

PRESIDENTS



Professor
The Lord McColl
1994-1997



Mr D C Dunn
1997-1999



Professor
R W Motson
1999-2001



Mr C M S Royston
2001-2003

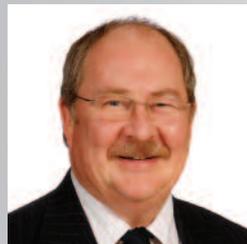


Professor M E Bailey
2003-2005

ALSGBI SILVER JUBILEE



Professor
M J McMahon
2005-2007



Professor M Parker
2007-2009



Mr M Rhodes
2009-2011



Professor T A Rockall
2011-2013



Mr M Vipond
2013-2015



Mr P Sedman
2015-2017



Mr S Dexter
2017-2019



Mr D Menzies
2019-2021

ALTS CHAIRS



Mrs S Yelland
2002- 2005



Ms C Clarke
2005-2006



Mrs J P Bradley-
Hendricks
2006-2016



Mrs D Gooch
2016-present



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Autumn 2019 ALSGBI newsletter

President's Introduction

It is with mixed feelings that I write my final newsletter introduction as ALSGBI President. I am disappointed that my tenure is coming to an end, but I can't fail to feel positive about the health, vibrancy and rapid evolution of the Society as I move on. The current Council is a fantastically enthusiastic and diverse group with great vision, and the ability to deliver ideas and projects all the way through to completion. Since taking office I have witnessed the rebirth of the Society as we have embraced robotic surgery and committed to become THE society for enhanced technologies in surgery. It is fitting that this rebirth coincides with our Silver Jubilee year.

The buzz of enthusiasm and potential feels much as it did in the early days when laparoscopy was the latest technology, as alluded to in David Rosin's recollections elsewhere in this newsletter.

The same debates back then as to whether laparoscopy had any real future have been espoused for robotic surgery, and I feel as sure now, as I did back then that the new technology will expand to become the next surgical paradigm.

Some of the projects, which have developed in these last two years include the development of a Robotic TTT programme, a successful series of ALSGBI webinars transmitted in collaboration with the Royal College of Surgeons of Edinburgh, an overseas visitor programme, and the huge interest and uptake of LapPass®. Our relationship with ASiT has continued to attract trainees and our commitment to training continues to develop.

The role of LapPass® is currently the focus of our research group and we hope to produce some meaningful data to back up our

contention that mastering this relatively simple skillset has real benefits to trainees.

The Leeds meeting is nearly upon us and I am very excited to have been able to bring the meeting back to Yorkshire in this special year. There is a packed and varied programme, with some excellent surgery on show, together with some stimulating talks and symposia on the second day. It is during the second day that I will have the pleasure of handing over the Presidential reigns to Don Menzies. Don has been part of the ALSGBI fabric for longer than anyone else on Council, and I have no doubt he will use his considerable experience and wisdom to continue developing and expanding the Society, together with the talented group of individuals who sit on Council. One can only imagine what the next 25 years will bring?! Finally I would like to take this



opportunity to thank Jenny and Sarah personally for all their hard work which ensures that the Society is what it is today.

Mr Simon Dexter
President, ALSGBI

ALSGBI COUNCIL 2019

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Mr David Mahon
- Honorary Treasurer
Professor Tan Arulampalam
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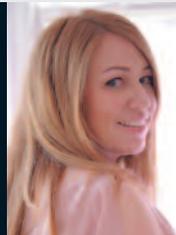
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Mr Jim Khan
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Mr Neil Keeling
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Editor's Introduction



As we continue to observe the torpid Groundhog Day that is Brexit it is fortunately time for the ALSGBI to move collectively and dynamically towards our ASM hosted by our President, Mr Simon Dexter in the excellent Leeds Armoury Conference centre. This promises to be every bit as interesting and stimulating as last year's meeting in Manchester. By now I hope that all of the spaces for the training day on the 13th at LIMIT centre are full and all study leave and hotels booked.

Our newsletter once more gives us a flavour of what has been going on throughout the regions, in particular training and teaching of our future surgeons, one of our society's most vital roles. Whilst LapPass[®] is an important

step for junior and intermediate trainees as presented in the recent popular two day Welsh meeting it is also notable how the Robotics meetings are creating more and more interest, and that SILS has not gone away judging by the UHNT report.

As this is the Association's Silver Jubilee meeting we felt it appropriate to include a potted history of the societies early days from Professor David Rosin.

As usual we cover the successful overseas fellowship reports and subspecialty meetings to highlight the excellent opportunities provided by the society. I hope that reading these will encourage more of you to apply to the society to run training meetings, for trainees to submit high quality fellowship applications and to encourage you to enlist fellow laparoscopic surgeons who are not members to join and reap the benefits.

Mr Neil Keeling
Newsletter Editor



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UPCOMING EVENTS

ALSGBI Laparoscopic Surgery Training Day

Sunday 6 December

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ALSGBI Annual Scientific Meeting

Monday 7 & Tuesday 8 December

ILEC CONFERENCE CENTRE | LONDON SW6 1UD

Association of Laparoscopic Theatre Staff Meeting (ALTS)

Monday 7 December

ILEC CONFERENCE CENTRE

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The Early History of the Association of Laparoscopic Surgeons of Great Britain and Ireland from Professor David Rosin's perspective

Laparoscopic surgery was slow to start in the British Isles: Muhe performed the first laparoscopic cholecystectomy in Germany in 1985; two years later Mouret carried out the first video-assisted laparoscopic cholecystectomy in France. In the same year Cuschieri performed the first 'United Kingdom' laparoscopic cholecystectomy in Dundee. This was not repeated in England, Ireland or Wales until three years later in 1990. It is notable that the training of UK pioneers in this operation took place in the USA and France, not Scotland. Rosin from St Mary's Hospital visited Chicago and Kansas in 1989. Here he was taught laparoscopic cholecystectomy by Joe Petelin, initially using a homemade shoe box trainer. This was followed by assisting in fifteen procedures whilst being mentored. These endeavours were sponsored by Sigmacon, who were hopeful that lasers, intended to be used for ablation of oesophageal cancer, might also be useful as a tool to remove a gall bladder laparoscopically.

On 4 February 1990 Rosin performed a laparoscopic cholecystectomy at St Mary's Hospital. This seemed to be the stimulus for Michael McMahon, Brian Rees and Robert Jago to make similar trips to visit Joe Petelin's department whilst Michael Bailey and Chris Royston went to learn the technique from Reddick and Olsen in Georgia. In the middle of 1990 Perissat from France visited Bouchier Hayes in Dublin to provide advice, guidance and mentoring during similar operations. During this time John Saunders, then Chairman of the British Surgical Stapling Group (BSSG), commenced performing laparoscopic cholecystectomy in Edinburgh.

Together, Rosin and McMahon organised the first two laparoscopic cholecystectomy meetings in June 1990 at both St Mary's Hospital and Leeds General Hospital. A number of these live surgery conferences were held with two aims - to provide general teaching, and to provide the opportunity for 'live' mentoring of surgeons at St Mary's and Leeds, as well as in their own hospitals.

In December 1990 a meeting was held at the Royal Society of Medicine organised by Rosin and McMahon to propose that interested surgeons might form an Association or Society. One hundred and six people attended and the Royal College of Surgeons of England sent a Council member as an observer. There was unanimous agreement that a society should be formed for laparoscopic surgeons and that it should become affiliated with the Association of Surgeons of Great Britain and Ireland (ASGBI). Much time was spent debating a name principally because of controversy provided by gynaecologists who had suggested that because they practiced laparoscopy they should carry out cholecystectomy operations. It was

agreed that 'General Surgeons' must feature in the name, thus the title 'The Society of Minimally Invasive General Surgeons' (SMIGS) was adopted. Professor Ian McColl was elected President, David Rosin the Honorary Secretary, Michael McMahon the Honorary Treasurer and a number of regional representatives co-opted as Council members.

Interestingly, the RCS observer reported back to the College that he saw no future in minimally invasive surgery - which would be a passing fad!

SMIGS became very successful and held its first annual meeting in Jersey in 1991 under the auspices of the ASGBI. Members from the north of England and Scotland felt that SMIGS and the British Surgical Stapling Group (BSSG) were both promoting laparoscopic surgery in which stapling was becoming more and more important, such that the two societies should amalgamate. SMIGS had acquired a substantial amount of money from their courses and workshops, as well as funding annual prizes. The Honorary Secretaries of both Societies, David Rosin and Austen Leahy, met in 1993 to discuss a merger. A few months later in a meeting with Lord McColl in the chair and members from each society also present, it was agreed that the societies should amalgamate. The next year an inaugural meeting of the combined societies was held. As laparoscopic surgery was expanding into many different specialties in surgery it was also agreed that the new name should be the Association of Endoscopic Surgeons of Great Britain and Ireland (AESGBI) and, whilst Professor McColl should continue as President, David Dunn was appointed interim Secretary and Chris Royston interim Honorary Treasurer.

The first meeting of the AESGBI was held in Harrogate in April 1994. David Dunn was elected as President although he sadly died from multiple myeloma only four years later. His name lives on however with the David Dunn Medal presented each year for the best oral abstract presentation at the ALSGBI Annual Scientific Meeting.

The Association has grown from strength to strength in recent years and has changed its name to the Association of Laparoscopic Surgeons of Great Britain & Ireland, latterly incorporating the field of Robotic and Technology-Assisted Surgery in its name which should indicate that it strives to remain at the forefront of surgical developments for many years to come.

Professor R David Rosin

Professor of Surgery at Queen Elizabeth Hospital University of the West Indies, Barbados

1st Robotic HPB Alliance Meeting

11 March 2019, University Hospital Coventry



Robotic HPB surgery is new to the UK and very few surgeons undertake these procedures regularly. We are all very proud of what we do, but to tackle the skepticism of the majority of non-robotic HPB surgeons and recent media attention, it was felt a group of robotic enthusiasts should get together and develop an alliance to support and help each other and further their ambitions to develop robotic HPB surgery.

With this background the 1st Robotic HPB Alliance Meeting was held at University Hospital Coventry on 11 March 2019. The aims of this meeting were to collaborate to research, organise training pathways, set up robotic courses, present collective powerful data and be a strong force to shape the future of robotic HPB surgery in the UK.

It was a proud moment for the Coventry HPB team to host more than 80 delegates from all over the country. Senior surgeons from 26 HPB units

gathered to share their views on robotic surgery and agreed to develop a collaboration to foster robotic HPB surgery in the UK. It was recognised that training in robotic HPB should remain at the heart of every unit and they should focus on audits and research as well as enhance the profile of robotic HPB surgery and its safe implementation in the UK.

The ALSGBI was proud to offer educational endorsement to this meeting with CPD points and had a strong representation at this meeting. As a result the ALSGBI is planning to support the Coventry team in developing multiple new robotic courses in near future.

Mr Jawad Ahmad

Consultant General and HPB Surgeon
University Hospitals Coventry & Warwickshire NHS Trust

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Robotic Train The Trainers Course – An Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI) Initiative



Summary

The Association of Laparoscopic Surgeons of Great Britain and Ireland (ALSGBI) has acknowledged that there is a need to develop a programme that will teach surgeons how to train the trainers in robotic surgery. Such a programme should address the necessity for robotic coaching and be applicable to all surgical subspecialties that use a robot including colorectal, urology, hepato-pancreato-biliary, oesophago-gastric and gynaecology. At present there is a curriculum for getting competency in robotics delivered mostly by Intuitive Surgical. This involves online theory modules, simulation training, cadaver training and mentoring of about 10 procedures but there is no structured training for training the trainers in robotic surgery.

To equip the trainers ALSGBI has piloted and developed a Robotic Train the Trainers (TT) Course based on the current Laparoscopic Colorectal Train the Trainers (LAPCO TT) Course. This should address the challenges associated with robotic surgery, enhancing the communication and coaching skills of the attendee to ensure that the trainers are adequately equipped to manage difficult situations that might arise during robotic surgery. The programme also intends to improve the attendee's physical and verbal skill set in order to help them overcome obstacles with the interface or communication. The course provides a framework to the trainers to effectively teach robotic surgery.

