



Wednesday 13 November
ALSGBI Laparoscopic & Robotic
Surgery Training Day | Leeds

Thursday 14 & Friday 15 November
ALSGBI 2019 Annual Scientific Meeting
Royal Armouries | Leeds

Thursday 14 November
ALTS Meeting (for theatre staff)
Royal Armouries | Leeds

SAVE THE DATE

Spring 2019 ALSGBI newsletter

President's Introduction

Welcome to the 2019 Spring newsletter. Thanks to Neil Keeling and the various contributors, there is plenty to catch up on. Congratulations to Council members Tan and Vish, who have both been honoured with the well-deserved title and status of Professor of Surgery for their efforts and commitment. If there was a Chair for organising Professors of Surgery, Jenny Treglohan would also be one, and I would like to add my personal thanks to her for her 20 years of service to the society.

As usual in Spring we can look back on last year's highly successful meeting in Manchester, and forward to this year's meeting in Leeds.

I would like to echo the thoughts of Rikesh Patel and Debbie Gooch within their congress reports. Chelliah Selvasekar is to be congratulated on a fabulous meeting in Manchester last December, themed as Avoiding Complications Street, with a huge emphasis on training. With this theme in mind, the training day was well attended with our highest trainee delegate number to date, and we had access to the Da Vinci robot for the first time. Trainees across the spectrum were catered for and the feedback was excellent.

The quality and transmission of the live surgery were superb, and the room was packed throughout the day as a result. I think the inclusion of a training case with Lapco principles and training-the-trainers feedback was a real success, and as far as we are aware was the first live demonstration of its kind anywhere. We may well revisit this model in years to come as different specialties look to get involved. The invited speakers for the second day in both the main meeting and the ALTS sessions were outstanding and really captivated the delegate audience with their presentations, as did Geoff Miller, who provided the after dinner entertainment at the congress dinner.

I am learning the demands of local organiser and know I have a tough job on my hands to make sure Leeds 2019 meets the high standard reached last year! That said we are well ahead with preparations and have an excellent programme of surgery planned, including robotic paediatric surgery and a range of other GI and endocrine procedures using the latest techniques and

technologies. The programme for the scientific element of the meeting is being finalized and will be revealed shortly so watch this space! This will be in keeping with the 'Full Monty' theme as we are keen for everything (innovative) to be on show in Yorkshire.

Outwith the ASM we are still working hard to promote LapPass™, and have just enjoyed another extremely busy ASiT annual meeting. The enthusiasm of the trainees to showcase their laparoscopic skills is as strong as ever. This newsletter presents reports from both perspectives of the LapPass™ skills station, as trainee and organiser give their perspectives. As Eloise qualifies this year, she will hopefully move to the business end of the table, although her enthusiasm and organisational skills running the show will be missed!

Finally I must credit the enormous amount of work which has gone into developing a Robotic TTT course. The robotic subcommittee has worked tirelessly to produce a programme and to run a successful pilot course in Portsmouth. We hope to give you an ongoing update on this important development in the next newsletter.

Enjoy the upcoming summer months. I hope many of you will take the opportunity to represent the UK and Ireland at EAES in Seville, and at some stage after that turn your attentions to Leeds. I can't hope to match the Andalusian weather but I can guarantee that you will definitely enjoy yourselves.



Mr Simon Dexter
President, ALSGBI

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Editor's Introduction



As Brexit fever reaches its peak I am sure readers will find the contents of this edition of the Newsletter of some interest. As well as the usual updates on the Annual Scientific Meeting in Manchester we also have a focus on the LapPass[™] programme to encourage our trainees to engage with the process as a mark of progression in basic laparoscopic skills. In addition, hopefully before too long, we also plan to incorporate an advanced version that will challenge the majority of experienced surgeons, not just trainees.

As a society we continue to facilitate overseas training fellowships with the help of our major sponsors. We feel it is important for the winners to present and publish their findings in the newsletter as well as feature on the

Association website that continues to develop and grow under our strong team of David Mahon, Jeremy and Aman.

Please do not forget this year's Annual Scientific Meeting will be at the Armouries in Leeds, restored to its normal timing in November.

On a more domestic note, we were delighted to celebrate 20 years of Jenny Treglohan and her tremendous contribution to the ALSGBI backroom organisation: Appreciation and thanks were expressed from previous and present Presidents and members of Council.

