

ALS newsletter

Editor's Introduction



Greetings from Western Australia (who said that the Icelandic volcanic eruption was all bad?) and welcome to this Summer Edition of the ALS newsletter. This has been a busy time for all those involved in this Association with a number of busy and pivotal meetings since the last edition. The ALS 2009 Annual Scientific Meeting in Tonbridge was a resounding success with some truly outstanding live operating sessions which both humbled and educated us in equal measure! Our Laparoscopic Session at the ASGBI International Surgical Congress in Liverpool hosted, amongst other excellent sessions, a very topical debate on inguinal hernia repair with a wealth of experienced surgeons adding to this forum. Enclosed within are also reports from the inaugural BOMSS Meeting in Surrey, the first SORTED Bariatric Course, the 12th Bill Owen Oesophago-Gastic Symposium and the LESS Workshop in Rotterdam. I would like to congratulate winners from the ALS 2009 Annual Scientific

Meeting who produced some outstanding works and, in particular one winner who showed that if you don't first succeed, try try again and again!

There are some interesting meetings on the horizon including the University of Glasgow Symposium on Laparoscopic Surgery: 20 Years On; the EAES Congress in Geneva in June and moreover the ALS 2010 Annual Scientific Meeting in November, all of which will be reported on in due course.

I would strongly encourage you to attend the forthcoming ALS 2010 Annual Scientific Meeting on 25 and 26 November at the East Midlands Conference Centre, Nottingham. It has the working theme of innovation, promises to build on the success of the last few years with an exciting programme and will hopefully serve to stimulate active debate amongst all that attend.

In closing I would like to thank **B Braun Aesculap** for their sponsorship of this newsletter and again encourage our expanding membership to contribute any articles to Jenny Treglohan at the ALS office.

Mr Paras Jethwa, Newsletter Editor

President's Introduction

It is my great pleasure to welcome you to our Summer 2010 Newsletter. Having taken over as President in November 2009, I have already been busy arranging a day of lectures in the recent ASGBI International Surgical Congress in Liverpool which included a session on "What is the best way to repair an inguinal hernia?" May I commend in particular the excellent talk by Henrik Kehlet, his work on nociception pre-surgery is some of the most compelling data in favour of a laparoscopic approach to hernias I have seen presented!

As for the rest of 2010, we have an interesting and varied programme planned for our November Annual Scientific Meeting in Nottingham with Nick O'Rourke visiting from Australia as the BJS Lecturer. The meeting will feature live laparoscopic hemi-hepatectomy as well as colorectal and urological surgery. There will also be some single port surgery for the



delegates to watch and discuss. In other areas, ALS is planning to work closely with AUGIS to look at results from laparoscopic biliary surgery as well as putting together a clear set of competencies for laparoscopic trainees. I am especially grateful to Peter Sedman who has been working on this with me and we hope very much that by the end of 2010 we will have some core standards which ALS can bring to The Royal College of Surgeons and which hopefully will be integrated into the ISCP for all general surgical trainees.

The work of our former President, Mike Parker, on the National Theatre Equipment Audit is nearing completion and we continue to support and encourage the national bariatric database, set up 18 months ago. I hope as many of you as possible will manage to attend the ALS 2010 Annual Scientific Meeting in Nottingham which we hope will be both educational and also enjoyable for all laparoscopic surgeons.

Mr Mike Rhodes, President

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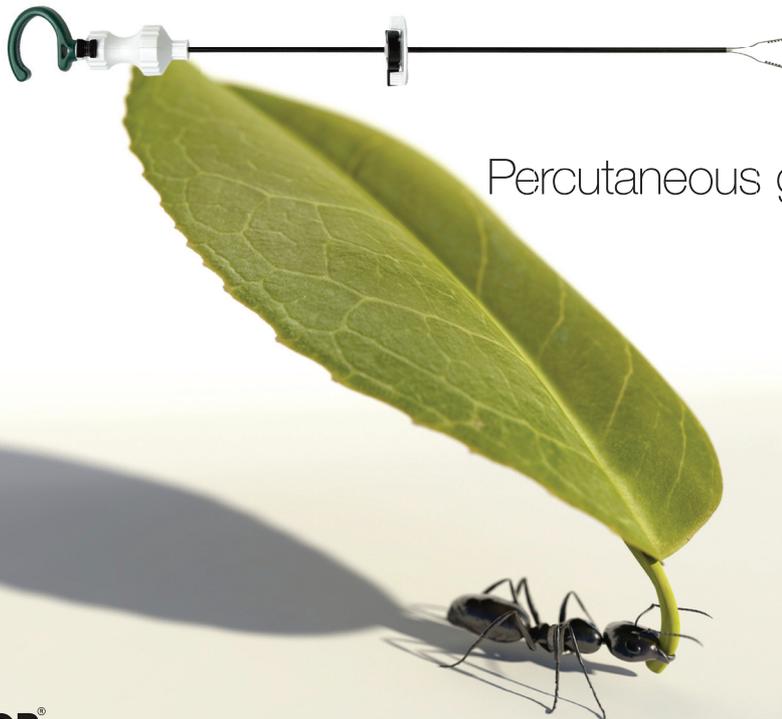


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"One Step Beyond"

The 2009 Annual Scientific Meeting of the Association of Laparoscopic Surgeons of Great Britain & Ireland

26 & 27 November 2009

The venue, the River Centre in Tonbridge, Kent proved more than satisfactory for the meeting with ample space for both delegates and exhibitors, albeit providing a navigational challenge for many of the drivers, both professional and amateur, transiting between the accommodation in Tunbridge Wells and the exhibition centre. The morning trip on Thursday involved a diminishing spiral around Tonbridge eventually deflecting at a tangent from the target until eventually the taxi was abandoned and the route retraced on foot. The evening return was no less convoluted although on that occasion comprised a tour of the back roads of Kent. Neither of these expeditions was a triumph for Sat-Nav and exposed some of the practical consequences of a polyglot culture with monolingual participants!

