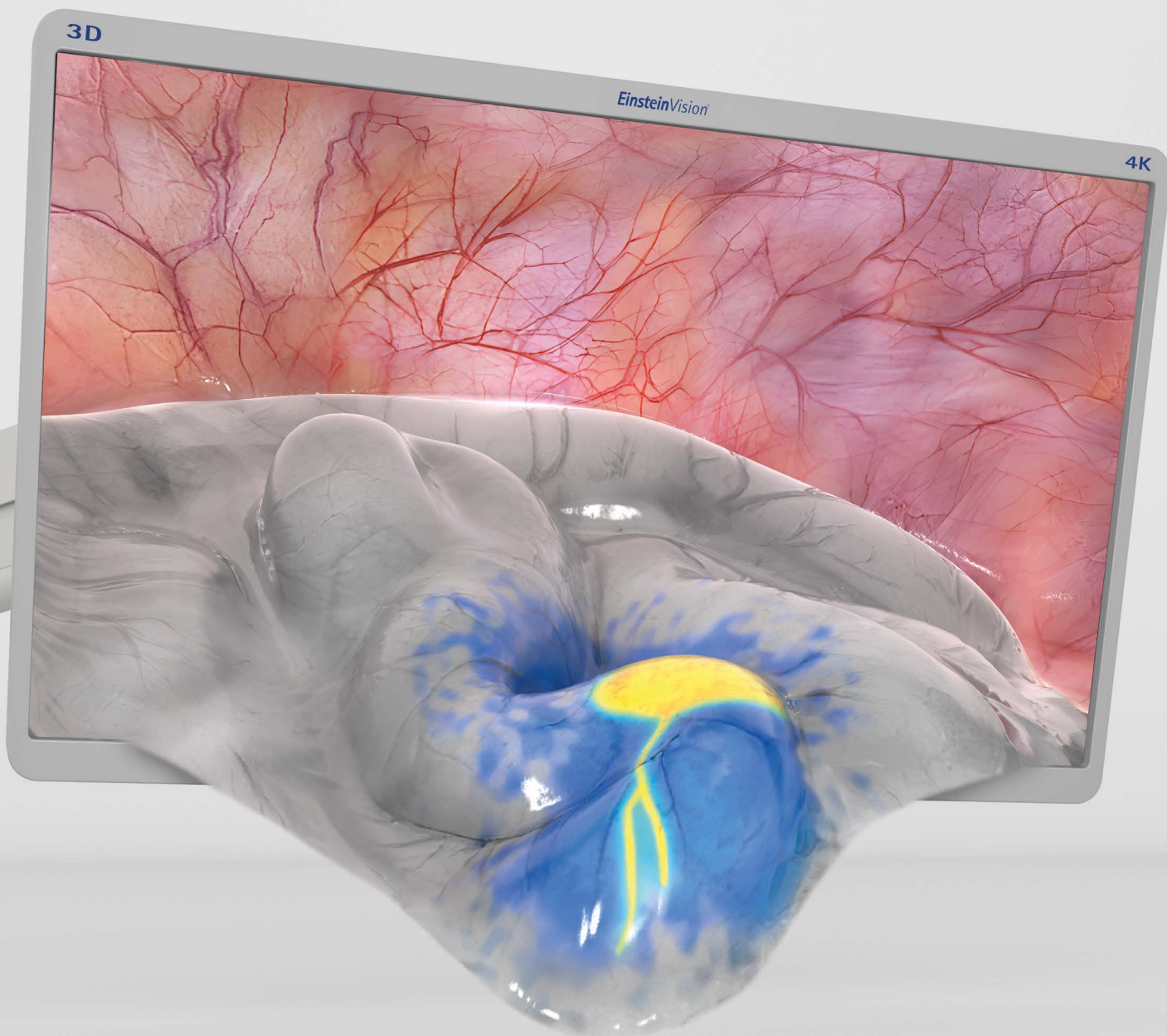


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FP 01 (11:10 – 11:20)

INFLUENCE OF SPLENIC FLEXURE MOBILIZATION ON POSTOPERATIVE AND ONCOLOGICAL OUTCOMES FOLLOWING ANTERIOR RESECTION

Presenter: Dr L Mann
Author(s): Dr L Mann, Mr R Preece, Mr M Peacock
Institution: Department of Colorectal Surgery, Cheltenham General Hospital, United Kingdom

Aims: Splenic flexure mobilization (SFM) during anterior resection is often debated given its increased operative complexity and lack of clear data suggesting oncological benefit. This study aimed to compare postoperative complications and 3-year oncological outcomes in patients undergoing anterior resection with and without SFM.

Methods: A retrospective single centre observational study was performed. Notes review was performed for all patients undergoing anterior resection over a one-year period at a high-volume institution for sigmoid and rectal cancers. Anterior resections performed for benign disease or non-colorectal cancers were excluded.

Results: One hundred seventeen patients were included and 49 (41.9%) underwent SFM. 75 (64.1%) cases were completed laparoscopically. SFM significantly increased the risk of minor Clavien-Dindo Grade 1 postoperative complications (18.4% vs. 5.9%, $P=0.03$), however, it had no impact on more major postoperative complications, including anastomotic leaks (4.2% vs. 7.1%, $P=0.52$). There were no significant differences in median total lymph node yield (21.0% vs. 21.1, $P=0.57$) or Ro resection margin (93.9% vs. 94.1%, $P=0.96$).

Conclusion: In patients undergoing anterior resection for colorectal cancer, SFM provides no clear oncological benefit, but increases the likelihood of minor postoperative complications. Whilst a trend towards lower overall recurrence rates was observed in SFM group, this was not statistically significant. Therefore, SFM should be carefully considered on a case-by-case basis.

Key statement: SFM in patients undergoing anterior resection for colorectal cancer should be carefully considered on a case-by-case basis, taking into account both patient and intra-operative factors. This study suggests SFM is more commonly required in patients with BMI ≥ 25 and those who had undergone neoadjuvant therapy.

FP 02 (11:20 – 11:30)

ROBOTIC TRANSABDOMINAL RETROMUSCULAR UMBILICAL PROSTHETIC (R-TARUP) REPAIR FOR VENTRAL HERNIA: EARLY EXPERIENCE FROM A SPECIALIST UNITED KINGDOM CENTRE

Presenter: Mr M Brazkiewicz
Author(s): Mr M Brazkiewicz, Dr P Mountjoy, Mr J Latif, Mr I Bhatti, Mr A Awan
Institution: Derby Pancreaticobiliary, Advanced Laparoscopic and Robotic Unit, Derby, United Kingdom

Aims: Robotic assisted surgery (RAS) has advantage of articulated instruments making procedures in the abdominal wall planes feasible, without adding physical stress to the surgeon. Midline ventral hernias ($<5\text{cm}$) can be repaired by dissection of the retromuscular plane and suturing of the defect with placement of mesh ensuring adequate coverage (TARUP).

Methods: We describe a case series of robotic TARUP (r-TARUP) repairs undertaken for midline ventral hernias $<5\text{cm}$ from May 2022 – July 2023 inclusive. Data was collated on patient demographics, perioperative investigations, intraoperative approach, and postoperative outcomes. All cases were performed on the Da Vinci X robotic platform.

Results: 26 patients underwent r-TARUP – 17 primary, and 9 recurrent ventral hernias. Median operative time was 172 minutes. No cases were converted to open. Two patients developed post-operative seroma which resolved without intervention. Median length of stay was 1 day.

Conclusion: r-TARUP is an alternative approach for repair of ventral hernia with defects up to 5cm. The mesh is placed in the retromuscular plane and avoids contact with the intra-peritoneal viscera. Outcomes in this series have been satisfactory, however comparison to alternative techniques are warranted before definitive conclusions are drawn.

Key statement: This case series demonstrates the effective use of r-TARUP for the repair of ventral hernias. Benefits include improved mesh coverage, avoidance of mesh contact with intra-abdominal viscera and potential less pain by evasion of the use of tackers for mesh fixation used in the intraperitoneal on-lay mesh (IPOM) repair.

FP 03 (11:30 – 11:40)

DEVELOPMENT AND EVALUATION OF ERROR ANALYSIS AND OBJECTIVE ASSESSMENT OF ROBOTIC TECHNICAL SKILLS IN THE VIRTUAL REALITY

Presenter: Miss A Shah
Author(s): Miss A Shah¹, Mr M Boal², Ms S Diop³, Ms L Turpin⁴, Professor N Francis²
Institution: ¹University College London (UCL) Medical School, United Kingdom. ²The Griffin Institute, Harrow, United Kingdom. ³Division of Surgery and Interventional Sciences, University College London (UCL), United Kingdom. ⁴Division of Medicine, University College London (UCL), United Kingdom

Aims: To evaluate a bespoke Objective Clinical Human Reliability Analysis (OCHRA) tool as an objective assessment of errors and performance, and its appropriateness to measure virtual reality (VR) basic robotic-assisted surgical (RAS) skills progression in novices. This is the first study assessing validity and reliability of this bespoke OCHRA for RAS.

Methods: Sixteen novice robotic surgeons performed four VR tasks during a five-day RAS course. Video-recordings were prospectively analysed with the bespoke OCHRA; specialist-trained raters ensured inter-rater reliability. Statistical analyses were used to validate OCHRA, assessing error score progression & correlation with: (1) automated-VR & (2) Modifiable-Global Evaluative Assessment of Robotic Skills (M-GEARS) scores.

Results: 123 videos had bespoke OCHRA employed, identifying 5749 errors. All assessment tools (automated VR, M-GEARS & OCHRA) illustrated significant mean score improvement across attempts for tasks cumulatively (mean=56.07,25.33,-74.27;p<0.0001-0.0004), & separately (mean=12.47-15.13,4.20-7.47,-4.67-(-)25.33; p<0.0001-0.0217). Significant correlations were established between tools for cumulative-tasks scores (rspearman(31)=0.8065,-0.8746,-0.8001;p<0.0001), and 92% (n=11) of individual-task analyses.

Conclusion: This study elucidates the validity, reliability, and feasibility of the adapted OCHRA tool for progression and performance assessment of robotic-assisted surgical simulation. Future studies applying the methodology to dry-lab and wet-lab tasks and live-streamed surgeries are encouraged. Until the bespoke OCHRA is automated, M-GEARS is a more suitable interim.

Key statement: Until now, no standard, validated objective tool exists for competence or progression assessment of robotic-assisted surgical skills. This study has validated the bespoke OCHRA as an appropriate objective, granular assessment tool for measuring errors and performance progression in virtual reality basic robotic-assisted surgical skills for novice robotic surgeons.

FP 04 (11:40 – 11:50)

INDOCYANINE GREEN FLUORESCENCE ASSISTED LAPAROSCOPIC COLORECTAL SURGERY A DISTRICT GENERAL HOSPITAL EXPERIENCE

Presenters: Mr G Ahmad and Mr D Broadhurst
Author(s): Mr G Ahmad¹, Mr D Broadhurst¹, Professor N Francis², Dr S Aluri¹, Mr M Chowdhary²
Institution: ¹Barnsley Hospital NHS Foundation Trust, United Kingdom. ²The Griffin Institute, Northwick Park Institute of Medical Research, London, United Kingdom

Aims: The aim of this study was to evaluate the usefulness and practicability of routine Indocyanine green (ICG) usage in assessment of perfusion before anastomosis in elective laparoscopic colorectal surgery in a DGH setup.

Methods: Data was collected prospectively for patients who underwent elective colorectal resection. Surgery was performed using laparoscopic 3D stack with usage of ICG-Fluorescence before and after anastomosis. Primary outcomes assessed were safety and anastomotic leak rate. Other reported outcomes are lymph node yield, length of stay,30 days readmission and mortality rate.

Results: Anterior resection (48%), right hemicolectomies (40%), sigmoid colectomy (8%) and abdominoperineal resection (4%). There were no allergic reactions and zero anastomotic leaks. In 8%, proximal bowel was resected further as guided by fluorescence and these had no clinical leak. Mean lymph node yield was 18 with no readmission or mortality.

Conclusion: ICG guided FA colorectal surgery is useful in providing intraoperative bowel perfusion information, that may help to decide the site of resection and anastomosis, thereby possibly decreasing the leak rate. It is found to be safe, easy to use with short learning curve and feasible in small hospitals.

Key statement:

- ICG guided FA colorectal surgery provides real time assessment of intraoperative vascularity of bowel before division and after establishing anastomosis.
- Act as a safety checklist
- Technique is safe, harmless, cost-effective
- Easy to learn and replicate
- Possible medicolegal advantage

FP 05 (11:50 – 12:00)

MULTIDISCIPLINARY, LAPAROSCOPIC APPROACH IN ENDOMETRIOSIS: INSIGHTS FROM A TERTIARY CARE CENTRE

Presenter: Mr F Akram
Author(s): Mr F Akram, Mr U Qureshi, Miss G Ahmed, Mr K Siddique
Institution: Northern Care Alliance NHS Group, Manchester, United Kingdom

Aims: Endometriosis is a common benign pelvic pathology responsible for myriad of symptoms depending on organs involved. Our aim was to do outcome analysis of laparoscopic surgery in a tertiary care centre dealing with advanced Level 4 endometriosis to inform on safety and efficacy of minimally invasive multi-disciplinary approach.

Methods: The prospective anonymised data over last 2 years has been collected and analysed to measure multiple variables with the primary outcome as open conversion, secondary outcomes were iatrogenic injuries, management of colorectal involvement and return to theatre. All cases were performed after multidisciplinary team discussion including review of MRI pelvis.

Results: 100 patients underwent joint laparoscopic procedure with colorectal surgeon and gynaecologists. Open conversion was done in 1 case while 1 patient had left ureteric injury and 2 patients underwent anterior resection otherwise colorectal shaving was main approach to colorectal involvement. There were no returns to theatre/ readmissions within 4 weeks.

