



ALSGBI newsletter

President's Introduction

Welcome to the Spring newsletter, and my first as President, of the Association of Laparoscopic Surgeons of GB and Ireland, incorporating Robotics and Technology Assisted Surgery! I was greatly honoured to be taking over the reigns from Mr Peter Sedman and wish to thank him wholeheartedly for his contribution in office. He leaves the Presidency with a new vision and an exciting future for the Society. His ultimate task though, was to write the conference report for our excellent and enjoyable Annual Scientific Meeting (ASM) in Cardiff, which you'll find within these pages.

The content of this newsletter highlights the enormous enthusiasm for training within ALSGBI. The range of training experiences either set up or facilitated by the Society is notable, and there is always an atmosphere of training support within every Council meeting. I have already had a number of opportunities to visit training days organised for registrars, and there is universal appreciation by junior surgeons for such additional training and educational experiences.

The opportunity to have a formal assessment in practical surgical skills is unique to LapPass, which is going from strength to strength. It is important to continue rolling it out to regional meetings as we need trainers as well as trainees to appreciate the level of skill required to pass. The credibility of passing should translate to the operating room, as trainers are provided with a benchmark of ability for their trainee, as alluded to by Mr Rikesh Patel in his report.

Another area of support for our trainees are the bursaries, which are generous and help to contribute in no small measure to the high quality of, usually overseas fellowships that have been taken. The opportunity to visit centres of excellence can be very instrumental in shaping one's own practice and ambition and is a valuable resource for senior trainees before taking up consultant duties.

The trainees reports of their overseas experience provides something of a shopping list of fellowships available for those planning similar trips and I would urge our trainees to review the back catalogue of such reports.

During my recent trip to India I was very impressed by the sheer volumes and quality of surgery being undertaken in many Indian centres of excellence,

and it struck me that there should be some excellent opportunities for senior training there. This size of the country though makes it difficult for someone without prior knowledge to have a sense of where the world class expertise is to be found and what might be on offer. Likewise some of our own expertise, particularly in the areas of surgical education and accreditation, could be of benefit to the Indian Surgical Societies. I have initiated discussions to explore a mutual relationship with the Association of Surgeons of India with such issues in mind and have secured 2 bursaries from ALSGBI to support members of the Indian Association to attend our own meeting and to undertake a short observership in a UK hospital.

We have an exciting year ahead with plans well underway for our own ASM in Manchester in December and of course the EAES Congress in London at the end of May. The EAES is always an excellent meeting and London 2018 looks to continue that trend. There is an extensive programme with something for everyone. Check out the details at <https://eaes.eu/eaes2018/>

Manchester 2018 is being organised locally by Mr Chelliah Selvasekar and will showcase the incorporation of robotics and technology assisted surgery into the ALSGBI. I would encourage all of you to start preparing some quality abstracts and videos for the meeting, which is shaping up to be an excellent event, with the usual registrar's training day on the Tuesday.

Finally, the robotic subcommittee are well underway with drawing up a curriculum for the first robotic Training the Trainers course which is scheduled for later this year. This underlines our commitment to embracing the changing face of surgery and being proactive in technological developments.

My thanks to Mr Neil Keeling for another comprehensive newsletter and to all the individual contributors for their efforts.

I am excited to be able to represent you as President of your Association so please don't hesitate to approach me with ideas, comments or feedback which I can bring forward for discussion and action where appropriate. With best wishes

Mr Simon Dexter
President, ALSGBI

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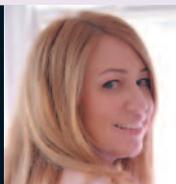
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Editor's Introduction

Hopefully Spring has now sprung and the snow is gradually clearing from most of the country and we can look forward to the exciting events planned for this year.

Before that we must congratulate Mr Simon Dexter for being voted in as the new ALSGBI President, taking over the reins from Mr Peter Sedman. As many of you will already know Simon is a resectional oesophago-gastric surgeon in Leeds and his appointment maintains the Yorkshire dominance of the Presidency. I should also point out that Simon has been awarded a most prestigious Honorary Fellowship of the Association of Surgeons of India.

In this edition we have articles reviewing our very successful ASM in Cardiff, the flourishing Manchester MASNOW meetings, Mr Tan Arulampalam reports on the EAES Winter Meeting

which hopefully serves as an appetiser for the big meeting of the year which is the 26th International EAES Congress 2018 that will be taking place between 31 May and 1 June at London's impressive EXCEL. This is a combined meeting with the ALSGBI, the North American (SAGES), Japanese (JSES), Korean (KSEL) and Taiwanese (TAES) societies. As a consequence there is expected to be most of the world's finest minimally invasive surgeons and the programme has something for everyone and is highly recommended.

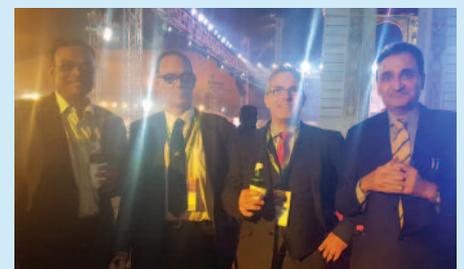
I hope that you will approve of our new banner logo which represents the increased application of robotics in minimally invasive surgery and the Council believes is a significant move for the Association.