Thursday's live operating sessions were as ever both educational and/or reassuring. Educational in respect of observing the refinements which elevate a performance above the routine and reassuring when the difficulties we all experience are played out in front of an audience. The sessions were characterised by excellent video quality and only occasionally confusing audio when sound levels, feedback and synchronisation conspired to confound the moderators. Mr Amir Nisar and Dr Barry Salky gave excellent demonstrations of laparoscopic oesophagectomy and ileocolic resection for Crohn's respectively. Relevant technical aspects were highlighted and discussed. Urological procedures are unfamiliar to many of the participants and Mr Sriprasad's laparoscopic cryo-ablation of a left renal tumour was certainly educational although the expression watching "an ice ball forming" could conceivably replace the proverbial "paint drying". The co-ordination of the multiple centres feeding into the conference was a technical triumph matched only by the work rate of the staff in the Benenden Hospital keeping the operating machine that Heine van der Walt supplied with a succession of increasingly complex hiatal procedures. This alone would have justified the conference fee.

The Exhibitors Hall was impressive both in quality and quantity, directly reflecting the market value of laparoscopic surgery to our commercial colleagues and the consequent benefit to the Association and its members in terms of income generation.

Considerations of cost precluded a live satellite link to Hong Kong but Mr Michael Li's video presentations during the BJS Lecture on colorectal surgery and particularly laparoscopic TME were outstanding. Although demonstrating the visualisation possible with contemporary laparoscopic equipment to an association of committed laparoscopic surgeons may be akin to bringing coal to Newcastle the quality of the imaging on offer makes the reluctance of many to embrace these techniques hard to understand. Professor Heine van der Walt followed his virtuoso performance in the operating theatre with an equally compelling account of his experience of revisional hiatal surgery.

The ALS Conference Dinner was held in the Victorian Science Theatre in David Salomon's House. Although the first Jew to speak in the House of Commons in 1851 David Salomon was subsequently both ejected by the Sergeant at Arms and fined £500 for voting illegally having declined to take the oath "as a true Christian". Michael Faraday conducted experiments with electricity in this substantial Victorian pile and the theatre was the first to be illuminated with electricity. Dr Hugh Mather, a former consultant

physician, retired to pursue his musical interest and entertained nobly on the restored organ during the dinner.

It must reflect the resilience of the invited faculty that the "Meet the Experts" Breakfast Sessions were fully manned on the Friday morning. There was an eclectic mix of topics in the first free paper session and technical problems with video on the previous day meant that Dr Barry Salky's plea for intracorporeal anastomosis was combined with his second lecture. The benefits he described included reduced mesenteric and parietal trauma and risk of obstruction. He described his extensive experience of laparoscopic resections in complicated and reoperative Crohn's resections with a remarkable 3% conversion rate.

Mr Simon Paterson-Brown's lecture on "How to avoid problems in Upper GI Surgery" was notable for its refreshing emphasis on behavioural rather than technical aspects of surgery. He described the work on NOTSS (Non-Technical Skills for Surgeons) being carried out in collaboration between the University of Aberdeen and the Royal College of Surgeons of Edinburgh in which he has played a leading role.

Presentations by the Associations Platinum Sponsors, Ethicon Endo-Surgery, Storz and Stryker were followed by the reports of the Travelling Scholarships. Mr Nikesh Thiruchelvam evidently benefited from his experience in an Australian training environment rendered illegal in the UK by European legislation as did Mr Duncan Beardsmore from his concentrated exposure to laparoscopic colorectal surgery in Mount Sinai in New York.

The AGM found the Association in sound financial health and saw Mr Mike Parker formally pass the presidential chain of office to Mr Mike Rhodes. Whilst the second free paper session had a bias to Single Port

Laparoscopic Surgery (SPLS is the non-aligned acronym preferred by the ALSGBI) in the subsequent DVD session it was mentioned only to be dismissed. The five minute limit for presentations was not absolute and achieved by some by use of the fast forward button rather than judicious editing!

For those of us fortunate never to have been involved in a disciplinary process by the GMC the simulated session was salutary and the niceties of the legal skills displayed by the two barristers Ms Presland and Mr Mukherjee illuminating. Sadly like speeding in a car these episodes are more likely to represent the first time the offence is detected rather than first time committed. Obsessional attention to detail should reduce but is unlikely to abolish the risk. The jury of peers in the audience were probably more lenient than the GMC would have been.

The meeting closed with the award of the prizes for the best short paper and DVD to Ms Katherine Gash, Frenchay Hospital, and Ms Sarah Wyles, Imperial College, respectively. We look forward to your attendance at year's ALS Annual Scientific Meeting and certainly hope to build on the success that was in evidence here.