Conclusion: Tertiary centre multidisciplinary team with experienced radiologists, gynaecologists, colorectal surgeon, urologists and nurse specialists are essential for high quality patient outcomes in advanced endometriosis. Laparoscopy and non-resection approach to colorectal involvement is safe, achieves high treatment success and can replace open approach in majority of cases.

Key statement: By sharing real-world experiences, surgical nuances, and outcomes, it seeks to foster a deeper understanding of the challenges posed by colorectal endometriosis and inspire collaborative efforts to optimize the care and quality of life for affected individuals.

FP 06 (13:45 – 13:55)

TEXTBOOK OUTCOME IN THE IMPLEMENTATION OF ROBOTIC ESOPHAGECTOMY

Presenter: Mr S Mercer
Author(s): Mr S Mercer, Mr G van Boxel, Mr P Pucher, Mr N Carter
Institution: Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom

Aims: There is increasing uptake of robotic-assisted minimally invasive esophagectomy (RAMIE) across the world; the evidence base in its favour is weak, and includes each unit's learning cases. This study looked at the scale of the learning curve, and assessed whether the results justified the extra costs of robotic surgery.

Methods: Our unit implemented RAMIE in 2019, on a background of a large experience of minimal invasive oesophagectomy. We assessed the surgical safety and oncological efficacy over 108 cases to date, and assessed if there was an associated learning curve. Textbook outcome was used as a measure of success.

Results: 108 RAMIE cases were analysed. 30-day mortality was 1.8%, in-hospital mortality was 2.8%. Textbook outcome was achieved in 26(48%) of the first 54 patients and 32(59%) in the more recent 54 patients. Lymph node yield (median 24 to 26), and median hospital stay (13 to 10 days) improved.

Conclusion: RAMIE is surgically safe and oncologically effective in the treatment of oesophageal cancer. Efforts must be made to minimise the learning curve for such new technologies; industry and surgical associations should share this responsibility; but once mastered, RAMIE is at least as good as open oesophagectomy and MIO.

Key statement: Robot-assisted oesophagectomy is being implemented across the world, with little hard supporting evidence. There is a learning curve, but once climbed, the results justify use of this new technology. Efforts must be made by industry and surgical associations to minimise the learning curve.

FP 07 (13:55 – 14:05)

LAPAROSCOPIC EMERGENCY SURGERY LEADS TO REDUCED MORTALITY IN THE ELDERLY

Presenter: Ms L Finch
Author(s): Ms L Finch, Mr S Mercer
Institution: Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom

Aims: An increased number of the elderly are now undergoing emergency surgery despite the increased mortality associated with frailty. Multiple cohort studies have identified improvements in mortality, morbidity and quality of life when emergency operations are performed laparoscopically. This less invasive approach is especially likely to benefit the frail, elderly patient.

Methods: The national NELA database was interrogated to find patients aged 75 and over undergoing emergency operations. Data was analysed for operative approach and 30-day mortality. Risk adjustment calculations were applied to factor for expected deaths. Subset analysis was performed on our centre to identify trends in mortality.

Results: Of 94,717 emergency operations, 31% were patients >75 years; with overall 16% mortality. Mortality was 10.5% if surgery was started laparoscopically and 8.2% if surgery was completed laparoscopically. In our centre, the laparoscopic rate in the over 75s was 62% (15% nationally); mortality reduced to 5% in those started laparoscopically.

Conclusion: Some emergency surgery patients are doomed from the outset; others will survive no matter what. Elderly patients with pre-existing frailty stand to gain the most from quality surgery. This paper shows that both nationally and at a local level, the laparoscopic approach to emergency surgery is associated with improved survival.

Key statement: Uptake of the laparoscopic approach in emergency surgery in the UK is variable but slow. Elderly patients, with frailty and limited functional reserve, stand to gain the most from avoiding the damaging effects of emergency laparotomy. This study demonstrates improved survival in the elderly if the laparoscopic approach is used.

FP 08 (14:05 – 14:15)

DEVELOPMENT AND EVALUATION OF THE ASSOCIATION OF LAPAROSCOPIC SURGEONS OF GREAT BRITAIN AND IRELAND'S (ALSGBI) ROBOTIC DRIVING LICENCE CURRICULUM

Presenter: Mr M Boal
Author(s): Mr M Boal^{1,2}, Mr J Ahmad³, Professor J Khan⁴, Professor C Selvasekar⁵, Professor N Francis^{1,6}
Institution: ¹The Griffin Institute, London, United Kingdom. ²WEISS, UCL, London, United Kingdom. ³University Hospitals Coventry and Warwickshire, Coventry, United Kingdom. ⁴Portsmouth Hospitals NHS Trust, United Kingdom. ⁵The Christie NHS Foundation Trust, Manchester, United Kingdom. ⁶Yeovil District Hospital, Somerset NHS Foundation Trust, United Kingdom

Aims: There is a need for standardisation of robotic surgical training globally and currently a lack of an independent competency-based curriculum in the UK. The ALSGBI aimed to develop and evaluate a proficiency-based robotic technical skills curriculum.

Methods: Novice robotic participants were trained and objectively assessed on dry lab and virtual reality (VR) tasks using Modifiable-Global Evaluative Assessment of Robotic Skills (M-GEARS) and automated metrics, at the beginning and end of the week programme. Participant progression was analysed using paired t-test and concurrent validity using Pearson's correlation.

Results: 47 participants, including 16 surgeons, completed the curriculum. Mean M-GEARS scores significantly improved; dry lab scores (mean diff 16.21, 95%CI 12.9-19.5, $p < 0.001$) and VR scores (mean diff 21.2, 95%CI 12.9-29.5, $p < 0.001$). VR M-GEARS strongly correlated with VR automated scores ($r = 0.66$, $p < 0.001$). 30 (63.82%) participants passed with a score of $\geq 80\%$.

Conclusion: The ALSGBI has developed and evaluated this Robotic Driving Licence curriculum, which has objectively demonstrated improvement in technical skills. The curriculum has potential application across surgical discipline and robotic platforms.

Key statement: This is the first robotic curriculum with objective, summative assessment of basic robotic skills to certify competence for console training.

FP 09 (14:15 – 14:25)

ASSESSMENT AND APPLICATION OF NON-TECHNICAL SKILLS IN ROBOTIC-ASSISTED SURGERY: A SYSTEMATIC REVIEW

Presenter: Mr V Mahendran
Author(s): Mr V Mahendran¹, Mr M Boal², Miss L Turpin³, Professor N Francis⁴
Institution: ¹Gloucestershire Hospitals NHS Foundation Trust, Gloucester, United Kingdom.
²Division of Surgery & Interventional Science, Royal Free Hospital Campus, University College London, United Kingdom. ³Division of Medicine, University College London, United Kingdom. ^{4,5} The Griffin Institute, Northwick Park and Saint Mark's Hospital, London, United Kingdom

Aims: The systematic review aimed to update the evidence on the role of NTS in robotic surgery, specifically focusing on evaluating assessment tools and their utilisation in training and surgical education in robotic surgery.

Methods: A systematic literature search of PubMed, PsycINFO, MEDLINE, and EMBASE was conducted to identify primary articles on NTS in RAS. Messick's validity framework and the Modified Medical Education Research Study Quality Instrument were utilised to evaluate the quality of the validity evidence of the abstracted articles.

Results: Seventeen studies were eligible for the final analysis. Communication, environmental factors, anticipation and teamwork were key NTS for RAS. Anticipation by the team to predict and execute the next move improved the surgeon's situational awareness. Three novel rater-based scoring systems and one sensor-based method for assessing NTS in RAS were identified.

Conclusion: Reporting on non-technical skills in robotic surgery is poor, with only three bespoke objective assessment tools being identified. Communication, environmental factors, anticipation, and teamwork are the key non-technical skills reported in robotic surgery, and further research is required to investigate their benefits to improve patient safety during robotic surgery.

Key statement: Team-related factors such as ambient noise and chatter, inconveniences due to repeated requests during the procedure and constraints due to poor design of the operating room may harm patient safety during RAS. Improving surgeons' NTS and increasing team familiarity through experience could increase team anticipation and reduce inconveniences during RAS.

FP 10 (14:25 – 14:35)

NORMALISING ROBOTIC SURGERY FOR TRAINING – ANOTHER TOOL OF A SURGEON'S ARMAMENTARIUM?

Presenter: Miss A Afzal
Author(s): Miss A Afzal, Mr M Boal, Mr M Tutton, Professor N Francis
Institution: Griffin Institute, London, United Kingdom

Aims: Currently, robotic training programmes focus on consultants and there is a need to optimise training in robotic surgery among trainees. Previous research shows steep learning curves in robotics surgery and we hypothesised that robotic training should commence at an early stage as prior surgical experience does not influence robotic learning.

Methods: Junior and seniors were trained on basic robotic skills and objectively scored (GEARS) by 2 expert raters in first phase. For second phase piloting, 4 videos will be displayed for live voting in ALSGBI conference to test if subjective assessment of delegates matches the prior objective scores on candidates' level of experience.

Results: The first phase demonstrated no significant difference between junior and senior ($p > 0.58$) comparing sum of average GEARS scores of all dry tasks ($n=33$), error rate was higher in seniors ($p < 0.05$) in OCHRA analysis. Individual GEARS for candidates will be only shown during conference after displaying video/ live voting.

Conclusion: Seniority is not a benchmark for robotic training, candidates with no previous surgical technique exposures performed equivalently well after going through same level of basic robotic training.

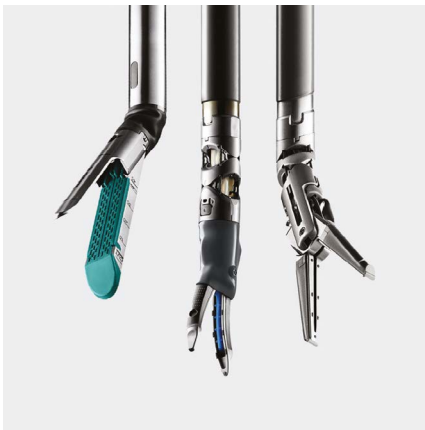
Key statement: Attention is required to develop structured robotic training programs among surgical trainees whilst consultants are undergoing their robotic training.

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Video of Distinction Session – The Stage, Main Auditorium, Ground Floor

Video 01 (14:55 – 15:03)

VIDEO GUIDE TO PERFORMING ROBOTIC OESOPHAGO-GASTRIC ANASTOMOSIS

Presenter: Mr J Walmsley
Author(s): Mr J Walmsley, Mr G Sanders, Mr D Chan
Institution: University Hospitals Plymouth NHS Trust, United Kingdom

Aims: The Plymouth Oesophago-Gastric Unit, one of the busiest in the United Kingdom has incorporated robotics alongside open and laparoscopic surgery for the management of oesophago-gastric tumours. The aim of this video is to present our technique for performing a semi mechanical robotic oesophago-gastric anastomosis.

Methods: The video was edited from a recording of an Ivor Lewis procedure for gastro-oesophageal junction cancer using the Da-Vinci Xi system. The video focuses on demonstrating our standard semi-mechanical robotic anastomosis. We highlight the techniques involved in ensuring satisfactory join length and placement. Relevant regional anatomy and landmarks are highlighted.

Results: Post procedure the patient was transferred to a level one ward bed. They had an uneventful recovery following our standard enhanced recovery post-oesophagectomy protocol. The patient was discharged on day 7.

Conclusion: This video provides a clear guide to performing our technique for a robotic oesophago-Gastric anastomosis. It is a useful resource for new robotic and trainee surgeons.

Key statement: This is an original video produced for educational purposes. It was submitted on the agreement of all collaborators. It provides a training resource for surgeons with an interest in oesophago-gastric cancer surgery and robotic surgery.

Video 02 (15:03 – 15:11)

LAPAROSCOPIC COMPLETE MESOCOLIC EXCISION (CME) WITH CENTRAL VENOUS LIGATION (CVL) WITH IRIS STENT FOR T4 ASCENDING COLON TUMOUR

Presenter: Dr W Alwis
Author(s): Dr W Alwis, Dr GPN Shankar, Mr R Kochupapy
Institution: University Hospital Plymouth, United Kingdom

Aims: The main objective is to determine the crucial importance of the IRIS stent to avoid ureteral injury. We emphasize the importance of complete tumour resection, minimizing intraoperative bleeding, preserving ureteral patency, postoperative renal function, and precise resection margin determination.

Methods: Prior to the surgery urology team placed the IRIS stent with the guide of the cystoscope. However, the IRIS stent's placement was the central feature, designed to minimize ureteric injury while dissecting locally involved tissues. The video shows a 25-year-old male patient presented with an advanced tumour with bowel obstruction.

Results: According to a previous study during 66 months with a total of 46 surgeries involving the right colon have not shown any ureteral injuries with stenting. It prevented ureteric injury, ensuring successful tumour resection. Histology confirmed this as a T4 cancer.

Conclusion: The central role of the IRIS stent in managing T4 ascending colon cancer with ureteral involvement is impressive. It gives the surgeon the ability to identify the ureter easily and precisely. This helps to prevent ureteral injury and ensure the general well-being of the patient.

Key statement: Colorectal Cancers are the 3rd diagnosed cancer around the World. Among them, 5 to 8.8% of the cases are T4 tumours. Its advanced stage and potential local invasion involving the ureter pose significant challenges. By using the IRIS stent these challenges could be avoided.

Video 03 (15:11 – 15:19)

SEGMENTAL RESECTION WITH INTRACORPOREAL ANASTOMOSIS FOR SPLENIC FLEXURE GROWTHS USING INDOCYANINE GREEN

Presenter: Dr G Pranav
Author(s): Dr G Pranav, Dr W Alwis, Mr RT Kochupapy
Institution: University Hospitals Plymouth, United Kingdom

Aims: Our main objective is to show an example of laparoscopic segmental resection with intracorporeal anastomosis to treat splenic flexure growths, which also highlights the critical role of ICG fluorescence imaging in preventing extensive resections.

