



ALSGBI newsletter

Association of Laparoscopic Surgeons
of Great Britain & Ireland

President's Introduction

It is a great honour to be elected President of the Association, taking over from Tim Rockall at the end of the London ASM. It was a hugely successful meeting which highlighted live 3D operating from Guildford. A fitting end to Tim's presidency during which the ALSGBI moved from strength to strength. We are all extremely grateful for all his work and look forward to him continuing in an active role with us.

Attention now turns to the 2014 ASM in Aberdeen which is only 3 months away. The theme of the meeting is 'There and Back Again' featuring re-operative laparoscopic surgery. There will be live 3D surgery showcasing re-do bariatric, hiatal, colorectal and hernia surgery. The BJS Lecturer is Professor Brice Gayet from Paris who will talk on laparoscopic TME and on laparoscopic intra-gastric surgery. Professor Heine van der Walt from Pretoria is welcomed back and has unrivalled experience in laparoscopic hiatal surgery. Many will remember his operative tour de force at the Tonbridge Kent ASM.

On the day preceding the main ASM there will be a training day at the Cuschieri Skills Centre in Dundee. This will be a unique opportunity to learn using cadaveric models with a superb teaching faculty. Only 24 sponsored places are available and details are available on the website.

We would like to see as many high quality abstracts, both papers and DVD's, so I encourage you to submit. There are bursaries to support training surgeons

who have their submissions selected and high value prizes for the best. Please book early for the meeting as accommodation in Aberdeen is at a premium. All information regarding registration, travel and accommodation can be found on the ALSGBI website.

Congratulations and welcome to Mr Neil Keeling, Mr Colm O'Boyle and Mr Graham Whitely who have been elected to represent Anglia, Ireland and Wales respectively on Council. Our thanks go to the outgoing representatives, Mr Tim Justin (Anglia), Mr Andrew Kennedy (Ireland) and Mr Umesh Khot (Wales).

My thanks to Shaun Preston who is standing down as Newsletter Editor after this edition and passing the reins to Neil Keeling. We are grateful for his hard work over the last two years and delighted that he remains an active member of Council.

Finally, I look forward to seeing as many of you as possible in Aberdeen in November whether or not passports are required!

Mr Mark N Vipond
President



Editor's Introduction



Welcome to the Autumn edition of the ALSGBI newsletter, my last as Editor. I have enjoyed my time on ALSGBI Council and the breadth of specialty interests that this role has exposed me to. I step down to concentrate upon a recently awarded CRUK grant to set up and run the UK arm of the international NeoAEGIS Trial (a direct head-to-head study of peri-operative chemotherapy (MAGIC) with neoadjuvant chemoradiotherapy (CROSS)). This is something that I have wanted to do for a very long time

and I suspect will keep me 'out of mischief' for several years to come.

The ALSGBI has provided me with much enjoyment over the last 3 years: the opportunity to perform live surgery, transmitted in 3D from my own operating theatre to a large audience at the 2013 ASM; the pleasure of participating in a fantastic laparoscopic session on 'Laparoscopy in Emergency Surgery' with Messrs Beckingham, Ahmed & Woodcock at the Association of Surgeons (ASGBI) Congress in Harrogate, 20 years after the Society was founded there, and where there was standing room only; co-chairing a session at the EAES with Dr Kitano (who performed the first laparoscopically assisted distal gastrectomy in 1994), and the pleasure of enjoying the camaraderie afforded by the other members of the ALSGBI Committee past and present. It is a friendly society that has much

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ALSGBI COUNCIL 2014

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Mrs Jenny Treglohan, Executive Officer
jtreglohan@alsgbi.org
Tel +44(0)20 7869 6941
www.alsgbi.org



Mrs Sarah Williams, Business Manager
swilliams@alsgbi.org
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to offer those who wish to 'get involved' and who will receive much in return. I thank Tim Rockall for gently twisting my arm to take up this role and to the executive team of Jenny Treglohan and Sarah Williams for being fun, helpful and organised. As I write this the Commonwealth Games are underway and it reinforced to me the importance of teamwork in all that we do. I hope that I have contributed to Team ALSGBI but feel that the time is right to hand over the baton to Mr Neil Keeling. I hope that he enjoys the position as much as I have.

The ALSGBI differs from most other societies by the fact that it is the approach to a problem that binds its members together, rather than the problem itself. This in itself leads to cross fertilisation of ideas and concepts that take us out of our usual narrow field of interest and competition and into a wider sphere of problem solving, technological advancement and learning from other specialties. The ALSGBI ASM remains a very 'visual' meeting that maintains an emphasis on learning by observing experienced operators in their field (irrespective of what it may be) perform

laparoscopic surgery. Something that is useful at every level, and I hope is preserved.

Looking forward, we will soon be travelling to Aberdeen for the Society's first foray north of the border to Aberdeen. This looks to be a fantastic meeting, with Professor Zyg Krukowski's overarching theme of re-operative laparoscopic surgery set to keep us all entertained from 27-28 November 2014. No matter how much we may like to think that our operations are perfect the truth of the matter is that a variable proportion of them are not and some patients will need to be considered for revision surgery, elective or emergency. The assessment of who will likely benefit, the risks involved and the options available are of value to all. Tips to avoid problems occurring in the first place and guidance on how to manage these challenging 're-do' cases cannot fail to keep us all stimulated. The ASM will once again be preceded by the extremely useful registrar training day (26 November). This will be held a little further south in the excellent Cushieri Skills Centre in Dundee. Here the lucky 24 delegates will benefit

from training in cadaveric operating sessions. Dates that will hopefully already be blocked-out in everyone's diary!