Professor Zigmunt Krukowski
Scottish Regional Representative



The Status of Bariatric Surgery in the UK

Hosted by The Royal College of Surgeons of England in conjunction with ALS, AUGIS and BOMSS (21 January 2010) and the First Annual Conference of BOMSS, Selsdon Park, Sanderstead, Surrey (21-22 January 2010)



Ms Jacqueline Joyce of the RCS Professional Standards and Regulation Department of The Royal College of Surgeons arranged this meeting on behalf of the President, Mr John Black. The aim was to produce a consensus on standards for all those who practice bariatric surgery in the UK. An expert panel of nationally known bariatric surgeons were invited by Mr Mike Rhodes, President of ALS and Mr Alberic Fiennes, President of BOMSS, to discuss the status of different bariatric procedures and world-renowned Professor Steve Bloom gave a masterly talk on the endocrinology of obesity,

illustrating why it is so hard to treat medically. Sir Michael Rawlins, head of NICE also spoke, and there was general agreement that all surgeons doing bariatric surgery, both NHS and private, should contribute their data to the National Bariatric Surgery Registry. We await the consensus document with great interest.

Most of the delegates then went by coach to a country hotel in Sanderstead, Surrey for the first Annual Conference of BOMSS. This marked the coming of age of the Society with its progression to become the real focus point for the bariatric community in the UK. The organising committee had taken on the financial risk of arranging the meeting but, in the end, the number of delegates far exceeded expectations. The main lecture hall was too small for the 200+ who came and, an overspill room with the audiovisuals beamed through had to be used, for some of the sessions. I think everyone thought the meeting a real success, especially for the degree to which dietitians came and made the meeting work through their presentations and contributions to the discussions.

The principal invited guest speaker was Mr Gerhard Prager, head of the Bariatric Service at the Department of Surgery in Vienna, who gave an excellent overview of bariatric surgery from a continental European perspective. Professor John Baxter, who founded BOSS, the original UK bariatric society, more than 10 years ago, gave a sage and informative view of 'Obesity Surgery: Margin to Mainstream - from BOSS to BOMSS'. He was congratulated on his Presidency by Mr Alberic Fiennes, incoming President, and given a leather bomber jacket with the 'BOMSS' insignia logo on the back to wear on his motorbike, a gift from the current Council members. After nearly a whole day on Friday of oral presentations from more than 100 submitted abstracts, he can be happy to leave a society that is vigorous and healthy and prepared for the obesity surgery challenge that lies ahead for surgeons in the UK.

Mr Richard Welbourn,
South and West Regional Representative

COURSE REVIEW: International Laparo-Endoscopic Single Site Surgery (LESS) Workshop, Erasmus Medical Centre, Rotterdam, Netherlands

February 2010



The International LESS (the acronym adopted by Olympus) workshop is aimed at experienced laparoscopic surgeons who are contemplating starting a single-site laparoscopic surgery service at their respective trusts. The course aims to provide an opportunity to meet and learn from an international group of LESS experts and get hands-on live animal operating experience. The course fees, transport, accommodation and food were met by Olympus.

On arrival in Rotterdam, one cannot fail to be impressed by the leading facilities at the Erasmus MC skills lab. Access to these training facilities was a delight to experience over the day and a half long intensive workshop. As the course is organised by Olympus, the single-site device utilised for the course was the Olympus "TriPort". However, all single-site devices on the market were discussed, including the merits and de-merits of each design.

Two surgeons were allocated to an anaesthetised porcine model (*Sus domesticus*). As is customary on courses utilising live model operating, the day began with an introduction into the surgical anatomy of the model. A high standard of ethical care is afforded to the wellbeing of all the animals.

The models provided opportunities to perform LESS psuedo-appendicectomies, cholecystectomies, splenectomies, bowel anastomoses,

gastric procedures and suturing techniques. However, due to the anatomy of the model, TEP hernia repairs cannot be simulated.

Access was provided to all the latest pre-curved and articulated instruments, scopes, energy devices and staplers. Interestingly, many surgeons settled on a happy medium, with one straight and one curved/articulating instrument to operate.

The social aspect to the course was more than met by the exceptional course dinner. This was held at the Italian 'La Stanza' restaurant in the Scheepvaartkwartier (shipping quarter) of Rotterdam. This was situated near several late night bars that appear to be very popular with the locals & later some of the delegates!

A certificate of completion is provided at the end of the workshop for gaining continued professional development recognition.

Merits of course are the low surgeon to live model ratio; didactic and interactive lecture sessions including case reviews; the opportunity to personally consult with a nationally renowned surgeon on tips and tricks of the LESS technique; and business plan examples.

Whatever your opinions about this novel technique before the workshop, you will be left with plenty to think about and even more to help you decide if this technique is for you. I can without hesitation recommend this course to you.

Mr Kumuthan Sriskandarajah,
East Surrey Hospital

Bariatric Training is now SORTED!

As a surgical registrar with a specialist interest in Upper GI and Bariatric surgery, I was frustrated by the lack of a formalised training programme in Bariatrics in the UK. Likewise I was also a little disappointed that courses in bariatric surgery were slightly confused about their target audience with delegates ranging from junior trainees to senior consultants. I decided to address these problems and designed SORTED!

S.O.R.T.E.D (Surgery for Obesity – Registrar Training and Educational Development) is a unique modular course, designed specifically for senior trainees within two years of a consultant post. Its aim is to provide operative training in addition to enhancing multidisciplinary skills necessary to practice in this speciality. Full sponsorship was generously offered by Ethicon Endo-Surgery after a "Dragon's Den" style pitch at their head office. The pilot course was setup in the South West region with six delegates selected from an open competition using a combination of CVs, letters of support from trainers and personal statements.

