

# ALSGBI newsletter



Association of Laparoscopic Surgeons  
 of Great Britain & Ireland

## President's Introduction



Welcome all of you to the 2017 Spring edition of the newsletter and once again our thanks go to Mr Neil Keeling for bringing this together so expertly; we hope you enjoy reading this.

As I write we are still in the afterglow of the Annual Scientific Meeting held at the ILEC in London last November which attracted the largest number of attendees to date, with nearly 300 registered delegates and 28 companies represented. The feedback has been very gratifying and thanks are due to so many people whose individual and collective contributions were immeasurable.

The meeting followed the familiar format with the training day on the Wednesday, live operating on Thursday and the Scientific day on the Friday.

We held the training day at the Training Unit in St Mary's Hospital which many of you who

work in the South East will be very familiar with. It was established under the leadership of Professor George Hanna who kindly allowed us to use the facilities and his team for the day. For those who have not visited this is a bespoke training unit through which one quarter of all our UK surgical trainees gain technical skills training on a rotating programme. With these facilities Mr Paul Leeder was able to deliver, with his "A" list faculty, a training day which must rate as the best laparoscopic training day in the UK; no wonder it is routinely oversubscribed (as it was again this year). Our thanks go to Medtronic for generously sponsoring the training day ensuring that this was free for those trainees participating.

For those of you interested in this year's training day, it will be held in the equally impressive Welsh Institute of Minimal Access Therapy (WIMAT) and places will again be free to registered delegates on a strictly first come first served basis. Early applications are strongly advised.

During the main meeting the live operating always provides a frisson of anxiety for the organising team and this year was no exception. For a little while the Croydon tram crash threatened to also derail Professor Tim Rockall's careful preparations but, in the event, the hurdles were overcome, all the technology worked perfectly and the operating was inspirational. Our thanks go to Tim and the team at the Royal Surrey County Hospital and to Karl Storz and Olympus for providing the live links and the best quality images I have

ever seen. This was Europe's first ever demonstration of a live 4K link and the quality of the operating which matched the jaw dropping quality of the images will be remembered for a long time to come. The day concluded with a session of procurement which was a first for us and one which we plan to build and expand upon in future conferences.

Our guests at the Scientific meeting were Professor Luigi Boni from Italy whose topic was *the use of ICG therapy in laparoscopic surgery* and Professor Michael Kendrick from the USA who gave the BJS lecture on the topic of *pancreatic resections* but who also led our symposium on *haemostasis* with candid videos and helpful practical advice which we all crave.

Our congratulations also go to Mr Philip Pucher who won the David Dunn medal for the best oral abstract presentation.

This year's Annual Scientific Meeting will be held in Cardiff and judging by the success of our last meeting in Cardiff may well prove bigger than even the London meeting. Our local organiser is Mr Jared Torkington who is known to many of you and plans are already well underway. For now please reserve the dates in your diary – 9th and 10th November 2017. The theme will be based around improvisation and innovation in laparoscopic surgery with an emphasis on novel thinking and practice.

Looking forward to 2018 London will be hosting the EAES meeting on 31st May and 1st June. The venue is the Excel Centre and we would urge as many of you to attend as you can. It will be an excellent meeting and the UK opportunity to showcase our skills to our European neighbours. It will be a big meeting with potentially 1,500 to 2,000 delegates and we need to be there. Those who regularly attend the EAES will testify to the consistently high standard of the meeting and an opportunity to see a different way of operating from both Europe and, increasingly, from delegates from the Far-East. There will be more to say on this meeting in future bulletins.

Our other major project for 2017 will be the continued roll-out of the "LapPass" programme and the setting up of regional training days which we plan to provide free of charge. In these meetings we will be providing skills training for passing LapPass and there will be assessment opportunities as well, but it is unlikely the standard required to pass will be achieved in one session and independent practice is encouraged.

2017 will also see the closure of the RCS building in Lincoln's Inn Fields and with it our home for the last 18 years of our existence. We shall maintain a base in the Nuffield building in the short term and all contact details will be unchanged but as a Council we will become more nomadic in the venues for our forthcoming meetings. Future arrangements for the Association are being discussed but will become the responsibility of Mr Simon Dexter who I am delighted is the person we have chosen to assume the Presidency from November.

We wish you all an enjoyable 2017 and look forward to seeing as many of you as possible in Cardiff.

Best wishes

**Mr Peter Sedman**

President, ALSGBI



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## Editor's Introduction

Welcome to the 2017 Spring ALSGBI Newsletter. It is both an opportunity to look back on some of the events of 2016 and to look forward to many exciting things happening in 2017.

The Annual Scientific Meeting at the ILEC in London was a tremendous success and we hope that the Cardiff Meeting being organised by Mr Jared Torkington for 9th and 10th November will surpass this.

I would like to bring to your attention the EAES Congress in Frankfurt on 14th-17th June and at the end of August (29th to 2nd September) the IFSO meeting.

As you may already have heard there has been a major new project announced for the RCS England which is going to undergo a major

refurbishment and the official briefing is attached.

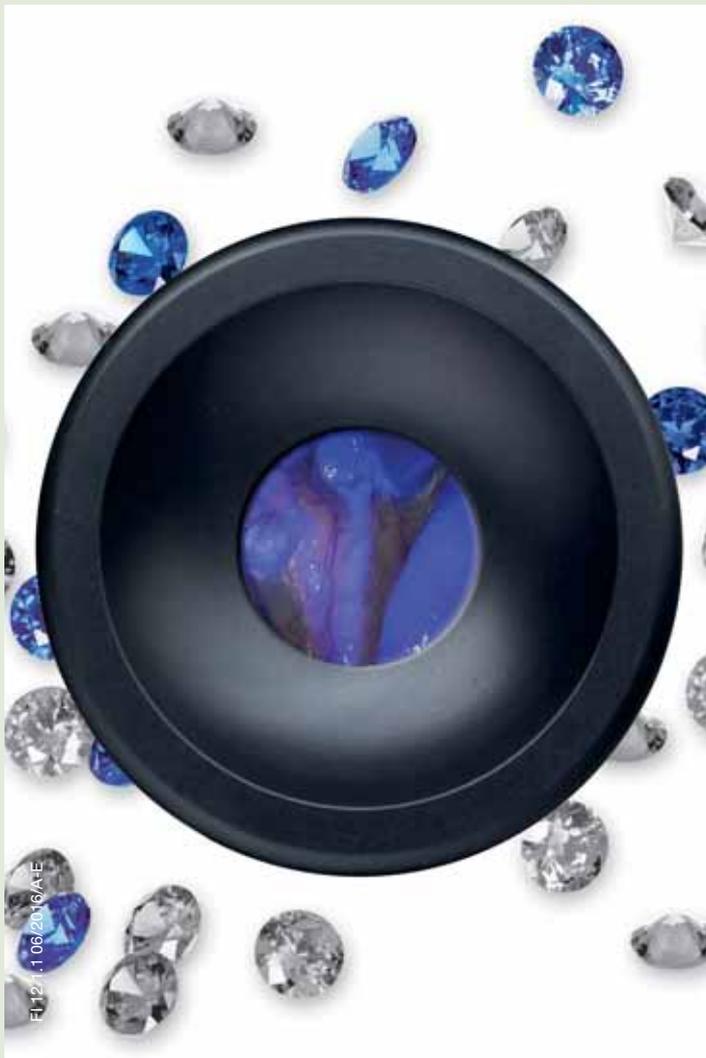
Please make note of the announcement of the CORESS charity appealing for contributions, the web address and e-mail details are on page 4.