The fantastic international faculty of Professor Brice Gayet from Paris (lap TME and this year's BJS Lecturer), Professor Heine van der Walt from Pretoria (revisional fundoplication) and Dr Chinnusamy Palanivelu (demonstrating a 3D laparoscopic Whipple's Procedure from GEM Hospital, Coimbatore, India) provide a line-up I am sure no-one will want to miss. I look forward to the event with a real sense of anticipation, expectation and wish to encourage as many members as possible to attend.

In order to avoid walking the 500 miles, and walking 500 more (I know there is a song in there somewhere?!) to go 'there and back again' please book flights and accommodation early and secure your place for what is scheduled to be a great meeting.

Mr Shaun Preston
Newsletter Editor

ALSGBI Annual Scientific Meeting

14 -15 November 2013, London

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The 2013 ALSGBI ASM was a unique event and a highlight in my year. Although tinged with sadness that my Presidency was coming to an end I was immensely proud of the quality of the meeting and eternally grateful to the many, many people who put such great efforts into ensuring its success.

It was the first time that the meeting has been held in London and the Royal College of Surgeons of England rose to the occasion and provided us with a venue that worked extremely well for both delegates and Industry. The feedback from both parties has been superb, despite the inevitable difficulties of access for our Industry Partners to a building not designed as a conference centre.

The teaching day on the Wednesday was on laparoscopic hernia surgery and was delivered in The Raven Education Department and generously supported by Ethicon Endosurgery and Stryker. I am particularly grateful to ALSGBI Education Director Peter Sedman who organised the day and to Avril Chang (RCSEng Minimally Invasive Surgery Tutor). There was an extremely high trainer to trainee ratio, which always adds to the positive teaching experience and I am grateful to all members of Council who took part in the training, which was universally well received.

Another unique aspect was the delivery of live surgery from a centre away from the meeting venue. I was keen to include laparoscopic skills across a wide range of pathologies and to transmit and project the surgery in the highest definition possible. Platinum Industry partners Karl Storz and Olympus Medical generously supported the satellite transmission of surgery in 3D HD from the MATTU in Guildford. Without exception the quality of the surgery, the interest of the cases and the timing were impeccable and I am sure a great learning experience for many in the audience. It is not an easy undertaking to perform surgery live in front of a large and potentially critical audience and local Guildford surgeons Tim Worthington, Shaun Preston and Iain Jourdan and visiting surgeons Don Menzies, Mark Gudgeon and Zyg Krukowski all operated masterfully. The breadth of surgery on display was further enhanced by one of our visiting surgeons from Essen in

Germany. Professor Martin Walz was given the opportunity to demonstrate his skills in retro-peritoneal adrenalectomy using the 3D HD projection having recorded two live cases the week before. He gave a masterful and entertaining presentation that allowed the audience to compare this technique with the trans-peritoneal technique demonstrated live by Zyg Krukowski from Aberdeen. The hugely successful live surgery day was rounded off by a great conference dinner at The Honorable Gray's Inn. A drinks reception to the sound of The Charterhouse School Jazz Quartet followed by dinner in the main hall was in itself a memorable event.

The quality of the presentations on the second day was high and both the DVD session and the oral sessions were well attended and generated some lively discussion. The BJS Lecture entitled 'Laparoscopic surgery – what took us so long?' delivered by Past-President Professor Michael Bailey was a 'tour de force' and appreciated by many in the audience including Madam Sybil Storz, who was there to receive an Honorary membership of the ALSGBI in recognition of her long standing contribution to education and training in laparoscopic surgery in the UK. Our overseas visitor Professor Jean-Louis Dulucq from Bordeaux gave two interesting talks on the laparoscopic management of pancreatic disease.

Most delegates to the conference will have had little idea of the enormous work that went into delivering a conference of this complexity and calibre. The ALSGBI executive team of Jenny Treglohan and Sarah Williams in particular worked beyond the call of duty to ensure its success and I am indebted to them for their hard work. I am also grateful to all of our Industry partners who support our Association and its ASM. Without them meetings like this could not exist. The ALSGBI is a wonderful organization that deserves to succeed and I have enjoyed being its President for the last two years. I will continue to work for the benefit of the Association and wish Mark Vipond all the best in his Presidency.

Professor Tim Rockall
ALSGBI Past President



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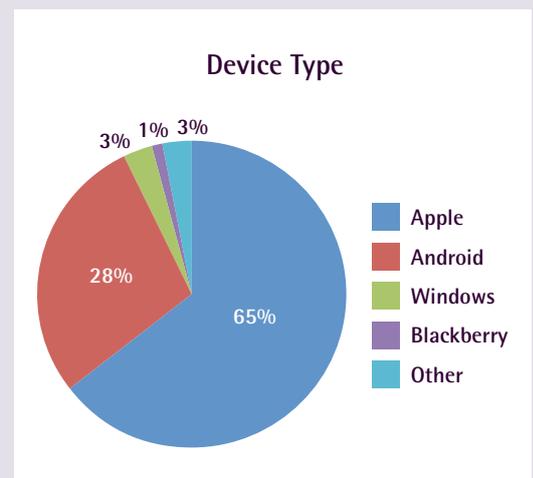
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ALSGBI Conference App - Feedback

For our 2012 ASM we launched an app for the iPhone and iPad. For our 2013 ASM we added an Android app. One third of you have used the app at the conference. We've used the website and app to get feedback following the ASM and I'm delighted to note that we received feedback this year from almost half of the 300 people who participated, which is unprecedented. This feedback will help us to shape future congresses and also future innovations in the website, app and newsletter.