The course programme was as follows:

Module 1 February 18-19

European Surgical Institute, Hamburg, Germany

Faculty: Mr David Hewin, Mr David Mahon, Mr Peter Sedman

This two day module was held at the state-of-the-art facility in Germany, owned and run by Ethicon Endo-Surgery. The programme included:

Simulator session

Using computer simulation to revise basic laparoscopic skills such as knot tying and suturing. Hand-eye coordination and manipulation exercises were included with time trials to encourage competition between the delegates and faculty. (the faculty were not always the fastest!). Each delegate and faculty had their own individual simulator.

Dry laboratory session

Each delegate had their own laparoscopic station with a porcine prosection. This was excellent as all the organs were in their correct anatomical positions, and was a welcome change to a dried out stomach and bowel pinned out on a cork board. We then trialed a new perfusion prosection model (unique to Ethicon Endo-Surgery) in which red liquid was continuously pumped through a cannula in the splenic artery. This meant that the tissues were engorged and "bled" if you made a mistake. A truly excellent experience for all and great preparation for the wet labs.

Wet laboratory session

Uniquely we had a full day in the wet labs with two delegates per station. The delegates had the opportunity to perform gastric banding with the Swedish Adjustable Gastric Band (Ethicon Endo-Surgery), followed by band removal, followed by a sleeve gastrectomy and finishing with a Roux-en-Y gastric bypass. We were able to use the state-of-the-art staplers, such as the Echelon Flex and equipment which enhanced the whole experience.



Supervised sleeve gastrectomy in the dry labs, Hamburg



From left to right: John Loy (Delegate), Simon Monkhouse (Course Director), David Mahon (Faculty), Hamish Noble (Delegate), Simon Higgs (Delegate), David Hewin (Faculty), Allwyn Cota (Delegate), Somaioh Aroori (Delegate), Peter Sedman (Faculty), James Rink (Delegate).

Module 2 March 23

Southmead Hospital, Bristol UK

Faculty: Ms Sally Norton, Mr Justin Morgan, Ms Sharon Bates, Dr Mike Darby

This one day module allowed the delegates to get "close up and personal" with gastric banding. They were all cleared by occupational health in advance and scrubbed up in pairs to undertake a supervised gastric band, under the careful supervision of Miss Sally Norton and Mr Justin Morgan.

The afternoon involved meeting a patient in a question and answer session, facilitated by the superbly enthusiastic and knowledgeable nurse specialist, Ms Sharon Bates. This was hugely valuable as it allowed the delegates to ask those questions not answered in textbooks. This was followed by a radiology tutorial to allow recognition of slips and pouch dilatations, again this was found to be very useful.

The last part of the day was attendance at a "live" MDT meeting so that delegates could see the process of patient selection and, get input from dieticians, psychologists and endocrinologists. This was an eye opener and gave a unique insight into the bariatric surgery pathway.

Module 3 April 12

Musgrove Park Hospital, Taunton

Faculty: Mr Richard Welbourn, Mr David Mahon

This one day module was the third and final chapter of SORTED. It was a day of live operating via video links. There were two gastric bypasses, a band and a VBG conversion to a bypass. The operations were very stimulating with a two way interaction between surgeon and delegates via microphone.

The natural "gaps" between cases were filled with a short presentation from Ms Chloe Ibrahim (Dendrite) about the National Bariatric Surgery Database and from Mark Davidson (Ethicon Endo-Surgery) about commissioning bariatric services in the NHS. The delegates were given presentation topics in Hamburg to prepare for this meeting and each delegate delivered a well researched, ten minute presentation on a topic of controversy in bariatric surgery. Examples included "Which operation for which patients?", "When to remove a band" and "Nutritional consequences of the gastric bypass". This was particularly useful as the delegates drew out information from the most up to date literature and gave an evidence-based overview of their topic.

The delegate feedback was uniformly excellent and I am hugely grateful to all the faculty and in particular Ms Paula Thomas, Mr Mark Thomas and Mr Paul Griebel from Ethicon Endo-Surgery who facilitated this pilot course from conception to delivery.

The plan for the future is to nationalise SORTED. Local trainees, local faculty in local centres. Keep your eye out for a SORTED near you!

Mr Simon Monkhouse,

Specialist Registrar and Course Director,
Gloucestershire Royal Hospital, Gloucester

12th Bill Owen Oesophago-Gastric Symposium

At The Royal College of Surgeons of England
18 March 2010



Mr Abrie Botha, St Thomas' Hospital

The first speaker, Professor DeMeester presented a compelling argument for standardisation of anti-reflux surgery. It was proposed that standardisation would lead to an increase in quality and efficacy and reduce errors with this leading to a greater team awareness of the steps of these type of procedures. He described how this standardisation could be achieved; a group consensus among experts would allow the most commonly performed procedure of laparoscopic fundoplication to be broken down into component steps, each of which could be standardised. With reference to cognitive task analysis and the analysis of failure it was noted that variable abnormalities, such as short or strictured oesophagus, wide hiatus or paraoesophageal hernia can make standardisation difficult. Further hindrances to standardisation were noted, including surgeons' enthusiasm for "the art of surgery", their desire to modify procedures, variable technical aptitude, and the difficulty of teaching the subtle parts of a procedure which were unconsciously performed by the expert. In conclusion Professor DeMeester stated that standardisation, whilst difficult to achieve beyond identification of the major components of a complex procedure, is still a worthy objective to realise improved outcomes.

