reliable quality products. We can now offer both and we really believe that through customised ProcedurePak trays we can lead the way in theatre efficiency.

Individually, our laparoscopy products complement the drive for improved efficiency, but the customised ProcedurePak tray takes it a step further, providing everything needed for a specific procedure in a single, cost-effective package."

We are keen to help support you in customising your ProcedurePak® tray, please contact your MIS specialist on:

Telephone: 0800 7311 876 Email: [info.uk@molnlycke.com](mailto:info.uk@molnlycke.com)

#### Reference

1. Greiling, M. A multinational case study to evaluate and quantify time-saving by using custom procedure trays for operating room efficiency. Data presented at European Association of Hospital Managers, September 2010 (poster).

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## The beating heart of a safe and productive operating theatre: SMART Solutions from KARL STORZ



The 2015 review of the NHS, "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations" makes a number of recommendations that are as much about changing practices as looking at cost-savings – spend the money wisely and the savings will take care of themselves.

The subtitle "Unwarranted variations" hints at the main problems; such as whether it makes sense for a hospital to have thousands of suppliers when hundreds would do, enabling standardisation and optimised supply and service, not to mention volume discounts. The first chapters of the executive summary of the report are entitled "Optimising resources" and "Quality, efficiency and productivity". In light of this, we would ask whether it makes sense for the tools of the trade of an operating theatre, the surgical instruments, to be poorly maintained, or take weeks to be returned simply because the unit cost of a repair (prima facie) is lower?

At KARL STORZ, we can only influence the operating theatre, and only those performing minimal access surgery (MAS) within the theatre environment. But given that the operating theatres are the most expensive square metre resource of a hospital, that the trend is towards more MAS and that the theatres are a major source of revenue for the hospital, we believe that getting that area right first is a sensible place to start – providing an immediate improvement in patient outcomes.

Whatever difference you want to make in your operating theatres, SMART Solutions from KARL STORZ can help you run them better, safer and more cost effectively.

We work in partnership with you to deliver a flexible, bespoke solution, built around your requirements. Whether you need a new operating theatre, want to upgrade your old instrument portfolio, or even need some assistance and support in your hospital, we can help you to achieve your goals quickly and easily.

SMART Solutions can help to minimise your operational risks and increase theatre utilisation through flexible acquisition models and service support that will deliver a proven return on investment. The programme offers a multi-faceted partnership between commercial organisations, research institutes and healthcare providers to deliver solutions for the betterment of healthcare with shared risk, responsibilities and objectives.

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We will work with you to optimise equipment utilisation, improve process flow, train staff, maximise efficiency and reduce costs; allowing you to focus on delivering safe and effective care to your patients.

### Operational Management:

We worry about the details, so you don't have to. Our On-Site Technicians will work in your hospital, with theatre staff, 5 days a week to ensure your equipment is always in optimal condition.

### Financial Management:

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For more information on SMART Solutions please contact KARL STORZ Endoscopy (UK) Ltd. on 01753 503500 or email [info-uk@karlstorz.com](mailto:info-uk@karlstorz.com).

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Melanie Goodall | T: 0844 412 0020 | E: [melanie@elementalhealthcare.co.uk](mailto:melanie@elementalhealthcare.co.uk)

### Colorectal Workshops: Evaluating Anastomotic Perfusion Using Infra-red Fluorescence

These colorectal workshops are held in collaboration with HTC, NIHR, Leeds Teaching Hospitals and Professor David Jayne, demonstrating intra-operative real-time perfusion assessment. The workshops include live operating; a technology overview as well as reviewing research and literature.

Winter Workshop 2016	The LIMIT Centre, Leeds
Spring Workshop 2017	The LIMIT Centre, Leeds

To register as a delegate please contact: Dr Neville Young, Programme Manager, Colorectal Therapies Healthcare Technology Cooperative, Level 7, Clinical Sciences Building, St. James' University Hospital, Leeds, LS9 7TF. T: 0113 206 5256 E: [mednyo@leeds.ac.uk](mailto:mednyo@leeds.ac.uk)

## Karl Storz Endoscopy (UK) Ltd



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<sup>1</sup> Benchtop testing in porcine stomach tissue. Mean peak load required to pull tissue from the clamped jaws of ECHELON FLEX™ Powered Plus Stapler (PSEE60A) and ECHELON Reload with GST vs ENDO GIA™ ULTRA Handle (EGIAUSTND) and Endo GIA™ Reload with TriStaple™ Technology (GST60B 6.496lbf & GST60T 7.789lbf vs EGI60AMT 1.325lbf & EGI60AXT 1.920lbf, all p<0.001).

<sup>2</sup> System components include ECHELON FLEX™ Powered Plus Stapler and ENDOPATH ECHELON™ Reloads with Gripping Surface Technology.