Sharing some of the feedback with you, you can see that Apple devices still dominate amongst our membership, although inroads have been made by other manufacturers. I'm afraid that those of you who have asked for a Windows app are likely to be disappointed for a while yet, as uptake of that device is still fairly scant and unfortunately development costs for the app are high. I do have some good news though - we are working on redeveloping the website so that content will be delivered in a user friendly manner on devices with smaller screens. This will benefit users of all handheld devices.



93% of you thought that the venue at the Royal College of Surgeons was excellent/good and the scientific content was almost unanimously complimented. In answer to the questions about live operating, a big feature of our annual congress, 97% of you think that this is valuable and it was rated excellent/good by 94% of respondents. 91% of attendees to the training day thought that this was excellent/good and 67% of ALTS members thought that the ALTS sessions were excellent/good.

We have received a number of suggestions, of which we do take note. The ALSGBI newsletter, which is published twice a year, is highly regarded by 82% of you. Three quarters of our membership say that you would like to view this electronically. I am happy to inform you that it is available on the website and via the app - and has been now for some time. Some of you would also like to see more videos. We always welcome additional digital content for the website and the app, especially edited videos - please feel free to submit anything you have to jtreglohan@alsgbi.org (or send a DVD to the office).

Mr David Mahon
ALSGBI Website Director

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Report on the Laparoscopic Training Bursary supported by Stryker

I would like to take this opportunity to thank the ALSGBI for granting me the Laparoscopic Training Bursary to attend the 'Core skills in laparoscopic surgery' course at the Royal College of Surgeons of England. I was excited at the prospect of attending a course which solely focused upon improving my laparoscopic skills.

At present I am a fellow with roles in both teaching and clinical work. Having just finished two years of foundation training, I have had little opportunity to develop skills in laparoscopic surgery. My goals were to improve my hand-eye co-ordination and secure a firm foundation of knowledge that I could take forward to my trainees in the hope that I would be given the opportunity to start performing laparoscopic surgery with such procedures as laparoscopic appendicectomy and laparoscopic cholecystectomy.

This 3 day course was conducted by a very experienced faculty. The interactive and intensive nature of the course provided me with the essential theoretical knowledge and practical experience essential for those wishing to perform basic laparoscopic surgery. The course was very well structured. It consisted of lectures, videos, demonstrations and plenty of opportunity to practise.

On day one, we were taught how to handle instruments, manipulate tissues and organs, and

dissect different structures. On day two, we had the chance to practise suturing, tying knots, carrying out diagnostic laparoscopy and performing laparoscopic appendicectomy. By day three, we were practising laparoscopic cholecystectomy and continuous suturing.

The high instructor to candidate ratio also allowed me to receive very good and specific



feedback from different members of the faculty. Their experience and enthusiasm motivated me to work harder and improve. We also swapped partners frequently throughout the course in order for us to learn from each other. It was a great opportunity to speak to different candidates from all over the world who were also very keen on laparoscopic surgery. This allowed us not only to learn techniques from

others, but to learn from each other's mistakes.

I feel that my laparoscopic skills have improved greatly after attending the course. I am more confident in both assisting and performing some simple tasks. I have a better idea how to give the operator a good view while holding the camera and how to perform some simple tasks such as tissue handling and manipulation.

Since attending the course my consultants have realised that I have become more confident and that my hand-eye coordination has improved. I have since been given the opportunity to perform three laparoscopic cholecystectomies under supervision. This has boosted my confidence greatly although I know I have lots to learn.

To conclude, I feel privileged to have been given the laparoscopic training bursary to further improve my laparoscopic skills. It has been a very good experience. The course is intensive for beginners, however all felt that they benefited and left more confident at the end. This has spurred me on to keep developing my skills and I hope to attend a more advanced laparoscopic workshop in the future.

Dr Kin Tong Chung
Clinical Teaching Fellow, CIC



SAGES Salt Lake City, Utah

2-5 April 2014

The Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) annual meeting was held in Salt Lake City in the 1st week of April 2014.

As well as more well-known US cities, SAGES often visits more obscure venues across the United States.. Initially I wondered why Salt Lake? However, when researching the venue it appeared to be a prime location for this meeting. Salt Lake City's huge modern conference center is within an hour's drive of 11 top class ski resorts located in the Wasatch mountain range surrounding the city.

The theme of this year's meeting was 'Putting the Patient First'. As usual the meeting catered for minimally invasive and endoscopic surgeons from all subspecialties in gastrointestinal surgery.

Sessions included enhanced recovery in Upper GI



and colorectal surgery, endoscopic and laparoscopic management of common bile duct stones and also symposia on all aspects of training.

SAGES has always been one of the largest and most innovative of US surgical meetings. Although until recently the majority of delegates have been from the United States and Canada it has also been popular with surgeons from Asia and Latin America. More recently attendance from European surgeons has increased particularly amongst those from the UK and Ireland.

This year saw presentations from London, Dublin, Manchester and Cardiff and oral presentations on minimally invasive oesophagectomy from Bristol and Gloucester.