Once more I urge you to take a look at the excellent ALSGBI website maintained by Mr David Mahon <http://www.alsgbi.org>. There you will also find the application forms for ALSGBI funding assistance for local and regional skills and training meetings.

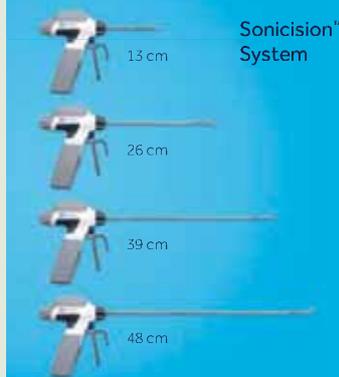
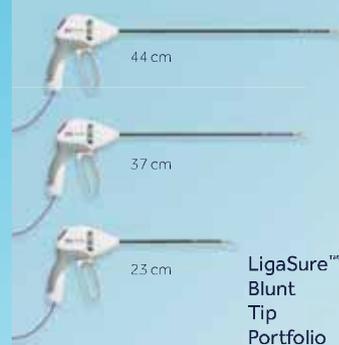
If you have articles that you would like to have considered for the next Newsletter please send them to me [neil.keeling@wsh.nhs.uk](mailto:neil.keeling@wsh.nhs.uk) or to Jenny [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org)

Please do not forget to submit your answers for the caption competition on page 7, entirely at the expense of our President Mr Peter Sedman!

**Mr Neil Keeling**  
Newsletter Editor



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## Reporting

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### How do I report?

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## Contact Us

Contact us now via email: [admin@coress.org.uk](mailto:admin@coress.org.uk)

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## SAVE THE DATES

WEDNESDAY 8 NOVEMBER 2017

ALSGBI Laparoscopic Surgery Training Day

WIMAT (The Welsh Institute for Minimal Access Therapy), Cardiff

THURSDAY 9 & FRIDAY 10 NOVEMBER 2017

ALSGBI & ALTS Annual Scientific Meetings, City Hall Cardiff



## ALSGBI North West and Mersey Regional Meeting

29 September 2016, Sai Spice, Chorlton

The 8th Minimal Access Surgery North West (MASNoW) meeting took place on the 29th September 2016 at Sai Spice, Chorlton. The biannual evening event was hosted by Mr Sajal Rai, Consultant Colorectal Surgeon at Stepping Hill Hospital, Stockport NHS Foundation Trust. The attractions of well-respected speakers from the region and the promise of good curries have proved to be a big draw for audiences in recent meetings. Our September meeting was well attended by 53 consultants and trainees.

The evening consisted of consultant and trainee presentations from Upper GI, Colorectal and HPB subspecialties. Mr Bart Decadt (Consultant Upper GI Surgeon, Stepping Hill Hospital) gave a well-received

presentation on the surgical management of oesophageal perforation with the use of T-tube. Professor Aali Sheen (Consultant HPB Surgeon, Manchester Royal Infirmary) shared his experience on the operative management of difficult gallbladders which was much appreciated by many non-HPB colleagues in the audience. We were very honoured to welcome our guest speaker Mr Ravi Marudanayagam, Consultant HPB Surgeon from Queen Elizabeth Hospital in Birmingham. Mr Marudanayagam shared his experience on the technique of laparoscopic major hepatectomy and outcomes from his unit. The latter half of the evening saw trainee presentations by Shahin Hajibandeh (CT1), Eva Vitovská (FY2) and Jennifer Clark (CT1).

The trainee presentation prize was awarded to Hayley Fowler (ST3) for her talk on Endoscopic pilonidal sinus treatment (EPSiT).

The MASNoW ALSGBI regional meeting is now a key educational and social event in the region. Our next meeting is planned for April 2017 and abstract submission will open from early 2017. Please contact [clousurgeon@gmail.com](mailto:clousurgeon@gmail.com) for further information.

### Ms Christina Lo

Senior Upper GI Trainee, North West Deanery

### Mr Chelliah R Selvasekar

Consultant Colorectal Surgeon, The Christie NHS Foundation Trust, Manchester  
North West & Mersey Regional Representative,  
ALSGBI Council

# 9th SW Regional Laparoscopic Training Day

21 October 2016, Musgrove Park Hospital Academy, Taunton



*Mr Mark Vipond, Mr Matthew Mason and Mr Hamish Noble*



*Lunch with trade exhibition*



*Mr Simon Dwerryhouse operating*

Fifty-eight trainees attended the regional ALSGBI Chapter Meeting in Taunton organised by Musgrove surgeon Mr Richard Welbourn, which repeated the theme of live operating by invited regional experts interspersed with lectures. Regional SpR Miss Zoe Oliphant did an excellent job of raising sponsorship to make the event free for trainees.

President of the ALSGBI, Mr Peter Sedman and Past-President Mr Mark Vipond moderated the first session in which Mr Simon Dwerryhouse (Gloucester) performed a beautiful demonstration of laparoscopic Nissen fundoplication, assisted by local surgeon Mr Hamish Noble. This was followed by a presentation by Professor Mark Coleman (Plymouth) who eloquently mapped out trainee pathways for the 'consultant-ready' trainees.

Keeping to topics important to trainees at all levels Mr Sedman then demonstrated how to do a laparoscopic incisional hernia repair, with Mr David Hewin (Gloucester) and Mr David Mahon (Taunton) moderating. Mr Dwerryhouse then spoke about problems facing every hospital - that is, how to deal with the challenge of acute gallbladder surgery and the evidence behind



*Mr Peter Sedman and Mr David Hewin*

algorithms for triaging patients with deranged LFTs and dilated ducts - with a focus on how to deal with bile duct stones and by whom according to the skills available locally.