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In order for the Robotic TT Course to prove both effective and efficient, a well-structured framework must be implemented and the programme's learning outcomes should be clearly defined. Attendees will be required to demonstrate "conscious competence" and to exhibit a learner-centred perspective during the course. They will also be taught to uphold a structured and standardised approach to training others in robotic surgery.

Introduction

The Position Statement from ALSGBI on Robotic Surgery (2017) suggests that the use of a robot has shown some benefit in surgeries for prostate cancer with some benefit in rectal cancer surgery. Yet, clinical evidence of the advantages of robotic surgery over traditional laparoscopic surgery for colonic cancers does not exist at present and the indications of the use of a robot in cases of rectal cancer are selective (low rectal cancers that are locally advanced and present in a male). However, the scope of robotic surgery is continuing to expand, signalling a need to train more robotic surgeons and in turn to teach them how to train others. ALSGBI has previously focused on teaching robotic surgery via a live link but it is now moving towards a "teaching and training" approach to minimal access surgery. Given the increasing use of a robot in certain pelvic surgeries, the development of a Robotic TT curriculum proves valuable to consider.

"Generic" Train the Trainers Courses

The Train the Trainers (TT) Course encourages the attendee to develop the skills required to train his or her juniors. Prior to the introduction of the TT courses the traditional method of teaching individuals how to train others tended to be "see one, do one, teach one". This meant that the individual would observe the surgical technique being performed, execute it himself or herself, then teach his or her juniors to do it.

It is imperative that the framework of TT courses is well-structured since this will improve the efficacy and efficiency of training. It will also shorten the learning curve and ensure patient safety. Fundamental educational principles must be taught during these courses: Attendees should be prompted to uphold a learner-centred, structured and standardised approach to training others. They should be encouraged to illustrate "conscious competence" which requires them to demonstrate the ability to differentiate between operating and teaching others how to operate.

Laparoscopic Colorectal Train the Trainers (LAPCO TT) Course

The teaching methodology that frames the Laparoscopic Colorectal Train the Trainers (LAPCO TT) Course is considered a powerful coaching and mentoring tool for the training of laparoscopic colorectal surgeons. The programme has been adapted from the JAG-approved Training the Trainers for Flexible Endoscopy Course, but places an emphasis on the particular needs of laparoscopic colorectal surgery. In an attempt to teach the attendee to adopt coaching styles that will enable them to become an effective trainer, it offers practical coaching rehearsals in the setting of a skills laboratory and provides clinical coaching in an operative environment.

The LAPCO TT Course aims to help attendees to:

- understand how adults acquire and retain skills
- appreciate the importance of learning outcomes when establishing a teaching framework
- critically review a training episode
- understand the concept of "conscious competence" in practice and training
- recognise and implement both formative and summative assessment tools
- provide constructive feedback to stimulate learning
- become reflective practitioners who constantly assess their own performance as trainers

Robotic Train the Trainers (TT) Course

There are several challenges associated with robotic surgery, some of which stem from the fact that it is still a novel technology which is constantly evolving. Issues related to the interface and difficulties in communication that arise from being at a distance from the patient, scrub teams and anaesthetists, also make robotic surgery a demanding task.

Given the challenges encountered when using a robot in surgery there is a necessity to develop a programme that helps surgeons to train the trainers. The Robotic Train the Trainers (TT) Course helps to fulfil this need. It could be based on the curriculum of the LAPCO TT Course but it should be designed in such a manner that ensures it is applicable to all surgical subspecialties in which a robot can be used (colorectal, urology, hepato-pancreato-biliary, oesophago-gastric and gynaecology). Technical and non-technical coaching skills would be addressed during the course and the teaching should be multi-professional in nature.

In a similar manner to the LAPCO TT Course, the Robotic TT Course would run as a two-day programme: Day One would focus on interactive discussion and dry laboratory practice on simulators, whilst Day Two would concentrate on coaching in operative environments.

The course will enable attendees to:

- understand the principles of how adults learn and acquire skills
- develop a training framework and appreciate the importance of its impact on learning outcomes
- critically review training episodes and reflect on non-technical and technical concepts of learning
- appreciate the role of team training and the multidisciplinary and multiprofessional nature of robotic practice
- understand the impact of formal assessments and feedback

The learning outcomes of the Robotic TT Course resemble those of the LAPCO TT Course which highlights that the two courses share similarities.

The Robotic TT Course will discuss the physical set-up of the environment in which robotic surgery takes place. This encompasses ergonomics, docking the robot on a pelvic trainer, the incorrect and optimum layout of the room, and emergency undocking. Attendees will also be made aware of the important role that scrub nurses play in training.

The programme will focus on the verbal skill set through a structured approach to robotic suturing using role-play scenarios. Attendees will be shown how to set an agenda and establish ground rules, as well as be encouraged to use standardised language. "Trouble shooting scenarios"



centred on the moment in which an aspect of robotic surgery becomes problematic will also be discussed. An example is the insertion of an incorrect instrument on the incorrect arm of the robot. The trainer's ability to use precise commands and directive language in order to instruct the trainee to resolve the intra-operative issue will be assessed. Furthermore, the trainer's demonstration of composure and directed communication will be considered.

The course will examine the communication skills required by trainers of robotic surgery: The attendee should be able to provide clear, standardised instructions in a competent manner. Trainers should be prepared to take over in theatre in certain situations such as when the patient's safety is compromised. The course will therefore prompt attendees to develop a "stop, identify, assess, instruct, check and judge" approach in order to effectively manage difficult instances. Since trainers should provide trainees with constructive feedback and implement the idea of "shared responsibility" when using a robot in surgery, the Robotic TT Course will discuss these ideas.

Conclusion

Robotic surgery is still considered a novel technology and consequently challenges continue to exist. Hence there is a need to develop a structured framework of teaching that helps surgeons to train their juniors in robotic surgery. The ALSGBI Robotic TT Course will encourage the attendee to develop appropriate communication skills and acquire adequate coaching and mentoring skills to effectively train his or her juniors and have a framework to follow. The LAPCO TT Course curriculum can be adapted to provide a comprehensive programme for a Robotic TT Course and this course has been piloted and is ready to be delivered in the UK and beyond.



Steering Group

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- Professor Mark Coleman, MBChB, FRCS (Gen Surg)
Honorary FRCS (Glasg), MD
General and Colorectal Surgeon
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- Professor David Jayne, BSc, MBBCh, FRCS, FRCS Part III, MD [Dist]
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Acknowledgments

- ALSGBI
- Intuitive Surgical
- The Christie Hospital, Manchester
- Portsmouth NHS Trust
- LAPCO Trainers

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ALSGBI North West and Mersey Regional Representative

Professor Nader Francis

ALSGBI Research Director

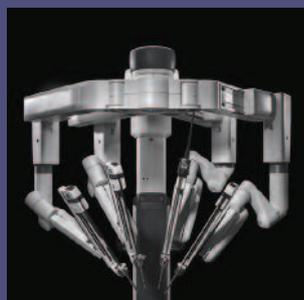
Mr Jim Khan

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ASiT International Surgical, ICC Belfast

22-24 March 2019



The Association of Surgeons in Training (ASiT) Annual International conference returned to Belfast on Friday 22 - Sunday 24 March 2019 at the International Conference Centre (ICC) following a successful visit in 2014.

The Theme of the conference was "Surgical Innovation in Practice" and welcomed a record number of delegates, high-profile speakers and numerous new industry partners over the course of the 3-day educational programme.

2019 saw numerous new additions to the conference programme to enhance the delegate experience including a 24-hour Hackathon, yoga session, 5km charity fun run and a children's day care/creche facility.

The "BBraun/ASiT Hackathon" took place on the Friday attracting delegates from all professional sectors competing to create a novel innovative idea to enhance healthcare.

In addition, a record number (14) subspecialty pre-conference courses were hosted in the ICC for medical students and trainees of all levels. This was made possible through the kind sponsorship from industry partners.



The pre-conference courses included an exciting core laparoscopic skills course where 22 participants were taken from basic laparoscopic movements through to performing a cholecystectomy. Other courses included Neurosurgery, Vascular, Orthopaedics, Maxillofacial, Plastics, ENT, Urology, Cardiothoracics, Leadership, Research, RCSEd, NOTTS, BJS 'How to write a paper' and Major Trauma (hosted by the Centre for Trauma Sciences). All the courses were sold out with positive feedback on these high calibre courses. We are looking forward to Birmingham 2020 with plans for expansion on all courses with plans afoot to introduce an advanced laparoscopic skills programme.

The packed weekend conference programme offered insightful discussion on topical training issues with the Royal Surgical College presidents. Keynote speaker Mr John Peters offered valuable insight into succeeding under pressure and Ms Stella Vig gave an inspiring and motivating Silver Scalpel lecture. There were sessions on innovation in surgical education, healthcare, clinical surgery and wellbeing and team work. There were numerous breakout and consensus sessions addressing trainee burnout, trainee collaborative research as well as the many prize oral sessions. Over 600 delegates presented work orally or in poster format across all 10 surgical specialties with 25 prizes on offer.



Mentoring sessions and the ASiT Specialty Village were available to delegates offering career advice and guidance on career progression.

The charity gala dinner took place on the Saturday evening at the stunning Belfast City Hall, a historic building in the heart of the city centre. This was a thoroughly enjoyable evening for all those who attended and raised money for our two chosen charities - The Daisy Garland and the Children's Hospice South West.

The ASiT/ALSGBI prize was awarded to Miss Lucy Huppler - "There ain't no party like a lap box party". This looked at an innovative method to enhance laparoscopic surgical training through social gatherings.

For a second year running at the ALSGBI stand delegates had the opportunity to practice and learn on high fidelity simulators. They also had the opportunity to be assessed on the nationally recognised LapPass® by accredited ALSGBI Council assessors.

ASiT would like to thank ALSGBI for all its continued support. Together we hope to educate and nurture the next generation of laparoscopic surgeons.

Mr Adam Peckham-Cooper
ASiT Representative

Robotic Surgery: New challenges – New roles



Following last year's successful Live Video Link of robotic assisted surgery from our surgical theatres at The Christie Hospital to the Association of Laparoscopic Surgeons of Great Britain and Ireland conference, including the Robotic and Technology-enhanced Surgery (ALSGBI) conference in Manchester, I have been reflecting on how the introduction of new technology presents new challenges and opportunities to those in the perioperative environment.

The Christie is a world-renowned specialist oncology hospital based in South Manchester. It has delivered robotic surgery since January 2008 and was one of the first hospitals outside of London to pioneer this technology. Over the last decade it has expanded the service from its initial use in urology to include both gynaecological and colorectal surgery. We currently have two Intuitive Surgical DaVinci Si robots in addition to a robotic surgery skills simulator. In March 2018, The Christie achieved accredited status as a training centre for robotic surgery. The robotic process/set up continues to be steered by a robot users' group which is chaired by Consultant Urologist Mr VAC Ramani and includes representatives from all specialties.

But this all had to start somewhere. Speaking to those who were present at the very first robot case performed at The Christie back in 2008, you get a sense of the challenges faced with the introduction of this new technology into the operating theatre. Familiarisation, team training and support were key to the implementation process leading to the very first robotic case being performed. Two of the department's consultant urologists along with a senior theatre practitioner travelled to New Jersey, USA to study how an established facility provided its service and set up its theatres. They were supported on

this trip by Intuitive Surgical, the provider of the DaVinci system. Knowledge gained during this visit, along with support from the local Intuitive representative, would guide the team in its preparation for implementing the robot service back in Manchester.