The 77th Association of Surgeons of India (ASI) Annual conference was held at the BM Birla Science and Technology centre, Jaipur, India between 26-30 Dec 2017. Our current ALSGBI President, Mr Simon Dexter was awarded one of the three prestigious honorary fellowships by the Association for his work in minimal access upper GI surgery over the last decade.



The Association of Surgeons of India is the largest surgical association in the world with the membership over 18,000. Over 7,000 delegates attended this conference and Mr Dexter gave an invited lecture on 'Revolutionary development in upper GI surgery in the last two decades'. This was well received and there was an international forum where Simon participated and explored the opportunities for the Association of Laparoscopic surgeons of Great Britain and Ireland to work closely with the ASI to produce high quality surgical trainees in the UK and in India.

Mr Neil Keeling
Newsletter Editor



ALSGBI Annual Scientific Meeting 2017

9-10 November 2017, Cardiff City Hall



ALSGBI Laparoscopic Surgery Training Day

The 2017 ALSGBI Annual Scientific Meeting was held in Cardiff in early November. This was the second meeting we have held in Cardiff (the first being in 2011) and once again we had the benefit of the magnificent Cardiff City Hall as the conference venue.

The feedback from those who were able to attend was extremely good and the meeting was thoroughly enjoyable with many highlights. It is a shame that we are seeing a trend towards fewer and fewer delegates (in keeping with most other national societies) but despite this over 300 people registered and enjoyed two or three days of stimulating discussion and top quality educational content.

The theme of this meeting was "Innovation" in line with the reputation Cardiff enjoys as a leading centre for new surgical developments and our guest speakers were chosen to exemplify this theme.

The meeting followed our traditional format and again the training day was held at the Welsh Institute of Minimal Access Training (WIMAT). We strive to make this training day the best training day of the year in the British Isles. Under the leadership of Mr Paul Leeder, a motivated faculty of Council members and local trainers, the outstanding technical facilities and models of the WIMAT, together with the sponsorship of Medtronic, there is no question we achieved this goal comfortably. Feedback was excellent and we thank all those involved for making this possible.

Professor Jared Torkington led a live operating day from our host hospital at Cardiff University Hospital. From here three operating theatres relayed live minimal access operating in a combination of 3D, 4K imaging and robotic platforms demonstrated the technical skills and technological platforms which make our specialty possible, increasingly safe and so rewarding for patient and surgeon alike. Our live operating day is always a highlight of the meeting and this year was no exception. The standard of the surgery was top class and informative and the images we enjoyed in the conference centre were breath taking. Special thanks go to Olympus for coordinating this with Intuitive and Karl Storz.

The conclusion of the live operating day was a drinks reception and an arousing live performance from the Cardiff Arms Park Male Voice Choir. This you might imagine would be difficult to "top" but then we were entertained in the conference dinner at Cardiff Castle. What a venue, what food and



L-R: Mr Chelliah Selvasekar, Consultant General, Colorectal, Laparoscopic & Robotic Surgeon, The Christie NHS Foundation Trust, Manchester, Professor Keith Harding, Dean of Clinical Innovation (Cardiff); Professor Sir Alfred Cuschieri, Scuola Superiore Sant' Anna in Pisa and Chief Scientific Advisor to the Institute of Medical Science and Technology (IMSaT); Dr Dominic King, Senior Clinician Scientist at Google DeepMind, Honorary Clinical Lecturer at Imperial College London

what company. For all those fortunate enough to attend in this majestic room with such history (the G7 leaders met and dined in the same room the previous year) a truly memorable night was had and no one there will ever watch an orthopaedic surgeon perform arthroscopy in the same way again after hearing Mr David Scott-Coombes' brilliant after dinner speech.

The concluding day had much to live up to but live up to it, it did. Our thanks go to our guest lecturers: Dr Dominic King from Google's Deep Mind project, Dr Romain Pizzi who is a veterinarian with specialist expertise in exotic species and in the laparoscopic treatment of them and most especially to Professor Sir Alfred Cuschieri whose pioneering work in the development of laparoscopic surgery has directly shaped the way we all practise our surgery today. Professor Cuschieri was knighted for his services to laparoscopic surgery and with very good reason. He told us of the very early



Professor Sir Alfred Cuschieri & Mr Peter Sedman



LapPass Stations

days of the technological developments, of his meetings with Harold Hopkins, George Berci and Karl Storz from which the prototypes evolved and some of the pitfalls encountered along the way. For those who were unable to attend I would recommend watching his talk on the ALSGBI website.

Our congratulations go to Mr Damien Mayo who won the David Dunn medal for his oral abstract presentation.

Throughout the meeting we continued to hold sessions on LapPass assessments and I strongly urge those of you who have not done so to master these clinically highly relevant skills. They are difficult but frankly I would not wish a laparoscopic operation to be performed on me by a surgeon who did not have this level of skill. In future I will insist on my trainees having them before they undertake any advanced procedure.

My final role was to hand the Chains of Office onto our new President, Mr Simon Dexter, who I know will lead us with distinction for the next two years.

It was my privilege and honour to chair the ALSGBI for this Cardiff meeting and my thanks go to all who made it possible and so successful, in particular to Mr Neil Warren and the WIMAT team, to Jared and the Cardiff team, to Professor Sir Alfred Cuschieri, Dr Romain Pizzi and Dr Dominic King and to our Sponsors to name just a few.