Technology always features highly at SAGES meetings and this year was no exception. The excellent SAGES App was well used by delegates on both smart phones and iPads and came with links to twitter and text reminders 15 minutes before highlighted sessions were due to start. The use of social media was very noticeable and many questions to speakers were sent via Twitter to the session chairs.

Despite the quality of the clinical presentations some of the most popular sessions may have been surprising to some. They included those on



emerging technology, the ethics of innovation and how to get your video accepted.

That presence of the nearby skiing resorts resulted in many attendees visiting for a few days before the meeting or staying on afterwards to experience the "Greatest Snow on Earth" at the Utah ski resorts. Certainly the depth and quality of the April snow was well above that which would be expected in Europe at this time of year.

For those with an interest in blues, jazz or rock 'n' roll next year's venue of Memphis, Tennessee may prove alluring!

I would encourage all laparoscopic and minimally invasive surgeons to look at the SAGES program for next year, submit an abstract and enjoy one of the most interesting meetings in the US surgical calendar.

Mr Martin Wadley
ALSGBI Regional Representative
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ASiT ALSGBI Training Day – Belfast 2014



Delegates and Faculty at the 2014 ASiT ALSGBI Core and Intermediate Laparoscopic Skills Course

The Association of Surgeons in Training (ASiT) and the ALSGBI teamed up again for another successful laparoscopic skills training event attended by thirty trainees on 28 April 2014 at the Clinical Education Centre at the Royal Victoria Hospital, Belfast. Supported by Covidien UK and LaproTrain, two courses were held in parallel – an intermediate skills course aimed at ST3-5 level trainees and a core laparoscopic skills course which catered for foundation and core surgical trainees. These took place alongside eight other pre-conference courses held as part of the 2014 ASiT International Surgical Conference in Belfast.

Mr Peter Sedman, ALSGBI Director of Education, led an approachable expert teaching faculty for the intermediate skills course which, aside from a video demonstrating the anatomy and laparoscopic approach to inguinal hernia repair, was fully dedicated to hands-on practical

sessions. Utilisation of a team of medical student volunteer camera operators enabled one participant per simulator and ample opportunity for practice under direct expert supervision.

The intermediate course focussed on laparoscopic suturing and intra-corporeal knot-tying while covering a range of generic techniques applicable to general laparoscopic practice. This intensive course used cadaveric porcine and bovine models to simulate laparoscopic fundoplication, Heller's cardiomyotomy, omental patch repair of perforated duodenal ulcer, feeding gastrostomy tube insertion, side-to-side stapled small bowel anastomosis and trans-abdominal pre-peritoneal (TAPP) mesh repair of inguinal hernia.

The core laparoscopic course aimed to facilitate junior trainees' progression from camera person to surgeon. Interactive talks provided an overview of the laparoscopic stack

setup, instruments, access, insufflation and ergonomics. Participants then undertook various basic tasks on the simulators designed to develop safe instrument handling and tissue manipulation skills before moving on to performing a simulated laparoscopic cholecystectomy on a porcine model. In addition to practising endoclipping, sharp and blunt dissection and using hook electrocautery dissection, trainees had the opportunity to gain experience in the use of a range of energised dissection devices in the controlled environment of the skills lab. A final practical session provided an introduction to laparoscopic suturing, and core skills participants performed a laparoscopic appendicectomy on a realistic appendix model that we developed using a porcine Fallopian tube.

An intense but highly enjoyable day saw participants consolidate laparoscopic techniques in addition to acquiring new skills and confidence whilst maintaining safe practice. The aim is clearly to build upon these skills and experiences and develop these techniques through real practice in theatre.

The next ALSGBI Training Day will be held on 26 November 2014 at the Cushieri Skills Centre, Dundee. Fully sponsored places are available for 24 trainees on this course which will focus on tissue plane development and dissection for both upper and lower laparoscopic gastrointestinal resection using human cadaveric models under the expert tuition of ALSGBI Council members.

For more information about this training day contact jtreglohan@alsgbi.org and for more details on training and educational events run by ASiT see www.asit.org.

Mr Jonathan Wild

ASiT Representative on ALSGBI Council



Trainee performing a simulated omental patch repair of a perforated duodenal ulcer, under the direction of Mr Peter Sedman.



Trainees on the Core Skills course performing a simulated laparoscopic appendicectomy



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Laparoscopic Camera Holding Training for Nurses Course

22 March 2014, Bon Secours Hospital, Ireland

I was very fortunate to be invited to speak at what we believe was the first course to be run in Ireland, aimed at training nurses in the role of camera holding for laparoscopic surgery. This was held at the Bon Secours Hospital in Cork.

The role of theatre practitioners in Ireland is quite different to that in the UK. In the UK the role of the Advanced Scrub Practitioner (ASP)/Surgical First Assistant and SCP (Surgical Care Practitioner) are very much recognised as a specialty in their own right, acknowledged and very much accepted within the wider surgical team. Within UK healthcare organisations they have been shown to enhance patient care, maintain surgical services and support, rather than detract from, surgical training (as was the initial concern when these roles were developing).

The Bon Secours Hospital Cork, Education, Practice and Development Unit, with the help of Colm O'Boyle, brought together a fabulous training day. Colm has worked in the UK and therefore has a full understanding of the benefits of this role, and also holds a place on the ALSGBI Council representing Ireland. This training programme offered their nursing staff a unique opportunity for a dedicated day of training where participants gained a better understanding of surgical considerations/indications and outcomes associated with laparoscopic surgery.