The senior theatre practitioner involved throughout the implementation process remembers how important it was to perform a number of trial dry runs to ensure the team was ready for that first case. These trial runs were supported by the Intuitive representative who provided guidance and gave expert technical advice. In order for a smooth implementation process the theatre team would initially be kept the same so that a core team could be built and knowledge and skills could be developed before expanding to other specialties. As with any adoption of new technology, the theatre practitioner recalls a mixture of apprehension and excitement around this new venture but the overall predominant feeling being that of pride in being the first in the North West to offer a robotic service.

In the last 10 years the robotic service at The Christie has treated over 2000 patients with the service continually expanding. In 2016, due to this expansion, a new opportunity presented itself in the form of the employment of Surgical First Assistants for robotic surgery, the role in which I am currently employed. The Surgical First Assistant is 'the role undertaken by the registered practitioner who provides continuous, competent and dedicated surgical assistance to the operating surgeon throughout the surgery; Surgical First Assistants practice as part of the surgical team, under the direct supervision of the operating surgeon' (Perioperative Care Collaborative, 2018). The role is undertaken by an

experienced practitioner who has undergone a period of study on a nationally recognised accredited university course. A further university accredited Enhanced Surgical Skills course including attendance at a Basic Surgical Skills course, validated by the Royal College of Surgeons, gives the practitioner additional knowledge and skills to perform this role safely and competently.

Due to the specialised nature of robotic surgery the department developed an in-house competency pack for those Surgical First Assistants undertaking this role in robotic surgery. Each practitioner is assigned a consultant surgeon who oversees their period of development and provides expert teaching and support throughout their modular training program. The First Assistants receive regular feedback from their consultant trainers as they progress. The Christie now has six Surgical First Assistants who provide cover across a number of specialties and each keeps a logbook to record the cases they have participated in as is recommended best practice.

The additional benefit provided by the employment of Surgical First Assistants in robotic surgery includes the provision of a consistent assisting service alongside providing support to theatre practitioners and surgical trainees new to the technology. Trainee surgeons are able to move through various stages of training and spend more time in the console gaining valuable experience.

As I look back at the Live Video Link from The Christie to the ALSGBI conference last year I am reminded how far technology has come in theatres and also how my own perioperative journey has evolved. When I joined The Christie I was an experienced scrub practitioner; now I am the Surgical First Assistant providing surgical assistance throughout a robotic prostatectomy case beaming live to an audience at an international conference. A new role, a new challenge, but due to the foundation work done by the teams back in that initial implementation process, alongside the knowledge and skills of the team members each performing their roles to deliver a high standard of patient-centred care, the Live Video Link procedures to the ALSGBI conference ran safely, smoothly and successfully.

I would like to thank all those involved at The Christie Hospital in setting up and delivering the Live Link and also the ALSGBI for providing an excellent opportunity to demonstrate how this advanced technology has had such a positive impact on the service we deliver here at The Christie.

Claire Phillips

Surgical First Assistant for Robotic Surgery
The Christie NHS Foundation Trust
Manchester, UK

Resume of Invited Speakers

DR FILIP MUYSOMS (ALSGBI LECTURE)

Filip Muysoms spent most of his training in general surgery at AZ Maria Middelaars, where he became a staff member in 1998 and is the current Head of the Department of Surgery. He started his surgical training in 1991 after one year as a senior house officer at Baragwanath Hospital in Johannesburg, South Africa. As part of his training in surgery he worked one year at the renowned centre for lung cancer surgery, St Antonius Hospital in Nieuwegein, the Netherlands. Since his start as a staff member in surgery, he has performed thoracic surgery including cancer resections and a wide range of abdominal procedures, including colonic and upper gastrointestinal surgery, with a high percentage of minimal invasive approaches. Through the years his clinical practice and scientific work has focused on abdominal wall surgery. He pioneered the adoption of robotic hernia surgery in Europe and has been a proctor for many across Europe. He received his PhD as Doctor of Medical Sciences at the University of Ghent in May 2015 with his thesis on "Prevention of incisional hernias of the abdominal wall". He has been a board member of several surgical societies and currently is president elect of the European Hernia Society.



MR BEN TIPNEY (ALTS MOTIVATIONAL SPEAKER)

Ben Tipney, founder and Managing Director of MedLed, is a former international athlete, competing in several World Championship events with the Great Britain rowing team, whilst completing his degree in Leadership & Sports Psychology at Reading University. The combination of these experiences laid the foundation for Ben's interest in optimising individual, team and organisational performance, and when forced to retire from competing through injury, Ben turned to coaching and within 4 years had produced National Champion crews and international selections in roles in both the UK and South Africa – culminating in taking the South African Women's Team in 2010 to their most successful ever World Championship. Ben describes a key realisation in his coaching experience: "Very often the differentiators between the good crews and the best crews, the good athletes and the best athletes, had nothing to do with rowing. They were almost always the non-technical skills, for example how people managed pressure or how well they worked together as a team". This realisation led to a desire to apply the principles of high performing teams to other areas, and after several years of working with corporate and individual clients, Ben became drawn to working with teams in healthcare. Ben has been developing and delivering training and support in Human Factors and Performance Improvement to healthcare organisations since 2013, and founded MedLed in 2017 with the desire to broaden the scope of practice and bring together a diverse team with complementary skills. He still actively delivers training, support and coaching, as well as growing and developing the MedLed team. Outside of work, Ben's passions include fishing, rugby, travelling and anything that involves being outside in nature.



PROFESSOR RICHARD VAN HILLEGERSBERG (EAES LECTURE)

Richard van Hillegersberg attended medical school in Rotterdam, the Netherlands. In 1990 he received a research grant from the Dutch Digestive Foundation, that enabled him to perform PhD research on the local treatment of liver metastases at the Department of Surgery, Erasmus MC in Rotterdam. In 1993 he received his PhD with honour. After obtaining his MD in 1994, he was a resident of Surgery in Rotterdam and was registered as general surgeon in 2000. From 2001-2002 he was a fellow of Surgical Oncology in the Academic Medical Centre and Antoni van Leeuwenhoek Netherlands Cancer Center Amsterdam. Since 2003 he is appointed as staff surgeon at the University Medical Center Utrecht. From 2009 he is a full professor of gastrointestinal oncology and programme leader of the GI-Oncology department. His clinical interests are upper gastrointestinal tract and hepatobiliary surgery. Research is focused on minimally invasive and robotic surgery, surgical imaging, genetic profiling and radiofrequency ablation for cancer. He has authored and co-authored over 150 articles in international peer-reviewed journals. He is past president of the Dutch GI Surgical Association, past board member of the Dutch Surgical Association, board member of the Dutch Society for liver surgery. President of the Dutch Upper GI Surgery and President of European Digestive Surgery.



LT COL ANDREW GILLIAM

Andy Gilliam has served in the Army Reserve for 30 years, first joining the Officer Training Corps in Dundee where he went to Medical School in 1990. Serving in a full spectrum of military medical roles, he has been a Doctor in the Parachute regiment for 7 years, 250 Field Ambulance (Hull) for 5 years, 201 Field Hospital (Newcastle) for 5 years and 144 Parachute Medical Squadron (London) as Clinical Director for 7 years. He has undertaken 2 tours of duty in Afghanistan, 2011-12 and 2014, when he was the last British surgeon in Helmand province during a period of heightened security concerns and reduced resources. He recently completed his Advance Staff and Command course at the UK's Defence Academy and is Second in Command of 201 (Northern) Field Hospital. He has been a Consultant General and Upper GI surgeon in County Durham and Darlington NHS Trust since 2008, where he was clinical lead for surgery for 6 years and is currently Upper GI and bariatric lead. His academic roles include Honourary Lecturer at Teeside University, visiting Professor at Sunderland University and Course Director for trauma at the Northern Surgical Training Centre in Newcastle.



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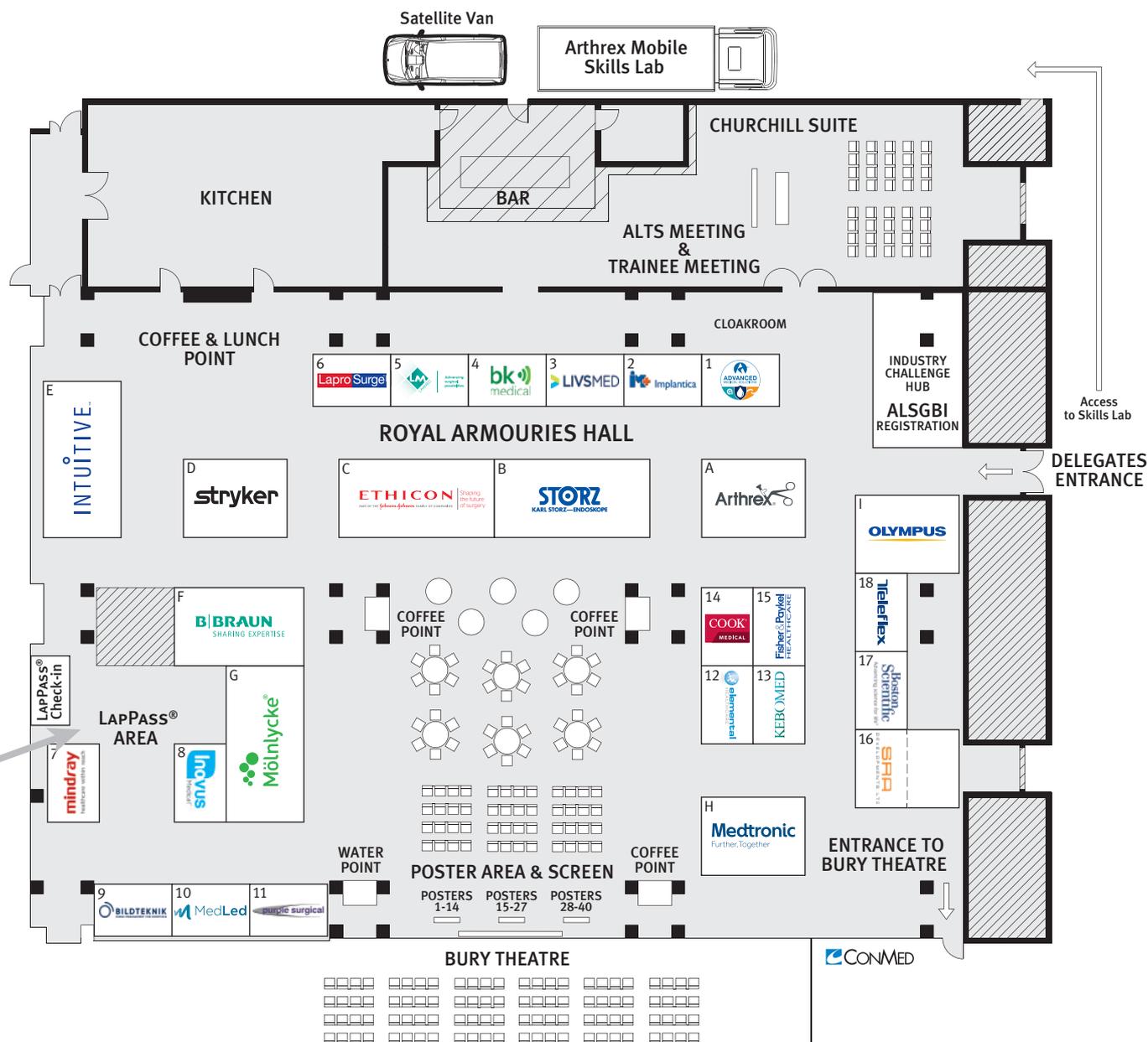
There will be 6 units in the LapPass® Training Area in the Exhibition. The LapPass® check-in desk will be open from 08:30-18:00 on Thursday 14 November and 08:30-12:00 on Friday 15 November when it will be possible to book the LapPass® examination which will take place in the Arthrex Mobile Skills Lab outside the Churchill Suite.