Please note for your diaries the Manchester meeting taking place on 5 - 6 December 2018 and the EAES Congress in London on 30 May - 1 June 2018. We should all support these meetings and be most excellent hosts to the 2000 or so delegates who are expected.

Mr Peter Sedman
ALSGBI Past President

ALSGBI Annual Scientific Meeting 2017

9-10 November 2017, Cardiff City Hall

My first Conference as Chair of ALTS proved a success! The venue was lovely and I had to stop myself from having a quick go on the ice skating rink in the Winter Wonderland just outside the City Hall where we were. The live operating was very interesting with a good variety of cases to watch and questions asked by the audience to listen to. The industry exhibition was, as always, really good with lots of new innovations and instrumentation to try and ask questions about. The virtual reality stand was absolutely fantastic and really brought out the competitive spirit of many delegates. I had a go on the robot too whilst there were only a few people around – I would really like to try that again too.

As always, ALTS is very grateful for the sponsorship we have from our Industry partners and this resulted in over 200 delegates on our side this year. I am conscious that the same people are not usually

allowed to come every year but for those who did attend, please pass on your thoughts to your colleagues and encourage them to apply for places early.

The drinks reception in the City Hall was very well attended and the Welsh choir was absolutely brilliant – a very rousing start to the evening! Cardiff castle was an equally imposing and fascinating place to hold the conference dinner; I spent a lot of the time between mouthfuls and chat to examine the murals and the beautiful roof.

Friday morning started bright and early with the ALTS breakout sessions. We kicked off with a whistle stop tour of Human Factors and their place in patient safety. Mr Tan Arulampalam and I ran this session. The aim of the session was to encourage thinking around the vulnerability of a human and the fact that even with the best technical ability in the world, we are all still

open to error, priming, distraction and biased thinking. It was an enjoyable session and the group were very vocal which was great.

Our second session was a Schwartz round facilitated by Ms Jackie McSweeney. The panel consisted of Miss Tamsin Morrison, a surgical Core Trainee and Michelle, an ex theatre manager who kindly stepped in at the last moment. The topic was 'a bad day at the office' and the conversations following the talks were really interesting.

Next year, I hope even more ALTS members can join us. There may be a change to the breakout sessions so they are in the first afternoon of the conference thus enabling delegates to socialise and network a little before the night. It will also mean delegates will be able to attend all the educational sessions in the main conference on the second day which I know are always very informative and thought-provoking.



This year our Conference will be held in Manchester, 5 - 6 December 2018. I believe it will be another excellent conference. Please, if you have any ideas on topics you would like included or areas you would like to discuss please let me know. I am open to change and help at all times!!

Ms Debbie Gooch
Chair, ALTS

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EAES Winter Meeting London 2018

19 January 2018, Excel, London



The Winter Meeting of the EAES was held in London's EXCEL in mid January. This meeting was conceived by the late Gerhard Buess and is both an aspirational and translational science meeting. Recent advances in soft and compliant robotics, rapid manufacturing, collaborative robots, autonomous reasoning, and artificial intelligence powered by deep learning are enabling robots to work side-by-side with humans. In endoscopy and surgery, robotics is nowadays well established as a tool to augment a surgeon's performance by transparently mapping the operator's intent. It can be debated whether in the very near future, surgical robots will have the capability to perform autonomously specific tasks of a procedure, relieving the surgeon from the burden of performing repetitive and tiresome actions. Certainly, this is an area of great potential in the field of human health.

The 2018 EAES Winter Meeting focused on translational research in robotic endoscopy and surgery. There were talks by innovators in the field showcasing a number of new platforms that are ready to enter the market or to start clinical trial. It was encouraging to see so many UK based academic institutions leading in this field. The meeting was opened by Guang Zong Yang from Imperial College demonstrating the rapid advances in robotic

Transanal Endoscopic Microsurgery. Of great interest was the demonstration on robotic colonoscopy, which conceptually required lateral thinking to understand the means to perform this complex task. Professor Andrea Pietrabissa, President-elect of the EAES, gave a masterclass on 3D printing in surgery and surgical planning. Finally, there was a presentation by Cambridge Medical Robotics, a clinically-led start-up in the robotic field showing us how far robotics has come and where we are going.

The terminology used in this meeting alone was fascinating to try and understand. This field is on the move with enabling technologies such as feature extraction from endoscopic imaging, soft robotics to reach deeper inside the human body, plus automation of specific tasks during a clinical procedure.

The EAES has given an excellent taster for the forthcoming main Congress on 31 May - 1 June 2018 in Excel, which will bring together global leaders in the various fields of surgery to debate current thinking, the future technologies and how we should train our young surgeons.

Mr Tan Arulampalam

ALSGBI North Thames Regional Representative



British Obesity and Metabolic Surgery Society (BOMSS) Annual Scientific Meeting

25-26 January 2018, Telford International Centre

The British Obesity and Metabolic Surgery Society (BOMSS) held its 9th Annual Scientific Meeting at the new Telford International Conference Centre on Thursday 25 - Friday 26 January 2018 under the presidency of Mr Shaw Somers. There was a training day beforehand attended by over 100 Allied Health Professionals (AHPs) and surgical trainees with nearly 200 consultants and AHPs attending the main ASM on Thursday and Friday, including 50 trainees.