Methods: Over the last 3 years, 9 patients underwent segmental resection with the help of ICG. The ICG is first injected locally to check for draining lymph nodes and second to check for effective perfusion across the anastomotic site. Here we present the case of a 75-year-old male who underwent this procedure.

Results: Histopathology of the resected specimen revealed a tubo-villous adenoma with high-grade dysplasia (R0 resection); lymph nodes resected 0/13. The patient was discharged on post-op day 4 and had no complications.

Conclusion: Most cases of splenic flexure cancers present at an advanced stage of illness. In a scenario where there is no clear consensus regarding the resection of this tumour due to the challenges related to dual lymphatic drainage (SMA and IMA) of this region, segmental resection is a viable option.

Key statement: The R0 margin and a lymphadenectomy with at least 12 harvested lymph nodes together with the surgical specimen are the foundation for an oncological successful procedure. ICG-guided segmental resection can offer improved patient outcomes compared to extensive resection procedures while maintaining optimal oncological control.

Video 04 (15:19-15:27)

ROBOTIC RIGHT HEMI-COLECTOMY CME APPROACH FOR RIGHT SIDED COLONIC CANCERS

Presenter: Mr A Rehman
Author(s): Mr A Rehman, Mr MU Rehman, Mr K Malik, Mr J Ahmed
Institution: Northampton General Hospital, United Kingdom

Aims: The aim of this video to present stepwise approach for the robotic right hemi-colectomy with CME approach for colorectal surgeons and colorectal trainees.

Methods: We performed robotic right hemi-colectomy using Da Vinci Xi system. Following principal steps were applied to complete the procedure.

1. Set up
2. Vessel control
3. Hepatic flexure mobilization
4. Intra corporeal Anastomosis

Results: Procedure was completed without any intraoperative complications. Post-operatively the Histology showed a PT2, PNO, Lo, Vo, PNo, Ro. The lymph node yield on the specimen was 25. The total length of stay was 3 days.

Conclusion: We have highlighted the key steps and the key structures that are encountered during the surgery and lay emphasis on stepwise approach to learn the procedure and shorten the learning curve.

Key statement: Robotic Right Hemicolectomy for right sided colon cancer can be safely performed using the CME approach.

Video 05 (15:27 – 15:35)

VIDEO PRESENTATION – ROBOTIC LEFT ADRENALECTOMY

Presenter: Mr S Mercer
Author(s): Mr B Knight, Mr S Mercer
Institution: Portsmouth Hospitals NHS Trust, United Kingdom

Aims: The adrenal glands are the ideal target for minimally invasive surgery - deep within the body and yet reasonably small. Laparoscopic approaches have transformed adrenalectomy into a 24 hour stay procedure. This video demonstrates the use of the da Vinci Xi robot to perform a LEFT adrenalectomy.

Methods: This video demonstrates key steps in the robotic excision of a 6cm LEFT adrenal lesion in a 63-year-old lady. It was unilateral, asymptomatic, endocrine-inactive and non-enhancing on CT scan.

Results: Surgery took 110 minutes, there was negligible blood loss. The video demonstrates how the extra independence of operating, magnification, manoeuvrability and dexterity of the surgical robot can make even a complicated adrenal resection appear straight forward and controlled.

Conclusion: The surgical robot is an excellent advance to minimal access adrenalectomy, providing excellent vision and dexterity; it is now the weapon of choice for adrenalectomy in our unit.

Key statement: This video demonstrates the use of the da Vinci Xi surgical robot for resection of a 6cm LEFT adrenal gland; the improved magnification of vision and dexterity allow bloodless controlled surgery, and help in making adrenalectomy a day-case procedure.

Video Parallel Session, The Lens Studio, Ground Floor

Video 01 (14:55 – 15:03)

STEPS OF ROBOTIC LOW ANTERIOR RESECTION

Presenter: Mr A Rehman
Author(s): Dr FA Khan, Mr A Rehman, Mr MU Rehman, Mr J Ahmed
Institution: Northampton General Hospital, United Kingdom

Aims: The aim of this video to present stepwise approach for the robotic low anterior resection for colorectal surgeons and colorectal trainees.

Methods: We performed robotic low anterior resection using Da Vinci Xi system. Following principal steps were applied to complete the procedure.

- Set up
- Vessel control and medial to lateral dissection
- Splenic flexure mobilisation
- Total mesorectal excision
- Anastomosis

Results: Procedure was completed without any intraoperative complications. Post-operatively the Histology showed a PT2, PNO, Lo, Vo, PNO, Ro. The lymph node yield on the specimen was 25. The total length of stay was 6 days.

Conclusion: We have highlighted the key steps and the key structures that are encountered during the surgery and lay emphasis on stepwise approach to learn the procedure and shorten the learning curve.

Key statement: Standardized Stepwise approach of Robotic low anterior resection.

Video 02 (15:03 – 15:11)

VIDEO DEMONSTRATION OF HAND-ASSISTED LAPAROSCOPIC MESH REPAIR OF LARGE CONGENITAL DIAPHRAGMATIC HERNIA

Presenter: Mr KDL Nanayakkara
Author(s): Mr KDL Nanayakkara, Mr A Ammar, Mr A M El-Sharkawy, Mr PC Leeder
Institution: University Hospital of Derby and Burton NHS Foundation Trust, Derby, United Kingdom

Aims: Congenital diaphragmatic hernias of the right side are rare, especially in an adult. Irrespective of symptoms, currently, surgical repair is indicated in these patients to prevent complications. The surgical approach could be either abdominal or thoracic, minimally invasive or open, and with or without a mesh.

Methods: We present a case of a 52-year-old female with a large right-side diaphragmatic hernia containing large bowel incidentally detected on a CTPA a few years ago. The patient was referred to surgeons due to worsening shortness of breath and recurrent episodes of pneumonia attributed to the diaphragmatic hernia.

Results: Following respiratory and anaesthetic workup, the patient underwent laparoscopic repair of the diaphragmatic hernia repair with a mesh. Hand assistance was used during the surgery to reduce bulky colonic contents safely. The patient's post-op recovery was complicated by a pleural effusion requiring drainage.

Conclusion: This video demonstrated a hand-assisted laparoscopic approach to a patient with a high body mass index and underlying respiratory disease with minimal post-op morbidity, which would otherwise have required a laparotomy/thoracotomy. In addition, mesh placement in a large diaphragmatic hernia is beneficial to prevent recurrence.

Key statement: A minimally invasive abdominal approach with modifications is a safe and effective technique to repair even a large right-side congenital diaphragmatic hernia containing viscera with minimal post-operative morbidity.

Video 03 (15:11 – 15:19)

LAPAROSCOPIC MANAGEMENT OF POST ERCP BILIARY PERITONITIS

Presenter: Mr K Siddique
Author(s): Mr U Rafiq¹, Mr K Siddique²
Institution: ¹Northern Care Alliance, Manchester, United Kingdom. ²Northern Care Alliance NHS Group, Manchester, United Kingdom

Aims: ERCP, an invasive procedure, has risk of perforation which usually is around the duodenum. We aim to share an interesting and rare case of ERCP complication causing biliary peritonitis and role of laparoscopy in diagnosis and treatment of the complication.

Methods: The patient had CT findings of free fluid and air and was consented for laparoscopy. The pathology was identified by careful adhesiolysis by sharp and blunt dissection. It appeared that the ERCP guidewire went through the liver segment 4 causing ongoing bile leak. This was repaired by laparoscopic suturing.

Results: The patient was kept inpatient for observation, antibiotics and drain monitoring. She was discharged on 5th day post operative with drain removal.

Conclusion: Laparoscopy offers easy and safe access and avoids midline surgical scar required for diagnosis and management in cases of diagnostic uncertainty. Rare complications of invasive procedure can be assessed and early decision making with skilful laparoscopic surgery is invaluable in reducing the morbidity of the complications.

Key statement: The challenge of diagnostic uncertainty despite contrast enhanced imaging can be tackled with diagnostic laparoscopy and advanced laparoscopic skills in emergency setting are the way forward for managing complications including post procedure complications.

Video 04 (15:19 – 15:27)

PERSONALISED CANCER CARE WITH MITIGATIONS OF INTRAOPERATIVE RISK FACTORS

Presenter: Dr J Bae
Author(s): Dr J Bae^{1,2}, Dr A Butt², Dr R Labinoti², Dr I Driver², Mr A Malik²
Institution: ¹Cambridge University Hospital, United Kingdom. ²East Suffolk and North Essex NHS Foundation Trust, Ipswich Hospital, Colorectal Surgery, United Kingdom

Aims: Pre-existing medical comorbidities significantly heighten the risk of perioperative complications. This risk is even more pronounced in laparoscopic robotic surgeries, where effective risk mitigation strategies have been relatively underexplored. In this demonstration, we introduce innovative intraoperative strategies aimed at optimizing postoperative outcomes for sigmoid cancer patients with significant risk factors.

Methods:

1. We avoided extreme head-down positioning to prevent diaphragmatic strain and reduce postoperative lung complications.
2. Preserving the left colic artery improved blood supply, lowering the risk of anastomotic leakage.
3. We opted for a single staple line anastomosis, preventing staple line crossover issues and the formation of “dog ears”

Results: We minimized head-down positioning to prevent diaphragmatic strain and lower pulmonary complication risks. Additionally, we used a purse-string suture to secure intersecting margins within the cartridge, adding minimal time but reducing anastomotic leakage risk.

Conclusion: In summary, the surgical techniques and mitigation methods discussed here can serve as a valuable reference for procedures in patients with significant comorbidities, such as morbid obesity, COPD, and diabetes, ensuring better postoperative outcomes.

Key statement: In this study, we address the increased perioperative risk posed by medical comorbidities, particularly in laparoscopic surgeries with robotic assistance. We introduced novel strategies, including minimizing head-down positioning to reduce diaphragmatic strain and employing a purse-string suture for cartridge margins, effectively mitigating risks without significantly extending surgery duration.



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Posters of Distinction

Poster of Distinction 01

AN OVERVIEW OF LAPAROSCOPIC SURGICAL TRAINING MODALITIES HOW DOES AUGMENTED REALITY SIMULATION COMPARE?

Presenter: Dr A Swealem
Author(s): Ms C Ludick¹, Dr D Rawaf², Dr E Street², Mr A Omurtag¹, Dr A Swealem³
Institution: ¹Nottingham Trent University, Nottingham, United Kingdom. ²Innovus Medical, Saint Helens, United Kingdom. ³Kettering General Hospital, United Kingdom

Aims: AR is a novel introduction to laparoscopic surgical training and can combine visual realism with true-to-life haptic feedback.

Compare different types of laparoscopic training modalities and assess how AR compares to the education system using the apprenticeship model and alternative training modalities, including human cadavers, box trainers, and VR simulators.

Methods: 31 papers were systematically reviewed, and the findings were compiled. Results Both the available products as well as the technology as an educational modality were evaluated.

Results: Studies reported relatively increased speed of learning, improved ability to multitask, procedural accuracy, hand-eye coordination and bimanual operation in a reduced practice time and increased success rate with AR in healthcare education. One of the limitations of AR it doesn't reflect the non-technical skills required in the operation.

Conclusion: AR simulation has the potential to become the new gold standard for laparoscopic surgical training, and beyond, pending further development of literature to increase knowledge of the technology and its capabilities, on top of technological evolution to increase clinical realism.

Key statement: Laparoscopic surgery is known to require intensive training to gain the required skills. The traditional ways of training as an apprenticeship model usually require a prolonged learning curve. Augmented reality emerged as a solution for the rapidly requiring laparoscopic surgery training.

Poster of Distinction 02

A SINGLE CENTRE REVIEW: OUTCOMES OF PATIENTS UNDERGOING HOT LAPAROSCOPIC CHOLECYSTECTOMY FOR GANGRENOUS CHOLECYSTITIS AND ACCURACY OF IMAGING IN DIAGNOSIS

Presenter: Ms R Al-Zubaidy
Author(s): Ms R Al-Zubaidy, Ms M Brandao
Institution: London Northwest Hospital Trust, United Kingdom

Aims: Gangrenous cholecystitis is associated with significant rates of morbidity and mortality. Mortality rates quoted to range between 15-50%. The aim of this study is to review the outcomes of the patients who underwent a hot laparoscopic cholecystectomy (LC) for gangrenous cholecystitis and the accuracy of its identification on pre-operative imaging.

Methods: A retrospective review of patients who underwent an index admission LC was done. A total of 423 patients underwent a hot LC between the dates of April 2013 and March 2021 in our district general hospital. Those with histopathological gangrenous gallbladders were included in the study, which totalled 28 patients.

Results: At 30-day follow-up, there was no mortality amongst the 28 patients. 1 patient had a bile leak requiring intervention, none sustained ductal injury, 4 patients sustained self-limiting post-operative morbidity.

All patients underwent pre-operative imaging, with 46% sensitivity at identifying gangrenous gallbladders across different imaging modalities.

Conclusion: Only 46% of gangrenous gallbladders were identified on pre-operative imaging at our district general hospital. Despite this our service maintains no mortality amongst these patients with a 3.5% bile leak follow hot LC.

Key statement: Our DGH offers a high-volume hot LC service, which adopts a safe surgical approach for those complicated cases, via index admission laparoscopic cholecystectomy with encouraging outcomes.

Poster of Distinction 03

SOLUTIONS TO SUSTAINABILITY AND COST SAVINGS: TURN IT OFF – COST ESTIMATES AND SIMPLE APPROACH TO IMPROVE CARBON FOOTPRINT IN SURGERY

Presenter: Miss S Lodhia
Author(s): Miss S Lodhia, Miss V Pegna, Professor T Rockall
Institution: Royal Surrey County Hospital, Guildford, United Kingdom

Aims: To understand which pieces of equipment are more energy intensive.