At lunchtime there was a knot-tying competition, a lively trade exhibition and sandwich buffet lunch at which delegates mingled well with our sponsors - to whom we are very grateful for making the day another success.

Both training and certifying of demonstrated skills is key to good laparoscopic training and Mr Sedman updated us with the LapPass passport for trainees. To finish the live operating Professor Coleman then demonstrated right hemicolectomy in a difficult case in combination with local colorectal surgeon Mr Paul Mackey. The day ended with a tour de force presentation by Mr Ian Daniels (Exeter) on how to repair difficult incisional hernias and reconstruct whole abdominal walls when there is complete muscle failure.

Feedback on the day was excellent and there was enthusiasm for repeating it again next year, hopefully encouraging trainees to join the ALSGBI as well.

**Mr Richard Welbourn**  
Audit Director, ALSGBI Council



*Professor Mark Coleman operating with Mr Paul Mackey*

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<sup>3</sup> Benchtop testing in porcine stomach tissue. Mean tissue movement from after clamping on tissue to after firing ECHELON FLEX™ Powered Plus Stapler (PSEE60A) and ECHELON Reload with GST vs ENDO GIA™ ULTRA Handle (EGIALSTND) and Endo GIA™ Reload with Tri-Staple™ Technology at 15, 2.5, 3.3 and 4.0mm tissue thicknesses (15mm: GST60B 1067mm vs EGI60AMT 2452mm p<0.001; 2.5mm: GST60G 1148mm vs EGI60AMT 3.261mm p<0.001; 3.3mm: GST60T 0.642mm vs EGI60AMT 4.806mm p<0.001; 4.0mm: GST60T 0.654mm vs EGI60AMT 5.116mm p<0.001).

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# ALSGBI Annual Scientific Meeting

10-11 November 2016, ILEC, London

Our 2016 Annual Scientific Meeting was held in November at the ILEC Conference Centre in London and was one of our most successful and stimulating meetings to date.

We had our highest ever number of registrations (nearly 300 delegates) and 28 companies were represented. The conference centre proved to be the perfect size; suitably cosy and intimate but without being cramped and the programme was stimulating and flowed freely throughout. There were lots of highlights.

We adopted our standard format for the event with the teaching day on the Wednesday, live operating on the Thursday and the Scientific session on the Friday.

The teaching day was held at St Mary's Hospital and we thank Professor Hanna for allowing us exclusive use of the outstanding surgical training centre he has developed there. Many surgeons who work in the South East are very familiar with this bespoke training unit and approximately one quarter of all our UK surgical trainees gain technical skills training on a rotational programme through it. The technical support team have expertise and experience which impressed us all and we took new ideas away from the day. A special thanks go to Mr Steve Marchington who oversaw.

With these facilities Mr Paul Leeder was able to deliver, with his faculty of true experts, a training day which must rate as the best laparoscopic training day we can possibly deliver in the UK; no wonder this training day is routinely oversubscribed. Our thanks to Medtronic for sponsoring the training day which, once again, we were able to provide free of charge to the delegates. For those of you interested in this year's training day it will be held in the equally impressive Welsh Institute of Minimal Access Therapy (WIMAT) and places are available to registered delegates on a strictly first come first served basis. Early applications are strongly advised as places are routinely overbooked.

The live operating day always provides a frisson of anxiety for the organising team and this year was no exception. For a short while the Croydon tram crash threatened to derail Professor Tim Rockall's careful preparations but in the event the hurdles were overcome, the technology worked perfectly and the operating was inspirational. Our thanks go to Tim and the team at the Royal Surrey County Hospital and to Karl Storz and Olympus for providing the live links and the best quality images I have ever seen. This was Europe's first ever demonstration of a live 4K link and the quality of the operating which matched the quality of the images will be remembered for a long time to come. We were grateful to Mr Adam Howard from Colchester who added to these live links with some fascinating video presentations on laparoscopy in the practice of a vascular surgeon. The day was concluded with a session on procurement. This session was a first for us but was started in response to the frustrations we all have in the modern NHS where the hurdles to obtaining the equipment we so heavily rely upon seem greater with each passing year. We need to become smarter in this area and we intend to expand upon this theme in future meetings.

Our guests at the Scientific Meeting were Professor Luigi Boni from Italy and Professor Michael Kendrick from the USA who gave the BJS lecture on the topic of pancreatic resections.

Professor Boni's topic was on the use of ICG therapy in laparoscopic surgery which he has been developing for some years and we had been able to witness use of this in live operating the preceding day. None who saw these demonstrations or who heard the talk will be in doubt about the potential for this approach in minimising operative complications in the future.

Professor Kendrick began his contribution to the meeting by showing some candid videos as a backdrop to the symposium on haemostasis. The technical quality of his surgery is sublime and to see how he copes with sudden haemorrhage left us all with practical tips which bear rehearsing mentally in preparation for the occasional moments where they are needed in a hurry.

The BJS lecture was later given and presented the results of his several hundred laparoscopic pancreatic resections and video footage to demonstrate various technical points along the way. It was impossible to leave without feeling inspired and a little awed.

The scientific contributions were of a high standard reflecting the excellent work being done up and down the UK and our congratulations go to Mr Philip Pucher who was awarded the Society's most prestigious prize, the David Dunn medal for his presentation entitled "The impact of laparoscopy in emergency major abdominal surgery". The presentation of the medal will take place at our next conference.

The meeting concluded with the announcement that our next President is to be Mr Simon Dexter who will take over from me at the conclusion of the Cardiff meeting. Please make a note in your diary now of the dates:



**Wednesday 8 November 2017**  
Laparoscopic Surgery Training Day at the WIMAT

**Thursday 9 November 2017**  
Annual Scientific Meeting including live operating sessions at Cardiff City Hall

**Friday 10 November 2017**  
Annual Scientific Meeting including invited speakers & ALTS Meeting at Cardiff City Hall

**Mr Peter Sedman**  
President, ALSGBI

## Caption Competition

Here is your chance to win a bottle of champagne. To the right you will see a picture of Mr Peter Sedman taken at the last ALSGBI Scientific Meeting in London.

First to come up with a caption that is printable and not likely to be subject to legal challenge for defamation please send your caption to [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org) The best answers will be published in the Autumn Newsletter.



# ALSGBI Annual Scientific Meeting

10-11 November 2016, ILEC, London

The 2016 ALSGBI conference was in London, which was obviously a great choice as we had the best delegate numbers ever. More importantly we had 48 ALTS members registered which is also a record: We hope this will increase year on year. The ILEC conference centre was a lovely hotel and an excellent conference venue. As the conference was all in the same area it didn't matter what the weather was doing outside, as all we had to do was to look at the weather and not experience it!