In addition to presentations by trainees there were 4 prominent international speakers. We were privileged to have Michel Gagner (Montreal), speaking on sleeve gastrectomy, the operation he pioneered. In excellent lectures Alfredo Genco (Rome) spoke on endoscopic bariatric surgery, which he envisions as the future for revisional surgery. Francois Pattou (Lille) spoke on the extensive experience his centre has on improving NASH and NAFLD with weight loss from bariatric surgery. Finally, another former guest of BOMSS, Torsten Olbers (Gothenburg), spoke on the challenges of adolescent bariatric surgery and how to manage the problem in the clinic.

There were 7 presentations for the BOMSS Council prize which was awarded to Safwaan Adam for his presentation on 'Novel insights into potential mechanisms by which bariatric surgery reduces cardiovascular disease risk'.

There was an excellent dinner dance held in the same venue with a live band and BOMSS member Mr Shehzad Latif from Wales recited his popular annual 'Bariatric Poem': All well received by the attendees!

BOMSS is indebted to local organiser Mr Manel Riera, consultant Upper GI & Bariatric Surgeon in Shrewsbury, for an extremely well organised meeting. He was extremely capably assisted by BOMSS administrators Sarjvit Wunsch and Nichola Coates, with further help on the financial organisation from Mr Chandra Cheruvu (Stoke) and the BOMSS Council.

Next year's meeting is to be held in Belfast, NI, on 23 - 25 January 2019.

Mr Richard Welbourn

ALSGBI Audit Director

LapPass Regional Training Day and ALSGBI North West and Mersey Meeting Report

20 October 2017, Christie Hospital, Manchester



Minimal Access Surgery North West (MASNoW) is the regional chapter of ALSGBI in the North West and Mersey area. The group has continued to welcome trainees and trainers from all GI specialties since its inception in 2012. We hosted our second regional ALSGBI LapPass training day at the Education Centre at Christie Hospital, Manchester on 20 October 2017. The training day gave 18 trainees from FY2 to ST6 the opportunity to practise laparoscopic skills under the supervision of experienced laparoscopic consultant surgeons and senior trainees.

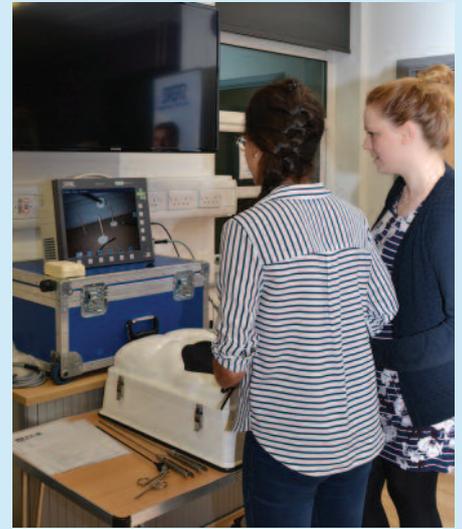
The LapPass competencies required demonstration of proficiency in a defined set of four laparoscopic tasks in allotted time frames using simulated jigs. Based on experience from our previous course, we decided to concentrate on development of the skills, rather than testing. The trainees were able to practice tasks including grasping and manipulation of polo mints, tying extracorporeal Roeder's knots to perform a

simulated appendicectomy, precise cutting of circles and finally laparoscopic suturing. We were delighted to receive very positive feedback from the trainees and we plan to host our next regional LapPass training day in April.

Following the training day Mr Usman Khan, Consultant Colorectal Surgeon at Macclesfield District General Hospital, hosted our 10th MASNoW meeting in the evening. This biannual event has proven to be very popular amongst consultant and trainee delegates to showcase their work and also enjoy an informal catch-up with colleagues over a curry.

Our first presentation of the evening was from Mr Yirupaiahgari Vishwanath, Consultant Upper GI surgeon from South Tees Hospital, on SEMS in malignant and benign oesophageal strictures. Following this Mr Chelliah Selvasekar from The Christie and Mr Ioannis Peristerakis from Royal Preston Hospital presented on the role of robotics in colorectal surgery and their experiences in their individual trusts.

Finally, four trainees delivered the following presentations: 'Laparoscopic synchronous left lateral sectionectomy and right hemicolectomy – a video presentation' by Anthony Chan; 'Laparoscopic and open anterior resection for rectal cancer' by MA Gok; 'Diaphragmatic rupture following robotic-assisted radical prostatectomy' by Temoor Naeem and 'Unplanned readmissions following minimal access surgery' by Tom Riley, who was awarded the MASNoW trainee prize.



The whole day was a fantastic success and we look forward to the 11th MASNoW meeting and LapPass regional training day on 20 April 2018 to be led by Mr James Anderson (Arrowe Park Hospital, Wirral).

Mr Rikesh Patel

ST5, MASNoW deputy trainee representative

Miss Christina Lo

ST8, MASNoW trainee representative

Mr Chelliah Selvasekar

Consultant Colorectal Surgeon, Christie Hospital & ALSGBI North West Regional Representative

LapPass – The Laparoscopic Passport – My Experience

Simulation training has been demonstrated to be an excellent way to develop laparoscopic skills and this led to the development of LapPass. It was first rolled out at the ALSGBI Annual Scientific Meeting in Southport in 2015 and I was very interested in attending the meeting to take up this training opportunity. Although I had attended several laparoscopic courses and training days prior to this these were not assessed and I was unable to formally demonstrate my proficiency.