To calculate the difference in energy and cost of equipment in use and on standby

To determine the environmental and financial cost of equipment not being turned off at the end of the day and over the weekend.

Methods: Using a power monitor, we calculated the power usage of different pieces of equipment in a colorectal theatre. We plugged the monitors into equipment during typical operating lists and recorded the “in-use” and “standby” energy consumption. We also recorded out of hours and at the weekends.

Results: Turning off equipment at the end of the day and at weekends could save the trust £147,053 per year in the theatre complex alone. When considering cost savings extrapolated to the entire hospital, just by switching off computers across the hospital there is an additional cost saving of £487,760.

Conclusion: Switching off plugs would contribute to a big proportion of energy wastage saved and is a simple fix to do. Implementing this should not be too difficult, but incentives or smart meters can be considered if targets are not being met. In newer builds these could be turned off centrally. With a calculated estimated saving of around £175million to the NHS nationwide, it should be implemented in all theatres with immediate effect.

Key statement: Turning off equipment is a necessity going forward it will help with Net-Zero targets, as well as financial savings for the trust with no risk to patient safety. It should be implemented in all theatres with immediate effect.

Poster of Distinction 04

ASSESSING THE EFFECT OF NEOADJUVANT CHEMORADIATION ON PATHOLOGICAL RESECTION MARGINS IN ROBOTIC LOW ANTERIOR RESECTIONS

Presenter: Dr R Duhoky
Author(s): Dr R Duhoky^{1,2}, Mr GN Piozzi¹, Dr A Lashani¹, Mr S Stefan¹, Professor J Khan^{1,2}
Institution: ¹Portsmouth Hospitals University NHS Trust, United Kingdom. ²University of Portsmouth, United Kingdom

Aims: The aim of this study was to evaluate associations between neoadjuvant chemoradiation (neoCRT) and pathological R1 status in robotic Total Mesorectal Excision (TME) surgery.

Methods: Histopathological reports of patients undergoing robotic low anterior resections for mid-low rectal cancer were compared between patients without and with neoCRT in a tertiary robotic colorectal cancer centre. A subanalysis on stage 3 rectal cancers was performed to compensate for differences in baseline characteristics.

Results: 129 no-neoCRT were compared with 26 neoCRT, with no differences in local recurrence rate. A subanalysis of stage 3 patients compared 52 no-neoCRT with 18 neoCRT, and maintained a significant difference in R1 status (0% vs 16.7%, p=0.015) with no differences on local recurrence rate (1.6% vs 4.0%, p=0.419).

Conclusion: Advanced mid-low rectal cancers undergoing neoCRT and robotic TME have a higher risk of pathological positive margins without affecting local recurrence rates. Stage 3 rectal cancers may benefit from upfront surgery for better resection margins. A larger sample group is needed to confirm the benefit of upfront robotic surgery.

Key statement: There may be a benefit for upfront robotic surgery for better resection margins in stage 3 rectal cancers.

Poster of Distinction 05

NAVIGATING THE FUTURE OF SURGICAL TRAINING: AUGMENTED REALITY'S ROLE IN SURGICAL SKILL ACQUISITION

Presenter: Miss Z Aloul

Author(s): Miss Z Aloul¹, Dr M El-Bahnasawi², Dr S Colman³, Dr N Abdulkader⁴, Dr D Rawaf⁵

Institution: ¹Cardiff University School of Medicine, United Kingdom. ²Wythenshawe Hospital, Manchester University Foundation Trust, United Kingdom, ³Manchester University NHS Foundation Trust, United Kingdom, ⁴Southend Hospital, Mid Essex NHS Trust, Essex, United Kingdom. ⁵Inovus Medical, London, United Kingdom

Aims: The primary objective of this study was to evaluate the impact of the (AR) simulation on the acquisition and improvement of objective surgical skills among junior surgical trainees. Additionally, the study aimed to qualitatively assess the trainees' experiences with this technology at their homes.

Methods: This study involved 15 junior surgical trainees benchmarked against two consultants across five training sites. The participants performed ten laparoscopic appendectomies interspersed with "LapPass" tasks, comprising camera holding and technical skill tasks. Objective metrics, including completion time and distance traveled, were collected, followed by interviews for qualitative analysis.

Results: Significant improvements were observed in laparoscopic appendectomy completion time, distance, smoothness, acceleration, and ambidexterity amongst trainees, who matched consultants by the end of the intervention period in some domains. Qualitative analysis supports AR-based training for early surgical training, praising AR solution's high realism and educational benefits, despite technical challenges.

Conclusion: AR solution addresses common barriers faced by surgical trainees. The study provides evidence of construct validity through improvements in objective skill scores. Content validity is supported by positive feedback on the educational content from qualitative interviews. Face validity is partially supported by agreement on the realism of the appendix model.

Key statement: The AR simulator produces natural haptics from soft tissue models with integrated screen-based digital overlays for immersion & objective performance capture. The take-home version of the technology allows for distant learning, where trainees can perform basic skill tasks and full surgical procedures by connecting the simulator to their PC.

Poster of Distinction 06

COMPARING LONG-TERM OUTCOME BETWEEN LAPAROSCOPIC CONVERTED TO OPEN LIVER RESECTIONS AND PLANNED APPROACHES

Presenter: Dr Y Chan

Author(s): Dr Y Chan, Mr D Subar

Institution: Directorate of Hepato-Pancreatic Biliary Surgery, East Lancashire Teaching Hospitals NHS Trust, Blackburn, United Kingdom

Aims: Laparoscopic liver resection (LLR) demonstrates improved short-term outcomes over open liver surgery. However, little has been published on the outcomes of converted cases. The aim of this study was to compare short and long-term outcomes between patients who received open, laparoscopic, and laparoscopic converted to open liver resections.

Methods: Data of patients who underwent liver resections between 1st January 2018 and 31st December 2022 at a Tertiary HPB referral centre were reviewed. Survival rates between laparoscopic, open and converted resections were reported. Differences in short-term outcomes were also examined.

Results: The laparoscopic group had the lowest length of stay (LOS, $p=0.001$) and the lowest incidence of complications overall ($p=0.018$). There was no difference in survival between approach to surgery ($p=0.072$). Resections resulting in severe complications was found to be a predictor of poorer survival (Hazards ratio (HR) = 1.77, $p=0.001$).

Conclusion: Laparoscopic surgery is associated with better short-term outcomes compared to open and converted surgery. Converted surgery shows comparable outcomes planned open surgery. There is no advantage of laparoscopic surgery on long term survival or disadvantage of converted surgery on long term survival.

Key statement: Laparoscopic converted open liver resections have comparable survival outcomes compared to laparoscopic or open resections.

Poster of Distinction 07

EXPERT PERSPECTIVES ON VISUAL AND KINAESTHETIC CUES IN MINIMALLY INVASIVE TOTAL MESENTERIC EXCISION

Presenter: Dr J Walshaw

Author(s): Dr J Walshaw¹, Dr S Bhopal², Dr B Huo³, Professor D Jayne¹, Miss M Yiasemidou⁴

Institution: ¹Leeds Institute of Medical Research, St James's University Hospital, University of Leeds, United Kingdom. ²Bradford Teaching Hospitals NHS Foundation Trust, Bradford, United Kingdom. ³Dalhousie University, Nova Scotia, Canada. ⁴The Royal London Hospital, Barts Health NHS Trust, United Kingdom

Aims: Guidance from tactile cues is significantly reduced or completely lost during minimally invasive surgery, necessitating a heavy reliance on visual and kinaesthetic cues. This study aims to comprehensively describe the visual and kinaesthetic cues utilised during the technically challenging minimally invasive total mesenteric excision (TME).

Methods: Semi-structured interviews were conducted with expert surgeons, describing their pelvic dissection techniques with focus on visual and kinaesthetic cues. Transcripts of the interviews were analysed using thematic analysis. Based on this, a didactic image series of visual and kinaesthetic cues was developed in this educational study for trainees.

Results: Pelvic dissection was divided into posterior, lateral, anterior and low dissection. Common visual cues included sacral promontory posteriorly, lateral continuation of "angel hair", seminal vesicles and posterior wall of vagina anteriorly, and pelvic floor for lower dissection. Images of effective kinaesthetic cues include traction/countertraction for optimal visualisation.

Conclusion: Understanding visual and kinaesthetic cues is essential in modern surgery. As direct contact between surgeons and patients continues to diminish, the reliance on visual and kinaesthetic cues increases. Future medical education research should prioritise a better understanding of these cues and explore methods to transmit them to trainee surgeons effectively.

Key statement: This study highlights commonly encountered visual and kinaesthetic cues during minimally invasive TME, enhancing the transfer of expertise from experienced surgeons to learners. Misinterpretation of these cues has been linked to adverse outcomes, highlighting the importance of understanding these cues for patient safety.

Poster of Distinction 08

A REVIEW OF ACCESS TO LAPAROSCOPIC AND ROBOTIC TRAINING OPPORTUNITIES FOR SURGICAL TRAINEES IN THE UNITED KINGDOM

Presenter: Dr H Choudhry

Author(s): Dr H Choudhry^{1,2}, Dr S Sangarapillai^{1,2}, Mr M Boal^{3,4,1}, Ms T Morrison^{1,2}, ALSGBI Academy Research Group⁵

Institution: ¹ALSGBI Academy, NA, United Kingdom. ²Mid and South Essex NHS Foundation Trust, Southend, United Kingdom. ³The Griffin Institute, London, United Kingdom. ⁴WEISS, UCL, London, United Kingdom. ⁵ALSGBI, United Kingdom

Aims: On top of current NHS pressures, United Kingdom (UK) and Republic of Ireland (ROI) surgical trainees face significant challenges. To reduce the learning curve, our aim was to assess existing opportunities in Robotic and Minimal Access Surgical (MAS) training, including access to simulation and training facilities across the UK/ROI.

Methods: A national survey was distributed electronically to all grades of surgical provider via surgical schools and societies. Demographic data including specialty, location and grade were collected. The assessment categories focused on access to both laparoscopic and robotic training and simulation facilities.

Results: 171 responses from 112 hospitals representing all UK and ROI deaneries were collected. 52.6% were speciality registrars, 21.6% core trainees and 25.8% other. 84% of responses represented general surgery. 57.9% stated "No" or "Don't Know" for combined category responses regarding access to laparoscopic training and 70.6% for robotic.

Conclusion: Despite widespread clinical use, exposure to MAS training is variable and therefore difficult to achieve without inclusion in formal training curricula. This review has highlighted the need to facilitate access to widespread, standardised robotic and MAS training in the UK and ROI, which should be reflected in training checklist requirements.

Key statement: This study aimed to highlight minimal access surgical training deficits in the UK and ROI. Training must progress in parallel with technological advances to minimise the skill acquisition gap during finite training periods.

Poster of Distinction 09

AUDIT OF APPENDICITIS PATIENT PATHWAY AT AN EAST MIDLANDS HOSPITAL

Presenter: Mr S Al-Hassani

Author(s): Mr S Al-Hassani¹, Mr A Boddy²

Institution: ¹Leicester Medical School, United Kingdom, ² University Hospital Leicester, United Kingdom

Aims: Our primary aims were to investigate appendicitis patients' overall Length Of Stay (LOS) and time spent between admission, completion of imaging, operation, and discharge. Our secondary aims were to quantify patients with a Group and Save (G&S) taken and patients who had a digital consent form on file.

Methods: Patients booked for Laparoscopic Appendicectomies over a 60-day period (09/01/2023-10/03/2023) were identified using the theatre coordinators diary (n=91). Paediatric patients were excluded. Presentation, admission, imaging, and discharge times, plus G&S data were retrieved from ICE. Operation start time and digital consent data were retrieved from ORMIS and Concentric respectively.

Results: Mean number of hours were calculated for each of the time points using Excel. Time from presentation to completion of imaging (mean=11.74-hours), imaging to operation (mean=28.47-hours), operation to discharge (mean=63.13-hours) and length of admission (mean=4.3-days). Data was then divided into Mon-Thurs and Fri-Sun and analysed with Independent Median Samples Testing.

Conclusion: Length of admission higher than the nationwide average from GIRFT (2.9-days). A low number of patients met the target 2-day LOS (4.4%). There is a long average wait between confirmed diagnosis and operation. This wait is worse for weekend admissions. Aim to increase theatre capacity and identify areas for improvement.

Key statement: According to NICE, approximately 50,000 appendicectomies are performed annually. The most recent data from GIRFT shows that only 6.3% of patients in Leicester, Leicestershire and Rutland meet the target 2-day length of stay, and that the region is in the highest quartile for average length of stay for appendicitis patients.

Poster of Distinction 10

OUTCOME OF LAPAROSCOPIC COLORECTAL CANCER SURGERY IN OCTOGENARIANS: A SINGLE CENTRE EXPERIENCE

Presenter: Miss M Battili

Author(s): Miss M Battili, Ms AY Lay, Dr M Perumal, Mr V Velchuru, Mr C Liao

Institution: James Paget University Hospital NHS Foundation Trust, Great Yarmouth, United Kingdom

Aims: Laparoscopic techniques compared to open surgery show decreased wound complications, post-operative ileus, intraoperative blood loss, reduced length of stay and decreased need for post-operative rehabilitation. The aim of this study was to establish laparoscopic surgery is safe in the elderly population and affords multiple advantages including decreased pain and convalescence.

Methods: A retrospective review of prospectively collected database of elderly patients above the age of 80 who underwent laparoscopic surgery was retrieved over 10-year period between January 2012 and December 2021. Data was collected for length of hospital stay, return to theatre, post-operative morbidities, 30-day mortality and 5-year cumulative survival.

Results: There were 100 patients (54 females) aged 80 and above who underwent a laparoscopic procedure with 10% conversion rate. Median length of stay amongst cases completed laparoscopically was 12 +/- 7.5 days. Return to theatre was 9%, morbidity was 11.4% and 30-day mortality was 4%, overall cumulative 5-year survival was 44.61%.