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

The exhibition was up to the usual high standard exhibiting a wide range of key equipment required in laparoscopic surgery. Certainly our ALTS delegates enjoyed seeing all the companies relevant to minimal access surgery under one roof. There were lots of competitions to enter and prizes to win from a pen all the way up to a Microsoft Surface Pro, as well as other titbits and a variety of other prizes. All in all well worth attending.

After the live operating had finished on the Thursday we adjourned to the exhibition for a drinks reception, followed by dinner at the

Queens Club in Palliser Road: What a great venue! The dinner was, as usual, extremely well attended, with not a spare seat to be had! The food was excellent as was the wine and there was no shortage of either! Our after dinner speaker was Mr Gary Richardson who really was excellent and had us all laughing throughout.

After dinner the bus took us to the hotel and everyone proceeded to the bar to 'put the world to rights' before retiring to bed very late!

Friday is the day when we split up into parallel sessions for all ALTS members (and anyone else that wanted to join in!). As we had so many delegates registered the room was full which was fantastic to see. Mr Richard Lawrence from Olympus gave us an excellent talk on getting the best out of our camera system – informative and light hearted in equal measure, and very enjoyable. The current President, Mr Peter Sedman gave us some of his valuable time to talk about LapPass, what it entails and the purpose of the exercises. It is not expected that our theatre practitioners will complete these tasks, but it is always fun to have a go. It makes us appreciate how difficult it is for our trainee surgeons to make the grade. We then joined in with the main scientific

meeting for some more excellent presentations.

We had managed to borrow some laparoscopic stacks in the afternoon for anyone who wanted to practise their camera holding, but everyone wanted to attend the main meeting, which of course was absolutely fine as we do like to offer our delegates choices.

This was my last meeting as ALTS Chairperson as I have now been in the post for 10 years and I feel it is time someone else took over and injected some new life into the role. The new ALTS Chairperson will be Mrs Debbie Gooch, whom I am sure a lot of you will know already as she has been involved with the organisation for many years and has been to all the meetings over the last 8 years. She is well known to most of the Council members and will do a fabulous job, of that I have no doubt. So I would like to take this opportunity to welcome her into the role and onto the Council. Please support her and send her any ideas or themes you would like to see covered in the ALTS sessions.

Good luck to all and I am sure our paths will cross in the future.

**Mrs Jane P Bradley Hendricks**  
ALTS Chairperson





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# Position statement from Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI) on Robotic Surgery

## Summary:

The Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI) has been at the forefront of development of minimal access surgery in the United Kingdom. ALSGBI provides a structure for training to promote safe practice in multi-professional minimal access surgery. Robotics in surgery has been in clinical use for some time and the Association fully understands the need to embrace robotics. It does feel however a cautious approach is beneficial in the introduction to clinical practice, based on the clinical and cost-evidence with training for surgeons and the team to perform the procedure competently. There should be strong clinical governance arrangements locally and the NHS should adopt the technology appraisal guidance provided by National Institute for Health and Clinical Excellence (NICE). The cost of current robotic systems is a huge financial challenge however the ALSGBI believes that by establishing high-volume centres this will enable the development and sustaining of a high quality service. It will also provide centres of excellence with high quality training. The training needs to be team-based, structured and accredited. Clinical outcomes should be defined, measured and recorded prospectively in clinical trials or through a national registry.

## Introduction:

Robots have been used in assisting surgeons perform surgical tasks in orthopaedics, neurosurgery and cardiac surgery for some time, however there has been an exponential increase in their use and popularity following the introduction of robotic prostatectomy. Nowadays robotics are widely used in general surgery, gynaecology and head and neck surgery.

## Clinical application:

Despite the increased popularity of robotic prostatectomy, which is recommended by NICE as the technique of choice, there is no unequivocal evidence to show its superiority over traditional laparoscopic surgery in other surgical procedures. Further trials are required to ascertain the long-term benefits of robotic surgery in oncology, functional outcomes including QoL and to assess the cost effectiveness. In other pelvic surgeries the use of a robot has shown marginal benefit but has involved greater costs and longer operating times.

In 2000, the Da Vinci robot was approved by the FDA for use in laparoscopic surgery. The Da Vinci system overcomes some of the limitations of standard laparoscopy and allows for precise dissection in a narrow confined space, hence the increasing application in robotic assisted laparoscopic prostatectomy. The advantages include stable operator controlled camera system, high definition 3-D magnified view, articulating instruments with seven degrees of freedom,

improved ergonomics, motion scaling and tremor filtration. The short term benefits are mainly related to reduced wound related complications however robotic surgery is more expensive than laparoscopic surgery and open surgery. There is some evidence to suggest robotics may reduce the learning curve and may enable open surgeons to take up minimal access surgery. Although the initial set up costs are high, increased competition from manufacturers and wider dissemination of the technology may drive the costs down in future.

Robotic technology is rapidly evolving with the development of new robotic prototypes for single incision surgery. Robots designed for specific procedures rather than the current generic system will enable procedure specific improved outcomes with decreased complications along with cost effectiveness in future.

## Training in Robotics:

Currently in the UK, the knowledge and skills are acquired through speciality training or on peri / post-CCT fellowships. Operative experience can be gained by mentored practice or by the use of simulators. Trainees must have satisfactory knowledge of the specific characteristics of the robotic platform and be taught by appropriately trained and experienced trainers. Equally important in robotic surgery is that the team is trained with the robot. At present, apart from few robotic prostate fellowships, most of the robotic training is provided by the manufacturer of the single currently commercially available and FDA approved surgical robot. Ideally health care providers should have the ability and the resources to train surgical teams in all aspects of surgical care, including robotics.

Training in laparoscopic colorectal surgery has been streamlined using a modular approach and through the LAPCO programme (<http://lapco.nhs.uk/>). Similar training models need to be established for robotic surgery. There are some unique considerations such as port placement, where collisions of the arms have to be avoided, additional arms under the surgeon control and increased reliance on visual clues due to lack of tactile feedback with the current systems. In addition, team training with enhanced communication between various members is needed as the surgeon is away from the patient, scrub team and the anaesthetist. There is a huge amount of literature on calculating the learning curve based on surgical competency and patient outcomes in laparoscopic surgery. Similar methodologies need to be adopted in achieving competency in robotic surgery. Using the cusum and operating time, appropriately 15-30 cases are thought to be required to achieve competency in robotic rectal resections based on prior experience in minimal access surgery.