Throughout my career I have encountered numerous rotations where I have had my assessor determine my competence before being able to perform procedures. This has almost felt like a step back and I feel that this did not fully utilise the limited training time available. Therefore the opportunity to obtain a certificate confirming my laparoscopic competence that would be nationally recognised was something of great appeal.

The technical tasks assessed by the LapPass involved jigs that were straightforward to set

up in laparoscopic box trainers, using materials that were relatively easy to acquire. However, despite their relative simplicity, these skills were translatable to those used in clinical practice.

Although I had practiced several of these skills on previous laparoscopic courses and also in preparation for ST3 interviews, it was evident that these skills would require practice to be able to complete them successfully in the allocated time.

At the Annual Scientific Meeting I was able to practice these tasks prior to undergoing assessment on the final day. Having been able to familiarise myself with the tasks I was able to pass three of the assessments. I did however recognise that my laparoscopic suturing would take further practice to ensure I would be able to complete two secure sutures adeptly in the six minutes available. Although the main purpose of this was assessment, the faculty was also able to provide me with very helpful tips and tricks including how to mount the needle and creating

my loops with rotation of the instruments.

This spurred me on to take up further opportunities to practise and develop a technique that worked for me. I found the limitation however was the restricted availability and access to box trainers and laparoscopic instruments, particularly needle holders. After attending the Royal College of Surgeons' Intermediate Laparoscopic Skills Course I felt confident with my suturing and I was able to finally pass the assessment.

I recognise that continual practice of these skills is required in order to maintain them. As a result of LapPass, I have been able to improve my confidence to perform laparoscopic skills competently. My supervisors who are familiar with LapPass have allowed me to train at an enhanced rate and I look forward to further developing my skills.

Mr Rikesh Patel

ST5, MASNoW deputy trainee representative

Scottish Laparoscopic Passport Training & Assessment Event

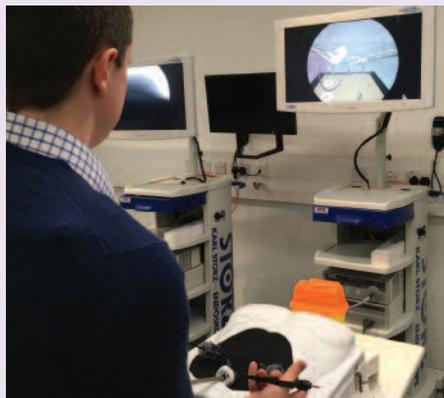
28 February 2018, Royal College of Surgeons of Edinburgh



An ALSGBI Scottish Laparoscopic Passport training & assessment event was held on 28 February at the Royal College of Surgeons of Edinburgh. Despite coinciding with the arrival of 'the Beast from the East' into the capital the majority of participants managed to battle through the snow to enjoy a highly rewarding session. The small afternoon event was primarily aimed at core surgical trainees with some of the local trainees having formed a collaborative group to build towards competency in each of the LapPass tasks over the preceding months.

The event was entirely skills focused, structured around the Laparoscopic Passport simulated tasks. Participants had opportunity to practice each task: Basic manipulation, tying and applying endoloops, precision cutting and laparoscopic suturing. Feedback was provided from Mr Graeme Wilson,

consultant colorectal surgeon, before the option of taking a formal assessment. Scottish regional council member Mr Ahmad Nassar was on hand to assess each task. Mr Nassar also provided a very helpful masterclass on Laparoscopic suturing, guiding participants through different techniques and approaches.



Participants were hugely enthusiastic throughout the afternoon and demonstrated excellent skills for their career stage. Feedback from the event was very positive. Participants reported the competency targets for each of the Lap



Passport tasks were challenging to meet as junior trainees but these targets had acted as significant motivators to practice their skills over the preceding months. Passing the assessments felt like a significant achievement. All 6 participants managed to pass at least two of the tasks with two participants managing to achieve sign-off on all 4.

The event was a resounding success despite the challenging weather. The Laparoscopic Passport had provided an excellent framework for simulated practice for this cohort of junior surgical trainees, with the challenging targets working as a significant motivator for practice.

Mr Alistair Geraghty

Scottish Clinical Leadership Fellow, RCSEd/NHS Education for Scotland
Colorectal Trainee
ALSGBI Member

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2. Veriset™ haemostatic patch Instructions for Use and Product Specifications. 2012.
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4. Schuhmacher M, et al. Evaluation of a new haemostatic patch in soft tissue surgeries. *ESCP Congress*. 2013.

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Further, Together

ALSGBI Trent Regional Meeting

26 September 2017, East Midlands Radisson Blu Conference Centre

The 6th Annual Trent Regional evening symposium took place at the East Midlands Radisson Blu conference centre. The evening symposium was attended by 30 delegates who included consultants and trainees from the regional hospitals. The meeting, as previous years, was generously supported by Karl Storz and Medtronic. I am grateful for their ongoing support for this educational event.

The first session of the symposium was laparoscopic DVD presentations. The trainees from the region presented videos on advanced laparoscopic surgery including SILS. The Storz '2017 Trent ALS Best Laparoscopic DVD Medal' was awarded to Mr Chris Neophytou for his video entitled 'Laparoscopic management of benign biliary stricture'. Mr Neophytou is Clinical Fellow in Pancreatico-biliary surgery at Derby Teaching Hospitals.