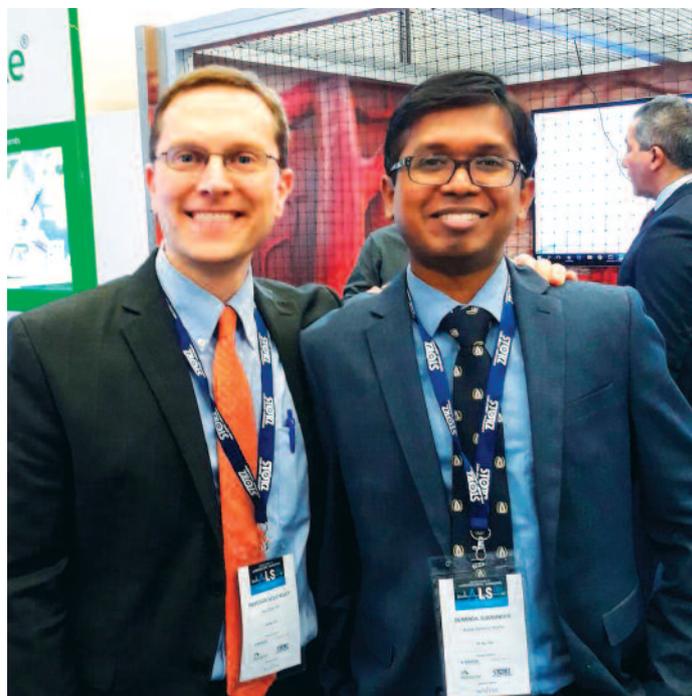
Mr Neil Keeling
Newsletter Editor

ALSGBI Overseas Bursary Winner 2018 – My Experience

I was awarded the ALSGBI Overseas Bursary in 2018 and would first like to say a big thank you to the ALSGBI. This allowed me to attend ALSGBI Annual Scientific Meeting and the LapPass™ training day held in December 2018. I am a Sri Lankan GI/HPB surgical trainee with special interest in minimal access surgery, currently working in the UK under the Medical Training Initiative (MTI) programme. I was delighted to be able to participate in this annual programme further improving my knowledge and skills in the field of advanced laparoscopic surgery.

The programme started with the training day at the Christie Hospital. This provided us with the opportunity to have hands-on training with simulated procedures and animal tissue. It was my first ever experience to have access to the Da Vinci Robot. During the practical session we had the chance to practise our skills on different upper GI laparoscopic procedures on animal tissue models under guidance from experts in the field including Professor Scott Kelly from the Mayo Clinic. The following day I received the LapPass™ certificate after being successful in demonstrating proficiency in a defined set of four laparoscopic tasks in allotted timeframes using simulated jigs. I am delighted and I hope this certificate will allow me to have more training opportunities in laparoscopic surgery.

The Live Operating Day was another quite interesting part of the programme; I also had the opportunity to present an abstract during the session. During this programme it was a very nice experience to meet various experts in the field of laparoscopic surgery and I was able to get to know several other trainee delegates from various parts of the world. All these achievements were possible because of this fellowship and I thank you ALSGBI for this great opportunity.



Mr Duminda Subasinghe
Winner of the ALSGBI Overseas Bursary 2018

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2018 ALSGBI Annual Scientific Meeting, Manchester

5 and 6 December 2018



Live Surgery Panel: Miss Eva Myriokefalitaki, Mr Paul Leeder, Mr Jeremy Oats, Mr Maurice Lau, Professor David Jayne, Professor Scott Kelley



Mr Simon Dexter

Mr Paul Leeder



LapPass™ Station

We were delighted to host the most recent Annual Scientific Meeting (ASM) in the North West. This year's event commenced with the training day at the Christie Educational Centre where participants were able to undertake a range of laparoscopic tasks designed by Mr Paul Leeder. There was also an opportunity to perform robotic tasks using the da Vinci Xi. Importantly, in addition there was a chance to practise the required skills for LapPass™, which was then formally assessed over the subsequent two days during the meeting. The candidates spoke very highly of the training day and particularly of the high faculty to candidate ratio.

We would have to attribute the success to the excellent faculty for both aiding with organisation as well as the immeasurable expertise of our international faculty.

The following day the meeting formally commenced at Manchester Central with an introduction from the ALSGBI President, Mr Simon Dexter, emphasising the importance of appropriate training to the theme of 'Avoiding Complications'. The morning continued with the always well-received live operating sessions streamed from The Christie & Royal Derby Hospital with a variety of laparoscopic and robotic cases. This year we were grateful to have the Christie urological and gynaecological teams demonstrating their approaches to the pelvis.

Continuing with the theme of the importance of training there were sessions on LapCo 'Train the Trainer' with a live demonstration of a senior trainee being mentored through an anterior resection. There was also an introduction to robotic 'Train the Trainer'.

In parallel to this meeting was the Association of Laparoscopic Theatre Staff (ALTS) meeting which focused on avoiding complications through the role of human factors. Mr David Jones also shared his knowledge of learning from experience including the devastating Manchester Arena Attack.

The day concluded with the President's drinks reception followed by the conference dinner held at the Midland Hotel with some wonderful anecdotes by Mr Geoff Miller, OBE, in his after dinner speech.

The final day continued with an excellent selection of submitted video and paper presentations with the 2018 David Dunn Medal being awarded to Mr Lalin Navaratne for his presentation entitled 'Quantifying tension in tension-free hiatal hernia repair: a new intra-operative technique'. We were fortunate to also have our guest speakers Professor Scott Kelley from the Mayo Clinic, Rochester and Professor Saumitra Rawat from Sir Ganga Ram Hospital, New Delhi, who both shared their accounts on experiences in avoiding complications in minimal access surgery. Professor Kelley also spoke about the structured training scheme in the US for robotic fellows and following the success of Lapco. I am sure this is something that will become part of post CCT training.

We would like to thank the organising committee, the attendees and the wonderful sponsors for making the 2018 ASM such a success and look forward to welcoming the ASM back to the North West in the near future.

Mr Rikesh Patel

Minimal Access Surgery North West trainee representative
ST6 Colorectal and General Surgery
North West (Mersey) Deanery

ALTS at ALSGBI Annual Scientific Meeting, Manchester

5 December 2018



The ALSGBI Annual Scientific Meeting (ASM) this year was held in Manchester and proved to be another very successful conference with nearly the highest number of delegates yet. The title was Avoiding Complications Street, so the talks and operating were based around avoiding complications, the process of investigation if you are unlucky enough to be reported and the use of robotics and reducing risks in surgery. As always the live operating was really interesting as were the lectures and presentations on the second day of the conference.