There were 12 nurses on the course (all local). Only 2 had practical experience of camera-holding, but all were very keen.

The Irish Nursing Board gave significant recognition to the course (7 CME points), with which the Bon Secours were delighted. Ber Mulcahy, Matron, had a particularly keen interest in education in general. As this was the first course of its kind in Ireland there was also a significant regional and national interest.

The practical session in the afternoon was conducted along the lines of the ALTS training day we had in Cork (when the ALSGBI ASM was held there in



November 2012). Olympus very kindly supported the event, and provided a comprehensive set of equipment along with simulators for the delegates to use to practise and develop their skills. By the end of the day the competitive spirit was very evident amongst the delegates!

On a personal level it was an honour to be invited to speak about the transition of the role of the theatre practitioner to ASP and SCP and how it has evolved in the UK. It was also a real pleasure to meet a group of very enthusiastic practitioners who were supported by an excellent educational team. As I grew up and trained in Ireland there was a sense of coming home. It was a great privilege to be able to share my experiences. I wish them well in promoting further training throughout southern Ireland.

Ms Jane P Bradley Hendricks
ALTS Chair

Report on the Ethicon Endo-Surgery (David Dunn) Travelling Scholarship

Concord to Bon Accord: Friendship and Fellowship in Sydney



Like many colorectal trainees in recent times, I found that towards the end of my Higher Surgical Training rotation I wanted to develop specific surgical skills in not only standard but also advanced laparoscopic colorectal surgery. The advantages of working in Australia are well understood and so, when the opportunity arose to undertake a one year Fellowship in colorectal surgery at the internationally renowned Concord Repatriation General Hospital in Sydney's Inner West, I took it with both hands.

Of course, there was the expected exposure to a high volume of cases given that the unit is served by only two Fellows (the Overseas

and CSSANZ senior trainees), but what was most impressive was the commitment of the Consultant Surgeons to training. It was always expected that, unless specifically indicated, the Fellow would be the primary surgeon in all cases. This included laparoscopic segmental resections, cancer work with pelvic exenterations, complex fistula disease and pelvic floor interventions. I developed skills in novel techniques such as SILS right hemicolectomy and TEMS with an evolution in my thinking towards laparoscopic approaches to a wide range of surgical challenges. The clinical experience of UK trainees is highly valued in Australia, particularly regarding the management of the critically ill surgical patient and with advanced decision making in complex surgical situations. Well-established surgical principles held by the unit became ingrained in my thinking and I now appreciate that many people benefit from "a straight left colon" and that one must never "mess with the pancreas" (to paraphrase).

Despite the implications of a 1:2 on call rota, it was refreshing to see that the effort spent caring for the patients in the unit was rewarded with encouragement by the

Consultant body to spend time experiencing the wonderful outdoor and urban lifestyles that could easily be enjoyed in Sydney and beyond. Visits to the Great Barrier Reef, New Zealand, the Hunter Valley, the New South Wales coast (with whale watching) and the Three Sisters in the Blue Mountains with Rachel and the children gave us all memories that will not be forgotten. Sport in Australia dominates all subjects and it was incredibly satisfying to watch The British and Irish Lions run to a glorious victory in the Third Test in Sydney. The conversation in theatre on Monday was a little cool.

In short, the opportunities provided by a peri-CCT Fellowship in

Australia continue to give experience at or even beyond some of those available in the UK. The chance to develop from a personal, clinical and professional perspective, combined with the objective view of the NHS healthcare system from a distance gives this type of Fellowship a real attraction that forms the foundation of an innovative Consultant practice. I am very grateful to the ALSGBI for the generosity of their support with the award to me of the David Dunn Travelling Scholarship funded by Ethicon Endo-Surgery in 2012.

Mr Adam Farquharson

Winner of The David Dunn Travelling Scholarship 2012



5th Annual BOMSS Meeting, Leamington Spa, Warwickshire

23-24 January 2014

The 5th annual British Obesity and Metabolic Surgery Society meeting was held at the Chesford Grange Hotel in Kenilworth, Warwickshire in January 2014.

Over the last few years this meeting has gone from strength to strength and the Warwickshire meeting was no exception.

The venue proved a great success with excellent access via the West Midlands motorway network resulting in the largest attendance at any BOMSS meeting to date.

As usual a number of topical issues currently vexing bariatric teams across the country were discussed. In addition to outcomes, complications and the National Bariatric Database (NBSR), some of the most well attended sessions involved discussions around the inadequacy of national tier 3 services.

Along with many recognised experts from across Great Britain and Ireland the meeting was honoured by the presence of three international greats in the field of bariatric surgery. Drs Michel Ganier from Montréal, George Fielding from New York and Bruno Dillemans from Bruges all spoke to a packed main hall with lectures based on their huge experience of sleeve gastrectomy, gastric banding in adolescents and gastric bypass.

They also took part in a debate regarding the ideal procedure in particular bariatric scenarios. The vote prior to the debate suggested that gastric banding was the least popular option. Despite the evidence from this meeting that gastric banding is becoming less popular than in previous years, Dr George Fielding managed to increase the percentage of the audience who would recommend LAGB by the end of the debate.

The annual dinner was well attended and, following on from the excellent entertainment last year in Glasgow, diners weren't disappointed with a stunning 'songfest' at the end of the evening!