Conclusion: Based on our single centre experience, data suggests that laparoscopic surgery in elderly patients above the age of 80 is safe, is associated with comparable hospital stay, and has comparable morbidity and mortality to that in younger patients.

Key statement: Laparoscopic surgery is safe and effective and it should be adopted widely if the expertise in the area of laparoscopic surgery is available for this group of patients.

Poster Monitors

P01

TELEMETRY IN ROBOTIC ASSISTED COLORECTAL SURGERY; USE OF THE DA VINCI XI SURGICAL SYSTEM IN SURGICAL TRAINING AND DEVELOPMENT

Presenter: Dr A Caglayan
Author(s): Dr A Caglayan, Mr N Kukreja
Institution: Medway Maritime Hospital, Gillingham, United Kingdom

Aims: To identify the role of telemetry from the da Vinci Xi Surgical System in surgical training as an adjunct to traditional methods in trainee development and learning. Also, to understand the variety of intra-operative data collected by the da Vinci Xi System available through the My Intuitive App.

Methods: Retrospective analysis of the intraoperative data collected by the My Intuitive App from a single low anterior resection case was completed. This included a post-operative comparative analysis between console one and console two operator of the da Vinci Xi System: the consultant surgeon and robotic trainee respectively.

Results: Telemetry provided data of two right and one left hand usage and therefore utilisation of 4 robotic arms. Time using specific surgical instruments were available as infographics. Comparative console analysis highlighted notable differences in 4th arm use of the robotic cart; 12 and 35 times by trainee and trainer respectively.

Conclusion: Data collected by the da Vinci Xi Surgical Systems can be used as quantitative evidence that forms the basis of constructive feedback for trainees. Data can be used to augment the trainer's qualitative perceptions. Trends can be monitored, and improvements identified as they occur via the My Intuitive App.

Key statement: We identify that telemetry from surgical systems can be utilised as learning tools for trainees. Surgical training programmes need to embrace enhanced technological adjuncts; particularly data gathered. Surgeons need to not only embrace technology, but understand the data provided. This will ultimately lead to improved surgical training and patient outcomes.

P02

ARE PATIENTS ON A LONG-TERM STEROIDS BEING ASSESSED FOR A FRACTURE RISK?

Presenter: Dr W Chua
Author(s): Dr W Chua
Institution: University of Nottingham, United Kingdom

Aims: This audit was undertaken at an individual GP practice to establish if patients who were taking long term prednisolone had an assessment for the risk of a fragility fracture in accordance with the NICE guidelines.

Methods: Patients for this audit were selected according to the NICE criteria on assessing for a fragility fracture, which looked at their age group and the concurrent use of frequent steroids. Using the EMIS web health care system, patients that fell into this category were selected and their medical records reviewed.

Results: Out of the 17 patients identified to be on long term steroids and high dose steroids, only 7 (41.2%) had a fracture risk assessment. We also established that 13 of these patients were on prednisolone for a rheumatological condition, which itself is a risk factor for osteoporosis.

Conclusion: These findings suggest that improvement is needed in the scope of identifying and understanding the link between osteoporosis and the chronic use of steroids. We suggest that regular audits should be conducted internally, to ensure that patients at risk of osteoporosis are given the necessary treatment to prevent osteoporosis.

Key statement: Steroids remain an effective therapeutic option for inflammatory and autoimmune conditions. The risk of a fracture increases markedly in the first 3 months after steroid initiation and the risk appears to never return to baseline. Despite the well-established link between steroid use and osteoporosis, patients are not monitored frequently enough.

P03

OSSEOINTEGRATED RECONSTRUCTION IN PATIENTS WITH CONGENITAL LOWER LIMB DEFORMITIES

Presenter: Dr J Low
Author(s): Dr J Low^{1,2}, Mr M A Akhtar^{1,3,4,5}
Institution: ¹The University of Edinburgh, United Kingdom. ²Trauma & Orthopaedics Department, Royal Victoria Hospital, Belfast, United Kingdom. ³University of St. Andrews, United Kingdom. ⁴Trauma & Orthopaedics Department, Royal Victoria Hospital, Kirkcaldy, United Kingdom. ⁵Macquarie University Hospital, Sydney, United Kingdom

Aims: Congenital deformities of the lower limbs affect patient's mobility and quality of life. The aim of this study was to evaluate the outcomes, with mean follow up of 3 years, following osseointegrated reconstruction in patients with congenital deformities of the lower limbs in a specialized international osseointegration centre.

Methods: Data was collected prospectively for osseointegrated reconstruction surgeries performed by the senior author between 2012 and 2019 for 10 patients following amputations for congenital lower limb deformities. Demographics details, length of follow-up, causes of deformity, amputation level, post-operative complications, and health-related quality of life (HrQoL) outcomes were recorded.

Results: Average mobility score was 64 pre-op and 61 post-op; average problem score decreased from 37 pre-operation to 20 post-operation. There was improvement in mental health (5 points) component of SF 36. Q-TFA improved in all domains along with 6 minutes' walk test when compared with pre-operation mobility with orthotics and walking-aids.

Conclusion: This study highlights the results of 10 osseointegrated lower limb reconstructions for congenital deformities. The outcomes of this procedure seem promising and the authors recommend the use of this novel technology (osseointegration) in selected patients with congenital lower limb deformities to improve their quality of life and functional outcomes.

Key statement: Amputation of the non-functional limb and osseointegrated reconstruction of amputated limbs has recently emerged as a novel approach to improve patient's quality of life. This study advocates for osseointegration reconstruction after amputation for patients with congenital limb deformities, and also aim to introduce this novel implant system to surgeons.

P04

MAGNETIC RESONANCE IMAGING (MRI) ASSESSMENT OF STAGING AND PROGNOSTIC FACTORS IN CARCINOMA RECTUM

Presenter: Mr MS Gowda
Author(s): Mr MS Gowda, Mr ENCE Mesut, Mr P Bennett, Mr G Venkatesan, Mr M Jha
Institution: James Cook University Hospital, Middlesbrough, United Kingdom

Aims: Magnetic resonance imaging (MRI) is one of the key investigations used in preoperative setting for rectal cancer. The objective of this study is to evaluate the accuracy of MRI in locoregional staging, circumferential margin (CRM+) and vascular invasion (V1.)

Methods: Patients who underwent MRI scan for staging of rectal cancer between Jan-2020 and July-2022 were included in the study. Data on preoperative MRI assessment of tumour(T), nodal(N) staging and other prognostic factors were compared with pathology report. Agreement between MRI and pathology was evaluated using weighted kappa statistic.

Results: The study included 143 patients. The accuracy of MRI is highest for T₀ and T₄ tumours (T₀-97.9%,T₁-77.57,T₂-62.94,T₃-66.92 and T₄-93.37). The weighted kappa statistic for T staging is 0.401 and for N staging is 0.286. The standard kappa statistic for V₀/V₁ and CRM are 0.269(95%CI:0.137-0.400) and 0.225(95%CI:0.021-0.471) respectively.

Conclusion: MRI has fair agreement with pathology with respect to T and N staging and has high specificity for CRM and V₁.

Key statement: Our study showed:

1. MRI has fair agreement with pathology with respect to T and N staging.
- 2.The accuracy of MRI is highest for T₀ and T₄ tumours (97.9 and 93.37%).
- 3.The accuracy of nodal status was highest for N₀ (N₀-75.81%, N₁-65.59% and N₂-35.58%).

P05

IMPACT OF COVID-19 LOCKDOWN ON ONCOLOGICAL OUTCOMES OF PATIENTS UNDERGOING COLORECTAL SURGERIES

Presenter: Mr MS Gowda

Author(s): Mr MS Gowda, Mr ENCE Mesut, Mr P Bennett, Mr G Venkatesan, Mr M Jha

Institution: James Cook University Hospital, Middlesbrough, United Kingdom

Aims: When the UK entered the lockdown, the cancer pathways changed to deal with the pandemic and protect cancer patients from infection. The objective of our study is to compare the oncological outcomes of patients having surgery for colorectal cancer (CRC) during and after lockdown.

Methods: Patients who underwent surgery for CRC between March-2020 to February-2022 were included in the study. All patient related and disease specific details were collected. Patients were divided in to two groups: Surgeries during lockdown (group-A) and after lockdown (group-B). Log-rank test and Kaplan-meir survival curve was used to analyse survival outcome.

Results: There were 171 patients in group-A and 187 in group-B. In group-A, 39 patients had recurrence and 26 died due to disease with a median follow up of 23 months. In group-B, 40 patients had recurrence and 18 died due to disease with a median follow up of 13 months (p-value: 0.42 log rank test).

Conclusion: The patients undergoing treatment of CRC during lockdown had similar oncological outcomes compared to patients having treatment after the lockdown.

Key statement: There is no difference between the two groups with respect to tumour, nodal staging and overall survival.

P06

IMPACT OF COVID-19 LOCKDOWN ON CLINICOPATHOLOGICAL FEATURES AND SURGICAL OUTCOMES OF COLORECTAL SURGERIES

Presenter: Mr MS Gowda

Author(s): Mr MS Gowda, Mr ENCE Mesut, Mr P Bennett, Mr S Thulasiraman, Mr M Jha

Institution: James Cook University Hospital, Middlesbrough, United Kingdom

Aims: When the UK entered the lockdown, the referral pathways and hospital policies changed to deal with the pandemic and protect healthcare staff and patients from the virus. The objective of our study is to compare the clinicopathological feature and surgical outcomes of patients undergoing colorectal (CR) surgeries during and after lockdown.

Methods: Patients who underwent CR surgeries between Feb-2020 to Feb-2022 were included in the study. Patients were divided in to two groups: Surgeries before (group-A: during lockdown) and after 22/2/21 (group-B: after lockdown). Patient demographics, pathological data, surgical details and postoperative complications were collected and analysed using standard statistical tests.

Results: During lockdown 187 patients had cancer resections (Group-A) and 235 patients had surgery for cancer after lockdown (Group-B). There is no difference between the two groups with respect to tumour, nodal staging and extramural vascular invasion. In group-A, 16% of patients had emergency presentation and in group-B, 10% had emergency presentation (p-value: 0.039).

Conclusion: Emergency presentation, emergency operations and postoperative complications were higher during lockdown compared with post lockdown. There was no difference with respect to mode of surgery and clinicopathological features.

Key statement: The median lymph node yield is 20 in group-A compared to group-B where the yield was 2 (p-value: 0.720). There were 44 patients with rectal cancer in group-A of which 4.55% had circumferential resection margin positivity (CRM) and 6.77% (4 of 59) of rectal cancers patients in group-B had CRM positivity (p-value: 0.229).

P07

LAPAROSCOPIC VS OPEN EMERGENCY ABDOMINAL SURGERY, A PROSPECTIVE STUDY

Presenter: Dr M Hardan

Author(s): Dr M Hardan^{1,2}, Mr S Tajer^{1,2}, Professor S Sarsam^{1,2}

Institution: ¹Baghdad Teaching Hospital, Baghdad, Iraq. ²Arab Board of Health Specialisations, Baghdad, Iraq

Aims: The aim of this study is to compare Laparoscopic Emergency Abdominal Surgery (LEAS) Versus Open Emergency Abdominal Surgery (OEAS), (LEAS Vs OEAS), in term of hospital stay, postoperative pain, cost-effectiveness of antibiotic and diagnostic accuracy. The research will investigate the efficacy and feasibility of both surgical approaches in emergency surgery.

Methods: This study is a prospective study designed to compare laparoscopic Vs Open approaches in Emergency Abdominal Surgery. Sample size was 84 patients who presented with Acute abdomen for a period from 1st of July 2022 to 31 of July 2023, Participants were consented and recruited to participate in this study.

Results: 44 patients Laparoscopic versus 40 patients Open surgery which represent (52.3% Vs 47.7%) respectively. Laparoscopic Vs Open Appendectomy were (30 Vs 30 patients), Laparoscopic Vs open Perforated peptic Ulcer were 10 Vs 10 patients. Laparoscopic group has shorter duration of stay, less postoperative pain and more cost effective in antibiotic.

Conclusion: Laparoscopic Emergency Surgery decreases postoperative stay, post operative pain, more cost-effective and has higher diagnostic accuracy than open surgery.

Key statement: Laparoscopy has both diagnostic and therapeutic advantages in acute surgical cases, as example upper and lower gastrointestinal pathologies. large number of surgical operations are performed via minimally invasive techniques. It minimises abdominal wall trauma, increases precise diagnosis of abdominal pathology and reducing postoperative pain & surgical site infection.

P08

RADIATION EXPOSURE DURING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

Presenter: Dr J Low

Author(s): Dr J Low¹, Mr R Ravindran²

Institution: ¹The University of Edinburgh, United Kingdom. ²Royal Infirmary of Edinburgh, United Kingdom

Aims: Data regarding radiation dose to patients during ERCP is relatively scarce. The aim of this study was to determine the factors associated with increased radiation exposure to patients undergoing ERCP for any indication. The total radiation dose transmitted to patients was evaluated using dose area product (DAP) value.

Methods: Patients who had undergone ERCP at a single tertiary centre over a single year were identified through a retrospective search of electronic laboratory records. Data relating to patient demographics, types of intervention, fluoroscopy time, DAP, endoscopist, and diagnosis were collected and analysed. There were 165 patients included in the study.

Results: Median DAP was higher in therapeutic than diagnostic ERCP [64.2 (27.7-120.5) vs. 11.4 (5.7-21.9) Gycm²], $p < 0.01$. Median fluoroscopy time was higher in therapeutic than diagnostic ERCP [9.7 (5.9-15.6) vs. 1.9 (1.0-3.9) minutes], $p = 0.012$. Complex intervention had higher DAP, $p < 0.05$. Endoscopist's experience and DAP were not statistically different ($p = 0.324$).