We had excellent talks on a variety of subjects by invited speakers: Mr Nader Francis gave a stimulating talk on 'Training and assessment for

laparoscopic surgery', Mr Nauman Zafar, Consultant Urological Surgeon, Derby Teaching Hospitals, gave an inspiring talk on his training in Robotic surgery and its relevance to GI surgeons and Dr Rajeev Singh, Consultant radiologist, delivered a lecture on 'Salient radiological features in postoperative bariatric patients presenting as an emergency to a non-bariatric centre'. Our ALSGBI Education Director, Mr Paul Leeder, apprised the delegates on 'LapPass' and since the regional meeting I am pleased to report five of our trainees have successfully passed the assessment at the recently held ALSGBI ASM in Cardiff.

We received an excellent feedback, from both trainees and consultants. Some of the comments received included "Excellent regional laparoscopic surgery meeting providing an opportunity for networking and updates on advances in laparoscopic surgery techniques", "brilliant lecture on assessment in laparoscopic surgery" and "Inspiring lecture on Robotic surgery training".



This year's meeting is planned for September 2018. Based on delegates' feedback the emphasis of the meeting will be on the role of laparoscopy in emergency abdominal surgery, laparoscopic parastomal hernia surgery and robotic surgery.

Mr Altaf Awan

ALSGBI Midlands Regional Representative

Third Northern Video Laparoscopic and Robotic Symposium

17 November 2017, North Tees University Hospital

More than 110 delegates attended this year, the concluded 'Third Northern Video Laparoscopic and Robotic Symposium' on 17 November 2017. It was held in North Tees University Hospital convened by Mr Gopinath Bussa with Mr Talvinder Gill and organised by Mr A Gilliam, Mr A Reddy, Mr V Kanakala, Mr V Shanmugam and Mr YKS Viswanath. We had an accomplished and expert laparoscopic surgeon from Pretoria, Professor Heine van der Walt, who shared his vast experience via many videos covering anti-reflux, hiatal hernia and meshplasty complication with revisional surgery. That mellowed nicely with a presentation by Professor Ahmed on CBD exploration along with a variety of other video talks including thoracoscopic oesophageal resection, SILS colorectal

surgery and robotic pancreatic surgery.

Mr Simon Dexter, ALSGBI President, attended the meeting and briefed delegates about the future direction of the ALSGBI along with extending 'Lap Pass' courses to North of England.

The meeting was a huge success and ended with 6 video presentations from regional registrars with excellent feedback.

The 4th Northern Video Laparoscopic and Robotic Symposium will be held on 17 November 2018.

Mr Viswanath YKS

ALSGBI Northern & Yorkshire Regional Representative



Report on the B Braun Aesculap Traveling Fellowship 2016

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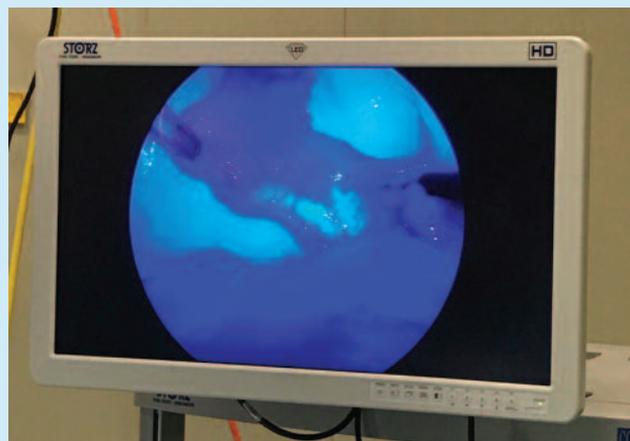


I was awarded the Traveling Fellowship in November 2016 enabling me to visit Professor Luigi Boni in Milan, Italy. Fluorescence or image guided surgery has gained more and more popularity over the recent years and Luigi Boni has been one of the leaders in this field. The week before my planned visit in June 2017 I also attended the EAES meeting in Frankfurt where I participated in the ICG Masterclass. Once in Milan, I hit the ground running..

The "Ca' Granda Ospedale Maggiore Policlinico" Foundation in Milan, traditionally known as the Policlinico of Milan, is one of the oldest hospitals in Italy, founded in 1456. Today it is a modern hospital with 1000 beds located in the heart of the fabulous city of Milan. Ever since 2010 Policlinico has been under major development with impressive renovation works throughout the hospital grounds. The surgical department is nearly finished and includes completely new integrated operating theatres.