Professor Daniel Sifrim addressed the question of whether pre-operative assessment can affect the outcome of anti-reflux surgery. He described the use of pH measurement, standard and high resolution manometry and radiological studies such as barium swallow, emphasising their value in selecting those

The 12th Annual Bill Owen Symposium was held at the Royal College of Surgeons of England on the 18 March 2010 and was convened by Mr Abrie Botha, Consultant Upper GI Surgeon at St Thomas' Hospital. The theme for the symposium was anti-reflux surgery and the faculty featured an impressive array of national and international experts.

patients most likely to benefit from anti-reflux surgery, as well as identifying those who may be more prone to post operative problems of dysphagia and gas bloat syndrome. He further described groups of patients that are more difficult to assess, such as those with reflux symptoms not responsive to proton pump inhibitors, weakly acidic reflux and gas reflux.

The technical aspects of successful fundoplication were then discussed:

Professor Oliver McAnena described the principles of mobilisation of the fundus. Special note was made of the relevant gastric anatomy, particularly the "bare area" posterior to the fundus. With the use of video clips examples of mobilisation from the left crus was described with clearance, if necessary, of the fat pad at the angle of His. It was emphasised that the dissection must clear the stomach from the posterior abdominal wall to avoid tension in the wrap and that division of short gastric arteries may or may not be required (a show of hands among the audience revealed that about half those present routinely divided the short gastric arteries).

Professor Zyg Krukowski described repair of the hiatus and its importance in the prevention of wrap migration. He pointed out that failure of hiatal repair was most likely due to the weak apposition of muscle when the crural fascial layer is inadequate and described an elegant solution to this problem, utilising buttressed sutures or strips of mesh on the crura. From a personal series of 900 anti-reflux procedures he stated he had used such techniques in 20% of primary repairs. It was also pointed out that combined anterior and posterior repair may be appropriate to prevent oesophageal kinking.

Mr Don Menzies followed with a description of suturing of the fundoplication. He emphasised the importance of clearance of any hernial sac and anterior fat pad, and the creation of a good posterior window. Selection of the correct part of the fundus for the wrap was described, this being the uppermost outer aspect of the fundus. The ideal height of the three suture wrap was described as 2–2.5cm.

The final talk on technical aspects of primary anti-reflux surgery was given by Professor Don Low. He addressed oesophageal length and cardiopexy and described the Hill operation as a

good option for reflux and the Collis gastroplasty as a solution for short oesophagus.

With the title "How happy are patients after reflux surgery?" Professor Lundell discussed the issue of quality of life following Nissen fundoplication. With reference to the SOPRAN study and the LOTUS trial he concluded that while symptom control was better with surgery than with medical treatment, it is difficult to demonstrate a difference in quality of life using scores of psychological well being.

The first afternoon presentation concentrated on the physiological assessment of GORD patients. Dr Mark Fox, Consultant Gastroenterologist, discussed symptomatic post-operative patients and described the use of high resolution manometry and impedance monitoring, along with gastric scintigraphy, three dimensional ultrasound and magnetic resonance scanning, as well as the EndoFLIP system for measuring distensibility of the gastro-oesophageal junction.

The penultimate session focused on management of hiatal recurrence & recurrent symptoms post anti-reflux surgery. Professor Leslie Nathanson described his experience of revision surgery for recurrent reflux and detailed his techniques for redefining the hiatal anatomy, preserving the crural fascia and his preference for the use of composite mesh in many of these procedures. Mr Abrie Botha followed with a discussion of revision surgery for post-operative dysphagia and Mr Paul Schneider described his approach for post-operative gas bloat symptoms.

The final talk of the session was given by Professor Guy-Bernard Cadière, entitled "The Future: new devices and endoscopic treatment of reflux". Professor Cadière introduced very interesting recent developments in Transoral Incisionless Fundoplication, with a description of the technique and its outcome.

The meeting ended with a very lively debate of several difficult and challenging clinical cases. We would like to thank the faculty for their participation in what was a very enjoyable, productive and thought provoking symposium.

We would also like to thank Ethicon and Covidien for their support of the meeting.

Mr Alan James and Mr David Williams
St Thomas' Hospital



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East Midlands Conference Centre, Nottingham
Thursday 25 & Friday 26 November 2010

Training Day

Trent Simulation & Clinical Skills Centre, Nottingham
Wednesday 24 November 2010

PROGRAMME

International & National Speaker(s) & Live Operating from:

QUEENS MEDICAL CENTRE, NOTTINGHAM

Nick O'Rourke, Laparoscopic & Hepatobiliary Surgeon (Brisbane, Australia), will perform a live laparoscopic right hemi-hepatectomy.

Tony Dixon, Laparoscopic Colorectal Surgeon (Bristol), will perform a live laparoscopic ventral mesh rectopexy, vaginal sacrocolpexy.

Irfan Ahmed, Consultant Laparoscopic & Hepatobiliary Surgeon (Aberdeen), will perform a live single port laparoscopic cholecystectomy and a laparoscopic hernia repair.

Austin G Acheson, Consultant Colorectal Surgeon (Nottingham), will perform a live laparoscopic right hemi-colectomy.

CITY HOSPITAL, NOTTINGHAM

Gurminder Mann & Akhlil Hamid, Consultant Urological Surgeons (Nottingham), will perform a live laparoscopic kidney operation: either laparoscopic radical nephrectomy or laparoscopic pyeloplasty.

Duncan Harriss & Owen Cole, Consultant Urological Surgeons (Nottingham), will perform a live laparoscopic radical prostatectomy.