All in all BOMSS 2014 was an excellent meeting. Thanks must go to the local organising team led by Mr Vinod Menon. Many delegates commented on the welcome increase in attendance of our dietetic and nursing colleagues from bariatric teams across the country. BOMSS continues to be the most multidisciplinary of all our surgical subspecialty meetings and we look forward to the meeting next year in Newcastle.

Mr Martin Wadley

ALSGBI Regional Representative Midlands

Report on the B. Braun Aesculap Travelling Scholarship

Gastric Surgery at the Cancer Institute Hospital, Tokyo



Cancer Institute Hospital

Thanks to the ALSGBI and the B. Braun Aesculap Travelling Scholarship, I was able to embark on the ultimate pilgrimage for an oesophago-gastric surgeon and visit Japan for just over six weeks in the Autumn of 2012. My main aim was to gain exposure to minimally invasive techniques for treating gastric cancer under the instruction of Dr Naoki Hiki, one of the world's leading experts in the field of laparoscopic gastrectomy. I also hoped to see some endoscopic treatment of early gastric cancers and gain more of an insight into how the Japanese manage advanced gastric cancers.

The Cancer Institute Hospital (CIH) is run by the Japanese Foundation for Cancer Research and is situated in Ariake in the Waterfront area of Tokyo (in the heart of an area currently being developed for the Olympics in 2020). The Upper GI Division of the Department of Gastroenterological Surgery is led by Dr Takeshi Sano, an expert in D2 gastrectomy and the lead author of the Japanese Gastric Cancer Association guidelines on the treatment of gastric cancer. Unsurprisingly therefore, the management of gastric cancer at CIH follows these guidelines very closely. Laparoscopic resections are indicated only in early gastric cancers (T1 cancers with no evidence of lymph node involvement), either as a primary treatment for submucosal cancers or for mucosal cancers treated endoscopically but deemed non-curative on review of the histology. Within these guidelines over 300 laparoscopic gastrectomies are performed annually at CIH: a combination of distal gastrectomy, total gastrectomy and also pylorus preserving distal gastrectomy (for tumours in



Masterclass

the middle portion of the stomach at least 4cm proximal to the pylorus) and proximal gastrectomy (with jejunal interposition). In addition to the laparoscopic gastrectomies, over 300 open gastrectomies and over 350 endoscopic gastric resections are performed per annum, making CIH the largest centre in Japan for gastric cancer surgery. Patients from all over Japan combine with a small number of international patients to have their surgery performed by these expert surgeons in this outstanding centre. Whilst I was there CIH hosted a two day gastric cancer masterclass, with surgeons and trainees visiting from all over the country to watch the surgery.

On an average week, 10 to 15 gastrectomies would be scheduled (between 4 consultant gastric surgeons). During my 6 week stay in Tokyo I was involved with 13 laparoscopic gastrectomies of various types, performed by Dr Hiki or his colleague Dr Nunobe. I also saw 4 LECS (Laparoscopic/Endoscopic Combined Surgery) procedures, mainly for GISTs close to the GOJ or pylorus. I was involved with 17 open gastrectomies (performed by Dr Sano) and I also saw several endoscopic submucosal dissections. Oesophagectomies are performed by the oesophageal surgery team consisting of Drs Yamada and Mine, and I managed to see 6 cases, 4 of which involved extremely impressive 3 field lymphadenectomies (with bilateral neck dissections) and 2 of which utilised thoracoscopic chest dissections. My involvement with the cases ranged from observing, through assisting to performing sections of the operations under supervision.



Specimen preparation



Tsukiji



Operating with Dr Hiki

Twice a week at 7.30 am there was a surgical conference that involved all of the surgeons in the GI surgery department (colorectal and HPB as well as gastric and oesophageal). All of the pre-operative cases were discussed (some of which were presented in English for my benefit) as were the operative / histological findings from the cases performed in the preceding few days. One thing that impressed me was the excellent record keeping – intraoperative photographs were routinely taken for the open cases and all laparoscopic cases were recorded (there seemed to be a theatre employee whose sole job was to go round from theatre to theatre changing over the DVDs before they ran out of space). After the operation the specimens were fully dissected by the surgical residents and the details of the total number and the number of clinically involved nodes from each station was entered into a database. The specimens were then opened and pinned out and photographed before they were finally sent to the pathologists.

Another noticeable difference in practice that struck me was the infrequent use of staging laparoscopy. However, peritoneal washings were routinely taken at the beginning of each case and sent for immediate analysis. If the washings were positive or peritoneal disease was found, a palliative resection was usually performed (with a less radical lymphadenectomy by Japanese standards) as pyloric stenting was not performed for gastric outlet obstruction. Extensive use was also made of frozen sections: the 4sb lymph node was routinely sent for frozen section to help determine if a splenectomy was necessary.



Golden Temple Kyoto



Operating with Dr Sano

The standard of the surgery I witnessed was superb. The lymphadenectomies performed by both laparoscopic and open techniques were exquisite, and for the time I was there I did not see a significant surgical complication. Of course, the patients are very different to those in the UK: most patients had a BMI in the high teens and the largest patient I saw had a BMI of 29 (super obese according to Dr Hiki).