Supported by:



The ALSGBI Exhibition Plan

ROYAL ARMOURIES HALL



KEY TO EXHIBITION PLAN & INDUSTRY CHALLENGE

- 1 Advanced Medical Solutions
- A Arthrex
- 9 Bildteknik
- 4 BK Medical
- 17 Boston Scientific
- F B. Braun Medical Ltd
- CONMED
- 14 Cook Medical
- 12 Elemental Healthcare
- C ETHICON
- 15 Fisher & Paykel Healthcare Ltd
- 2 Implantica
- 8 Inovus Medical
- E Intuitive
- B KARL STORZ Endoscopy (UK) Ltd
- 13 Kebomed UK
- 6 LaproSurge Ltd
- 5 Lawmed Ltd
- 3 LIVSMED
- 10 MedLed
- H Medtronic Ltd
- 7 mindray
- G Mölnlycke Health Care Ltd
- I Olympus
- 11 Purple Surgical
- 16 SRA Developments Ltd
- D Stryker UK Ltd
- 18 Teleflex
- Companies partaking in the Industry Challenge. Time to meet with the leaders of industry – your chance to take part in the highly competitive ‘Industry Challenge’ – All delegates to compete! All mini certificates to be handed to the Industry Hub by 13:30 Friday 15 November.

ALSGBI Scientific Programme

Thursday 14 November 2019

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE	
08:00 – 18:15	REGISTRATION DESK OPEN ROYAL ARMOURIES HALL, GROUND FLOOR
08:30 – 18:00	INDUSTRY ENGAGEMENT Engage with the leaders of industry and partake in the highly competitive Industry Challenge. ROYAL ARMOURIES HALL, GROUND FLOOR
08:15 – 16:30 12:00 – 14:00	REFRESHMENT TIMES Tea & Coffee available Lunch available ROYAL ARMOURIES HALL, GROUND FLOOR
09:00 – 09:05	WELCOME: Mr Simon Dexter (President) & Mr Julian Hartley Chief Executive Leeds Teaching Hospitals NHS Trust BURY THEATRE, GROUND FLOOR  
09:05 – 09:15	ROBOTICS SPONSOR & PLATINUM PARTNER PRESENTATIONS Chairman: Mr Simon Dexter (Leeds) HELPING PATIENTS GET BACK TO WHAT MATTERS MOST Mr James Westbury Senior Marketing Manager, Intuitive  DRIVING THEATRE EFFICIENCY THROUGH TIME & WASTE MANAGEMENT AUDITS Mr Chris Atherton, Senior Product Manager, Mölnlycke Health Care 
09:15 – 16:25 <i>Flexible Timing</i>	SPONSORS OF THE 2019 LIVE SURGERY   
	SIMULTANEOUS LIVE & 'AS LIVE' HD LAPAROSCOPIC, ROBOTIC & TECHNOLOGY ENHANCED SURGERY FROM: ROYAL HALLAMSHIRE HOSPITAL, SHEFFIELD Theatre 2 (RHS2) Mr Shwan Amin; Mr Jim Khan (visiting) <i>Robotic Colorectal Surgery</i>
	ST JAMES'S UNIVERSITY HOSPITAL, LEEDS Geoffrey Giles Theatre 8 (SJL8) Professor Peter Lodge; Mr Andrew Smith <i>Laparoscopic HBP Surgery</i> Bexley Theatre 1 (SJL1) Mr Simon Dexter; Mr Andrew Cockbain Dr Matthew Huggett <i>Laparoscopic Upper GI Surgery</i> Chancellor Theatre 6 (SJL6) Miss Emma Collins; Miss Sheila Fraser <i>Laparoscopic Endocrine Surgery</i>
	LEEDS GENERAL INFIRMARY (LGI) Mr Naved Alizai <i>Robotic Paediatric Surgery</i>

TIMETABLE		
From 09:15 Live Surgery	RHS2	ROBOTIC ANTERIOR RESECTION WITH INDOCYANINE GREEN (ICG) Mr Shwan Amin Mr Jim Khan 
Live Surgery	SJL8	LAPAROSCOPIC SPLEEN PRESERVING DISTAL PANCREATECTOMY (SPDP) Mr Andrew Smith  
As Live Surgery	LG1	ROBOTIC PAEDIATRIC SPLENECTOMY Mr Naved Alizai
From 09:15 Moderators: Robotic: Mr Naved Alizai (Leeds); Mr Julian Hance (Leeds) Professor David Jayne (Leeds) Laparoscopic: Professor Irfan Ahmed (Aberdeen) Mr Ian Beckingham (Nottingham); Mr Simon Dexter (Leeds) Mr Paul Leeder (Derby); Dr Filip Muysoms (Belgium) Mr Adam Peckham-Cooper (Sheffield) RoVing: Mr Mark Vipond (Gloucester)		
From 12:00 Live Surgery	RHS2	ROBOTIC ANTERIOR RESECTION WITH INDOCYANINE GREEN (ICG) continued Mr Shwan Amin Mr Jim Khan 
Live Surgery	SJL8	LAPAROSCOPIC LIVER RESECTION Professor Peter Lodge  
As Live Surgery	SJL1	LAPAROSCOPIC HEMISPLENECTOMY Mr Simon Dexter Mr Andrew Cockbain  
From 12:00 Moderators: Robotic: Professor Nader Francis (Yeovil); Mr Chelliah Selvasekar (Manchester); Professor YKS Viswanath (Middlesbrough) Laparoscopic: Mr Ian Beckingham (Nottingham) Mr Andrew Cockbain (Leeds); Mr Simon Dexter (Leeds) Miss Tamsin Morrison (Luton); Dr Filip Muysoms (Belgium) Mr Dhakshinamoorthy VijayAnand (Leeds) RoVing: Mr Graham Whiteley (Bangor)		
From 14:00 Live Surgery	RHS2	ROBOTIC RIGHT HEMICOLECTOMY PLUS COMPLETE MESOCOLIC EXCISION (CME) Mr Shwan Amin Mr Jim Khan 
Live Surgery	SJL8	LAPAROSCOPIC LIVER RESECTION continued Professor Peter Lodge  
As Live	SJL6	LAPAROSCOPIC EXTRA PERITONEAL ADRENALECTOMY Miss Emma Collins Miss Sheila Fraser  

THE LIVE AND 'AS LIVE' SURGERY IS SPONSORED BY



THE SURGERY CAN ALSO BE VIEWED IN THE INDUSTRY EXHIBITION

TIMETABLE

From 15:00 Live Surgery	RHS2	ROBOTIC RIGHT HEMICOLECTOMY PLUS COMPLETE MESOCOLIC EXCISION (CME) <i>continued</i>  Mr Shwan Amin; Mr Jim Khan
Edited	LGI	ROBOTIC PAEDIATRIC CHOLEDOCHAL CYST Mr Naved Alizai
As Live Surgery	SJL1	LAPAROSCOPIC INTRAGASTRIC GI STROMAL TUMOUR (GIST) RESECTION Mr Simon Dexter  Mr Andrew Cockbain  Dr Matthew Huggett 

From 14:00 **Moderators:**

Robotic: Professor Nader Francis (Yeovil); Mr Julian Hance (Leeds)
Professor David Jayne (Leeds); Mr Chelliah Selvasekar (Manchester)
Laparoscopic: Miss Emma Collins (Leeds); Miss Sheila Fraser (Leeds)
Mr Mark Lansdown (Leeds); Mr Adam Peckham-Cooper (Sheffield)
Mr Abeezar Sarela (Leeds); Mr Dhakshinamoorthy VijayAnand (Leeds)
Roiving: Mr Graham Whiteley (Bangor)

16:25–16:30	PLATINUM PARTNER PRESENTATION Chairman: Mr Simon Dexter (Leeds) HUMAN PERFORMANCE & THE SURGEON Professor Tan Arulampalam Consultant General Surgeon, Colchester Hospital	
16:30–16:35	ANNOUNCEMENT OF THE TOP 2 POSTERS FOR PRESENTATION Chairman: Mr Simon Dexter (Leeds)	
16:35–17:10	THE ROBOT WILL SEE YOU NOW! AN UPDATE ON VERSIUS, THE NEW UK ROBOT Dr Mark Slack, Chief Medical Officer & Co-Founder, CMR Surgical Chairman: Mr Simon Dexter (Leeds)	
17:10–17:55 <i>(Exact timings may vary slightly)</i>	BRINGING 'THE FULL MONTY' HOME! HOW TO GET THE LATEST TECHNOLOGIES INTO YOUR HOSPITAL Chairman: Mr Simon Dexter (Leeds)	
17:10–17:20	FROM INNOVATIVE IDEA TO NHS PRACTICE Mrs Stephanie Potts, NHS Innovations Expert	
17:20–17:30	THE NEW PROCUREMENT LANDSCAPE Ms Natalie Clarke, Senior Partnership Manager & Mr John Tyrrell, National Category Manager for Sterile Intervention Equipment and Associated Consumables. Representing the NHS Supply Chain	
17:30–17:35	MAKING THE BIG PROJECTS AFFORDABLE 3 MAJOR INDUSTRY PARTNERS SHARE THEIR SOLUTIONS	
17:30–17:35	MORE THAN ONE WAY TO SKIN A CAT! Mr Russell Jones, National Sales Manager KARL STORZ Endoscopy (UK) Ltd	
17:35–17:40	J&J INITIATIVES TO SUPPORT VALUE BASED PROCUREMENT Mr Sandy Phillips, Group Marketing Director, UK	
17:40–17:45	IMPROVING THE EXPERIENCES YOU LIVE EVERYDAY Mr Andrew Marriott Regional Sales Manager, Olympus Medical	
17:55–18:00	PRESIDENT'S ROUND-UP OF THE DAY	

TIMETABLE

18:30–19:30	THE PRESIDENT'S DRINKS RECEPTION Join the ALSGBI Council and Industry at the Harvey Nichols Espresso Bar for a glass of bubbles Victoria Quarter (naveon area) 107-111 Briggate, Leeds, LS1 6AZ Pre-booking essential FREE Conference Badge must be worn for admission purposes
19:30–22:30	ALSGBI & ALTS CONFERENCE DINNER Harvey Nichols Fourth Floor Brasserie 107-111 Briggate, Leeds, LS1 6AZ Pre-booking essential Conference Badge must be worn for admission purposes GUEST SPEAKER: Mr John Bentley, former British and Irish Lion, dual-code international rugby union and rugby league footballer who played in the 1980s and 1990s.