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REGISTRATION DETAILS

- Online registration opens 1 September 2010
- Register online at www.alsgbi.org or via the ALS microsite www.alsgbi.org/nottingham2010

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For full information visit www.alsgbi.org/nottingham2010




•Laparoscopic Training Bursaries•2010•

The ALS is awarding 8 generously funded Stryker Training Bursaries for a value of approximately £1,000 each in September 2010. The purpose of these awards is to enable aspiring young consultants within 2 years of appointment, and senior registrars within 3 years of CCST, to extend their training in minimal access surgery by attending a Laparoscopic Surgery Skills Course, of their choice, held at The Royal College of Surgeons of England in the prestigious Raven Department of Education. Please note the award does not cover travel or accommodation expenses.

In order to be considered for one of the Stryker Training Bursaries, candidates should initially email jtreglohan@asgbi.org.uk to request an application form. The completed form must be returned to Mr Mark Vipond, Honorary Secretary of the Association of Laparoscopic Surgeons, at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE detailing why the Stryker Training Bursary would be beneficial. A full list of available courses can be downloaded from www.rcseng.ac.uk (visit the education section and search using the term laparoscopic). The deadline for receipt of applications is 15 September 2010.

The successful applicants will be expected to produce a brief report of their course for publication in the ALS Newsletter. Any further enquiries should be emailed to jtreglohan@asgbi.org.uk / Tel +44(0)20 7973 0305.

ASGBI International Surgical Congress

Morning Session: Inguinal Hernia: Which Operation? Thursday 15 April 2010

Mr Mark Vipond, Honorary Secretary of ALS, was asked to arrange this session for the 90th Anniversary of the International Surgical Congress of the Association of Surgeons of Great Britain and Ireland, held at the BT Convention Centre in Liverpool. Sir Berkeley (later Lord) Moynihan would have approved of the panel of experts renowned for their expertise and intellectual honesty that had come to share their experience and thoughts with the audience. The audience itself was also extremely knowledgeable as could be judged by their attendance and subsequent discussion. The lecture hall accommodated over 500 and the capacity was almost complete. It became obvious that the two techniques we were to discuss were the Lichtenstein and the laparoscopic. No real debate of TAPP or TEP was entered into.

Professor Andrew Kingsnorth (Plymouth UK) presented the guidelines for the type of operation recommended by NICE and the European Hernia Society. Differences between the two sets of recommendations could perhaps be explained by the inclusion of only two surgeons on the NICE committee and a preponderance of surgeons in the European group. The broad consensus of opinion was that:

A mesh should be used in a Lichtenstein repair.

Local anaesthetic anaesthesia allowed the patient to be "street ready" in 60 minutes.

In the UK more than 85% of hernia repairs are carried out using the Lichtenstein technique under general anaesthesia and perhaps surgeons should consider this as an alternative particularly in the elderly.

Endoscopic (or laparoscopic) hernia repair is a comparable alternative method but should probably be used in specialist centres. Professor David Easter (University of California, San Diego, USA) discussed the relationship of patient and surgeon in terms of achieving the appropriate operation for the patient and reaching the goals of each individual's expectations.

- Persistent pain after laparoscopic repair was less (13% vs. 19%) than after open repair.
- Patients returned to work earlier (up to 7 days) after laparoscopic repair.
- However the quality of life at 3 and 6 months was no different between the two groups.

He demonstrated a video of his laparoscopic technique using a self-adhesive commercially available mesh. In his conclusion, he emphasised the differences between the techniques of open surgery namely patient comfort and return

to productivity (laparoscopic) and cost (Lichtenstein). Professor Henrik Kehlet (Copenhagen, Denmark) reinforced the depressing fact that postoperative pain is the commonest complication after hernia repair be it laparoscopic or open repair.

Although this is now well recognised it is a poorly understood mechanism. Undoubtedly nerve injury is a major factor but other factors were contributory including psychology, possibly genetic factors and a central neurological influence too.

Laparoscopic surgery produced less sensory dysfunction but was not blameless. He described his research into predicting postoperative pain using sophisticated equipment for neurological testing. This can now be superseded in a clinical environment with a heat stimulation probe at 47°C to predict whether the patient is at risk of developing postoperative pain. He emphasised that the mechanisms of the production of postoperative chronic pain are being unravelled but we need robust definitions. Interestingly, he made no mention of "meshodynia". He subsequently commented that laparoscopic repair of a hernia was not necessarily the procedure of his choice.

The panellists kept to time allowing over 30 minutes of useful discussion with the audience and interesting debate between themselves. Of the questions answered the panel recommended not using a preformed mesh, but tailoring it to the patient's anatomy. Mesh shrinkage was discussed and in a show of hands few of the audience admitted to seeing it as the major cause of recurrence. No one particular mesh appeared to be strongly advantageous over another though the panel felt that an open weave lightweight hydrophilic mesh was "probably" preferable.

The discussion could have gone on for longer in the lecture theatre but our time came to an end. Further informal discussions did continue into the evening around the dinner tables and in the hotels.

I should like to thank Mark Vipond, the panellists and particularly the audience for making this an excellent educational and informative session. I am confident that Lord Moynihan would have strongly approved.

Mr Stephen Chadwick,
North Thames Regional Representative



ALSGBI Website



If you are not one of the ten thousand people who visit the ALS website each year, it would be well worth your while pointing your browser in our direction (www.alsgbi.org). The website has been recently

redesigned to keep up with the ever changing needs of users and the incessant expansion of web technologies. The ALS website now offers visitors an easy on the eye, easy to navigate front door to all that is happening in the Association, as well as links to our affiliated organisations and industry partners.