The Association would recommend competency based training in robotic surgery based on the European robotic urological society fellowship programme and the European academy of robotic colorectal surgery. The training needs to be a standardised structured programme with assessment of knowledge by completing the Intuitive surgical online robotic training module, followed by training in the wet lab including animal and human cadaver training. Non-technical skills training for the team is important followed by team observation visits to a proctor site and then a few proctored cases +/- assessment of technical competence by video analysis, with ongoing audit of the clinical practice.

## Quality assurance:

As a new technology, robotic surgery should be subjected to all the currently defined quality indicators for surgical practice including mortality, oncological safety, complications, and quality of life assessments and follow the NICE approved process of assessing clinical and cost effectiveness. Standardisation of surgical training and its application is vital to ensure that newer technologies are validated appropriately.

## Conclusion:

Robotic surgery with the Da Vinci surgical system is increasingly used in a wide range of surgical specialties. This technology aims to improve outcomes when compared to open surgery and to overcome some of the limitations of laparoscopic techniques. Despite increasing use, apart from prostatic surgery there is no unequivocal evidence to show the superiority of robotic surgery over the traditional laparoscopic technique. As there is a greater focus on early intervention and quality of life, there is likely to be development of robotic platforms for procedure-specific or platforms for specific parts of the procedure, rather than the currently available single robotic system used in all specialities to cover the entire surgical procedure. At the same time there is advancement in laparoscopic surgery with 3-D technology and improved instrumentation. An area of considerable interest unique to robotic platforms, is the ability to integrate electronic systems such as cross-sectional imaging and programmable parameters into a robot, allowing 3-D lesion definition, plotting no-go anatomical danger zones facilitating dissection in the ideal plane in oncosurgery. In training, robotics lends itself to telementoring as a training tool. Establishing a small number of accredited, adequately resourced, high volume centres of excellence with the additional remit of delivering training would provide a suitable framework for training in robotic surgery in the UK similar to the models established for training in laparoscopic colorectal surgery.

# Report on the B Braun Aesculap Travelling Fellowship 2015

**B BRAUN**  
SHARING EXPERTISE

I was awarded the B Braun Aesculap travelling fellowship in November 2015 enabling me to visit the world-renowned Karolinska Institute in Stockholm, Sweden. Subsequently I attended the Congress of the European Society for Diseases of the Esophagus held in Stockholm.

Healthcare in Sweden is largely tax-funded; a system that ensures everyone has equal access to healthcare services. The responsibility for health and medical care in Sweden is shared by the central government, county councils and municipalities.

I was especially impressed by the systematic organisation of the hospital. The Karolinska University hospital is set in a beautiful location a few miles away from the city and has very strong research collaborations with the Karolinska Institute. The Karolinska University Hospital has 1,600 beds and admits over 100,000 patients each year.



The Karolinska University Hospital is the largest university hospital in Sweden and a national referral centre for specialised care. The Upper GI Surgery unit is led by Associate Professor Magnus Nilsson and comprises three other consultant surgeons, two Specialist Registrars, a Senior Japanese Surgical Fellow and a team of more junior trainees.

Having developed an interest in laparoscopic Upper GI surgery and minimally invasive cancer surgery during my training, exposure within a high volume specialised centre observing a new method of performing minimally invasive oesophagectomy (MIO) was invaluable.

My decision to visit Karolinska followed a presentation delivered by Dr Ioannis Rouvelas (Senior Consultant Upper GI Surgeon) at a local meeting in Chelmsford. Dr Rouvelas described his unit's experience of performing MIO using a linear stapled anastomosis in the thorax in the prone position. I was keen to observe this technique and grateful to be invited by Dr Rouvelas and his team to visit the unit for a week.

I observed the 2-phase MIO whereby the laparoscopic procedure was performed with the patient in the supine French position. The conduit was created in the abdomen but not completely divided from the specimen.



*Professor Lars Lundell, Mr Khaleel Fared and Dr Ioannis Rouvelas*

A 2-cm long proximal 'bridge' remained undivided, acting as an anchor to the specimen, in order to facilitate the pull-up of the specimen into the chest during the thoracoscopic phase. The thoracoscopic procedure is performed in the prone position. The side-to-side anastomosis was fashioned using a linear stapler. All patients followed an enhanced recovery program. The patients spent the first three days in HDU and were then transferred to the ward. Patients were allowed sloppy diet on post op day 6 and solid food on day 8.

The Upper GI cancer unit in Karolinska performs up to a hundred oesophago-gastric cancer resections (approximately 50-60 MIOs) a year. Operating sessions occur on Mondays, Tuesdays and Thursdays. Wednesday comprises an outpatients' clinic and an interventional endoscopy list. Friday is dedicated to MDT and for ensuring loose ends are tied prior to the weekend. The Upper GI unit assesses and treats oesophago-gastric and hepato-pancreatobiliary cancers and complex benign upper GI diseases. It does not perform primary Bariatric surgery but on occasions deals with complex post-operative problems. One of the most enlightening observations was the professionalism within the team, meticulous attention to detail and a thorough, systematic approach when operating. I hope to use such lessons and examples to benefit my own practice in future.

I was able to attend the Congress of the European Society for Diseases of the Esophagus. This had a unique scientific program with international experts in the field of both Upper GI cancer and complex benign disease. Dr Rouvelas and his team demonstrated live surgery of MIO which enabled me to gain from their teaching adding to my prior experience and knowledge.

Following my visit, short term outcomes of this technique have been published for 46 consecutive patients with distal oesophageal or gastro-oesophageal junction cancer.<sup>(1)</sup> This is the first report of an intrathoracic linear stapled anastomosis in the prone position in a Western population.

There is also a close twinning fellowship program between the National Cancer Institute in Tokyo, Japan and a senior trainee surgeon spends up to two years in Karolinska. I appreciated the warm welcome I received when attending this unit and can understand why it is attractive for foreign surgeons to visit.

## **Mr Khaleel R Fared**

Winner of the B Braun Aesculap Travelling Fellowship 2015

## REFERENCE

1. Irino T, Tsai JA, Ericson J, Nilsson M, Lundell L, Rouvelas I. Thoracoscopic side-to-side esophagogastronomy by use of linear stapler- a simplified technique facilitating a minimally invasive Ivor-Lewis operation. *Langenbecks Arch Surg* (2016) 401: 315-322.