Parallel Sessions/Thursday only

TIMETABLE

08:15–08:45	BREAKFAST SYMPOSIUM WITH CMR SURGICAL Chairman: Mr David Mahon (Taunton) A light breakfast will be provided CHURCHILL SUITE, GROUND FLOOR (ADJOINING ROYAL ARMOURIES HALL)	
09:30–11:00	ALSGBI ROBOTIC TRAINING THE TRAINER (TTT) Chairmen: Mr Jawad Ahmad (Coventry) Professor Nader Francis (Yeovil) Mr Chelliah Selvasekar (Manchester) Professor YKS Viswanath (Middlesbrough) This is a taster session for practising robotic consultant surgeon members only Pre-booking essential as places very limited FREE INTUITIVE STAND ROYAL ARMOURIES HALL, GROUND FLOOR	
17:15–18:00	ALSGBI TRAINEE GROUP HOW CAN THE ALSGBI HELP OUR FUTURE SURGEONS THE MOST? Chairmen: Professor Tan Arulampalam (Colchester) Mr Andrew Day (Redhill) Professor Nader Francis (Yeovil)	

Surgical training is going through the greatest change in several generations. The ALSGBI believe that listening to future generations of surgeons is the essential catalyst for an open minded, innovative and progressive Association. The Council is here to protect these values and establish the strategy for achieving these goals. We, therefore, want to set up a Junior ALSGBI forum to discuss, debate and challenge what the Association does and to help shape our future. Establishing useful online tools, peer to peer learning and support throughout a surgical career are key areas of interest. However, we want to understand your views and to this end the ALSGBI will host an open and informal session at the ASM where you can connect with peers, put forward your views and help stimulate the next 25 years of ALSGBI training and education. A forum open to Trainee Surgeons ONLY | Pre-booking essential | FREE
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ALTS Scientific Programme

Thursday 14 November 2019

TIMETABLE	
08:30–09:00	REGISTRATION, INDUSTRY ENGAGEMENT & REFRESHMENTS ROYAL ARMOURIES HALL, GROUND FLOOR
09:00–09:05	WELCOME & INTRODUCTION Mrs Debbie Gooch (ALTS Chair) CHURCHILL SUITE, GROUND FLOOR (ADJOINING ROYAL ARMOURIES HALL)
09:05–09:45	THE ELEMENTAL HEALTHCARE LECTURE  LEADERSHIP & TEAMS UNDER PRESSURE CAMP BASTION AFGHANISTAN Lt Col Andrew Gilliam - Second in command 201 Field Hospital (Mr Andrew Gilliam Consultant Surgeon, County Durham and Darlington NHS foundation Trust) Chairmen: Professor Tan Arulampalam (Colchester) Mrs Debbie Gooch (Colchester)
09:45–10:45	HIGH PERFORMING TEAMS IN HEALTHCARE  Mr Ben Tipney Founder & Managing Director, MedLed Chairmen: Professor Tan Arulampalam (Colchester) Mrs Debbie Gooch (Colchester) Areas Covered <ul style="list-style-type: none"> • Principles of high performing teams • Psychological safety; the importance of micro-conversations within teams • Differences between high performing sports teams and healthcare teams
10:45–11:15	INDUSTRY ENGAGEMENT & REFRESHMENTS ROYAL ARMOURIES HALL, GROUND FLOOR
11:15–12:00	HOW TO BE A FANTASTIC LAPAROSCOPIC ASSISTANT/THEATRE PRACTITIONER Chairman: Mrs Debbie Gooch (Colchester) Areas Covered <ul style="list-style-type: none"> • What helps the surgeon the most? Professor Tan Arulampalam (Colchester) • Stack myth-busters Mr Paul Lewis, UK Business Development Manager, KARL STORZ Endoscopy (UK) Ltd  • Looking after your laparoscopic instruments Ms Charlotte Adams Senior Territory Manager  Yorkshire, Elemental Healthcare

TIMETABLE	
12:00–12:45	HOW TO BE A FANTASTIC ROBOTIC ASSISTANT/THEATRE PRACTITIONER Chairmen: Professor Tan Arulampalam (Colchester) Mrs Debbie Gooch (Colchester) Areas Covered <ul style="list-style-type: none"> • Introduction to robotics – understanding how your robot works Mr James Westbury Senior Marketing Manager, Intuitive • What helps the robotic surgeon the most? What makes a good robotic assistant and how the assistant can change the team. Ms Elizabeth Dreher Robotic First Assistant/Theatre Practitioner, Royal Derby Hospital 
12:45–14:00	INDUSTRY ENGAGEMENT & LUNCH ROYAL ARMOURIES HALL, GROUND FLOOR
14:00–15:00	TIME TO PRACTISE YOUR LAPAROSCOPIC AND ROBOTIC SKILLS WITH THE EXPERTS   Practice your skills with the experts on the Intuitive and Karl Storz exhibition stands.
Until 18:00	ALTS DELEGATES ARE WELCOME TO ATTEND THE ALSGBI LIVE SURGERY PROGRAMME BURY THEATRE, GROUND FLOOR
18:30–19:30	THE PRESIDENT'S DRINKS RECEPTION Join the ALSGBI Council and Industry at the Harvey Nichols Espresso Bar for a glass of bubbles. Victoria Quarter (pavement area) 107-111 Briggate, Leeds, LS1 6AZ
19:30–22:30	ALSGBI & ALTS CONFERENCE DINNER & GUEST SPEAKER Harvey Nichols Fourth Floor Brasserie 107-111 Briggate, Leeds, LS1 6AZ Pre-booking essential as spaces are limited. If you are unable to attend you must inform jtreglohan@alsgbi.org immediately so that your space can be reallocated. Guest Speaker: Mr John Bentley, former dual-code international rugby union and rugby league footballer who played in the 1980s and 1990s

ALSGBI Scientific Programme

Friday 15 November 2019

THE SCIENTIFIC PROGRAMME MAY BE SUBJECT TO CHANGE AT SHORT NOTICE

TIMETABLE		TIMETABLE	
08:00–13:35	REGISTRATION DESK OPEN ROYAL ARMOURIES HALL, GROUND FLOOR	10:05–10:15	PLATINUM PARTNER AND ROBOTICS SPONSOR PRESENTATIONS Chairman: Mr Simon Dexter (Leeds) THROUGH THE LOOKING-GLASS Mr Richard Parkin, EndoProtect Manager KARL STORZ Endoscopy (UK) Ltd SURGICAL STRAIN: IS IT TIME FOR A CHANGE? Ms Fiona Haig, Head of Clinical Engineering & Strategic Market Engagement – CMR Surgical
08:30–09:00	INDUSTRY ENGAGEMENT & REFRESHMENTS Engage with the leaders of industry and partake in the highly competitive Industry Challenge. ROYAL ARMOURIES HALL, GROUND FLOOR	10:15–10:45	INDUSTRY ENGAGEMENT & REFRESHMENTS ROYAL ARMOURIES HALL, GROUND FLOOR
09:00–09:05	INTRODUCTION: Mr Simon Dexter (President) BURY THEATRE GROUND FLOOR	10:45–11:10	THE EUROPEAN ASSOCIATION FOR ENDOSCOPIC SURGERY LECTURE MASTERY OF ROBOTIC OESOPHAGO-GASTRIC CANCER SURGERY Professor Richard van Hillegersberg (University Medical Centre, Utrecht, Holland) Chairmen: Mr Simon Dexter (Leeds) Professor Nader Francis (Yeovil)
09:05–09:10	PLATINUM PARTNER'S PRESENTATION Chairman: Mr Simon Dexter (Leeds) HANDX, A HAND HELD ELECTROMECHANICAL LAPAROSCOPIC INSTRUMENT WITH ROBOT-LIKE FEATURES: FIRST HUMAN EXPERIENCE Dr Amir Szold, MD, FACS, Medical Director, Assia Medical Group	11:10–11:55	MINI SYMPOSIUM 'SHOW ME THE DATA' – WHAT EVIDENCE TO SUPPORT MINIMALLY INVASIVE AND ROBOTIC SURGERY? Followed by Questions & Answers. Chairman: Mr Simon Dexter (Leeds) COMPLEX LOWER GI SURGERY Professor David Jayne (Leeds) COMPLEX UPPER GI SURGERY Professor Richard van Hillegersberg (Holland) PANEL: Mr Ewen Griffiths (Birmingham) Professor David Jayne (Leeds); Mr Jim Khan (Portsmouth); Dr Filip Muysoms (Belgium) Mr Chelliah Selvasekar (Manchester) Professor YKS Viswanath (Middlesbrough) Professor Richard van Hillegersberg (Holland)
09:10–09:40	FREE PAPERS FROM SUBMITTED ABSTRACTS (3 PAPERS) Chairmen: Professor Nader Francis (Yeovil) Mr Chelliah Selvasekar (Manchester) ALL ABSTRACTS ARE PUBLISHED IN FULL IN THE ALSGBI ABSTRACT BOOK WHICH CAN BE DOWNLOADED FROM THE ALSGBI WEBSITE	11:55–12:20	ROBOTIC SURGERY FOR ABDOMINAL HERNIA Dr Filip Muysoms (AZ Maria Middelaers Hospital, Ghent, Belgium) Chairmen: Mr Simon Dexter (Leeds) Professor Nader Francis (Yeovil)
09:10–09:20	FP 01 EFFICACY OF INTRAPERITONEAL INSTILLATION OF BUPIVACAINE AFTER BARIATRIC SURGERY: RANDOMIZED CONTROLLED TRIAL Presenter: I Omar, Furness General Hospital Cumbria, UK & King Hamad, University Hospital Muharraq, Bahrain	12:20–13:35	INDUSTRY ENGAGEMENT & LUNCH ROYAL ARMOURIES HALL, GROUND FLOOR Your last chance to meet with the Leaders of Industry and partake in the highly competitive Industry Challenge. All competition coupons to be handed to Team ALSGBI by 13:30.
	FP 02 RECURRENCE OF COMMON BILE DUCT STONES FOLLOWING LAPAROSCOPIC COMMON BILE DUCT EXPLORATION: A MULTICENTER STUDY Presenter: S Park, Department of General Surgery Yeouido St Mary's Hospital College of Medicine The Catholic University of Korea, Republic of Korea	13:20–13:35	ANNUAL GENERAL MEETING For ALSGBI Members AGENDA 1 Apologies for Absence (Mr David Mahon) 2 Minutes of the ALSGBI AGM held on Thursday 6 December 2018 at Manchester Central (Mr Simon Dexter) 3 Honorary Secretary's Report (Mr David Mahon) a) ALSGBI Session @ ASGBI International Surgical Congress Glasgow, 10-12 June 2020 b) 28th International Congress of the EAES Kraków, Poland, 24-27 June 2020
09:20–09:30	FP 03 META-ANALYSIS OF MEDIAL-TO-LATERAL VERSUS LATERAL-TO-MEDIAL COLORECTAL MOBILISATION DURING LAPAROSCOPIC COLORECTAL SURGERY Presenter: R Mankotia, Sandwell & West Birmingham Hospitals, NHS Trust Birmingham, UK		
09:30–09:40	FP 04 THE EFFECTIVENESS OF NISSEN FUNDOPLICATION IN PATIENTS WITH RESPIRATORY MANIFESTATIONS OF GASTROESOPHAGEAL REFLUX DISEASE Presenter: M Paranyak, Odessa National Medical University, Odessa, Ukraine		
09:40–10:05	THE ALSGBI LECTURE: LATEST TRENDS IN MINIMALLY INVASIVE ABDOMINAL WALL SURGERY Dr Filip Muysoms (AZ Maria Middelaers Hospital, Ghent, Belgium) Chairman: Mr Simon Dexter (Leeds)		