The industry exhibition was all together in one place outside the lecture theatre which enabled the delegates to easily travel around the stands. Our

competition this year involved visiting participating stands and taking part in their stand game or finding out the information required in order to get a bronze, silver or gold card. The numbers awarded to these cards were collated and entered onto a leader board – the delegate with the greatest number won the prize! The completion was hotly contended and people's competitive spirits came to the fore! It was an excellent idea and one I hope we use again in the future; it had everyone chatting and discussing the products on the stands.

This year ALTS had its breakout session on the first afternoon. I was really happy to see so many people and the feedback I received from those leaving was very positive. I would really like to thank our speakers who were brilliant! Professor Michael McMahon spoke about the blame culture and discussed different cases with complications and who was to blame – if anyone. Professor Tan Arulampalam and I spoke how human factors can help or hinder our teams and how we, as individuals, can help prevent complications in the theatre suite.

Mr David Jones, Consultant Surgeon from Manchester, was last to present. His talk was excellent; he spoke of a near-miss event whilst he was operating and how the patient nearly fell off the table. He then spoke about 'ad hoc' teams and how his ad hoc team coped with the major incident at the Manchester Arena when a bomb was detonated in the foyer. He held us spellbound whilst describing how they worked together in their theatre to make sure they were all sharing the same mental model: All knew their roles and how they would cope if various complications arose. He got us to think how we would behave in a similar position and whether we have any training for trauma surgery. I would love to ask him to speak again if we ever look at emergency surgery.

Mr Steve Lynn from Elemental Healthcare gave another thought-provoking talk on our use of plastics and whether we dispose of them responsibly and indeed, whether we could cut down on the plastic packaging we use in theatres. This was then followed by an excellent curry kindly sponsored by Elemental and I would like to thank them once again for a very good evening as we were away from the main conference dinner. This year I am hoping someone may kindly sponsor places at the conference dinner so we can take part in the social component of the meeting more closely.

Please don't forget, if you are a member of ALTS you will qualify for free entry to both days of the conference and if you register promptly, you will get one of the sponsored dinner places too. The conference is an excellent place to learn more about laparoscopic and robotic surgery, discuss current innovations, network with others and explore current trends and matters in surgery.

This year we will be looking at the 'Full Monty – the Whole Team' and how we get the best from our teams and how we feel when new innovations are brought into theatre. What will be the role of the robot in the future? Will we still need theatre practitioners? I am hoping to have a robot in our session so we can really understand how they work and what they mean to us.

Please encourage your staff to join, membership provides access to the ALSGBI website with upcoming webinars, the newsletter and entrance to the conference. I look forward to seeing you in Leeds in November.

Best wishes,

Ms Debbie Gooch
ALTS Chair



Professor Scott Kelley



Professor Tan Arulampalam

Mr David Jones



*Professor Tan Arulampalam; Mrs Debbie Gooch
Professor Michael McMahon; Mr David Jones*



Professor Saumitra Rawat

Professor Peter Sagar

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A Managed Surgical Facility from KARL STORZ

Medical device manufacturers need to look at new end to end solutions to support the productivity and financial challenges facing NHS hospitals. One hospital Foundation Trust in the East of England recognised the value of working with KARL STORZ on a surgical solution, freeing up valuable funds to facilitate theatre refurbishment leading to reduced equipment down time and improved clinical outcomes, staff and patient experiences.

Trust Challenges

- No spare capital to fund the refurbishment of aging and unsupported surgical operating theatres and minimally invasive instruments and telescopes
- Stretching the Trust's cash further while maintaining good clinical outcomes

Need

- Future-proof their operating theatres
- Attract clinical staff
- Improve operating theatre staff working environment
- Save money whilst maintaining or improving surgical outcome
- Reduce theatre equipment downtime
- Reduce dependency on single use plastics
- All whilst also attempting to deliver more for less

How

By assessing and reducing their dependency on expensive single use minimally invasive surgical instruments, the hospital realised significant annual savings - sufficient to immediately fund one theatre and equipment refurbishment via a 10 year Managed Surgical Facility with KARL STORZ.

Results

-  **Financial** – on-going fixed term budgeting for the provision of minimal invasive surgical endoscopic instrumentation and operating theatre maintenance over 10 years which can be VAT reclaimable. Further on-going annual savings from reusable instruments as opposed to single use.
-  **On Site support** – a KARL STORZ On Site Technician supports the theatre department looking after all KARL STORZ equipment, reducing equipment down time, supporting staff in the coordination of surgical equipment in theatres and training of both theatre and CSSD staff. Freeing up valuable theatre nursing time to concentrate on their patients and outcomes.
-  **Meet NHS environmental obligations** – by reducing use of single use plastics and costly disposal.
-  **Operating Room OR1™** – Full refurbishment of two Operating theatres which are future proof and contain the latest endoscopic surgical imaging technology.
-  **New reusable endoscopic instruments** – Used instead of single use alternatives for high volume, low complexity procedures the Trust has new equipment to be proud of and all supported by the On Site Technician to ensure it performs first time, every time.
-  **Peace of mind Maintenance** – 10 years of both Operating theatre and endoscopic surgical instrument upkeep ensuring minimal equipment down time, increased throughput and pre-budgeted costs per year.
-  **Permanently maintained equipment** providing consistent diagnostic and therapeutic outcomes with elimination of cancelled operations due to defective equipment.