<sup>3</sup> Benchtop testing in porcine stomach tissue. Mean tissue movement from after clamping on tissue to after firing ECHELON FLEX™ Powered Plus Stapler (PSEE60A) and ECHELON Reload with GST vs ENDO GIA™ ULTRA Handle (EGIAUSTND) and Endo GIA™ Reload with TriStaple™ Technology at 15, 25, 33 and 40mm tissue thicknesses (15mm: GST60B 1.067mm vs EGI60AMT 2.452mm p<0.001; 25mm: GST60G 1.148mm vs EGI60AMT 3.261mm p<0.001; 33mm: GST60T 0.642mm vs EGI60AMT 4.806mm p<0.001; 40mm: GST60T 0.654mm vs EGI60AXT 5.116mm p<0.001).

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# LAPCO: Past, Present and Future Changing Outcomes Through Training?

Monday 13<sup>th</sup> June 2016  
Pelican Cancer Foundation, Basingstoke

## DRAFT PROGRAMME

09.30 Coffee and registration

09.50 Welcome

Session 1 | Chair: Sharmila Gupta

10.00 Lapco - The Development of a National Training Programme

Mark Coleman

10.30 The Interface of Endoscopic and Surgical Training

Roland Valori

11.00 MITIE Lapco - The American Experience

Brian Dunkin

11.30 Coffee

Session 2 | Chair: Tom Cecil

12.00 Lapco Nor - The Norwegian Experience

Ole Helmer Sjo

12.30 BSGE Laparoscopic Hysterectomy Project

Mark Whittaker

13.00 Lunch

Session 3 | Chair:

14.00 Outcomes of the Lapco National Training Programme

Mark Coleman

14.30 Training Programmes in TATME

Steve Arnold

15.00 Training in Robotics

David Jayne

15.30 Tea

Session 4 | Chair: Peter Sedman

16.00 Educational Assessment and Lapco

George Hanna

16.30 Do National Training Programmes Change Cancer Outcomes?

Brendan Moran

17.00 Close

## Faculty

**Mr Steve Arnold:** Consultant Colorectal Surgeon, Hampshire Hospitals, Basingstoke

**Prof Mark Coleman:** Consultant Colorectal Surgeon, Derriford Hospital and National Clinical Lead for Lapco

**Prof Brian Dunkin:** President of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES); Professor of Clinical Surgery, Weill Cornell Medical College; John F. Jr. and Carolyn Bookout Chair in Surgical Innovation and Technology & Medical Director, Houston Methodist Institute for Technology, Innovation and Education (MITIE )

**Prof George Hanna:** Head of the Division of Surgery, Director of the NIHR Diagnostic Evidence Co-operative London and Consultant Oesophago-Gastric Surgeon

**Mr Ole Helmer Sjo:** Consultant Surgeon MD, PhD at Oslo University Hospital

**Prof David Jayne:** Professor of Surgery & Honorary Consultant Surgeon, St. James' University Hospital, Leeds

**Mr Brendan Moran:** Consultant Colorectal Surgeon, Hampshire Hospitals, Basingstoke

**Dr Roland Valori:** Consultant Dermatologist, Gloucestershire Royal Hospital; National Clinical Director for Endoscopy Services in England

**Mr Mark Whittaker:** Consultant Obstetrician & Gynaecologist, Gloucestershire Hospitals NHS Foundation Trust

# LAPCO: Past, Present and Future Celebratory Meeting

**Monday 13<sup>th</sup> June 2016**  
**Pelican Cancer Foundation, Basingstoke**

## Invited faculty:

Mark Coleman  
Roland Valori  
Brian Dunkin  
Ole Helmer Sjo  
Mark Whittaker  
Brendan Moran  
David Jayne  
George Hanna  
Steve Arnold

A unique moment to collect all of Lapcos' global stakeholders together, to celebrate the achievements of the past, to examine the present state of activities throughout the world and to explore the possibilities for the future.

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## Pelican faculty:

Sharmila Gupta  
Tom Cecil

Delegate Fee: £95

View the provisional programme and book now at [www.pelicancancer.org](http://www.pelicancancer.org)

Pelican Cancer Foundation, The Ark,  
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- Emergency surgery
- Advances in imaging technology in coloproctology
- Rectal Cancer
- The genetics of colorectal disease
- Breaking news in research
- Controversies in coloproctology
- Inflammatory bowel disease
- Medicolegal issues in coloproctology

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**ALSGBI Laparoscopic Surgery Training Day**

**Wednesday 9 November**

**SKILLS CENTRE | IMPERIAL COLLEGE LONDON SW7 2AZ**

**ALSGBI Annual Scientific Meeting**

**Thursday 10 & Friday 11 November**

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

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

**Friday 11 November**

**ILEC CONFERENCE CENTRE**

2019