## DETAILS OF THE TRAVELLING SCHOLARSHIPS 2017

The ALSGBI is funding a scholarship in memory of the late Mr David Dunn, a Past President of the ALSGBI. This scholarship is to the value of £4,000 and it is anticipated that this would enable a surgeon at the end of his/her training, or a consultant within 5 years of appointment, to make a substantial visit to a unit abroad to learn new skills in laparoscopic surgery, with a view to introducing these skills into his/her practice for the benefit of patients.



**B. Braun Medical Ltd** in partnership with the ALSGBI is also awarding two Aesculap Endoscopy Travelling Scholarships of £2,000 each. The purpose of these scholarships is to enable surgeons in training, or young consultants within 5 years of appointment, to extend their experience in minimal access surgery by short visits to one or more centres.



The successful applicants will be expected to give a report on their visit at an ALSGBI Annual Scientific Meeting and also write an article for the ALSGBI Newsletter.

Candidates for these scholarships should request an application form from Mrs Jennifer Treglohan, Executive Director, ALSGBI at The Royal College of Surgeons of England, 35–43 Lincoln's Inn Fields, London WC2A 3PE or email: [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org) and be current members of ALSGBI. The deadline for receipt of applications is Friday 13 October 2017. The successful applicants will be announced at the 2017 ALSGBI Annual Scientific Meeting on Friday 10 November.

# BOMSS Annual Scientific Meeting

26–27 January 2017, Alton Towers, Staffordshire



The 8th Annual BOMSS Scientific meeting was held between the 26 and 27 January 2017 at Alton Conference Centre in Staffordshire, and it was a phenomenal success.

We had a training day on Wednesday 25 January 2017 and this was attended by nearly 80 delegates (we expected 50). The

training day dinner at the Alton Towers Resort.

The main conference invited dignitaries from around the world, including the 2017 IFSO President Dr Kelvin Higa from Fresno in California, Dr Bruno Dillemans from Belgium, Dr Hjortur Gislason from Sweden, Dr Simon Nienhujs



bookings for the training day had to be closed after this number. The day consisted of an excellent programme of lectures, hands on workshops, and in addition, a Bariatric MDT, where complex cases were discussed by surgeons, dieticians, psychologists, nurse specialists and anaesthetists throughout the Country. The feedback highlighted that the MDT was especially interesting this time around as it was attended by anaesthetists for the first time. The day concluded with a sumptuous

from Eindhoven, Dr Anthony Ianelli from France, Dr John Dixon from Australia and Professor Carel Leroux from Ireland.

The 1st session was on the medical aspects of bariatric metabolism. We went on to a topical session on the bariatric commissioning process for 2016–17 as there have been several interesting changes in tariffs and guidelines, and this proved a very useful discussion for all the teams in Centres providing the service. This was followed up by a session

on fast tracking in bariatric surgery where evidence of high volume work was provided by Dr Gislason, supported by Dr Nienhujs, both of whom provided a comprehensive overview of current fast tracking mechanisms, increasing productivity and long term follow up based on clinical evidence. An e-platform which would help manage service follow-up in the longer term was also presented.

We had a special session on metabolic surgery for type II diabetes focusing on indications and the optimal timing of surgery, expertly provided by Dr Higa and Professor Rubino. The final scientific session on Thursday concluded with a free oral paper session followed by an update on the by-band-sleeve study from the UK. The day ended with the AGM and with Mr Roger Ackroyd handing over the BOMSS presidency to Mr Shaw Somers. In the true spirit of BOMSS, the conference dinner was sold out and a memorable night was had by nearly 300 people who attended and enjoyed some excellent entertainment and dining.

On Friday 27 January 2017, the day started with a free oral paper session and a DVD session followed by a special talk about staple reinforcement, with literature review by Professor Antonio Lannelli. Professor Higa provided the main Guest Lecture of the entire conference with a very spirited discourse on "50 years on



is Gastric bypass still the gold standard operation?", which received a phenomenal reception.

Later in the day a specific update on "BOMSS nutrition and diet guidelines" was presented by Mary O'Kane. Finally, Mr Richard Welbourn, as IFSO LOC President, presented an update on IFSO 2017 which is being hosted by BOMSS in London between 29 August and 2 September 2017. BOMSS 2018 is planned at Telford, Shropshire. The organising committee was delighted by how well the BOMSS conference was attended and appreciated. May I thank all those who joined us this year, and for the exceptionally good feedback as one of the best BOMSS meetings ever.

**Mr Chandra Cheruvu**  
BOMSS 2017 - Organiser  
BOMSS Council Member



# Planning permission granted for redevelopment of the Royal College of Surgeons' historic London building

The redevelopment of the Royal College of Surgeons' (RCS) historic London building has been given the go-ahead by Westminster City Council.

The approved plans, which will refurbish and maintain the building's prestigious façade and library, will see the site transformed into a landmark building with modern and light facilities to provide the best education, examination and research resources for the nation's surgeons.

The world class Hunterian Museum, which currently resides on the first floor of the RCS building, will be expanded to occupy the majority of the ground floor allowing more of the museum's collection to be displayed.

Miss Clare Marx, President of the Royal College of Surgeons, said:

"This is an important step in the transformational journey for the whole College and the many thousands of visitors who visit us and our museum every year."

"We have taken on board the feedback from the public, local community and our membership. We believe that these plans will transform the building into a home for surgical excellence in Britain and across the world."

A large atrium inspired by the museum's original large halls destroyed during the Second World War will form a breathtaking centrepiece to the building. The Hunterian Museum will be immediately accessible on the ground floor to visitors along with new café facilities.



The new building will also include a Surgical Skills Centre, an exams suite, an Anatomy & Pathology Study Centre to support medical trainees in their understanding of the human anatomy, and three floors of office space with a dedicated sixth-floor conference suite.

The redeveloped building has been designed by the leading architects Hawkins|Brown. The firm, whose clients include University College London and the British Council, were chosen to lead on the project for their commitment to developing innovative and socially sustainable buildings with people at the heart of their projects.

Morag Morrison, Partner at Hawkins|Brown, said:

"The new Royal College of Surgeons at Lincoln's Inn Fields will provide an outward-facing headquarters that will refresh the way the College is able to engage with society.

"Our design celebrates both the past and future of the College, preserving and celebrating its extraordinary 19th century fabric. We will replace the tired post-war portion of the building with sensitively designed, high-quality facilities that will locate the Royal College of Surgeons at the heart of the healthcare debate in the 21st Century."

The redevelopment will begin in autumn this year with the project expected to be completed by Christmas 2020.