By working in partnership with KARL STORZ on a Managed Equipment Service the Trust was able to recognise savings, refurbish their operating theatres, ensure financial stability for endoscopic equipment, raise the standard of equipment and ensure its ongoing maintenance, and provide a conducive working environment for staff whilst allowing them to concentrate on the patient experience, all of which contributes to improving surgical outcomes and patient experiences.

Appointment of Tan Arulampalam as Visiting Professor of Surgery, Anglia Ruskin University School of Medicine



The ALSGBI congratulate Tan Arulampalam, Honorary Treasurer of the Society on his appointment as Visiting Professor at the School of Medicine, Anglia Ruskin University. The School of Medicine is the newest medical school in the UK, having opened its doors to undergraduates in September 2018.

The appointment is recognition of Professor Arulampalam's research and track record of surgical training and education during a period of widespread adoption of laparoscopic surgery in the early 2000's to the present day. His doctoral thesis in PET imaging for cancer laid the foundation to significant work in proteomics for early diagnosis of colorectal cancer, radiomics and in particular texture analysis as well as clinical research in minimally invasive

surgery for colorectal cancer. He helped establish the ICENI Centre for training, research and education in Colchester and was Clinical Director for 6 years before taking up positions on the EAES research committee and chairing the International Development Committee of the ASGBI.

His new role will allow him to continue his research interests and training commitments for postgraduate surgeons, but importantly he will be committed to being on the faculty of the undergraduate School of Medicine at Anglia Ruskin University. He will supervise students and oversee modules in the surgical curriculum. He will of course continue to be an active member of the ALSGBI Executive and Council.

Our First 'LapPasser'

I am currently an ST5 trainee in general surgery in the North East Deanery. I graduated from the University of Baghdad in 2005; I then completed my foundation years in Baghdad before coming to the UK in 2013.

I started my job as a clinical fellow in Northumbria Healthcare NHS Foundation Trust in 2014 without any laparoscopic experience! During my first year I was very keen to establish my laparoscopic skills and was lucky to have supportive consultant trainers who took me through generic laparoscopic skills and taught me the basics.

In 2015 I attended the ALSGBI Annual Scientific Meeting in Southport where LapPass™ was set up for the first time and open for trainees to test their skills. Looking at the tasks gave me the impression that passing this test was going to be challenging: I have always been, and still am, looking for challenges to stretch my limits. This was ingrained from the early days of my life when my father used to tell me 'don't tell me what your mark was in the exam, tell me where it is ranked in your class'. Whether this was good or bad it raised in me the spirit of competition to quite high levels. I was therefore up for the challenge to see where I would come out.

At that time LapPass™ had four stations where basic laparoscopic challenges were set up. To increase the challenge the stations were time limited. These were not easy tasks to perform, especially with these time limits, particularly the challenge to manipulate Polo mints. At that meeting I was only one of two trainees who managed to complete the tasks successfully and I was awarded LapPass™. 'Dad I don't know if I was fastest!'

It was a great experience and achievement and I found it helpful that I was the first 'LapPasser'. LapPass™ has added to my portfolio and a stepping-stone to help get me into a formal training program in the following application round. Without doubt the LapPass™ achievement boosted my confidence in my laparoscopic surgery ability and I was able to show my trainers this achievement which I felt increased their confidence in my laparoscopic skills.

I had some clinical experience prior to this: I had less than 40 laparoscopic cholecystectomies, 35 laparoscopic appendectomies and about 20 diagnostic laparoscopies in my logbook and the feedback from my trainers was they were now more happy to observe me operating knowing I had LapPass™. This has reflected very well in my logbook.

Since completing LapPass™ and moving on in my training my logbook has developed more quickly than I hoped. I have in my logbook more than 250 laparoscopic cholecystectomies (most of them level 4), 180 laparoscopic

appendectomies (most of them level 4), 20 laparoscopic colectomies (level 3 and a few right hemicolectomies level 4), more than 50 laparoscopic hernias (level 3 and 4) and 15 laparoscopic sleeve gastrectomies and gastric bypasses (level 3).

For someone like me who is now ST5 and who started laparoscopic skills just four and half years ago, these numbers are certainly higher than expected for the level of my training and they are helping me to keep progressing through my training programme. I do strongly believe that LapPass™ has helped me. The key was it triggered confidence in me, my ability to learn and perform laparoscopic procedures. LapPass™ was like a gateway opening and happened at the right time for me.

Looking back I do believe LapPass™ was a cornerstone in my career. If you have developed the basic laparoscopic skills to get LapPass™ you can be confident you have the basic ability to perform operations and an awareness of the safety standards, all in a timely fashion. I suspect that LapPass™ is not far from being integrated into the curriculum and will be a key core skill requirement for general surgical trainees. LapPass™ provides the challenge that can test skills under a time pressure, something we are not usually so focused on during our real-life operating. I certainly enjoyed my LapPass™ experience and I would urge all trainees to engage and work hard toward LapPass™ certification which will boost self-confidence and accelerate achieving basic and higher laparoscopic skills.

Mr Yousif Aawsaj

Specialist Registrar (ST5) General Surgery

North East Deanery working at Northumbria NHS Foundation Trust



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1. Öllinger R, Mihalievic AL, Schumacher C, et al. A multicentre, randomized clinical trial comparing the Veriset™ haemostatic patch with fibrin sealant for the management of bleeding during hepatic surgery. HPB (Oxford), 2013,15(7):548-558.