Conclusion: Therapeutic ERCP, together with complex interventions involving stents, guidewires and balloon catheter impose a higher radiation dose compared to diagnostic ERCP. Similarly, a prolonged fluoroscopy time results in a higher radiation exposure to patients. Knowledge of these results will guide efforts in optimising the dose component attributable to fluoroscopy.

Key statement: There is a significant difference in the radiation dose to patients undergoing therapeutic ERCP examinations compared with those who undergo diagnostic ERCP. Fluoroscopy radiation dose was the major component to the patient dose for both types of examination with statistically significance between fluoroscopy time and DAP reading.

EXAMINING THE EFFECTIVENESS OF LAPAROSCOPIC SURGERY FOR PAIN AND INFERTILITY ASSOCIATED WITH ENDOMETRIOSIS, COMPARED TO NON-SURGICAL INTERVENTIONS: A SYSTEMATIC REVIEW

Presenter: Miss EE Teehan

Author(s): Miss EE Teehan, Mr YIJ Khan, Professor B Patel

Institution: Barts Cancer Institute, Queen Mary University of London, United Kingdom

Aims: This Systematic Review aims to evaluate the efficacy of medical and surgical interventions to treat pelvic pain and infertility experienced by women with a confirmed diagnosis of Endometriosis. Papers included in this review evaluate the effectiveness of laparoscopic surgery and different medical interventions.

Methods: This Systematic Review was conducted between September 2022- July 2023. The primary outcomes include; Pain via Visual Analogue Scale (VAS) score reduction in pelvic pain and dysmenorrhea and Infertility improvement through evaluation of pregnancy and live birth rates. Six papers focused on pain management, with six focusing on Infertility management.

Results: Medical Interventions (mean±SD) **Pelvic Pain VAS reduction: 6.05 ± 0.56**

- Dysmenorrhea VAS reduction: 5 ± 1.12
- Live Birth Rate: 0.25 ± 0.026
- Pregnancy Rate: 0.2233 ± 0.155

Surgical Interventions (mean±SD)

- Pelvic Pain VAS reduction: 2.29 ± 0.195
- Dysmenorrhea VAS reduction: 4.2 ± 0.54
- Live Birth Rate: 0.3483 ± 0.095
- Pregnancy Rate: 0.38 ± 0.14

Conclusion: This Systematic Review concludes that medical interventions offer a statistically significant benefit for pelvic pain and dysmenorrhea VAS score reduction among Endometriosis patients. This Systematic Review concludes surgical interventions offer statistically significant pregnancy rates and live birth rates among women with a confirmed diagnosis of Endometriosis.

Key statement: Medical interventions offer statistically significant Pain outcomes among Endometriosis patients when compared with the impact of Laparoscopic Surgical interventions for these same outcomes. Surgical interventions offer statistically significant Infertility outcomes compared to the impact of medical interventions among Endometriosis patients for these same outcomes.

AN AUDIT OF TIMING OF LAPAROSCOPIC CHOLECYSTECTOMY FOR PATIENTS ADMITTED WITH ACUTE CHOLECYSTITIS IN A DISTRICT GENERAL HOSPITAL

Presenter: Ms C Chin

Author(s): Ms C Chin, Dr Z Hinchcliffe, Dr I Fantoni, Dr M Ozbaran, Dr M Kountouris

Institution: Royal Free London NHS Foundation Trust, London, United Kingdom

Aims:

1. To compare the current standard of practice to NICE and Association of Upper Gastrointestinal Surgery (AUGIS) guidelines for early (a.k.a. hot gallbladder) and delayed cholecystectomies.
2. To investigate the impact of waiting list on readmission and complication rates.
3. To improve referral pathways for early and delayed cholecystectomies.

Methods: Patients admitted with acute cholecystitis between January and December 2022 were included.

Patients who underwent hot gallbladder surgeries during the admission were calculated. Duration of delayed cholecystectomy was measured from date of first presentation to surgery. Recurrence and complication rates were measured. Complications include choledocholithiasis, biliary sepsis, pancreatitis and death.

Results: 160 patients were included. 28.8% underwent cholecystectomy. Of these patients, 15.2% (n=7) were operated via hot gallbladder pathway. 87% of patients who were on the delayed cholecystectomy pathway waited more than 2 months for the surgery. Rate of readmission was 18.1% (n = 29). 62% presented with complications.

Conclusion: NICE and AUGIS guidelines recommended early laparoscopic cholecystectomy within 1 week of diagnosis to people with acute cholecystitis. Hot gallbladder pathways will improve waiting time and reduce complication rates.

Key statement: NICE 2015 and Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland (AUGIS) guidelines 2016 recommended early laparoscopic cholecystectomy (LC) as gold standard for acute cholecystitis. Both guidelines recommended that early LC should be performed within 1 week of diagnosis.

P11

CAN APPENDICEAL ADHESIONS CAUSE SMALL BOWEL OBSTRUCTION? A RARE CASE PRESENTATION MANAGED LAPAROSCOPICALLY

Presenter: Dr S Pal
Author(s): Dr S Pal, Mr A Pangeni, Mr V Allu
Institution: East Kent Hospitals University NHS Foundation Trust, Ashford, United Kingdom

Aims: Adhesions are the commonest cause of small bowel obstruction worldwide. However, a band adhesion from the appendicular tip to the small bowel causing small bowel obstruction is rarely reported in literature. We report such a presentation and successful management by laparoscopic approach with good outcome.

Methods: A 61-year-old lady presented with abdominal pain, mild distension & vomiting for 3-days. She had ultrasound-guided-drainage of appendicular abscess 3-months ago. CTAP showed small-bowel obstruction with transition point in pelvis - possible cause being adhesions. After initial conservative management, since she was not improving for 2-days, she was consented for diagnostic laparoscopy.

Results: Intraoperatively, an adhesive band was found between the appendicular tip and distal ileum around 100cm proximal to ileo-colic junction, resulting in mechanical bowel obstruction.

Laparoscopic division of band was performed, followed by appendicectomy. The patient had an uneventful recovery and was discharged the following day.

Conclusion: This is an unusual case of adhesive small bowel obstruction (ASBO) secondary to band from appendicular tip causing mechanical bowel obstruction with a transition point. In future when dealing with complications of appendicitis, like appendicular abscess - it needs to be addressed with clinical suspicion in such presentations.

Key statement: Though an uncommon cause of adhesive small bowel obstruction, a band from the appendicular tip causing mechanical bowel obstruction can be managed effectively by laparoscopic approach.

P12

LAPAROSCOPIC RIGHT HEMICOLECTOMY IN A PATIENT WITH MALROTATION OF BOWEL AND ASCENDING COLON TUMOUR

Presenter: Dr S Pal
Author(s): Dr S Pal, Mr S Nai, Mr A Pangeni, Mr B Aravind
Institution: East Kent Hospitals University NHS Foundation Trust, Ashford, United Kingdom

Aims: Ascending colon (AC) tumour in a patient with malrotation of bowel can present diagnostic and surgical challenges.

We present such a case managed by laparoscopic resection, and share the difficulties encountered and our preparation to achieve a good outcome.

Methods: A 72-year-old female with iron-deficiency anaemia underwent CT-colonography after an incomplete optical colonoscopy. The scan revealed malrotation, a pelvic caecum and a midline ascending colon, and a lesion suspicious of cancer in ascending colon with a CT staging of T₃N₀M₀. Patient was scheduled for elective laparoscopic right hemicolectomy.

Results: Review of vascular anatomy was carried out with radiologist. Several modifications to standard procedure were used – first port-entry site, number of ports, plan of dissection, and site of specimen extraction. Additional challenges were due to the high BMI (40 kg/m²).

Patient was discharged on day-7 without major complications.

Conclusion: Ascending colon tumour in a patient with malrotation of bowel is a rare presentation & can be misdiagnosed as sigmoid tumour due to unusual anatomy & clinical features. Multidisciplinary discussion, optimal pre-operative preparation, thorough understanding of vascular profile, intraoperative confirmation of anatomy & careful dissection led to successful management by minimally invasive surgery.

Key statement: A review of published literature suggests only 66 cases worldwide with highest incidence in Japanese population (55 cases) of colon cancer with intestinal malrotation, & laparoscopic surgery performed in 30.6%. Pre-operative CT-scan is essential before planning surgical management. Laparoscopic right-hemicolectomy although challenging, can be successfully performed with appropriate expertise.

P13

ROBOTIC SURGERY FOR COLORECTAL CANCER RESECTIONS – AN AUDIT OF OUTCOMES

Presenter: Dr JY Hoh

Author(s): Dr JY Hoh¹, Mr Al Butt¹, Dr H Anand¹, Dr L Kelly¹, Dr E Lee²

Institution: ¹Ipswich Hospital, United Kingdom. ²Addenbrookes Hospital, Cambridge, United Kingdom

Aims: The aim of this audit was to evaluate robotic surgery and compare the clinical outcomes between laparoscopic and robotic surgery for patients with major colorectal cancer (CRC).

Methods: The electronic patient records for the first 55 robotic colorectal cancer resections, performed in our trust between September 2022 to May 2023, were reviewed retrospectively. This was compared to 167 laparoscopic cases performed from June 2021 to November 2022.

Results: Robotic surgery offered shorter length of stay ($P=0.02$), lower risk of conversion to open ($RR=0.13$), lower day 1 post-operative CRP ($P=0.01$) and higher lymph node harvest ($P<0.01$). Median time for robotic surgery was significantly longer (372 min vs 215 min, $P<0.01$). The complications demonstrated from both resection types remain low.

Conclusion: While robotic colorectal cancer resection had longer operative time; the length of stay, risk of conversion to open procedure and post-operative inflammatory markers are significantly lower when compared to laparoscopic resection. Robotic colorectal cancer resection offers a safe and effective, minimally invasive treatment for major colorectal cancer resection.

Key statement: Robotic colorectal cancer resection is a safe and effective way to treat colorectal cancers. While cost is currently greater than laparoscopic, it may offer a number of benefits such as - reduced length of stay, reduced inflammatory response and quicker recovery. Further audit and research is required to cement these findings.

P14

THROMBOPROPHYLAXIS AND FLYING POST LAPAROSCOPIC SURGERY

Presenter: Dr A Mila-de-Puri

Author(s): Dr A Mila-de-Puri, Dr T Champion, Dr M Jama

Institution: Mid Yorks NHS Teaching Trust, Wakefield, United Kingdom

Aims: To investigate how general surgeons view/advise thromboprophylaxis in patients who are flying in the early post-operative period after laparoscopic surgery (LS) compared to open surgery (OS).

Methods: An online questionnaire was distributed to surgical trainees and consultants working in various general surgery subspecialties in the UK. Responses were collected over a month period between February and March 2023.

Results: Respondents ($N=54$) allowed earlier air travel post laparoscopic surgery. 34% advised <4 weeks post elective LS vs 22.1% post elective OS and 13.3% post emergency OS vs 31.4% post emergency LS. 13% of surgeons refrained from advising post elective OS vs 20.4% post LS. 80% are unaware of any guidance.

Conclusion: Most general surgeons are unfamiliar with any available resources regarding thromboprophylaxis and flying post-operatively. In practice, advice given following laparoscopic surgery differs compared to open surgery, whether there is justification for this requires further research to provide homogenous and evidence-based advice for patients.

Key statement: Deep Venous thrombosis (DVT) is common after flying with inconclusive evidence whether laparoscopic surgery increases or decreases this risk. However, official, evidence-based guidance on flying and thromboprophylaxis in the post-operative period is lacking. Current practices vary significantly with the majority of respondents being unaware of any official guidance.

P15

SURGICAL STEPS OF A ROBOTIC TOTAL MESORECTAL EXCISION WITH TRANSANAL TRANSECTION AND SINGLE STAPLE ANASTOMOSIS FOR A LOW RECTAL CANCER

Presenter: Dr C Jain

Author(s): Dr C Jain¹, Mr G Piozzi¹, Dr R Duhoky¹, Ms A Przedlacka¹, Professor J Khan^{1,2}

Institution: ¹Portsmouth Hospitals University NHS Trust, United Kingdom. ²University of Portsmouth, United Kingdom

Aims: To report the surgical steps of a robotic total mesorectal excision (TME) with transanal transection and single staple (TTSS) anastomosis for a low rectal cancer.

Methods: A 66-year-old male with a T2NoMo low rectal tumour underwent robotic dissection along the TME plane. Surgical steps for TTSS are described and showed in a clear stepwise fashion. Triple assessment (endoscopic view, air leak test, and ICG perfusion) of the anastomosis was performed following Portsmouth Protocol.

Results: No intra-operative complications were evidenced during surgery. Blood loss was minimal. The surgery lasted 340 minutes. No anastomotic leak was detected post-operatively.

Conclusion: TTSS is a useful novel technique for selected low-lying rectal cancers allowing for a single stapled anastomosis and can be safely performed after a robotic TME.

Key statement: TTSS is a novel, safe, and feasible surgical technique for treating low lying rectal tumours.

P16

AN AUDIT OF COMPLIANCE OF THE MANAGEMENT OF PATIENTS WITH ACUTE CHOLECYSTITIS AND WHETHER LAPAROSCOPIC CHOLECYSTECTOMY IS OFFERED TO INDIVIDUALS WITH ACUTE CHOLECYSTITIS WITHIN THE DESIGNATED TIME FRAME AS SET OUT BY NICE GUIDELINES: RESULTS FROM A BASELINE AUDIT WITHIN WESTERN HEALTH AND SOCIAL CARE TRUST AND THE INTRODUCTION OF A RECOMMENDATIONS TO HELP ADHERE TO THE GUIDELINE

Presenter: Dr E Yousif

Author(s): Dr E Yousif, Dr E Yousif, Mr A Marzouk

Institution: Altnagelvin Area Hospital, Londonderry, United Kingdom

Aims: The aim of the audit is to investigate whether laparoscopic cholecystectomy is offered to individuals with acute cholecystitis within the designated time frame as set out by nice guidelines. This audit also aims to explore the number of readmissions with acute cholecystitis, whether those patients were placed on a waiting list for laparoscopic cholecystectomy and the number of weeks or months taken from the initial diagnosis of acute cholecystitis to when laparoscopic cholecystectomy was performed.