TIMETABLE

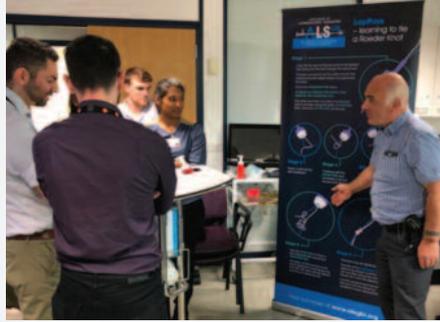
	<p>c) ALSGBI Annual Scientific Meeting ILEC London, 7 & 8 December 2020</p> <p>d) ALSGBI Laparoscopic Surgery Training Day Clinical Skills Laboratory: St. Mary's Hospital London W2 1BL, 6 December 2020</p> <p>e) ALSGBI Council & Regional Election Results</p> <p>f) Announcement of the Travelling Scholarship Winners</p> <p>4 Honorary Treasurer's Report (Professor Tan Arulampalam)</p> <ul style="list-style-type: none"> • Membership Fees <p>5 Director of Education's Report (Mr Paul Leeder)</p> <ul style="list-style-type: none"> • LapPass® <p>6 President's Report (Mr Simon Dexter)</p> <p>7 Election of Mr Donald Menzies as President</p> <p>8 Any Other Business</p>
13:35–13:45	<p>SWORD (Surgical Workload, Outcomes & Research Database) UPDATE</p> <p>Mr Ian Beckingham (Nottingham)</p> <p>Mr Mark Vipond (Gloucester)</p> <p>Chairman: Mr Simon Dexter (Leeds)</p>
13:45–13:50	<p>PQIP (Perioperative Quality Improvement Programme)</p> <p>Mr Pritam Singh (Nottingham)</p> <p>Chairman: Mr Ewen Griffiths (Birmingham)</p>
13:50–14:00	<p>POSTER PRESENTATIONS: THE TOP 2 </p> <p>Chairman: Mr Graham Whiteley (Bangor)</p>
14:00–14:50	<p>DVD SESSION (6 DVDS) </p> <p>Chairmen: Mr Marco Adamo (London)</p> <p>Mr David Mahon (Taunton)</p>
14:00–14:08	<p>DVD 01 TRANSANAL MINIMALLY INVASIVE SURGERY (TAMIS) MESH REMOVAL</p> <p>Presenter: M Okocha, North Bristol NHS Trust UK & Severn, Deanery, Bristol UK</p>
14:08–14:16	<p>DVD 02 LAPAROSCOPIC PARADUODENAL HERNIA REPAIR</p> <p>Presenter: M Elniel, Furness General Hospital Barrow-In-Furness, UK</p>
14:16–14:24	<p>DVD 03 LAPAROSCOPIC PANCREATIC NECROSECTOMY WITH ROUX-EN-Y PANCREATICO-CYSTJEJUNOSTOMY & CONCOMITANT CHOLECYSTECTOMY</p> <p>Presenter: N Ghandi, Royal Derby Hospital, UK</p>
14:24–14:32	<p>DVD 04 LAPAROSCOPIC MANAGEMENT OF BOUVERET'S SYNDROME: A CASE REPORT</p> <p>Presenter: B Moshy, BSUH, Brighton, UK</p>
14:32–14:40	<p>DVD 05 ROBOTIC MULTIVISCERAL RESECTION FOR LOCALLY ADVANCED RECTAL CANCER</p> <p>Presenter: S Stefan, Queen Alexandra Hospital Portsmouth, UK</p>
14:40–14:48	<p>DVD 06 LAPAROSCOPIC TREATMENT OF BOUVERET'S SYNDROME</p> <p>Presenter: N Muhibullah Royal Derby Hospital, Derby, UK</p>

TIMETABLE

14:50–15:10	<p>FLEXIBLE ENDOSCOPES CROSSING SURGICAL BOUNDARIES</p> <p>Dr Matthew Huggett (Leeds)</p> <p>Chairman: Mr Simon Dexter (Leeds)</p>
15:10–15:50	<p>FREE PAPERS FROM SUBMITTED ABSTRACTS (4 PAPERS) </p> <p>Chairmen: Mr Jim Khan (Portsmouth)</p> <p>Professor YKS Viswanath (Middlesbrough)</p>
15:10–15:20	<p>FP 05 EFFICIENCY OF THE ROBOTIC PLATFORM IN SPHINCTER PRESERVATION IN PATIENTS WITH LOW RECTAL CANCER</p> <p>Presenter: T Petropoulou Sheffield Teaching Hospitals, UK</p>
15:20–15:30	<p>FP 06 CME WITH D3 LYMPHADENECTOMY: SURGICAL TECHNIQUE OVERCOMING SURVIVAL DISCREPANCY OF COLONIC TUMOUR SIDEDNESS IN THE ADJUVANT SETTING</p> <p>Presenter: H Park, Korea University Anam Hospital, Seoul, Republic of Korea</p>
15:30–15:40	<p>FP 07 HOW DOES LAPAROSCOPIC CONVERTED TO-OPEN COLORECTAL SURGERY IMPACT LENGTH OF STAY IN HOSPITAL WHEN COMPARED TO OPEN AND LAPAROSCOPIC PROCEDURES?</p> <p>Presenter: K McCormack University Hospital Wishaw, Motherwell, UK</p>
15:40–15:50	<p>FP 08 TME FOR RECTAL CANCER: CAN HIGH VOLUME CENTERS SHOW THE DIFFERENCE NOT OBSERVED IN ROLARR</p> <p>Presenter: S Stefan Queen Alexandra Hospital, Portsmouth, UK</p>
15:50–16:10	<p>TRAVELLING SCHOLARSHIP PRESENTATIONS</p> <p>Chairmen: Mr Paul Leeder (Derby)</p> <p>Mr David Mahon (Taunton)</p> <p>ASCRS ON THE LAKE</p> <p>Mr James Horwood (Cardiff) </p> <p>ICG IN MILAN</p> <p>Miss Nienke Warnaar (Colchester) </p>
16:10–16:20	<p>ALSGBI AWARDS CEREMONY</p> <p>Chairmen: Mr Simon Dexter (Leeds)</p> <p>Mr David Mahon (Taunton)</p> <p>Winner of the 2019 David Dunn Medal </p> <p>Winner of the 2019 Journal of Surgical Simulation Award </p> <p>Winner of the 2019 ALSGBI Best Laparoscopic DVD Prize </p> <p>Winner of the 2019 ALSGBI Best Laparoscopic Poster Prize </p> <p>ALSGBI Industry Challenge Winner</p> <p>ALSGBI Industry Challenge Runner-Up</p> <p>ALSGBI Industry Challenge Free Prize Draw</p> <p>  </p>
16:20	CLOSING REMARKS

North Wales LapPass® Course, Ysbyty Gwynedd, Bangor

25-26 April 2019



The first dedicated Welsh LapPass® course was held at the clinical skills lab, Ysbyty Gwynedd, Bangor from 25-26 April 2019. This was part of a 3-day clinical skills course for surgical trainees of all levels.

The LapPass® course consisted of 1.5 days of intensive practice on the four skills stations LapPass® programme. Trainees on the course included two ISTs, two CTs, one ST3 and three non-trainee doctors at middle grade level. Two ALSGBI members (Mr Graham Whiteley, Council member of ALSGBI and Mr VS Kolli, Senior Clinical Fellow) supervised the trainees on the course.

On the assessment day all candidates were assessed by two ALSGBI Council members, Mr C Selvasekar and Mr Graham Whiteley. Mr Selvasekar working at Christie Hospital, Manchester kindly came over to certify the trainees for the course. We were very pleased that all eight participants were signed off for all four skills stations of the LapPass® course.

Mr VS Kolli
Senior Clinical Fellow
North Wales

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International Surgical Congress of the Association of Surgeons of Great Britain and Ireland

7-9 May, Telford



This year's annual meeting was held in the Telford International Centre. The venue was a good size and positioned centrally in the UK allowing relatively easy access from all areas. It was close to both road and rail links. The town of Telford itself was, however, hidden or had been replaced by a large shopping complex.

The theme of the meeting, 'Coping with Complications', was officially opened on Tuesday afternoon by Professor Avril Mansfield. The opening was preceded in the morning by five parallel short paper and educational sessions, a common template that ran throughout the meeting.

The official opening session saw Neil Smart bare his soul describing how complications affected him and how support from colleagues and patients helped him cope. This theme ran on into the remainder of the session until Martin Thomas closed the session recounting the achievements of Shackleton who faced insurmountable obstacles in his Antarctic crossing in 1914.

The gala dinner was held on the first night and gave everyone a chance to parade their black ties and sparkly frocks.

The meeting moved seamlessly into Thursday with a mixture of plenary,



scientific, educational and short paper sessions. The Tuesday-Thursday format was a first for the ASGBI and felt comfortable.

Highlights of the meeting were the ALS/Intuitive robotic surgery symposium, the SARS – most important clinical trials of the last 5 years session, and a fascinating session on Social media and the surgeon – a medico-legal minefield.

The BJS keynote lecture was delivered by Professor Nicolas Demartines, with the Bland Sutton lecture by Professor Sharon Stein from Cleveland.

The surgical Colleges lectures were delivered by Professor Aoife Lowery for the Irish College, Professor Tim Graham for the Edinburgh College and Professor Jamie Landman for the Glasgow College.

The meeting closed after John Abercrombie delivered the Moynihan Lecture and a series of general surgeons described how dreadful being on call is in the regular 'Bad day on call' session.

Mr Donald Menzies

ALSGBI President Elect



SILCS Course at University Hospital of North Tees

13-14 May 2019



This was the 6th Single Incision Laparoscopic Colorectal Surgery course at University Hospital of North Tees on 13 and 14 May 2019. These courses have been a tremendous success and organised regularly at UHNT since 2015. The courses include live operating, talks, dynamic interaction, video demonstration and hands-on training in the wet lab over two days.

This year the course convener, Mr TS Gill, was delighted with the excellent feedback from faculty and delegates. The Royal College of Surgeons team

attended the course to observe and to give official approval for the course.

The course dinner rounded off the first day attended by both delegates and faculty including Mr J Khan, Mr K Campbell, Mr D Garg, Mr B Bharathan, Mr B Singh, Professor YKS Viswanath, Mr HS Narula and Mr P Thambi.

Professor YKS Viswanath

ALSGBI Northern and Yorkshire Representative

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Gloucestershire Upper GI Symposium, University of Gloucestershire

16-17 May 2019



The inaugural Gloucestershire Upper GI Symposium (GUS) was held in May 2019 at the University of Gloucestershire's brand new, state-of-the-art Oxtalls campus.

Over a hundred delegates from up and down the country and including nurse specialists, dieticians, trainees, gastroenterologists and surgeons attended the two-day event organised by Mr Shameen Jaunoo, Consultant Oesophago-gastric Surgeon at Gloucestershire Hospitals NHS Foundation Trust and supported by the ALSGBI and AUGIS.

A tremendous faculty of national experts from the fields of OG, bariatrics, HPB, gastroenterology and radiology wowed the audience with presentations covering a broad range of topics including laparo-endoscopic surgery, achalasia, Spyglass, endoscopic vacuum therapy, pancreatic/liver trauma, bariatric emergencies, CBD exploration, fast-track pancreatic cancer pathways amongst many others.

The symposium proved to be a huge success and is hopefully the first of many more.

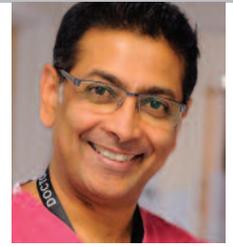
Mr Shameen Jaunoo

BSc(Hons) MBBS ChM FRCS
Consultant Upper GI Surgeon



Review of the EAES Annual Congress Sevilla, Spain

12-15 June 2019

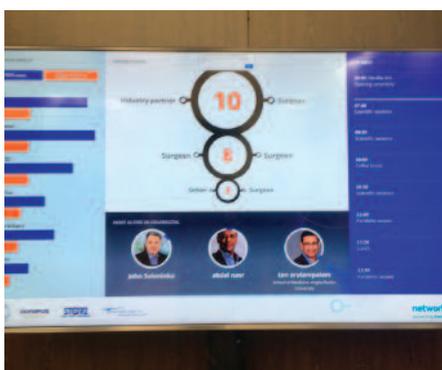


Congratulations to the EAES secretariat as well as the Congress Chairman, Professor Salvador Conde Morales and the chair of the Scientific Committee, Professor Nicole Bouvy. The congress was an unprecedented success not only on any measure of academic output, but also for the



sheer scale of the meeting and the success in connecting so many surgeons.

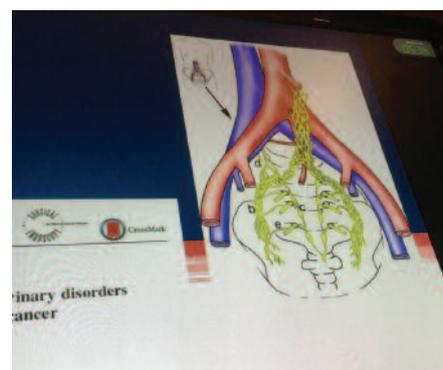
There was a spectacular blend of technology, surgical philosophy, pre-congress workshops, symposia and positive interaction with industry. Attended by approximately 1400 delegates from across Europe as well as China, Japan, Taiwan,



Hong Kong, South Korea and South East Asia, there was friendly exchange of knowledge and views. The younger generation of surgeons was well represented and the content remained relevant and cutting edge.