2. Veriset™ haemostatic patch Instructions for Use and Product Specifications. 2012.

3. Based on sponsored preclinical study report #TR1478, Evaluating Veriset™ haemostatic patch after laparoscopic liver resection in a porcine model. 2013.

4. Schuhmacher M, et al. Evaluation of a new haemostatic patch in soft tissue surgeries. ESCP Congress, 2013.

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Further, Together

LapPass™ Training

JK Rowling started with a thought on a train; Oprah Winfrey started wearing dresses made out of potato sacks; LapPass™ started in a corner of the 2015 ALSGBI Southport Annual Scientific Meeting.

If I had asked you four years ago what you knew about LapPass™ I would have received the same blank look as that from most trainees (probably reciprocated on my own face at the time). Now, let me ask you the same question and, if you still don't know what I mean then, well there may be other things you need to catch up on too; such as the fact that Donald Trump is President of the United States, Harry and Meghan got married, and Brexit is a thing. Still stumped? Put simply, LapPass™ is a laparoscopic skills assessment in which cutting, Roeder knot tying, manipulation of polo mints and suturing are tested under time constraints.

So, for those of you reading this wanting an in-depth explanation of LapPass™, I refer you to the ALSGBI website (<https://www.alsgbi.org/lappass/>). For a brief update on how we have changed, together with some snippets of my own experience running the LapPass™ stand, do carry on reading.

Firstly a bit about myself: I am now a 5th year medical student who has been with the LapPass™ stand for the last four years. When starting with LapPass™ four years ago I didn't even know how to do a hand tie. I could just about wash my hands with an Ayliffe technique, my medical knowledge was minimal and my surgical knowledge was even less. I happened to be the daughter of a surgeon however so I was immediately respected in a way you never are as a lower year medical student. It was a pretty good situation even if I did feel like an imposter. Now I am actually knowledgeable about LapPass™ and can even go as far as being helpful.

So how did it begin?

As I mentioned previously, we were in the corner in Southport, an experimental stand with great hopes of success attached to it. Alumnus President Peter Sedman had come up with this idea of LapPass™ and everyone was willing it to work. Well it didn't just work, it became the most populated station of the meeting! Reps came and had a go, as did junior doctors and even senior doctors. Something practical is always interesting but there was also talk of "improved CV", and if that doesn't get trainees taking part then what else does!

So back to LapPass™. Is it frustrating? Yes. Is it time constricted? Yes. Is there a massive sense of achievement once done? Most definitely yes. Hang on though... it looks easy. You are correct again. "Looks" being the operative word here. You wouldn't believe the number of people who rock up thinking they can nail the exam, only to try it and be surprised by its intricacies and

also the time limitation. In the last four years only 24 people have passed. Most people are shocked by this figure but come to an understanding when they try the stations.

So I advise you... start humble, because the super confident trainees come to regret it... although seeing their faces when they realise the complexity of LapPass™ is always amusing. However what really makes my day is when people come back to tell you they've passed, with big grins on their faces after practising all day.

Do you know what else makes my day? Well no you don't, otherwise you would be a psychic and not a medic (although let's be honest, often you are expected to be both). It's when we have doctors who are so very caring of our stacks, so much so that I often get the question: "This is a 5mm port and the suture will only go through a 10mm port; what do I do?" At which point the port is taken out, the suture passed in, and the port is replaced. The sudden realisation on their faces is golden: "Oh I was treating it as a real human." Like I say, very respectful.

So what about the progression? Well our DIY version (as seen online) has been upgraded to a package created by Inovus Medical with realistic skins and boards, but it is still a work in progress so do come and give it a go at the next meeting!

At the next meeting we will once again be placed, strategically, in the corner. However being in the corner now isn't because we are new and nervous. Rather it is because lots of people come to visit us and we keep the flow of people moving around as our stand is so busy and fantastic. So on that note, I will see you there!

Miss Eloise Dexter

Medical Student

Year 5, Lancaster Medical School



10th BOMSS Annual Scientific Meeting 2018, Belfast

24-25 January 2019

The 10th Annual Scientific Meeting (ASM) of the British Obesity and Metabolic Surgery Society was held in the Europa Hotel in Belfast NI from 24-25 January and was the largest BOMSS conference for several years. It was preceded by a well-attended training day. The conference was the last one presided over by Mr Shaw Somers, President of BOMSS, before he handed over the baton to Professor David Kerrigan, who will hold the Presidency for the next two years. The programme was varied and full, with guest lecturers Professor Ralph Peterli from Switzerland and Professor Paulina Salminen from Finland. They both presented their RCTs on gastric sleeve vs gastric bypass operations with 5-year data, both landmark studies published in JAMA in 2018.

These two international experts discussed access to surgery in their respective countries where the numbers of patients able to have surgery are up to 10 times higher on a pro rata basis than in England. This was especially relevant to the NHS in Northern Ireland where bariatric surgery has never been commissioned; indeed a special symposium on the Northern Ireland situation was held preceding the conference on Wednesday 23 January. One of the themes of the whole conference was how to develop strategies to upscale the rate of surgery to 20,000 patients per annum throughout the constituent nations of the UK from the current rate of only 5,500.

The BOMSS Council Prize was won by Miss Emma-Rose McGlone for her presentation using data from the National Bariatric Surgery Registry

'Bariatric surgery for severe type 2 diabetes – really a lost cause?' This was one of five presentations chosen for the session. In all 28 oral presentations were delivered showing the strength in depth and commitment of the bariatric surgery community to performing high-class audit and research.