We are all familiar with how the Internet has changed the way we do things. When was the

last time you picked up a Yellow Pages or telephone directory? We are no longer content to sit back and let information wash idly over us, we have turned from consumers to "prosumers", actively seeking the information we want that is relevant to us, by the quickest possible means. In this age of Digital Darwinism, the success of organisations such as ours can be measured by how well we are connecting to our audience, building audience loyalty and nurturing connections that make more connections. In short, what do we know about the visitors to our website and what can we do to make it better?

Of the 10,000 people who visit our website, 60% of these through search engines such as Google searching on 'alsgbi'. Sixty-two percent of these visitors are new visitors, who have never been onto our web pages before. Eighty percent of traffic is from within the UK, but we have visitors from the USA, Canada and as far as Australia and Hong Kong. The top content is the ALSGBI home page and from there, visitors seek

out listings of events, courses and resources such as consensus statements and patient information. Our peak activity through the web site, not surprisingly is in November, when we have up to a 100 hits a day –downloading the Programme for the Annual ALSGBI meeting and making bookings through the conference micro-site.

Shortly we will be posting video content from the DVD sessions from the ALS and ASGBI Annual Meetings. We are looking at putting up Podcasts of keynote lectures from these meetings for those of you who want to listen again or could not make the session. It has been said "...we're not who we think we are, but what Google says we are." Let us know what you would like to see in our web pages, by contacting us at www.alsgbi.org/contactus.htm to make our site your favourite of your bookmarks.

Mr Christian Wakefield,
Oxford & Wessex Regional Representative and Website Director

ALS Industry Partners' Course Information

Bard Davol Laparoscopic Hernia Workshops 2010

T: +44 (0)1293 606 604 (Lindsey Blain, Workshop Co-Ordinator – Bard Davol) | F: +44 (0)1293 606 555 | E: lindsey.blain@crbard.com | W: www.barduk.com



Date	Course – Hernia Repair Procedures	Venue
16 June 2010	Laparoscopic Inguinal (TEPP)	Crewe
18 June 2010	Laparoscopic Inguinal (TEPP) Hands-on	Bournemouth
24 June 2010	Laparoscopic Incisional / Parastomal	Walsall
6 October 2010	Laparoscopic Inguinal (TEPP)	Crewe
September 2010 (tbc)	Laparoscopic Inguinal (TEPP) Hands-on	Basildon
27-28 September 2010	Laparoscopic Inguinal (TEPP + TAPP) Hands-on	Northumbria
11 November 2010	Laparoscopic Incisional /parastomal	Walsall

B Braun Medical, Aesculap Endoscopy

Contact: Bob Brook, National Sales Manager, B. Braun Medical Ltd

Direct Line: +44 (0)114 225 9043 | Mobile: +44 (0)7977248057 | Email: bob.brook@bbraun.com | Web: www.aesculap-academy.com



The Aesculap Academy has been offering a broad range of surgical Endoscopy courses since 1995. All of our courses are directed by a renowned international faculty. Quality is the key and our courses are all accredited.

Our state of the art training facilities in Tuttlingen and Berlin offer 6 - 10 workstations for a maximum of 12 - 20 participants. Different training modules have been developed for dry and wet lap laparoscopy training workshops, across a wide range of surgical procedures in upper GI surgery, colorectal surgery and laparoscopic urology.

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Horizons of knowledge – Competence to master the future

Date	Course	Venue
Date to be confirmed	Hernia Masterclass (2 Day Seminar - No workshop)	Edinburgh
5-6 July 2010	Comprehensive Urological Laparoscopy	Berlin
7-9 July 2010	Laparoscopic Training Course - Hernia Surgery	Berlin
23-24 September 2010	Advanced Laparoscopy - Upper Tract Urology	Berlin
9-11 November 2010	Advanced Laparoscopic Surgery	Berlin

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Date	Course	Venue
8 June 2010	Innovations in Advanced General Surgery	Manchester
10 June 2010	Innovations in Advanced General Surgery	Windsor, Berkshire
21 October 2010	Laparoscopic Ventral Hernia Repair Workshop	King George Hospital, Essex
8-9 November 2010	Masterclass Laparoscopic Ventral Hernia Repair	Nijmegen, Netherlands
Date TBC	Laparoscopic Gastric Bypass Course	Hallein, Austria

Olympus Medical

W: www.olympus.co.uk | T: +44 (0)1702 616333 (Course Co-Ordination Department) | E: info@olympus.co.uk

Details of these course are available on our website or will be in due course.



Date	Courses	Venue
7-8 June 2010	Wet Lab in Laparoscopic Urology	Erasmus Medical Centre, Skills Lab
14-15 June 2010	7th International Laparo-Endoscopic Single-Site Surgery Wet Lab Workshop	Erasmus Medical Centre, Skills Lab
7-8 July 2010	LESS Course	MATTU Centre, Guildford
22-23 July 2010	8th International Laparo-Endoscopic Single-Site Surgery Dry Lab Workshop	Olympus Medical Training Centre, Hamburg
30 September-1 October 2010	1st International LESS Surgery Urology Workshop	Erasmus Medical Centre, Skills Lab
5-6 October 2010	9th International Laparo-Endoscopic Single-Site Surgery Dry Lab Workshop	Olympus Medical Training Centre, Hamburg
28 October 2010	LESS Cadaveric Workshop	NSTC, Freeman Hospital
16-17 December 2010	10th International Laparo-Endoscopic Single-Site Surgery Dry Lab Workshop	Olympus Medical Training Centre, Hamburg

Caption Competition

Entries have to be sent to Jenny Treglohan
jtreglohan@asgbi.org.uk
by 15 September 2010 and the winner will
receive a abottle of champagne.