The main theme included future technology and was showcased by Dr Dan Hashimoto, one of the rising stars of surgery from Boston, USA talking on AI and the role of machine learning in surgery. There was a strong emphasis on robotics both in the programme and with representation from industry as we eagerly anticipate the next generation robots from CMR Surgical, Verb, Medtronic, Dexter Robotics and Transenterix who will all challenge Intuitive Surgical for top slot.

The format and organisation of the programme was very forward thinking with the introduction of the NetworkApp which went beyond the usual conference app and truly enhanced the experience of the meeting. This was highlighted by the ease with which information could be shared, the connectivity between delegates as well as industry and the ability to plan the day with relative ease.



The presentations and posters were interesting and sessions chaired well. Of particular interest were the symposia and debates, which fuelled a significant amount of discussion. The keynotes were, as expected, comprehensive and well presented. Industry, a vital part of any conference, showcased the best in class for 2019/2020.

The atmosphere was relaxed yet sophisticated and the local hosts put on a grand opening event involving Flamenco demonstrations with much audience participation. The opening reception in the grounds of the congress hotel, the Barelo, Renacimiento was both convivial and enjoyable.

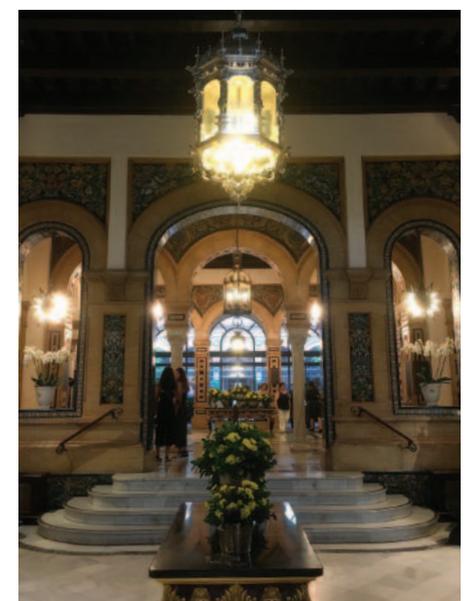
The ALSGBI, your society, was one of only two societies that took up the invitation to be



represented in the industry area. This provided a great opportunity to connect with many surgeons from around the world and showcase the work we do. I would urge you to make use of the benefits of ALSGBI membership and draw on the potential to collaborate with and visit European centres of excellence through our EAES affiliation.

Krakow in June 2020 will be eagerly anticipated, but for now we must thank our wonderful hosts in Sevilla.

Professor Tan Arulampalam
ALSGBI Honorary Treasurer



ACPGBI Annual Meeting The Convention Centre Dublin

1-3 July 2019



The Annual Meeting of the Association of Coloproctologists of GB & I was on the emerald isle of Ireland this year and hosted in the welcoming city of Dublin. The programme was wide and varied as usual with topics ranging from the management of the acute surgical patient, the latest evidence and ongoing trial updates in IBD management, through to the use of the latest technologies in the management of colorectal cancer. The BJS Lecture,

given by Dr Michael Solomon from Sydney, focused on the use of randomised controlled trials in colorectal surgery and the continued need for these data and the value they can still bring to the care we deliver to our patients.

There was considerable focus across the three days on the impact the increasing levels of frailty and obesity has on our management of patients with both benign and malignant disease. These factors will continue to significantly affect the outcomes of the patients we treat. It was encouraging to see the input our trainees had in delivering some of the content of the meeting from the NASBO trainee collaboration to the inaugural Dukes' Club annual lecture given by Dr Scott Steele from the US.

There was a number of lectures focusing on new and emerging technologies within colorectal surgery. For example, the potential use of ICG in the monitoring of rectal cancer following neoadjuvant chemotherapy to help identify complete responders. The debate continued around the management of early rectal cancers and complete responders as well as the use of robotics vs TaTME for rectal cancer. The ALSGBI was represented by our Council members Professor Nader Francis who gave a lecture on the TaTME UK training initiative and Mr Neil Keeling presenting his years of experience in pouch surgery.

It was a thoroughly informative and enjoyable few days, good to catch up with colleagues and friends and enjoy a pint or two of the local black stuff! Looking forward to the 2020 meeting in Edinburgh, not forgetting the opportunity to travel to New Zealand for the Tripartite meeting in November 2020.

Mr Andrew Day

ALSGBI South Thames Regional Representative

SWORD Database Upgrade

The Surgical Workload Research Datatool (SWORD) has been migrated to a new software platform (Tableau) which has given us the opportunity to upgrade some of the functionality and introduce some new features. Besides a fresh new look there are new datasets and more statistics, plus the Appraisal tool can now be varied to allow you to customize the dates and fields which can be accessed at any time by yourself from your own login.

Please remember that HES data is collated into quarterly reports and runs 3-6 months behind the current date. We are also piloting a Unit data collection tool in the UGI dataset which, if popular, can be rolled out to other specialties. We need your feedback to improve and advance its functionality so please contact us at sword@methods.co.uk

To access SWORD contact Jenny Treglohan (jtreglohan@alsgbi.org) with your NHS email address and GMC number and she will send you login details.

Mr Ian Beckingham
Past President, AUGIS



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.

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Minimal Access Surgery North West (MASNoW)



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 regional ALSGBI LapPass® training days at the Sai Spice Restaurant in Chorlton, Manchester on the 10th May 2019 and the 4th October 2019. Over the two training days, a total of 26 trainees (from FY2 to ST6 grades) had the opportunity to practice laparoscopic skills under the supervision of experienced laparoscopic consultant surgeons and senior trainees from both the Mersey and North West deaneries. The LapPass® competencies required demonstration of proficiency in a defined set of four laparoscopic tasks in allotted time frames using simulated jigs. 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 several of the trainees were also able to achieve the necessary competencies for sign off of several tasks.

Following both training days, Consultant surgeons across both deaneries hosted our educational MASNoW meetings. 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 12th meeting was hosted by Mid Cheshire Hospitals NHS Trust and led by Mrs Caroline Bruce, Consultant Colorectal surgeon and Mersey Higher Surgical Training Programme Director. Our first presentation of the evening on



the 10th May was from Mr Magdi Hanafy, Consultant General surgeon on Laparoscopic inguinal hernia repair (TEP). Following this, Miss Emila Paul gave a presentation on unusual pathologies in the right lower quadrant managed laparoscopically. Mrs Bruce then delivered an interesting presentation on the delivery of Laparoscopic Colorectal training and her vision as training programme director.



The evening was completed with four trainee presentations with Miss Hannah Barrow (CT1) being awarded the 12th MASNoW trainee prize for her presentation, 'Is there an optimal time to perform Laparoscopic Cholecystectomy following a diagnosis of Acute Cholecystitis?'.

Our 13th meeting was hosted by Wrightington, Wigan and Leigh Foundation Trust and led by Mr Marius Paraoan, Consultant Colorectal Surgeon. Our first presentation from the 4th October was delivered by Mr Marius Paraoan on 'Advances in surgical techniques & new technologies in minimally invasive colorectal surgery: lessons from Osaka, Japan!'. Mr Santhosh Loganathan (International Training Fellow) presented 'Modernising gallstone disease services: the Wrightington Wigan & Leigh approach to service QI'. This was followed by



'Using ILT technologies to improve training and surgical outcomes' delivered by Mr Gautam Kumar (International Training Fellow).

We then had the pleasure of introducing ALSGBI President Elect, Mr Donald Menzies (Colchester General Hospital,) who delivered the keynote presentation: 'Advanced techniques in laparoscopic cholecystectomy'.

The evening was concluded with our three trainee presentations with Mr Bhavani Mothe being awarded the 13th MASNoW trainee prize.

Both days were a great success with excellent trainee feedback and a great opportunity for networking. Many thanks to our faculty; Karl Storz and Inovus for providing us with equipment; and ALSGBI, Ethicon and The Royal College of Surgeons for their sponsorship. We look forward to our 14th MASNoW meeting and LapPass® regional training day on 27 March 2020.

Mr Ishaan Maitra

Minimal Access Surgery North West deputy trainee representative
Clinical research fellow
North West deanery

Mr Ricky Patel

Minimal Access Surgery North West trainee representative
ST7 in Colorectal & General surgery
North West (Mersey) deanery

Mr Chelliah Selvasekar

ALSGBI North West and Mersey Regional Representative
Consultant General, Colorectal, Laparoscopic & Robotic Surgeon
The Christie NHS Foundation Trust



STEPS Laparoscopic Colorectal Foundation Course



The STEPS Laparoscopic Colorectal Foundation Course, established by ETHICON in partnership with The ICENI Centre in Colchester, is a fully-funded course in advanced laparoscopic colorectal surgery for selected senior UK trainees. Now in its 10th year and 200 trainees later, it is an ideal time to reflect on one of the most prestigious and well-recognised courses in laparoscopic colorectal surgery. Selection is competitive and the curriculum encompasses not only technical proficiency, but also aims to develop independent thinking and confidence en route to practising as consultant surgeons.

Pioneered by Professor Roger Motson, the course initially ran twice per year, but it is now an annual course split into two workshops over five days, the first two days in Colchester and the last three in Hamburg.

The Colchester workshop is organised by the faculty of Professor Tan Arulampalam, Mr Nick Reay-Jones and Mr James Kinross, a former delegate on the course several years prior. The first day in the ICENI centre in Colchester is focused on operating theatre set-up for safe practice and a step-wise approach to laparoscopic right hemicolectomy and anterior resection. There are mock MDTs which aim to highlight variation in MDT and surgical practice across the UK.



In the afternoon various laparoscopic suturing simulator models are employed. Delegates are kept up to date with emerging technologies within the field of surgery including robotics and the importance of data gathering. The policy of Johnson & Johnson (J&J) for promoting a healthy lifestyle for its employees extends to the course delegates with a lunchtime walking meeting preceded by a health-conscious lunch. Although one might initially be somewhat sceptical of this structured break, feedback from both faculty and delegates has indicated a real benefit as the afternoon sessions develop.

The course has now introduced two new digital platforms which are thoroughly tested during the second 3-day workshop in Hamburg. The Surgical Procedure Manager was developed by the Surgical Process Institute (SPI), a company acquired by J&J in 2017, with the aim of standardising operations through a series of checklists of best practice. The second was C-Sats, a start-up company from Seattle subsequently acquired by J&J in 2018. The platform is cloud-based and, using video recordings of operations, surgeons are assessed and offered feedback to improve and develop their technique. Running throughout this workshop are recurrent themes on communication, team management, looking after yourself as a surgeon and the mantra that decisions are more important than incisions.

To facilitate interaction and collaboration in the four weeks between Colchester and Hamburg a Slack messaging group has been created. It enables ongoing feedback, discussions and is a useful platform to allow the group to get to know each other better. It is also useful for planning the individual group presentations which are assigned to be presented on the final day in Hamburg.

The J&J Institute, located on the outskirts of Hamburg (and surrounded

by fields making it an ideal place for the lunchtime walks), is a state-of-the-art training facility with wet, dry and anatomic labs. The first day is spent performing a cadaveric laparoscopic right hemicolectomy followed by an anterior resection. During the right hemicolectomy opportunity is given to trial the SPI system: The various steps of the operation are pre-programmed and visible to the theatre team, notably the time taken for each step is measured, which is useful for subsequent analysis. Consensus has been that this would be particularly useful for those unfamiliar with the operation such as junior trainees or scrub nurses. It is appreciated that it can be customised to individual preferences, also that it can be used as a digital means of recording untoward incidents throughout the operation.

The second day in Hamburg is spent in the anatomic lab where delegates perform laparoscopic anterior resection and small bowel resection with intracorporeal anastomosis on anaesthetised pigs. Participants are briefed beforehand that these cases will be recorded using the C-Sats technology and analysed by independent experts remotely in California. Despite this added pressure delegates quickly relax into operating mode with adequate time for familiarisation with the latest Ethicon devices.