As usual there was a very well-attended gala dinner in the Europa Hotel with a poem delivered by the BOMSS 'Poet in Residence' Mr Shehzad Latif from Cardiff. We are already looking forward to the next BOMSS ASM in Aberdeen in 2020, to be held jointly with the Dutch Society for Metabolic and Bariatric Surgery.

Mr Richard Welbourn

Past BOMSS President

Survey of surgeons highlights the importance of high quality surgical gloves for the safety of clinicians and patients and to create long term value for the NHS

A survey of practising UK surgeons has highlighted the importance of investing in high quality surgical gloves to improve surgical safety and create long term value for the NHS. The survey, commissioned by Mölnlycke, and conducted by Creative Medical Research, found that UK surgeons agree that using high quality surgical gloves:

- Provides greater long term value for the NHS
- Improves surgical efficiency and patient outcomes
- Plays an essential role in improving both clinician and patient safety

Improved patient and clinician safety

At a time when surgical gloves are often viewed within budget reconciliation as a commodity, chosen on price over quality, the results of the survey show that ensuring safety for surgeons, their teams and patients is at the forefront of clinicians' minds. It revealed that nearly all - 87% - of surgeons believe that higher quality surgical gloves improve patient safety and 91% believe they improve clinician safety in the operating theatre. The majority of surgeons found that using high quality surgical gloves reduces the chance of sharp injuries during surgery.¹

Infection prevention and control in the operating theatre is of critical importance to surgeons. 100,000 needlestick injuries occur in the NHS each year², at an estimated cost to each NHS Trust of £500,000 each year³. Qualitative data from the survey highlighted serious concerns for surgeons and their teams over exposure to blood borne viruses such as HIV. 92% of surgeons agreed that using high quality surgical gloves would reduce the chance of being exposed to blood-borne viruses.¹ High quality means fewer glove failures⁴. A glove failure can be anything from a defect upon opening, an accidental tear upon donning, to a puncture in use.

Efficiencies and long term value

As the NHS prepares its spending priorities for the next five years, the survey revealed that 70% of surgeons think high quality gloves provide more long term value to the NHS by ensuring the safety and efficient working of surgeons and their teams. The majority of surgeons also agreed that investing in high quality gloves leads to long term cost savings and

better outcomes for the NHS.

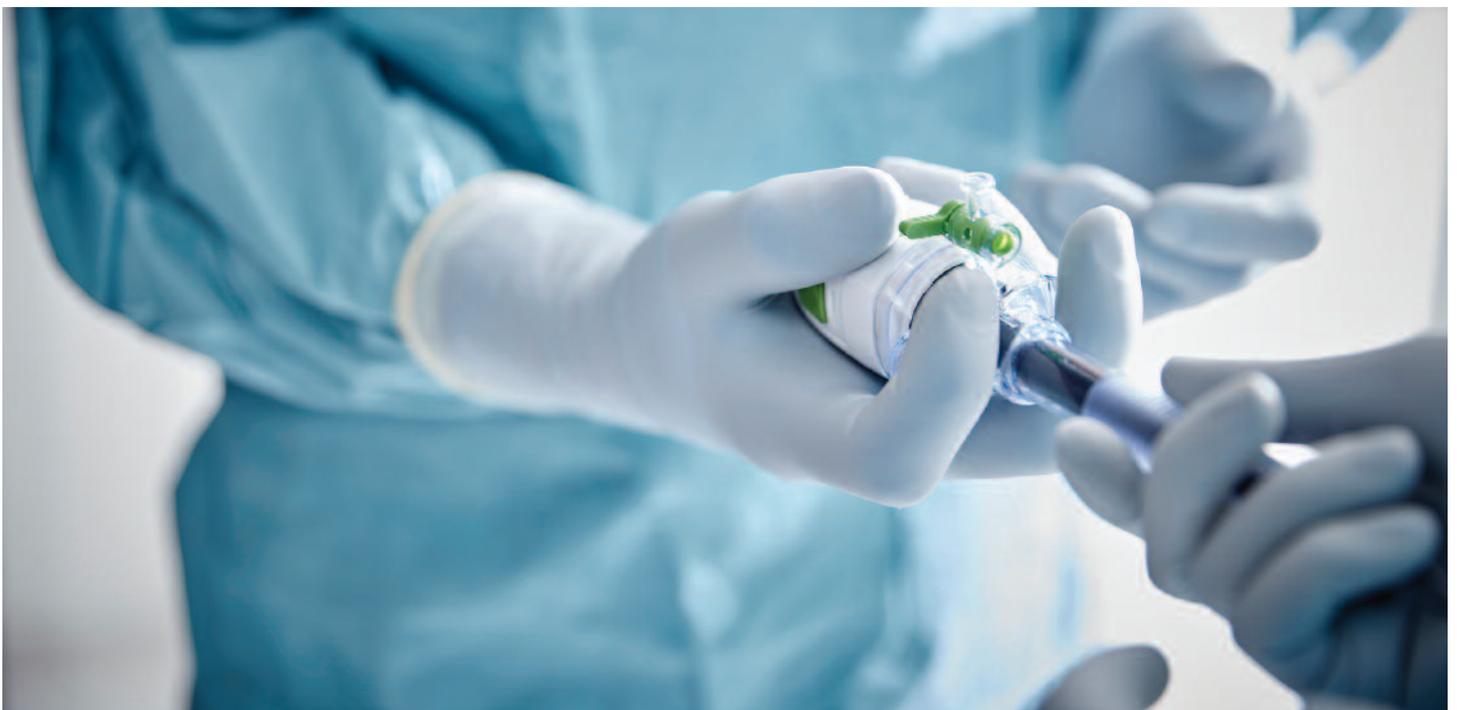
Surgical gloves are one of the key factors that work together to prevent infections in the operating room and should not be viewed as a commodity. High quality means fewer glove failures⁴. What costs more? High quality gloves or dealing with staff and patients' exposure to infection? A surgical site infection can increase a patient's hospital stay by an average of 16.8 days at a considerable cost to the taxpayer⁵.