The abdominal and emergency surgical department consists of 25 consultants and 6 specialty registrars. With 38 inpatient beds, they perform 1300 surgical procedures a year including 250 colonic resections and around 300 cholecystectomies. ICG is used in every single one of those

Course directors: Luigi Boni (Italy), Michele Diana (France), Abe Fingerhut (France)	
13:00 - 13:15 Basic principles of fluorescence guided surgery and overview of the current clinical applications Luigi Boni (Italy)	15:00 - 15:15 Fluorescent lymphatic mapping in gastric cancer Young-Woo Kim (Korea)
13:15 - 13:30 Fluorescent cholangiography in laparoscopic cholecystectomy Fernando Dip (USA)	15:15 - 15:30 Fluorescent angiography during colorectal resection Ronan Cahill (Ireland)
13:30 - 13:45 Fluorescent guided liver resection Takeaki Ishizawa (Japan)	15:30 - 15:45 Future development of fluorescence angiography Michele Diana (France)
13:45 - 14:00 Fluorescent angiography in bariatric procedures Thomas Carus (Germany)	15:45 - 16:00 Fluorescence guided transanal endoscopic operations Marco Allaix (Italy)
14:00 - 14:15 Fluorescent angiography during esophagectomy Simon Law (Hong Kong)	16:00 - 16:15 The EAES fluorescence guided surgery registry Salvador Morales Conde (Spain)
14:15 - 14:30 Fluorescent lymphatic mapping in colonic surgery Nicolò De Manzini (Italy)	16:15 - 16:30 ICG fluorescence for pouches and IBD Antonino Spinelli (Italy)
14:30 - 15:00 Coffee break	16:30 - 16:45 A look into the "near" future of fluorescence guided surgery Alexander Vahrmeijer (The Netherlands)



procedures. I joined Professor Luigi Boni in theatres for 2 weeks, together with a colorectal fellow from the Philippines and a consultant colleague from Palermo.

It was interesting to see that Professor Boni was present in all or at least part of every case despite being lead of the abdominal and emergency surgical department and in charge of the renovation of the surgical unit. He not only trains his juniors but often his consultant colleagues as well. As ICG is used as standard, every member of the team is well informed and involved when it comes to this technique. It's beneficial value was well demonstrated during intraoperative findings in many cases and in particular, a case involving a cholecysto-duodenal fistula.

I would like to thank Luigi and his team for their hospitality, the city of Milan for looking after me and also extend my sincere appreciation to the Association of Laparoscopic Surgeons of Great Britain and Ireland and B. Braun Aesculap for sponsoring my fantastic visit. This has inspired me to use ICG regularly and has provided clarity in some difficult situations already!

Ms Nienke Warnaar
Winner of the B Braun Aesculap
Traveling Fellowship 2016



DETAILS OF THE TRAVELLING SCHOLARSHIPS 2018

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 scholars are also requested to share their experience with the B. Braun Endosurgical team upon completion.



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 and be current members of ALSGBI. The deadline for receipt of applications is Thursday 1 November 2018. The successful applicants will be announced at the 2018 ALSGBI Annual Scientific Meeting on Thursday 6 December.

Report on the David Dunn Travelling Fellowship 2016



Ospedale San Raffaele

I was awarded the ALSGBI David Dunn Travelling Scholarship in November 2016, which allowed me to visit the renowned liver resectional unit under Professor Luca Aldrighetti, in Milan.

Following his kind offer of a placement within his unit we met at the inaugural European Guidelines Meeting on Laparoscopic Liver Surgery. Professor Aldrighetti's expertise and experience in the field of laparoscopic liver surgery is well recognized. Furthermore, as a past President of the Italian Group of Minimally Invasive Liver Surgery (IGoMILS) and Coordinator of the Italian Registry of Laparoscopic Liver Resections, he is significantly involved in surgical training and was an ideal mentor for my fellowship.

In Italy healthcare is provided to all citizens and residents by a mixed public-private system. The public part is the national health service, Servizio Sanitario Nazionale (SSN), which is organized under the Ministry of Health and is administered on a regional basis. San Raffaele Hospital was originally founded as a private hospital by Don Luigi Maria Verze, a spiritual Milanese entrepreneur, who also established a medical school in 1998. It is a remarkably imposing combined hospital and university campus, linked to the main city metro by a monorail, with an on-site hotel, shopping centre and, as I later found out, an aging zoo! Verze sought a place for reflection and well-being for both patients and students and features such as the zoo and sculpted grounds and fountains are typical of the man's vision for the hospital. The trustees running San Raffaele went into liquidation in 2011 and Verze died later that year but his legacy lives on and the trainees would regularly speak of how they enjoyed such an open and accessible campus combined with state-of-the-art facilities.

Having developed an interest in laparoscopic liver resection and minimally invasive cancer investigation, diagnosis and surgery during my training, exposure within a high-volume specialised centre performing 80% of liver resections laparoscopically was invaluable. My decision to visit was based partly on my own training experience that laparoscopic major hepatectomy was not yet common practice, although it was also driven by the fact that I wanted more intensive exposure and experience of laparoscopic resections to develop my



Ospedale San Raffaele

practice as a consultant.

On arrival, my occupational health clearance initially proved a challenge when I was unable to explain in Italian the UK policy of BCG immunisation and my subsequent weakly positive tuberculin test. This was resolved when Professor Aldrighetti liaised with the team specialist infectious disease physician, who administered the correct screening test and I was subsequently allowed into theatre.

Even before attending the operating room, it was clear that the Chirurgia Epatobiliare team was very tight. The hospital supports this in different ways. Firstly, all HPB patients are located on one ward; it is exceptionally rare for a patient to be 'boarded out'. With the exception of Professor Aldrighetti, the 6 team consultants share an open plan office at the end of the HPB ward and there is a waiting room and office for meeting relatives next door. The hospital also supports the team's ethos with initiatives such as asking each specialist team to design a logo for their overalls to wear outside theatre when in 'scrubs'. These have proven popular with patients as they can clearly identify team members on the ward round. This is even more impressive when you see the full repertoire of designs in the canteen at mealtimes.