Methods: 25 patients with acute cholecystitis were prospectively studied using surgical take sheets from December 2022, January and February 2023. Demographical information as well as post op notes were further collected using electronic care records as well as patients notes. The screening tool used for the audit was nice guidelines. A presentation was used to educate the importance of laparoscopic cholecystectomy within 5 days from the diagnosis of acute cholecystitis, recommendations were also given to help facilitate and deliver laparoscopic cholecystectomy within the desired timeframe.

Results:

1. Only 24 % of patients were placed on the waiting list for cholecystectomy.
2. 8% of patients were admitted an extra 4 times with a gallbladder problem.
3. Only 4% of patients had their gallbladder removed within 5 days.

Conclusion: The trust did not adhere to the guidelines and recommendations were introduced to help reach the target. These included increasing the number of surgeons in the trust performing lap cholecystectomy, increased the theatre slots for such patients and offer laparoscopic cholecystectomy within the same hospital admission.

Key statement: Offer laparoscopic cholecystectomy to individuals within 5 days from the onset of acute cholecystitis.

P17

IMPROVING THE ONLINE GENERAL SURGERY WEEKEND HANDOVER AT A DISTRICT GENERAL HOSPITAL

Presenter: Dr A Caglayan

Author(s): Dr A Caglayan¹, Dr A Younes¹, Dr K Kandiah², Ms C Balakumar¹, Mr R Dickson-Lowe¹

Institution: ¹Medway Maritime Hospital, Gillingham, United Kingdom. ²King College Hospital, London, United Kingdom

Aims: Effective handover is recognised to be pivotal for patient safety by multiple organisations, including the Royal College of Surgeons of England. We aim to understand compliance of the online weekend handover with best practice guidance and identify parameters that can be measured with goal of subsequent improvement.

Methods: Prospective analysis and audit of the online Microsoft Teams handover system was completed using best practice guidance outlined by the Royal College of Surgeons. An education session on the importance of high-quality weekend handover was completed, as well as departmental notification of compulsory parameters for completion on Fridays.

Results: Pre-intervention analysis revealed multiple parameters were frequently missing; date of birth, ward and bed number, diagnosis/impression, up to date test results and weekend plans. Notably, up to date radiology and blood test results were missing 33% of the time. Post-intervention analysis resulted in improvements in all parameters measured.

Conclusion: Through prospective analysis of the weekend online handover system, shortcomings and particular areas for improvement were noted, which was followed by successful local intervention. Long-term, in order to ensure standards, set out by the Royal College of Surgeons are met for safe and effective handover, re-audit will be required.

Key statement: Effective and efficient handovers are key to delivering clinical information to oncoming doctors, so that patient safety and continuity of care can be maintained. Ultimately, changes that are sustainable and reproducible will be key in delivering persistent high compliance with best practice handover guidelines.

P18

POST-ERCP ISOLATED PNEUMOPERITONEUM – REPORTING A RARE COMPLICATION

Presenter: Mr S Bandyopadhyay

Author(s): Mr S Bandyopadhyay, Mr T Fadipe, Dr A Iqbal, Dr M Gabriel, Ms M Iqbal

Institution: Manchester Infirmary, United Kingdom

Aims: Endoscopic retrograde cholangiopancreatography (ERCP) is a diagnostic and therapeutic intervention used in cases of obstructive jaundice. Isolated Pneumoperitoneum (IP) is an uncommon complication with an uncertain clinical significance that is poorly characterised in the literature. We present an unusual case of IP documenting this phenomenon.

Methods: An 84-year-old man underwent a difficult laparoscopic converted to open cholecystectomy for acute cholecystitis.

Following drain removal, he developed a biliary fistula needing ERCP and stent insertion.

Shortly following the procedure, he experienced ventilatory difficulty and sudden onset pneumoperitoneum.

Results: He underwent emergency percutaneous decompression of his pneumoperitoneum. A CT abdomen pelvis post decompression demonstrated pneumobilia. Following supportive management (NGT, TPN and antibiotics), and treatment for pneumonia, he was discharged 3 months later.

Conclusion: Isolated pneumoperitoneum without biliary or duodenal perforation is a rare complication of ERCP that often presents incidentally, however can present acutely with respiratory compromise. There is thus little guidance on the management of this condition, and a consensus of management should be sought.

Key statement: Post ERCP IP may be a rare but a life-threatening complication - clinicians need to be remain aware of this unusual situation.

P19

LAPAROSCOPIC DISTAL PANCREATECTOMY USING THE AEON™ VASCULAR STAPLER: A PRELIMINARY STUDY

Presenter: Mr S Bandyopadhyay

Author(s): Mr S Bandyopadhyay, Professor A Sheen, Mr S Jamdar, Dr I Abulbeh, Dr SUR Kazi, Ms M Iqbal

Institution: Manchester Royal Infirmary United Kingdom

Aims: To assess pancreatic leak rates and other outcome measures following use of the Aeon Stapler in Lap Distal Pancreatectomy.

Methods: A retrospective analysis of the data of patients undergoing Lap Distal Pancreatectomy between January 2019 to November 2021 was performed. 26 had a spleen preserving procedure performed. Categorical variables were analysed using the Chi Square of the Fisher Exact Test.

Results: Mean Drain Lipase on Post-op Day 3 was significantly less in the study group. The study group also had significantly less Clinically relevant Pancreatic Fistula.

Conclusion: The ideal method to reduce a post-operative pancreatic fistula following a distal pancreatectomy is still open to debate (staple versus suture). However, Aeon staplers were found to be associated with a lower fistula rate in this preliminary study.

Key statement: A larger multicentric study will be a step forward to evaluate the results from this initial one.

P20

IMPROVING THE EVENING HANDOVER: ENSURING SAFETY, FOSTERING UNITY AND OVERCOMING RESISTANCE

Presenter: Mr A Pollock

Author(s): Mr A Pollock

Institution: CMFT, Manchester, United Kingdom

Aims: To provide a standardised handover within the General Surgery team at MRI to reduce potential patient safety risks and increase learning opportunities.

Methods: Literature searched and guidance found by RCSEng and GMC. The existing handover process was audited against these standards. A questionnaire was distributed to in the department for feedback and obtain suggestions for improvement. A structured handover was implemented and occurred in a designated room. New system re-audited and questionnaire redistributed.

Results: Pre-intervention - FY1's/SHO's/Registrars handed over separately, frequently at different times and in different rooms. 85.7% (n=25) would like a more structured handover and 21.4% (n=6) believed the current system was safe.

Post-intervention - all but one happened with entire team in unison and 92.3% (n=12) perceive that the new system is safe.

Conclusion: Utilising both individual and shared leadership, we successfully implemented a new, standardised handover process. The new system was perceived as being safe, increased learning opportunities, and enabled all grades to voice concerns.

Key statement: The previous system was unstructured with grades handed over independently, important patient information was not emphasised to senior members of the team, and there were limited opportunities for teaching. With a structured handover we were able to improve all of these issues to foster a unified and safe team environment.

P21

DOUBLE CURRENT PRE-OPERATIVE GROUP & SAVE (G & S) FOR EMERGENCY APPENDICECTOMY: IS THIS UNNECESSARY IN OTHERWISE WELL PATIENTS

Presenter: Miss S Kudchadkar
Author(s): Miss S Kudchadkar, Dr H Sandford, Dr N Sarathchandra, Dr F Adenubi, Mr A Dixit
Institution: Worthing Hospital, United Kingdom

Aims:

1. To assess the number and need of G & S in patients undergoing emergency appendicectomy.
2. To evaluate the rate of blood transfusion in patients undergoing emergency appendicectomy.
3. To assess whether the routine use of G & S has any effect on clinical outcome.

Methods: Clinical data of patients with emergency appendicectomy from January 2021 to December 2022 was collected retrospectively and analysed. Transfusion records reviewed to assess pre-op G & S/cross-match and received intra/post-operative transfusion. Primary outcome - To assess the necessity & rate of blood transfusion in patients undergoing emergency appendicectomy.

Results: Of 326 patients with emergency appendicectomy, 99.07% had pre-operative G & S. 45.5 %, 52.3% and 2.1% had one, two and three G & S samples respectively. Intra/post-operative transfusion rate was zero. Total expenditure in processing of 323 G & S samples was £7267.50 (1 sample = £22.50).

Conclusion:

1. Clinical judgement in pre-operative G & S is recommended.
2. Need and number should be judged on a case-to-case basis by discussion between the surgical and anaesthetic team.
3. Having a targeted G & S approach would minimise burden on the blood transfusion service and result in financial savings.

Key statement: Through this study, we aimed to review G & S policy to potentially recommend new guidelines. High-risk factors for blood transfusion to be considered. Taking a more selective approach is safe and will help improve patient outcomes, clinical efficiency with significant savings and better use of healthcare resources.

P22

INCENTIVISING THE REPLACEMENT OF DISPOSABLE MATERIALS IN LAPAROSCOPIC SURGERY

Presenter: Dr D Perera
Author(s): Dr N Xu, Dr D Perera
Institution: Royal Liverpool University Hospital, United Kingdom

Aims: Implementing reusable equipment within laparoscopic surgery can cut costs and carbon footprints by over 50% and 75% respectively. Bottom-up and top-down approaches were used to calculate and influence equipment use in a tertiary centre across elective Upper Gastrointestinal, Colorectal, Hepatobiliary and Liver surgery.

Methods: Six months of elective cases were retrospectively audited via online theatre logs from March to September 2022 to determine each specialty's caseload. Preference lists, trends in equipment usage, costs, and equipment most amenable to reusability were identified and presented at a local consultant meeting.

Results: Across 192 elective operations, commonly used disposable instruments (laparoscopic hooks, Johans and scissors) were identified. Senior surgeons felt they had high reusable potential. Within Upper Gastrointestinal surgery, 478.5kg CO₂e could be saved with equipment hybridisation over six months. Across general surgery, £36,428.36 can be saved.

Conclusion: Using six months of data, it is possible for a tertiary centre to accrue meaningful cost and carbon savings across surgeries. Prospective data collection is ongoing to determine trends to direct procurement. Costs for reusable and disposable equipment, including a life-cycle analysis will be conducted to aid future procurement preferences.

Key statement: Incorporating hybrid sets in laparoscopic surgeries is more cost-effective and generates meaningful cost and carbon savings. Elective general surgery is a fruitful area for surgeons and their procurement teams to liaise to reduce disposable instruments, encourage a more sustainable theatre culture, and meet climate goals.

P23

A REVIEW OF PATIENT INFORMATION ON TONSILLECTOMY IN HULL UNIVERSITY TEACHING HOSPITALS

Presenter: Dr MS Moorthy
Author(s): Dr MS Moorthy, Ms K Kumaresan, Mr A Walden
Institution: Hull University Teaching Hospitals, United Kingdom

Aims: An audit was performed to improve post-operative care in patients (adults and children) undergoing tonsillectomies by providing adequate information and safety netting whilst minimising post operative admissions, and GP and A&E visits.

Methods: 20 patients who underwent tonsillectomies between April 2023 and June 2023 filled up a survey on their recovery after tonsillectomy. An improved and more comprehensive patient information leaflet was distributed and re-audited between August 2023 and October 2023 to see if an improvement in post operative care is witnessed.

Results: The data from both cycles showed a 25% improvement in severity of pain and 15% improvement in consuming regular analgesia. 25% more patients resumed normal eating post-tonsillectomy. Visits and calls to A&E and GPs reduced by 20%. Secondary bleeding improved by 5% while infection rate remained at 5%.

Conclusion: The post tonsillectomy recovery based on current information and safety netting has been evaluated. Results highlighted the improvement seen in a more informed leaflet pre-operatively with better post-operative understanding in patients and families with regards to pain control, eating post operatively and complications.

Key statement: Patient education is crucial in ensuring they have the best recovery possible. Constant auditing and evaluating the level of information given and the knowledge of patients is required to enhance patient care.

P24

PATIENT PERCEPTIONS OF AND POSTOPERATIVE SATISFACTION WITH COLORECTAL ROBOTIC SURGERY: A QUALITATIVE INSIGHT

Presenter: Mr A Anand
Author(s): Mr A Anand¹, Ms Z Mahmood¹, Ms F Dixon^{1,2}, Mr B Keeler^{1,2}
Institution: ¹University of Buckingham, Milton Keynes, United Kingdom. ²Milton Keynes University Hospital, United Kingdom

Aims: This study assesses preoperative perceptions and postoperative satisfaction amongst patients undergoing robotic-assisted colorectal surgery, in order to optimise preoperative information provision and improve patient experience.

Methods: A structured questionnaire was designed addressing pre- and postoperative factors. All patients who had robotic colorectal resection at the host institution between November 2019 and August 2022 were included. Patients were contacted postoperatively. Quantitative outcomes were assessed using descriptive statistics and qualitative analysis was conducted using a thematic approach.

Results: Out of 151 participants, 108 responded. Respondents age was 63.1±15.2 years, with 55% male. Majority lacked robotic surgery knowledge; 73% were uninformed, 9% apprehensive. Post-surgery, 71% were highly satisfied, 14% had neutral/negative experiences. After clinic review 81% felt well informed about robotics. Ninety-three percent would recommend robotic surgery.

Conclusion: Improved patient information leaflets may alleviate preoperative concerns about robotic surgery, but patient perceptions are largely positive overall. This may indicate that patients will actively seek out this modality in future. This survey should reassure surgeons that the wider implementation of robotic surgery is in keeping with patient wishes.

Key statement: Despite robotic-assisted colorectal surgery being a new innovation, this survey demonstrates it is generally well received and actively sought out by patients, with positive views stemming from trust in new technology and surgeons. Better patient information may further enhance patients' experience of this modality and improve the informed consent process.