Mölnlycke is engaging in a campaign to raise the awareness of the importance of high-quality surgical gloves. As the main interface between the surgeon's hands and the patient, a surgeon's gloves play a crucial role in any surgery. Mölnlycke has engaged with a number of medical societies and groups, such as the ALSGBI, to help shape these messages and to ensure that all stakeholders within the NHS understand the importance of using high-quality surgical gloves.

Finally, the survey also demonstrated the clear preference amongst surgeons for Mölnlycke's Biogel® Surgical Gloves, with more than three quarters of surgeons stating that Biogel was their preferred choice. The survey also found that 90% of surgeons recognise Biogel as a high quality glove.

References

1. Survey conducted by Creative Medical Research. 61 actively practising UK surgeons responded to a survey on understanding surgical gloves. July 2018.
2. UNISON, 2013, *Needle Safety at Work*, <https://www.unison.org.uk/search/needlestick>
3. Bevan Brittan LLP *Are Your Sharps Policies and Procedures Up to Scratch?* February 2011
4. *In Use Surgical Glove Failure Rate Comparison. Study G009-005.2009. Data on file.*
5. Junker T, Mujagic E, Hoffmann H, Rosenthal R, Misteli H, Zwahlen M, Oertli D, Tschudin-Sutter S, Widmer AF, Marti WR, Weber WP. *Prevention and control of surgical site infections: review of the Basel Cohort Study. Swiss Med Wkly. 2012 Sep 4;142:w1361*



Celebrating 20 Years of Jennifer Treglohan



It turned out to be a fateful and fortunate moment for the Association of Endoscopic Surgeons of Great Britain and Ireland, as we then were, when the then Honorary Secretary (RWM) appointed Jenny Rabone, as she then was, to be our first full-time administrator. Prior to 1999 the Association had been run part-time, first by David Dunn's secretary and then mine, commensurate with our limited finances as a new national organisation for laparoscopic surgery. By 1999 we were in a stronger position and could (just!) afford to take up office space that was offered to several specialist associations by the Association of Surgeons.

A few years earlier Jenny had graduated from the University of Hull with a 1st Class Honours in Business Management and her first job was setting up an intensive care charity. She moved to the Education Department of the Royal College of Surgeons (RCS) in 1997 and, as the outstanding interview candidate, was 'poached' from the RCS.

I certainly did not think at the time that she would still be with us twenty years later! During the last two decades the Association of Laparoscopic Surgeons GB&I has grown from less than 100 to more than 300 members, in no small

part due to Jenny's and Sarah's efforts. During her tenure she has been joined by Sarah Williams to form a superbly efficient management team, fully justifying her current title of Executive Director. During her time she has served 10 Presidents, of which an extremely disproportionate number were called Mike! After 20 Annual Scientific Meetings, more than 100 Council meetings and 13 Industry Partners' meetings her enthusiasm remains undimmed.

On the 4th January this year, with some masterful subterfuge by Sarah, 6 Past-Presidents, the current President and current Council executive members gathered at Tom Kerridge's London Restaurant in the Corinthia Hotel, Northumberland Avenue, to surprise and congratulate her on her 20th Anniversary with the ALSGBI at which she was presented with a gorgeous Mulberry handbag from the ALSGBI Council and the Past Presidents.

We have been very fortunate and look forward to Jenny's 30th and 40th anniversaries with the ALSGBI!

Professor Roger Motson (RWM)
ALSGBI Past President (1999-2001)

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References: Greiling, M. A multinational case study to evaluate and quantify time-saving by using custom procedure trays for operating room efficiency. Data presented at the 23rd Congress of the European Association of Hospital Managers, Zurich, Switzerland, September 2010 (poster).

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DETAILS OF THE TRAVELLING SCHOLARSHIPS 2019

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.



OVERSEAS BURSARIES 2019

The ALSGBI is funding 2 special bursaries for overseas candidates this year. Each bursary is to the value of GBP 1,500 and is intended for a surgeon at the end of his/her training, or a consultant within 5 years of appointment, to come to our ASM in the UK in November to learn new skills in laparoscopic and robotic surgery, with a view to introducing these skills into his/her practice for the benefit of patients.



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 Tuesday 1 October 2019. The successful applicants will be announced at the 2019 ALSGBI Annual Scientific Meeting on Friday 15 November.



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NIHR Surgical MedTech Cooperative (MIC)

The NIHR Surgical MedTech Co-operative (MIC) is funded to develop new concepts, develop proof-of-concept/principle and to devise research protocols for medical technologies for colorectal, hepatobiliary (liver, pancreas and gall bladder) and vascular surgery. We do this by working in collaboration with academics, clinicians and healthcare professionals, industry and patients and the public.