Anaesthetic team top

The surgical team held a daily team brief before distributing clinical commitments according to the difficulty of the operative cases, ward issues and outpatient commitments. The most challenging cases for resection were discussed at a fortnightly MDT (held on alternate weeks with the pancreatic surgical team) and, for example, those requiring detailed hilar imaging and preoperative staging underwent echo-endosonography). Professor Aldrighetti was particularly supportive of my prior echo-endosonography training and I was encouraged to follow operative patients to the HPB EUS unit during pre-operative work up. Again, this was particularly rewarding as many of the patients with hilar pathology would often have biliary stents in situ and observing the staging by Prof Arcidiacono's team with the artifact of in situ stents was an added educational experience.

When I first observed a major right hepatectomy what struck me the most was the well-established team roles, regimented reproducible set-up in theatre (1 theatre, located immediately above the HPB ward and consultant



Echoendosonography

offices, with 5 days per week operating). Furthermore, the quality of the equipment was impressive. I had never seen such a large 4K monitor; it felt like I was standing in the middle of the transection plane.

The laparoscopic procedure was performed with the patient in the supine 'French position'. The San Raffaele HPB Surgical team perform 25 right hepatectomies per year. I was particularly keen to observe the 3 approaches to hepatocaval confluence during laparoscopic right hepatectomy as described by Professor Aldrighetti



Theatre set-up

in his Surgical Endoscopy paper in 2017. In the picture you can see the laparoscopic CUSA (left-hand) and Thunderbeat (right-hand). This careful selection of the best transection device, combined with excellent visibility and resolution of the monitors, all helped to minimize blood loss and was impressive to observe.

Overall, my time at San Raffaele was an invaluable educational experience and one that would not have been possible without the ALSGBI travelling fellowship funding. I made a great number of new friends during my time at the San Raffaele, such as new contemporaries Dot.ssa Federica Cipriani and Dot.ssa Francesca Ratti, with whom I hope to collaborate in the future. Importantly, I have an expert mentor in Professor Aldrighetti who has kindly offered to host me, should I be visiting Milan in the future. During my time in Milan I was appointed to a UK Consultant HPB post and I am sure the experience acquired during my fellowship played a significant part in achieving this. I hope that my time at the San Raffaele will help to continue to foster relations that will benefit more trainees (both Italian and British) and help to establish my own advanced laparoscopic resectional practice.



Theatre laparoscopic monitor 4K image quality is outstanding

Mr Andrew Healey
Winner of the David Dunn Travelling
Scholarship 2016

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Wednesday 5 & Thursday 6 December

Laparoscopic Surgery Training Day
Tuesday 4 December | The Christie, Manchester

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Laparoscopic Surgery Training Day

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Annual Scientific Meeting

Wednesday 5 & Thursday 6 December
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DATES & DEADLINES

FRIDAY 1 JUNE

- Online abstract submission opens

WEDNESDAY 1 AUGUST

- Online registration opens

MONDAY 1 OCTOBER

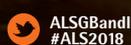
- Deadline for Abstracts, Posters & DVDs to be submitted

THURSDAY 1 NOVEMBER

- Deadlines for applications for Training Day Bursaries, ALTS Bursaries, Premier & Procurement Passes
- Deadline for applications for Travelling Scholarships
- 'Early Bird' Conference Rates end

CONTACT DETAILS

GENERAL ENQUIRIES | Mrs Jennifer Treglohan | T: +44 (0)20 7869 6941 | E: jtreglohan@alsgbi.org
INDUSTRY EXHIBITION ENQUIRIES | Mrs Sarah Williams | T: +44 (0)20 7869 6940 | E: swilliams@alsgbi.org
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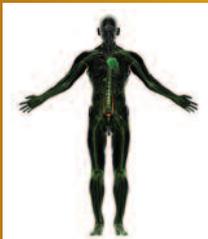
¹ Benchtop testing in porcine stomach tissue. Mean peak load required to pull tissue from the clamped jaws of ECHELON FLEX™ Powered Plus Stapler (PSEE60A) and ECHELON Reload with GST vs ENDO GIA™ ULTRA Handle (EGIAUSTND) and ENDO GIA™ Reload with Tri-Staple™ Technology (GST160B 6-496bf & GST160T 7-789bf vs EGIAG0AMT 1.325bf & EGIAG0AXT 1.520bf, all p<0.001).

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³ Benchtop testing in porcine stomach tissue. Mean tissue movement from after clamping on tissue to after firing ECHELON FLEX™ Powered Plus Stapler (PSEE60A) and ECHELON Reload with GST vs ENDO GIA™ ULTRA Handle (EGIAUSTND) and ENDO GIA™ Reload with Tri-Staple™ Technology at 1.5, 2.5, 3.3 and 4.0mm tissue thicknesses (1.5mm: GST160B 1.067mm vs EGIAG0AMT 2.462mm p<0.001; 2.5mm: GST160G 1.148mm vs EGIAG0AMT 3.261mm p<0.001; 3.3mm: GST160T 0.642mm vs EGIAG0AMT 4.806mm p<0.001; 4.0mm: GST160T 0.654mm vs EGIAG0AXT 5.116mm p<0.001).

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