## Notes to editors

1. The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance surgical standards and improve patient care.
2. Hawkins|Brown is an architecture practice based in London and Manchester. It was founded more than 25 years ago by Partners Russell Brown and Roger Hawkins, the firm works across a range of types and scale, bringing a collaborative approach to its projects. Hawkins|Brown is one of the UK's leading architects in the higher education sector and is currently working on a number of academic buildings throughout the country, including the Beecroft Theoretical and Experimental Physics Building for the University of Oxford. The practice has completed work on a number of significant arts and culture projects around the UK, including the Henry Moore Foundation's site at Perry Green in Hertfordshire, The Roald Dahl Museum and Story Centre in Great Missenden, Bucks and the New Art Exchange in Nottingham.
3. For more information, please contact the RCS Press Office on: 020 7869 6052/6047 (or 079 6648 6832 for out of hours enquiries) or email: [pressoffice@rcseng.ac.uk](mailto:pressoffice@rcseng.ac.uk)

**Mr Owen Taylor**  
Senior Press Officer



# EAES2017 - FRANKFURT

25th international EAES Congress  
Frankfurt am Main, Germany  
14 - 17 June 2017



## Highlights

### Thursday, 15<sup>th</sup> June 2017

- Face to face HPB:CBD / ALPPS
- Unedited videos: Radical oncological resection for rectal cancer: How far can we go?
- Unedited videos: Robotic esophagectomy & MIA gastrectomy
- Face to Face Emergency: urgent surgery revisited
- Unedited videos bariatric; How I do it
- Face to face Bariatric: sleeve vs plication and surgical REDO vs alternative options

### Friday, 16<sup>th</sup> June 2017

- Face to Face: Advanced rectal cancer and Neoadjuvant radio chemotherapy
- Keynote lecture: 25 Years of EAES
- Sir Alfred Cuschieri technology lecture: The death of surgery (as we know it)
- Consensus Conference SILS
- Unedited videos: Laparoscopic ventral hernia and Minimal invasive component separation
- Best EAES videos sessions

### Saturday, 17<sup>th</sup> June 2017

- Free paper oral and video sessions
- Treatment of early Barrett cancer (joint session ESDE and EAES)
- Spotlight on colon cancer
- Moving the mesh to extraperitoneal position: future of ventral hernia repair?
- Benign UGI disorders: how to deal with complex problems



European Association for Endoscopic Surgery (EAES)

[www.eaes2017.eu](http://www.eaes2017.eu)

The Association of Coloproctology of Great Britain and Ireland / 2017 ANNUAL MEETING



## ACPGBI ANNUAL MEETING

### Bournemouth × 3-5 July 2017

### KEYNOTE AND SYMPOSIA TOPICS INCLUDE:

- Lars Pahlman memorial lecture
- War, austere environment and natural disaster surgery
- What's new in the world of research?
- International trial / guideline updates
- Lessons learned and shared
- BJS lecture SPECC
- IBD reconstructive surgery
- International Nursing Congress
- Controversy debates in colorectal disease
- Peri-operative management
- Managing the obese patient with colorectal disease
- Living with colorectal disease
- Video abstract sessions
- SNS - is it all in the brain?
- Prehabilitation of the colorectal patient
- Evidence-based enhanced recovery
- Updates on oncology, pathology and radiology

### Extracurricular activities include:

- 1st EBSQ exam in UK
- Charity Fun Run in aid of BDRF
- 4th July Celebration gala event
- Charity / Patient day session

Register before **June 23rd** for the best available prices!

Registration is **OPEN NOW** on the conference website - [www.acpgbiconferences.org.uk](http://www.acpgbiconferences.org.uk)

Follow us on twitter - [@acpgbi](https://twitter.com/acpgbi) [#acpgbi2017](https://twitter.com/acpgbi)



## Essential Laparoscopic Skills Course

11<sup>th</sup> – 13<sup>th</sup> Jul 2017

Course Fee: £500

\*Accredited 17.5 CPD points by the Royal College of Surgeons Edinburgh and Quality Assured by King's Health Partners Education Academy

### Course Organisers:

**Mr Amir Darakhshan, Consultant Colorectal Surgeon, Guy's and St Thomas' NHS Foundation Trust**

**Miss Sharmin Khonij, Medical Education Administrator, Simulation and Interactive Learning Centre**

This three day course is an introduction to basic laparoscopic skills, this course is suitable for all surgical trainees taking up their first surgical appointment and senior surgical trainees wishing to refresh their skills. The course covers set-up, equipment, principles of safe practice and progress onto basic operative techniques. These essential concepts will be introduced through videos and lectures. The emphasis is on practical hands-on sessions with simulated models, animal tissue and our state of the art virtual reality trainers.

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- Instruments, Ports and Access
- Familiarisation with, and use of laparoscopic instruments
- Access and closure
- Laparoscopic skills and dissection
  - Safe camera use, triangulation, depth cueing
  - Use of instruments
  - Laparoscopic exercises

#### Day 2

- Principles of Knotting & Suturing
  - Intracorporeal knotting, suturing (interrupted, continuous), Roeder knot
- Energy Sources
  - Principles and practice on animal tissue
- Appendicectomy
  - Practice on models and Lap VR
  - Management of appendix stump: suturing, Endoloop
- Closure of perforated ulcer
  - Principles, dissection and landmarks
  - Suturing, omentoplasty

#### Day 3

- Cholecystectomy
  - Principles and techniques
  - Anatomical landmarks
  - Mobilisation, dissection, duct/vessel clipping, GB removal
- Laparoscopic Virtual Reality sessions
- Discussion and feedback

**To book your space please contact Sharmin Khonij, course administrator at:**

**Email: [simulation@gstt.nhs.uk](mailto:simulation@gstt.nhs.uk) Tel: 0207 188 4802**

Simulation and Interactive Learning Centre, 1st Floor, St Thomas House, London, SE1 7EH

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# 22nd WORLD CONGRESS

29 August to 2 September 2017

QEII Centre, London



Organised by:



The British Obesity & Metabolic Surgery Society



International Federation for the Surgery of Obesity and Metabolic Disorders

## You are invited to the 22<sup>nd</sup> World Congress of IFSO 2017 in London

Dear Colleagues,

I am delighted to invite you to the **22nd World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders** <http://www.ifso2017.com/>, to be held in the QEII Centre, London from **29<sup>th</sup> August – 2<sup>nd</sup> September 2017**. We look forward to welcoming professionals with an interest in the surgical treatment of obesity and type 2 diabetes.

The scientific program will cover both surgical and nonsurgical treatment strategies for obesity. With 10 postgraduate courses, multiple symposia and numerous oral, video and live operating sessions, the Congress highlights the multidisciplinary nature of this disease and its management.