Tokyo is a huge and amazing city and when I was not at the hospital I managed to take full advantage of what the metropolis and the surrounding area had to offer. Thanks to Dr Yamaguchi, the senior surgeon in the division, I was given front row tickets to one of the three annual Grand Sumo tournaments held in Tokyo – a truly unbelievable experience. Other highlights included the sights, sounds and tastes of the Tsukiji fish market, the autumn colours around Nikko, and a bank holiday weekend enjoying the numerous temples in and around the ancient city of Kyoto (given a little extra excitement by a passing typhoon!).

I wish to thank Dr Hiki, Dr Sano and all of the other consultants and residents at CIH who made my travelling fellowship such an educational and enjoyable experience, and also my mentors at Bristol Royal Infirmary (who have all spent time in Tokyo) who encouraged me and helped me to organise the visit.

Mr Alex Boddy

Winner of the B. Braun Aesculap Travelling Scholarship 2012



Sumo

ALSGBI Industry Partners' Course Information

B. Braun Medical, Aesculap Endoscopy

Contact: Allan Barr, Clinical Manager, Endo-Surgery, Aesculap Division, B. Braun Medical Ltd

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Final dates for our English speaking courses are still to be confirmed for 2014, however the general programme is detailed below:

Date	Course	Venue
October 2014	Laparoscopic Training Course Upper GI	Berlin
November 2014	Advanced Laparoscopic Surgery	Berlin
November 2014	Advanced Minimally Invasive Paediatric Surgery	Berlin



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Contact: VistaEMEA@cookmedical.com | Web: vista.cookmedical.com

Date	Course	Venue
16-17 September 2014	The role of Biodesign in pelvic floor procedures	Roskilde, Denmark
26 September 2014	Component separation for abdominal wall reconstruction Porcine lab	Roskilde, Denmark
2-3 October 2014	Component separation & parastomal reinforcement with biologic graft Cadaver lab	Bristol
16 October 2014	Placement of Biologic Grafts in Repair of Rectal Prolapse Surgery	Leuven, Belgium
18-19 November 2014	Placement of Biologic Grafts in Repair of Rectal Prolapse Surgery	Roskilde, Denmark



B. Braun takes surgical simulation into a new dimension with 3D equipment donation



A state-of-the-art donation from Yorkshire-based healthcare company B. Braun's Aesculap Division to the Royal College of Surgeons (RCS) could see junior surgeons experiencing the latest 3-D insights into the future of surgery.

Aesculap has presented the RCS with 'EinsteinVision' – a pioneering 3D imaging system designed to revolutionise conventional endoscopic laparoscopy procedures.

The EinsteinVision 3D Imaging System combines full HD visualisation with the latest in 3D technology to improve users' hand-eye coordination,

potentially speeding up surgery and helping to improve surgical outcomes.

EinsteinVision will be trialled by the College in its state-of-the-art Education and Simulation Centre. The College's experts will assess the most effective way to integrate the equipment into its specialist teaching, particularly in surgical simulation programmes.

Having the 'EinsteinVision' onsite means surgeons attending specialist programmes will have the opportunity to familiarise themselves with this state-of-the-art 3-D imaging equipment and the ways it could aid surgery.

Hans Hux, Group Chief Executive of B. Braun Medical Ltd, said: "It's an honour to supply this specialist technology to the College and provide such an innovative tool to aid the teaching of existing and future surgeons. We are very grateful for the donation initiated by the Chairman of Aesculap, Professor Hanns-Peter Knaebel."

"We have a long-standing relationship with the College and are totally committed to supporting the advancement of surgical and medical training. This donation and our ongoing partnership with the RCS is testimony to this and symbolises B. Braun's commitment to the goal of sharing expertise."

Professor Jonathan Beard, Professor of Surgical Education at the RCS, said: "The Royal College of Surgeons of England is delighted to be working with B. Braun. The company's generous supply of equipment has played a significant role in helping us to equip and maintain our state-of-the-art Education and Simulation Centre, at the heart of our educational facilities."

"Our partnership with B. Braun is a fantastic example of how the College and industry can work together in the interest of advancing surgical standards, supporting surgeons to achieve and maintain the highest standards of patient care."

ALSGBI Members who would like to visit the centre in order to see the 3D kit 'in action' should contact Sam Miller, Senior Product Marketing Manager for Aesculap Endosurgery, who will coordinate with college staff and arrange a mutually suitable date.

Sam can be reached on 07972 007376 or sam.miller@bbraun.com.

Report of the B. Braun Aesculap Travelling Scholarship

Roswell Park Cancer Institute (RPCI), Buffalo, New York, USA



Front entrance of the Institute.

I am a urology specialty trainee at ST6 level. I was awarded a Travelling Scholarship to attend a 2-week robotic surgery training course at Roswell Park Cancer Institute (RPCI), Buffalo, New York, USA in September 2013. In the UK, the number of patients requiring radical prostatectomy is increasing, from less than 1,000 in the year 2000, to 5,000 in 2010. Robot-assisted prostate surgery is well established in the USA and is rapidly replacing open and laparoscopic radical prostatectomy for the surgical management of prostate cancer. Training in robotic surgery is essential for urology trainees with an interest in urologic pelvic oncology. Centres of excellence with validated training programmes and facilities like the RPCI are an ideal place to acquire this training and exposure.

RPCI was founded in 1898 and was one of the first cancer centres in the USA to be designated by the National Cancer Institute as a Comprehensive Cancer Centre. Robotic surgery was introduced to the Buffalo-Niagara region in 2004. By 2008, the percentage of robotic surgery operations for kidney, bladder and prostate cancer had increased from 50 to a staggering 95 percent.