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 www.karlstorz.com



ALS silver sponsor gets royal recognition



A Devon-based surgical manufacturing firm has scooped one of the most sought-after accolades in the country, it has been announced.



Left to right: Steve Young, Technical Director, Mike Young, Managing Director, Rob Young, Finance Director. They are standing outside their offices near Ashburton in Devon.

SRA Developments has been honoured with the prestigious Queen's Award in Enterprise and Innovation, for the ground-breaking ultrasonic scalpel, known as LOTUS.

The LOTUS torsion scalpel earned its royal blessing due to a pioneering design patented by a small team of engineers, based in the Devon countryside. Launched seven years ago and now used by surgeons in more than 20 countries worldwide, LOTUS has helped thousands of patients recover more quickly from laparoscopic surgery.

SRA Technical Director, Dr Steve Young, said: "We designed LOTUS to cut and seal tissue very quickly, so it keeps blood loss to a minimum - particularly crucial in laparoscopic surgery. The reduced trauma in turn, speeds up the recovery process."

"Our 'eureka moment' was realising that we could design a unique blade, with a torsional mode of vibration, which focused all the energy onto the target tissue. That innovative design is essentially what sets it apart from other ultrasonic scalpels."

Dr Young added: "We also try to reduce NHS costs and waste by designing half of the instrumentation to be re-usable."

The NHS has been using LOTUS since 2003 and the instrument is the latest design in a line of ultrasonic devices produced by SRA, including equipment used in hip revisions and physiotherapy.

Dr Mike Young said: "Achieving the Queen's Award is our greatest accolade and marks 20 years of medical instrument development at Bremridge. For a small family business with just 55 employees, competing with corporate giants in this technically demanding field, has been both challenging and rewarding."

"The Queen's Award will encourage us to continue our work as we strive to expand our international markets and introduce new products including HPB resectors."

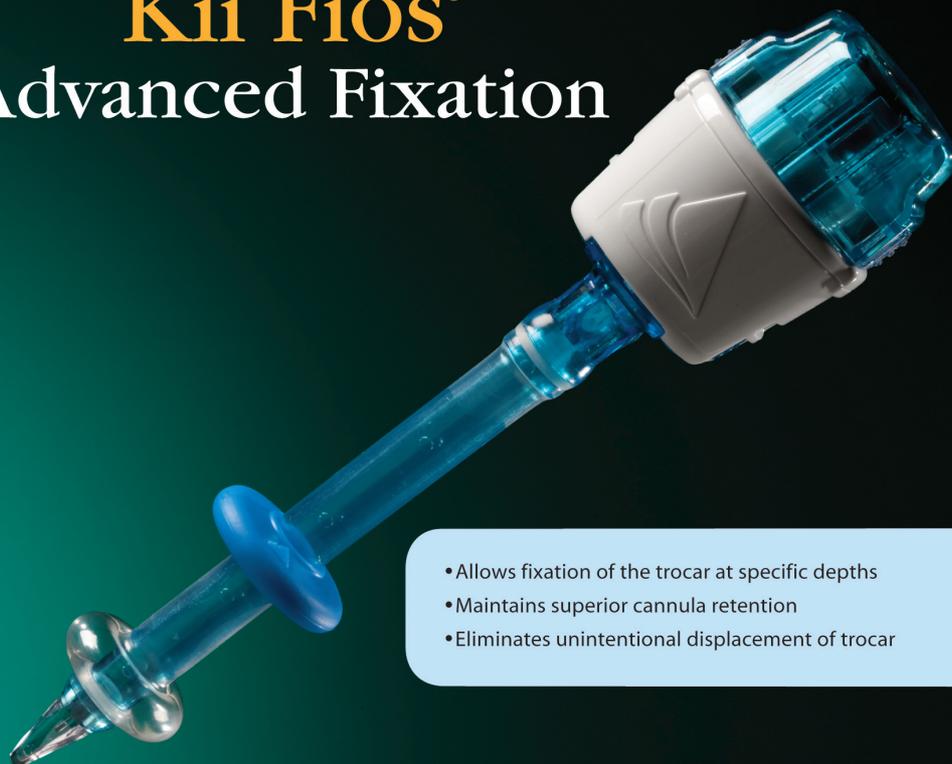
More information about LOTUS can be found at www.LOTUSultrasonicscalpel.com

SRA is proud to have won the 2010 Queen's Award for Enterprise for its Lotus Torsion Scalpel.



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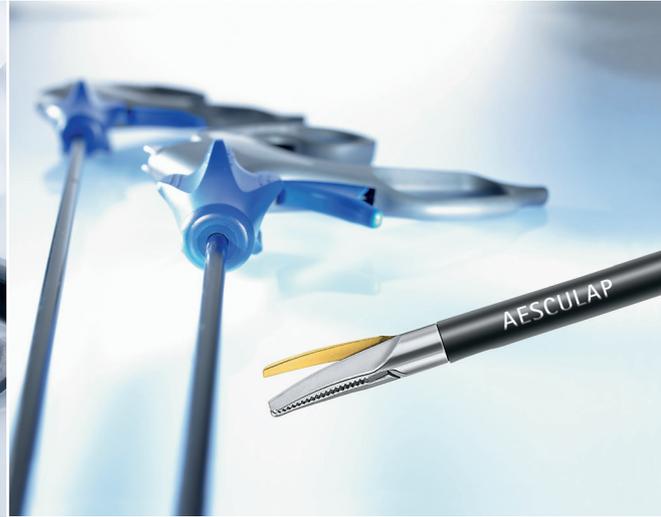


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