### Register now!

We would encourage you to **register by 1<sup>st</sup> June 2017 at 23:59 (GMT)** to take advantage of the Early Bird rates. [View registration fees and register here.](http://www.ifso2017.com/registration)



# 22nd WORLD CONGRESS

29 August to 2 September 2017

QEII Centre, London



Organised by:



The British Obesity & Metabolic Surgery Society



International Federation for the Surgery of Obesity and Metabolic Disorders

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London is a fantastic destination! The conference venue, the Queen Elizabeth II Centre, is located at the heart of London directly opposite to Westminster Abbey and the Houses of Parliament and only a 5-minute walk to the river Thames and the London Eye.

The city is the gateway to the UK with 5 international airports and direct flights from over 140 destinations. [Click here for travel information](#)

<http://www.ifso2017.com/information/travel-information>

There is a wide range of [accommodation options](#)

<http://www.ifso2017.com/accommodation/hotel-information> to suit different budgets.

Please make sure to book your accommodation as soon as possible to benefit from discounted rates at preferred hotels in close proximity of the QEII Centre.

On behalf of the Organizing and the Scientific Committees and the IFSO President, Dr Kelvin Higa, I would like to welcome you all to the **great city of London**

<http://www.ifso2017.com/launch-video>.

For more information, please go to [www.ifso2017.com](http://www.ifso2017.com), or contact the IFSO 2017 Congress Organiser on [enquiries.ifso2017@tfigroup.com](mailto:enquiries.ifso2017@tfigroup.com) or +44 (0)207 808 5172.

Best regards,

Richard Welbourn, Congress President, LOC and Scientific Co-Chair IFSO 2017

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IFSO World Congress 2017 London <https://www.linkedin.com/groups/8572540>

# 5<sup>th</sup> International Controversies in Rectal Cancer Conference

**Wednesday 4<sup>th</sup> & Thursday 5<sup>th</sup> October 2017**

Radisson Blu Hotel, Stansted, UK

A star-studded international faculty from the USA, Europe and the UK will address the current issues in early and late rectal cancer management, with debates on outcome data, Trans-anal TME and high-risk rectal cancer.

#### Invited Faculty from USA, Europe and the UK:

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Aman Bhargava (UK)	Tony Miles (UK)
Gina Brown (UK)	Vivek Misra (UK)
Conor Delaney (USA)	James Read (UK)
John Burns (UK)	John Schofield (UK)
Hugo Ford (UK)	Fraser Smith (UK)
Nader Francis (UK)	Diana Tait (UK)
Ashley Groves (UK)	Charles Wilson (UK)
Najib Haboubi (UK)	Des Winter (Ireland)
Ian Jenkins (UK)	

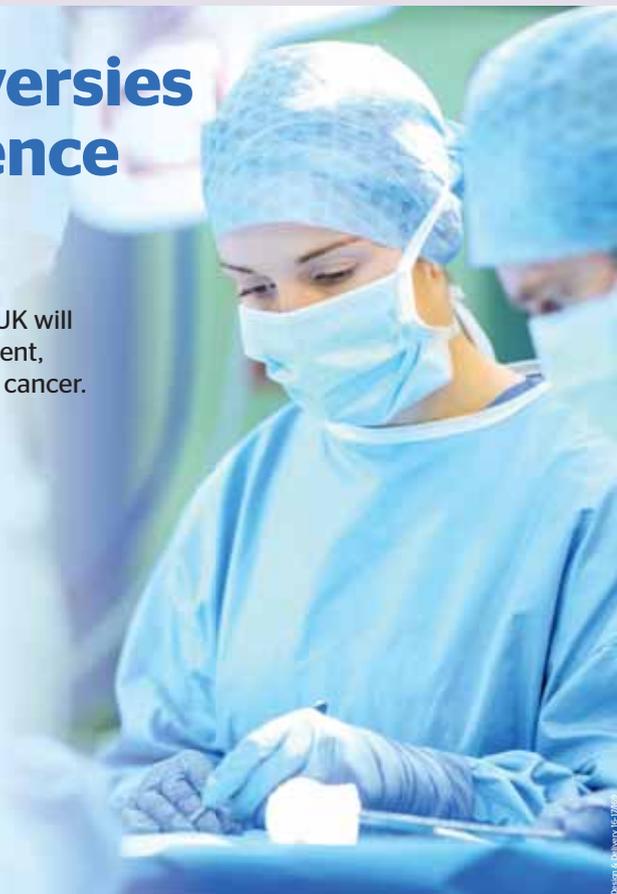
#### ICENI faculty

Tan Arulampalam (UK)  
Darren Boone (UK)  
Jan Edwards (UK)  
Roger Motson (UK)  
Bruce Sizer (UK)  
Neil Smart (UK)  
Matt Tutton (UK)  
Greg Wynn (UK)

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**Book now at [www.icenicentre.org](http://www.icenicentre.org)**

ICENI Centre, Colchester Hospital, Turner Road, Colchester, Essex CO4 5JL. Tel: 01245 686791 Email: [iceni@anglia.ac.uk](mailto:iceni@anglia.ac.uk)



The **ICENI** Centre



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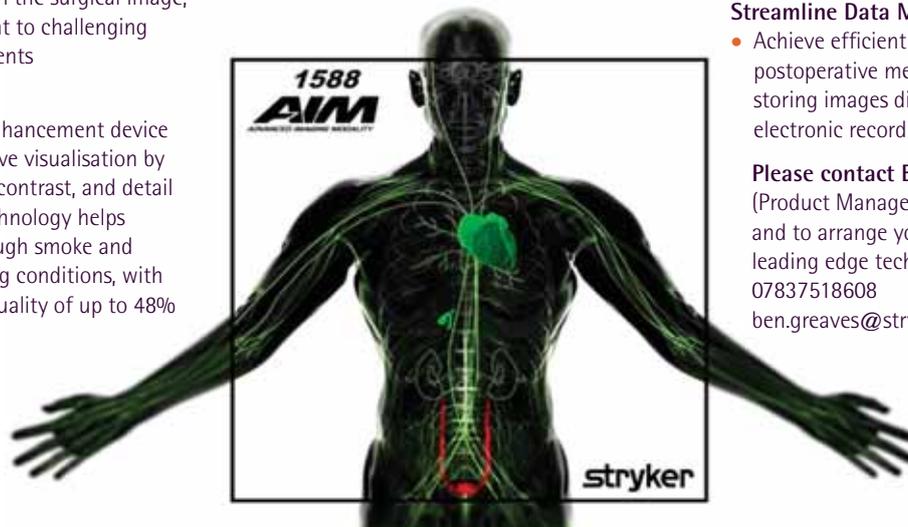
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