The robotic surgery training programme is run by Professor Kurshid Guru, who has developed a validated training curriculum for beginners in robotic surgery. The programme is intended to teach all of the fundamental skills of robotic surgery using simulators and porcine models before operating on patients, in order to shorten the learning curve and prevent potential harm to patients.

I arrived at the Buffalo-Niagara airport and proceeded to RPCI. Accommodation had been arranged at a nearby guest house. The following day, I met the training team. All relevant documentation was completed and I was given an introduction to



Observing live robotic prostatectomy on 3D monitors with other trainees in the operating theatre.



Dr Roswell Park, founder of the Roswell Park Cancer Institute in 1898

the training scheme. I was scheduled to have sessions on the ROSS robotic training simulator, observation of live surgery in theatre, dry lab sessions with the da Vinci system, and finally perform live surgery using a porcine model.

My training began with a study session using a study tool called 'The Operative Manual of Robot-Assisted Urologic Surgery'. It is a DVD video textbook developed at RPCI which has teaching



Receiving the certificate of completion of the Fundamental Skills of Robotic Surgery (FSRS) course from Prof Kurshid Guru (centre) and a robotics tutor (right).

videos of prostate, bladder, renal, adrenal and ureteric procedures. Detailed surgical anatomy is described along with surgical techniques. I then proceeded to the ROSS simulator, which is designed to tutor beginners through all of the fundamental skills required for robotic surgery. It replicates the finger controls and visual field of the da Vinci system. The simulation modules are graduated with increasing levels of difficulty as the trainee



On the da Vinci console in the operating theatre.



Walking through the gardens at RPCI on a sunny autumn day.

progresses. Training on the ROSS simulator culminates in completing HOST (Hands-On Surgical Training) sessions in radical prostatectomy and cystectomy, during which the simulator takes the trainee through a complete surgical procedure, mentoring and demonstrating the relevant anatomy. I also used the da Vinci robot to perform specified tasks in a dry lab setting.

I was able to attend four theatre sessions to observe live surgery. I observed 2 radical prostatectomies, 1 partial nephrectomy and 1 adrenalectomy. There were several large, flat-screen monitors in the operating room, some with 3D capability, which were used to display the surgical field to trainees. The attending surgeons were keen to teach local as well as visiting trainees. I was also able to learn from the theatre nurses and the anaesthetic team about several aspects of peri-operative care of robotic surgery patients. The final module of training was performing a number of robotic procedures on a porcine model. This allowed me to work with live tissue and further consolidate the skills acquired on the simulator.

I am extremely grateful for the opportunity provided by the B. Braun Travelling Scholarship which made this training visit possible. The knowledge and skills acquired will shorten my learning curve for robotic surgical procedures and help me to improve the care of patients undergoing robotic surgery. I also extend my thanks to Prof Guru and his team who were very hospitable and delivered an excellent curriculum in the 2 weeks I was there.

Mr Chidi Molokwu

Winner of the B. Braun Aesculap Travelling Scholarship 2013



The da Vinci training console in the skills centre prior to a wet lab session.

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Following on from the success of last years ALSGBI Attendance, Aquilant Surgical are delighted to continue with Gold sponsorship support.

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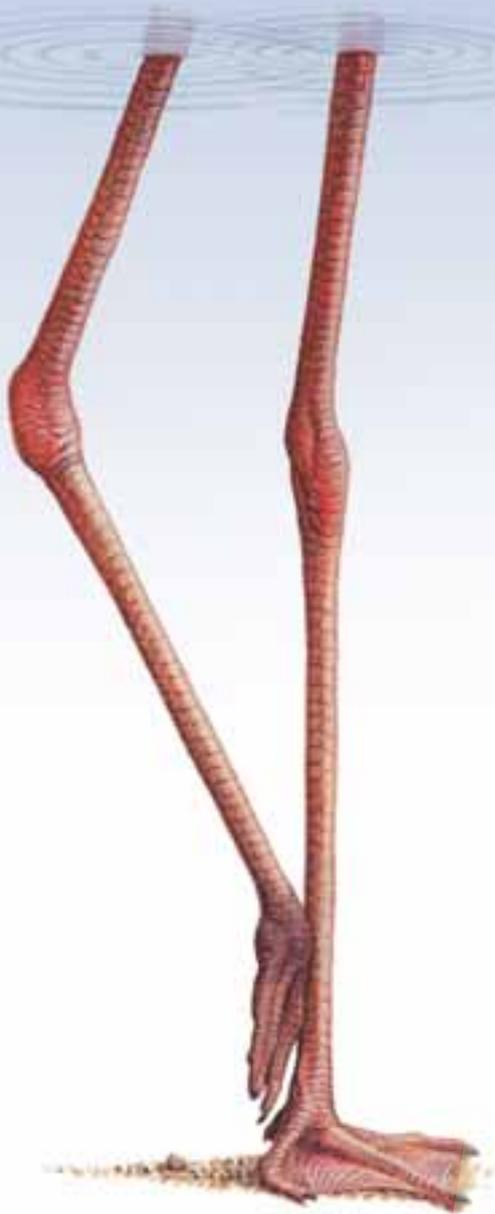
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Caption Competition

Entries have to be sent to Jenny Treglohan jtreglohan@alsgbi.org by 30 September 2014 and the winner will receive a bottle of champagne.



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