On the third and final day the delegates analyse the previous day's operating with widespread agreement that this would be extremely useful for improving technique. The technology is however still in its infancy and is still to be determined whether it would be accepted by the profession, given the potential legal implications. Participants had a chance to trial the Virtual Reality (VR) simulator which, in a similar vein to the SPI, aims to standardise approach to best practice as a training aid in an immersive, safe environment. The session is then finished off with group presentations; we discuss the role of CME, management of early rectal cancer and the evidence behind antibiotics with bowel preparation.

A few weeks have passed since my own trip to Hamburg which has allowed me some reflection. The emerging technology and digital platforms are exciting and will no doubt enhance simulation in the future, enabling surgeons to constructively analyse their technical skills. Interestingly, whilst many of us felt the technical side of the course would be the most useful, the emphasis on non-technical skills and compiling a skill set for consultant practice was impressed upon us the most. The ability to self-criticise and think outside the box builds confidence and we all felt better equipped to move on to the next stage of our careers.

Our thanks to Ethicon and members of the faculty for the time and effort they have taken to mould the STEPS program into the esteemed course it has become over the past 10 years.

Mr Richard Stevenson
Trainee Surgeon
Glasgow Royal Infirmary

B Braun Aesculap Travelling Scholarship

B|BRAUN
SHARING EXPERTISE



In 2016 I was fortunate enough to be awarded the B Braun Travelling Scholarship via the Association of Laparoscopic Surgeons (ALSGBI). However, as a result of the arrival of our first child, I had to postpone my traveling plans until 2019!

As a result of a busy professional and personal life, in recent years, I had only been able to attend conferences in the UK – but with the help of the ALSGBI scholarship I decided time had come to visit the US and attend the 2019 American Society of Colon and Rectal Surgeons in Cleveland, Ohio. In addition, with the assistance one of our recent Registrars currently



undertaking a fellowship at the Mayo Clinic (Rochester, Minnesota) I was able to arrange a short visit to one of the leading surgical centres in the world.

After a long journey via Amsterdam and Minneapolis, I finally arrived in Cleveland, Ohio. Cleveland is located in the Mid West, on the shores of Lake Erie. Most notable as the home of the 'Cleveland Indians' baseball team and the location of the "Rock and Roll Hall of Fame".

In true American style, the conference opened with breakfast sessions starting at 0600. During the course of the conference, the sessions were divided by subspecialty interest. Among particularly well attended sessions were Modern Management of Diverticular Disease, which resulted in a call for centres to be involved in an RCT reviewing the use of antibiotics in uncomplicated diverticulitis (to add to the recently published ESCP trials) and

a session on the management of locally recurrent rectal carcinoma. Alternative sessions included 'Managing Stress and Burnout' and 'New Technologies' – where innovators were invited to pitch their inventions to the assembled audience. The social program included an evening at the Rock and Roll Hall of Fame.

Following the conclusion of the meeting, I flew back to Rochester, Minnesota and began a two day visit to the Mayo Clinic. Following a tour of the outstanding facilities (including the art work) I was privileged enough to be invited to attend the colorectal 'tumour board' (MDT equivalent) – and enjoyed listening to the decision making process around complex recurrent tumours with para aortic lymph node disease, perforated rectal tumours and patients with locally advanced synchronous tumours. The use of 'Total neoadjuvant therapy' was a new concept and one to consider at my local MDT. Next came observing a robotic abdominoperineal resection and a robotic low anterior resection with a coloanal anastomosis. I was intrigued to observe the smooth docking of the robot by the surgical team and the use of highly experienced 'surgical nurse practioners' who would assist the fellows. It was very interesting to accompany the operating surgeon to the pathology labs with the specimens to assist the pathologists with immediate 'cut up' of the specimen.

It was a privilege to spend a social evening with the colorectal surgeons from the Mayo and excellent to catch up with our previous Registrar who was clearly having an excellent time on fellowship which will put him in a highly competitive position for consultant posts in the near future. I would like to extend my appreciation to the colorectal team at the Mayo clinic for kindly hosting my visit and also to the Association for awarding me the scholarship and allowing me to visit the US and have such a rich experience.

Mr James Horwood

Winner of the B Braun Aesculap Travelling Scholarship 2016



History of B. Braun and Aesculap

From pharmacist to global player

Platinum Industry Partner

1839



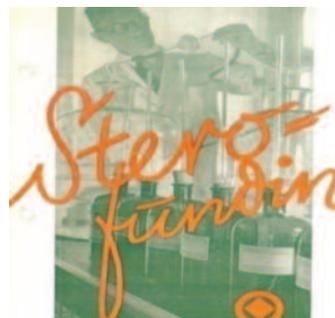
Purchase of the "Rosenapotheke"

1908



Absorbable suture material (catgut)

1930



Sterofundin

1956



Plastic infusor

1962



Braunüle

1971



B. Braun is transformed into a stock corporation

1997



Ecoflac Plus

2018



64,000 employees worldwide

The B. Braun Corporation was founded in 1839. Julius Wilhelm Braun purchased the Rosen-Apotheke, a pharmacy in Melsungen, Germany and expanded it by a mail-order business for local herbs. In 1864 the first pharmaceutical products such as migraine sticks and plasters were produced. In 1908 the first production of absorbable suture material (catgut) from sheep intestines began. In 1930 Tyrode's solution Sterofundin®, the basis for all later infusion solutions of B. Braun was developed. Production of plastic infusion containers began in 1956.

Aesculap was founded in 1867 in Tuttlingen, Germany by Gottfried Jetter. Aesculap, Inc., its American division, was founded in 1977 in Center Valley, Pennsylvania. Aesculap AG was incorporated into the B. Braun Group in 1998.

In 1998 Aesculap AG & Co KG was incorporated into the B. Braun Group as the Aesculap Division.

Gottfried Jetter started manufacturing surgical instruments in Tuttlingen in 1867. What began as a small workshop expanded rapidly after his brothers-in-law Karl-Christian und Wilhelm Scheerer joined him, and they quickly became famous, thanks to outstanding quality and precision craftsmanship. Their vision is what led to success. Scalpels, scissors, tweezers, needles, forceps – the company, which later changed its name to Aesculap, has always specialized in the production of instruments for diagnostics, dentistry, veterinary medicine and, of course, surgery.

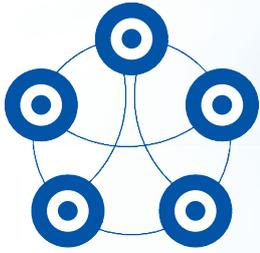
Only a few years later, Jetter's company already offered a comprehensive product line. More innovations came in the decades that followed; in the field of abdominal surgery, for example, the first forceps-shaped suturing machine with metal clips to allow reliable stapling in the gastro-intestinal tract was introduced in 1922. Products for cardiothoracic and vascular surgery were added to the portfolio. Innovative motors for bone surgery were also developed: the first surgical electric motor appeared in 1935, followed by the first pneumatic motor in 1967.

The second half of the 20th century Aesculap branched out to become a specialist supplier of orthopedic implants such as hip and knee joints. Pioneering research in spinal surgery and neurosurgery grew in importance; in fact, B. Braun's pioneering spirit and quest for perfection are still the driving force behind our efforts to support surgery today. Solutions made with high technological manufacturing standards help to improve people's health: outstanding precision for minimally invasive procedures or the accurate fitting of artificial knee or hip joints, for example. B. Braun provides a wide and diverse range of services and solutions to cover every aspect of surgical and operative processes in clinics, laboratories or operating room.

In 2007 B. Braun's worldwide investment projects programs with a total investment of approx. €1.4 bn were launched. In 2009 B. Braun announced to invest further 1.6 billion euros in 2011 to 2014. As part of the new investment programme further production facilities are built or existing ones expanded.

Today, B. Braun is one of the world's leading manufacturers of medical devices and pharmaceutical products and services. With over 64,000 employees in 64 countries, B. Braun develops high quality product systems and services for users around the world, as a system partner we develop the best solutions for our patients in a portfolio of 18 therapeutic areas.

Every service provided by B. Braun incorporates the entirety of our knowledge and skills, the company's deep understanding of users' needs – and 180 years of extensive expertise. With its constantly growing portfolio of effective medical care solutions, B. Braun makes a substantial contribution towards protecting and improving people's health.



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More than 9 in 10 surgeons experience a needlestick injury

Platinum Industry Partner

A new survey has found that 94% of practising surgeons in the UK have either been personally affected by a needlestick injury, or have seen a colleague experience one¹. Just 2% of respondents said they had never experienced a needlestick injury in the operating theatre, demonstrating the considerable risk surgeons face every day from exposure to blood-borne viruses.

The findings come from a survey of 510 surgeons from across the UK, US, Germany, Australia, Japan and Sweden, conducted for world-leading medical solutions company Mölnlycke by the global social network for doctors, Sermo. The survey gauged opinions from surgeons on infection prevention and the role of high quality surgical gloves in improving patient and clinician safety. It provided a clear demonstration of the importance that surgeons place on the provision of high quality gloves in reducing exposure to blood-borne viruses and improving patient outcomes.

93% of surgeons said that high quality gloves reduce the chance of being exposed to blood-borne viruses, with 82% finding that using high quality gloves made them feel more protected in the operating theatre. 92% agreed that clinician safety in the operating theatre was improved through the use of high quality gloves, which act as a critical barrier.

100,000 needlestick injuries occur across the NHS each year², with many more going unreported³, due in part from the fear that healthcare professionals have from loss of earnings. Healthcare workers are the most affected profession from needlestick injuries and they are estimated to cost each NHS Trust £500,000 every year⁴ – an estimated £127m across England.⁵

Tim White, a Consultant Colorectal Surgeon at the Chesterfield Royal Hospital, added: "There should be no argument or substitute for having high quality surgical gloves which give the upmost protection to the surgeon, the patient, the OR team, which fit comfortably, with maximal tactile sensitivity and durability."

Commenting on the survey findings, John Timmons, Clinical Staff Nurse and International Medical Director, Mölnlycke, said: "Each year, millions of surgeons and their teams risk exposure to life threatening blood-borne viruses and it is essential that we recognise the critical role of high quality gloves in offering the first line of protection."

When asked about glove failure during an operation, 77% of UK surgeons responded that it increases the risk of surgical site infections. Timmons added: "Surgical gloves are one of the key factors that prevent infections in the operating room and should not be viewed as a commodity. High quality means fewer glove failures, yet we are increasingly seeing healthcare systems around the world prioritise price over quality. Surgeons clearly recognise that investing in high quality gloves can play a vital role in both ensuring the safety of surgeons and improving outcomes for patients."

An estimated 300,000 health care-associated infections take place every year across the NHS, costing an estimated £1 billion annually. The prevalence of healthcare-associated infections in hospitals in England in 2011 was 6.4%, with NICE stating that "each one of these infections means additional use of NHS resources, greater patient discomfort and a decrease in patient safety"⁶.

1 Survey conducted by SERMO. 510 actively practicing UK, US, German, Swedish, Japanese and Australian surgeons responded to a survey on the importance of surgical gloves. April 2019.

2 A review of sharps injuries and preventative strategies, *Journal of Hospital Infection*, 2003

3 Elmiyeh B, Whitaker IS, James MJ, Chahal CA, Galea A, Alshafi K. Needlestick injuries in the National Health Service: a culture of silence. *J R Soc Med*. 2004 Jul;97(7):326-7

4 Needlestick Injury in 2008, *Royal College of Nursing*, 2008

5 NHS statistics, facts and figures. July 2017.

<http://www.nhsconfed.org/resources/key-statistics-on-the-nhs>. There are 254 NHS Trusts in the UK so the estimated cost is calculated to be £127m (£500,000 x 254)

6 <https://www.nice.org.uk/guidance/QS61/chapter/introduction>

NOTES



ALSGBI