Developing new concepts

Clinicians, academics, industry or patients with an idea that they think can be applied to a healthcare setting or commercialised can approach us. The key thing is that this idea/concept has to directly benefit patients and improve their clinical outcomes. Sometimes concepts come from existing technologies in a non-healthcare setting, and the novelty there is how we can apply it to a healthcare setting. Our unmet clinical needs can be found here - <http://surgicalmic.nihr.ac.uk/about-us/>

Developing proof-of-concept/principle

We play a key part in preventing innovators from falling into the valley of death. There are many good ideas out there, however not all of them are viable

or can be commercialised for healthcare. Our job is to assess the idea and make a decision on whether it's worth securing additional funding to develop a working prototype that can be tested in a simulated environment. We have some funding available to fund this activity and where additional funds are required, we collaborate on funding applications to take the work forward. For details on our funding calls and ones we can collaborate on - <http://surgicalmic.nihr.ac.uk/support-available/funding-competitions/>

Devising research protocols

For those innovators looking to make healthcare providers their major buyer, it is important to demonstrate efficacy, safety, cost-benefit, cost-effectiveness and everything else under the sun. By partnering with the University of Leeds' Academic Unit of Health Economics and their Clinical Trials Research Unit, we can support the development of research protocols that will ensure all the relevant and required evidence is generated with the aim of supporting adoption, commercialisation and/or diffusion of that technology.

If you would like to find out how you can get involved or become a hub for the Surgical MIC in your region, please contact us on surgicalmic@leeds.ac.uk

Veve Mapunde

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SCIENTIFIC DIALOG

PREVENTION AND MANAGEMENT OF ANASTOMOTIC LEAK: COLORECTAL AND OESOPHAGO-GASTRIC

Wednesday 12th June 2019
The University of Birmingham

INTRODUCTION

Anastomotic leakage after gastrointestinal surgery is one of the most feared complications, leading to significantly increased mortality and morbidity, prolonged lengths of stay, escalating costs and often a delay in the receipt of any adjuvant therapies.

It is clear that a proportion of anastomotic leaks are preventable – by improving and harmonising surgical techniques and/or employing appropriate patient risk stratification to determine if a certain anastomosis method may suit an individual patient, or indeed if they should be offered an anastomosis at all.

In this meeting we will discuss findings from the latest international cohort studies in both colorectal and upper gastrointestinal resectional surgery to explore patient, operation and disease factors associated with higher leak rates. Updated risk stratification work will be presented, along with our efforts to improve the way we undertake anastomoses to try and give the best possible outcomes for our patients.

In those who do suffer an anastomotic leak, timely recognition of the leak and efficient/effective treatment is key to minimise patient harm as much as possible. The second part of the meeting will concentrate on these patients who have had a leak, with our expert faculty discussing the up to date treatment options available to surgeons and evidence on how these can be employed successfully.

We hope you can join us for this important meeting.

COURSE CHAIRMAN

Professor Dion Morton
Institute of Cancer and Genomic Sciences, Barling Professor of Surgery, Head of Academic Department of Surgery, University of Birmingham

COURSE FORMAT

The course will be delivered as a series of lectures by international and national experts. There will also be panel discussions during Surgery, Head of Academic Department of Surgery, which delegate participation is encouraged.

The event will run with registration commencing from 08:30 and will conclude at around 17:00-17:30.

TOPICS IN COLORECTAL AND OESOPHAGO-GASTRIC TO INCLUDE:*

- Preventing anastomotic failure:
 - International cohort studies to inform practice
 - Changing practice
- Managing anastomotic failure:
 - Failure to salvage
 - Controlling leaks
 - Future plans

*Programme may be subject to change

INFORMATION

INVITED FACULTY

Mr Aneel Bhangu, Senior Clinical Lecturer in International Surgery, Institute of Cancer and Genomic Sciences, University Hospitals Birmingham NHS Foundation Trust

Mr Ewen Griffiths, Consultant General and Upper Gastrointestinal Surgeon, University Hospitals Birmingham NHS Foundation Trust

Mr Thomas Pinkney, Consultant Colorectal Surgeon and Senior Clinical Lecturer, University Hospitals Birmingham NHS Foundation Trust

INVITED SPEAKERS

Professor Dr Willem Bemelman, Professor of Minimally Invasive and Colorectal Surgery, Academic Medical Centre, Amsterdam

Mr Sanjay Chaudhri, Consultant Colorectal and General Surgeon, University Hospitals of Leicester NHS Trust

Dr Matteo Frasson, Clinical Associate Professor, University Hospital La Fe, Valencia

Mr James Gossage, Consultant Upper GI Surgeon, St Thomas' NHS Foundation Trust

Mr Richard Hardwick, Consultant Surgeon & Upper GI Surgery Lead, Cambridge University Hospitals NHS Foundation Trust

Professor David Jayne, Bowel Cancer UK & Royal College of Surgeons of England Chair of Surgery, St James's University Hospital, Leeds

Dr Ana Maria Minaya-Bravo, Department of General and Digestive Surgery, Principe de Asturias Teaching Hospital, Alcalá de Henares, Madrid

Mr Pieter Tanis, Consultant Gastrointestinal & Oncology Surgeon, Academic Medical Centre, Amsterdam

VENUE

Bramall Music Building – Edgar Music Hall
University of Birmingham
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- Online at www.tinyurl.com/anastomosis2019

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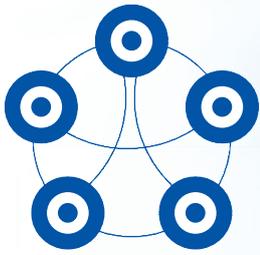
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