P25

SYSTEMATIC REVIEW COMPARING CLINICAL OUTCOMES BETWEEN HEM-O-LOK CLIPS AND ENDOLOOPS IN SECURING THE BASE OF THE APPENDIX DURING LAPAROSCOPIC APPENDICECTOMY

Presenter: Dr HMN Iqbal
Author(s): Dr HMN Iqbal, Dr TA Tarrar, Dr ST Karamat, Mr AH Khawaja
Institution: Nottingham University Hospitals NHS Trust, United Kingdom

Aims: A crucial step during laparoscopic appendicectomy (LA) is to secure the base of appendix. The aim of this study was to compare clinical outcomes of securing the base of appendix between Hem-o-lok (HL) and endoloops (EL) by systematic review and meta-analysis looking into a more cumulative result from previous studies.

Methods: Literature search using Pubmed, MEDLINE and EMBASE databases was carried out to extract three RCT's and eleven comparative studies conducted between 1990 and 2022 comparing hem-o-lok & endoloops for closing appendicular stump in a total of 2098; HL-1030 & EL-1068 patients. Outcome measures were Operative time, Cost benefit, hospital stay & post-operative complications.

Results: Operative time was significantly shorter in the HL group (SMD-0.79, $p < 0.00001$). HL was found to be more cost-effective (SMD-5.00, $p < 0.00001$). No statistical significance was found between both the groups when comparing length of hospital stay (SMD 0.04, $p = 0.99$) and post-operative complications (OR 0.67; $p = 0.25$).

Conclusion: Based on the results of the above study, applying Hem-o-lok clips seems to be a safe, efficacious and cost-effective way of securing the base of appendix hence accentuating the results from previous studies.

Key statement: Safe application, low cost & the easy use of Hem-o-lok clips in laparoscopic appendicectomy for the capping of appendicular stump makes it a potential method of choice in future. However, it is recommended to explore this subject with high powered RCT's to get more reliable results.

P26

CLINICAL OUTCOMES OF EARLY ROBOTIC EXPERIENCE VS LAPAROSCOPIC SURGERY FOR COLORECTAL CANCER

Presenter: Miss CSL Wong
Author(s): Miss CSL Wong, Mr M Ur-Rehman, Mr A Rehman, Mr K Malik, Mr J Ahmed
Institution: Northampton General Hospital NHS Trust, Northampton, United Kingdom

Aims: Robotic surgery is an emerging technique that adopts the principles of minimally invasive surgery while ameliorating the limitations of laparoscopic surgery by providing stable 3-Dimensional vision field, refined manoeuvrability, and better ergonomics. We aim to compare the short-term clinical outcomes of early robotic experience with laparoscopic surgery for colorectal cancer.

Methods: Data for all patients who underwent elective laparoscopic and robotic procedures for colorectal cancer resection in a single institute from April 2022- September 2023 was extracted from a prospectively maintained database. Demographic characteristics, operative time, 30-day primary outcomes and oncological outcomes were extracted and analyzed using SPSS version 29.0 software.

Results: Among 190 cases identified, 97 procedures were laparoscopic and 93 were robotic. The most commonly performed operations were anterior resection. Laparoscopic group had more conversion to open surgery whereas operative time was significantly longer in robotic group. Nevertheless, both groups had comparable major complications, length of stay and oncological outcomes.

Conclusion: The clinical outcomes of robotic surgery are comparable with conventional laparoscopic surgery even at the early phase of adaptation of robotic approach for colorectal cancer resection. Future studies should look into the impact of learning curve on operative time, functional outcomes and whether the cost-effectiveness would be justified in long-run.

Key statement: Till date there is no consensus on the utilization of robotic surgery in colorectal cancer resection. Our study proves that robotic surgery has competitive outcomes despite being performed by robotic surgeons at their early learning phase. There is still room to expand its potential with the progress of learning curve.

P27

SINGLE INCISION LAPAROSCOPIC SURGERY VERSUS CONVENTIONAL MULTI-INCISION LAPAROSCOPIC SURGERY FOR COLORECTAL SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

Presenter: Mr HMN Iqbal

Author(s): Mr M Elsherbiney¹, Dr HMN Iqbal², Dr TA Tarrar², Mr AH Khawaja²

Institution: ¹Frimley Health NHS Foundation Trust, London, United Kingdom. ²Nottingham University Hospitals NHS Trust, United Kingdom

Aims: The aim of this systematic review is to compare the clinical outcomes between single incision laparoscopy (SIL) and conventional multi-incision laparoscopy (CL) for colorectal resections using the principles of meta-analysis on up-to-date data from published randomised controlled trials (RCTs).

Methods: Literature survey using Pubmed, MEDLINE and EMBASE databases was carried out to extract eleven RCT's conducted between 2000 and 2022 comparing SIL versus CL for colorectal resections enrolling 1383 patients; SIL-693 & CL-690. Outcome measures were operative time, hospital stay, post-operative complications, length of incision & anastomotic leak.

Results: Duration of operation (SMD- 0.0, p=0.90) & length of hospital stay (SMD- 0.19, p=0.10) did not show any statistical significance between both the groups. However SIL group had shorter incision length (SMD-1.53, p<0.0001) as compared to the CL group. Furthermore post-operative complications, conversion to open & anastomotic leak rate were all statistically similar.

Conclusion: Based on the results of the above study there was no difference between SIL and CL in terms of operative duration, Length of hospital stay, anastomotic leak rate and other complications. Thus SIL can be performed safely by experienced laparoscopic surgeons with similar outcomes.

Key statement: Despite of the technique being recently used by surgeons for colorectal resections in the last one decade, the outcomes of SIL are comparable to that of CL. Increasing experience of SIL will continue to innovate to further improvements in ergonomics and feasibility of the technique.

P28

DIAGNOSTIC ACCURACY OF SERUM INFLAMMATORY MARKERS IN DISTINGUISHING COMPLICATED APPENDICITIS FROM UNCOMPLICATED APPENDICITIS

Presenter: Dr HMN Iqbal

Author(s): Dr HMN Iqbal¹, Dr TA Tarrar¹, Mrs R Khurshid ali², Mr AH Khawaja¹

Institution: ¹Nottingham University Hospitals NHS Trust, United Kingdom. ²Islamic, Islamabad, Pakistan

Aims: The aim of this study is to compare the diagnostic accuracy of serum inflammatory markers in distinguishing complicated appendicitis from uncomplicated appendicitis for patients undergoing laparoscopic appendicectomy in Queens Medical centre hospital centre in Nottingham between January and June 2023.

Methods: This retrospective observational study enrolled 106 adult patients which were divided into 2 groups on the basis of operation and histopathological findings; 1 - complicated appendicitis-35 patients; 2 – uncomplicated appendicitis-56 patients. Pre-operative inflammatory markers like White cell count (wcc), Neutrophil count (NC) and Cross reactive protein (CRP) were noted.

Results: Wcc had a sensitivity- 85%, specificity- 32%, Positive predictive value (PPV)- 44% & Negative predictive value (NPV)- 78%; NC had sensitivity- 85%, specificity- 28%, PPV- 42% & NPV- 76%; CRP had a sensitivity- 91%, specificity- 32%, PPV- 45% & NPV- 85%. Both CRP & WCC had sensitivity- 80%, specificity- 50%, PPV- 50% & NPV- 80%.

Conclusion: Our study concludes that serum inflammatory markers are useful tool to distinguish complicated from non-complicated appendicitis especially the combination of wcc and CRP is fairly sensitive.

Key statement: Wcc, neutrophils and CRP are simple tests that can provide a significant role in diagnosis of complicated appendicitis but RCT's with larger sample size would be required to validate the above findings.

P29

LIFE CHANGING IMPACTS FOLLOWING LAPAROSCOPIC SPLENECTOMY FOR A YOUNG PATIENT WITH CHRONIC HAEMOLYTIC ANAEMIA

Presenter: Miss C Mallon
Author(s): Miss C Mallon, Mr M A Khalid, Dr H Elhag, Mr A Marzouk
Institution: Western Health & Social Care Trust, Derry, United Kingdom

Aims: Our patient was a 20-year-old male with a background of chronic haemolytic state and transfusion dependant. Other than a non-significant SPTB gene mutation no underlying cause was found. CT showed massive splenomegaly measuring 21 x 14.5 x 8.5 cm and he was referred for consideration of splenectomy.

Methods: Laparoscopic approach was chosen. Gastro-colic ligament was taken first followed by spleno-colic and spleno-renal. Small accessory spleen identified at hilum which was also removed. Hilar vessels were taken with haemolock. Port incision extended into small upper midline to facilitate extraction of specimen due to size of spleen and avoid morcellation.

Results: Massive splenomegaly with specimen weight 1.4kg. Histology results showed fibrocongestive spleen. Patient's post operative course was smooth except for surgical site infection at the drain insertion site that was managed conservatively with antibiotics (Clavien-dindo 2). Patient discharged D6 post-operatively with post-splenectomy care advice with relevant post-splenectomy vaccinations.

Conclusion: Patients haemoglobin average post-operatively is 130mg/dl for the first time in 7 years. He is no longer transfusion dependant. His results indicate a complete short-term response. Feedback from our haematology colleagues indicate the surgery has likely been curative and patient and the family have expressed satisfaction.

Key statement: Splenectomy remains an important treatment option for patients with chronic haemolytic anaemia and laparoscopic approach is safe to consider particularly in younger population.

P30

ACCEPTABILITY AND FEASIBILITY OF ELECTRONIC PATIENT REPORTED OUTCOME MEASURES (EPROMS) IN COLORECTAL CANCER (CRC) PATIENTS-INITIAL RESULTS FROM THE CITRUS1 STUDY

Presenter: Miss J Steinke
Author(s): Miss J Steinke^{1,2}, Ms H Minnaar¹, Mr J Yu¹, Professor T Rockall^{1,2}, Dr A Stewart^{1,2}
Institution: ¹Royal Surrey Hospital, Guildford, United Kingdom. ²University of Surrey, Guildford, United Kingdom

Aims: To assess the early feasibility and acceptability of a multi-centre, prospective study recruiting patients with CRC undergoing planned curative radiotherapy/ surgery into monthly ePROMs completion for two years. The protocol consists of 12 ePROMs examining aspects of quality of life including bowel and sexual function, sleep disturbance and economic impact.

Methods: A mixed methods approach was undertaken, using recruitment figures, semi-structured interviews with participants and questionnaire feedback from recruiting teams in the CITRUS 1 study 18 months after opening. Analysis of compliance with the planned protocol was undertaken to six months. Qualitative thematic analysis was undertaken of interviews and questionnaire feedback.

Results: With 7 months/site median recruitment time, 321 patients were invited. 175(55%) consented from 23 sites. Of those, 95%/57% completed some/ 81%/55% ≥75% of questionnaires at baseline/six months respectively. Time constraints/ lack of access to electronic devices were reported as barriers by recruiters. 10 participants reported good levels of acceptability.

Conclusion: These early results have shown ePROMs collection to be acceptable to CRC patients for at least six months after treatment, with reasonable levels of compliance with a relatively high-volume PROMs protocol. Highest attrition was seen after completion of baseline questionnaires, but remained stable from month one to six.

Key statement: Routine collection of ePROMs with resultant intervention can enhance quality of life and provide economic benefit in cancer survivors. By demonstrating the feasibility, acceptability and practicality of ePROM collection on a large scale in CRC patients, potential targets for intervention can be identified.

P31

UNCOMMON PERITONEO-THORACO-CUTANEOUS FISTULA POST COMPLEX CHOLECYSTECTOMY SURGERY: A CASE REPORT

Presenter: Mr MA Khalid
Author(s): Mr MA Khalid^{1,2}, Ms C MALLON¹, Ms AMA Abdalla¹, Dr H Ali, Mr A Marzouk¹
Institution: ¹Altnagelvin Area Hospital, Londonderry, United Kingdom. ²Ulster University School of Medicine, Londonderry, United Kingdom

Aims: We present a rare complication of Laparoscopic Cholecystectomy that had significant impact on patient's life. Peritoneo-thoraco-cutaneous fistulas are rarely associated with cholecystectomy, especially due to spilled gallstones. We present a complex case of such fistula emerging 3-4 months post-laparoscopic subtotal cholecystectomy complicated by biliary leak and subsequent laparoscopic washout.

Methods: Patient developed abscess of lower chest wall/back; conservative management failed. CT and MRI revealed perihepatic abscess and possible complex fistula. MDM discussion recommended laparoscopic exploration for possible retained gallstones; it revealed two perihepatic abscesses and fistula tract communication to skin with retained gallstones in peritoneal cavity and subcutaneous plane.

Results: Abscess around gallbladder stump and segment VI was drained, completion cholecystectomy performed. Second perihepatic abscess with retained gallstone was making fistula with skin. Stone retrieved and outer skin was explored to extract two gallstones from the subcutaneous plane. The patient recovered well and was discharged on the second post-op day.

Conclusion: Retained gallstones are an unusual cause of peritoneo-thoraco-cutaneous fistula post-complex cholecystectomy. It should be considered as differential in cases of abscess not responding to conventional management. The treatment can be challenging, but a safe laparoscopic approach can help deal with such cases.

Key statement: We recommend to remove any spilled gallstones during cholecystectomy. Laparoscopic exploration can be difficult but is safe to consider as treatment option in such complex cases of Peritoneo-Thoraco-Cutaneous Fistula. Our patient did not require laparotomy and recovered well from the laparoscopic surgery.

P32

THE EFFECT OF SOCIOECONOMIC STATUS ON DDH AND ITS SCREENING PROGRAMS

Presenter: Dr J Froud
Author(s): Dr J Froud¹, Dr A Poacher², Dr L Scourfield³, Ms C Carpenter⁴
Institution: ¹Guy's and St Thomas', London, United Kingdom. ²Cardiff University, United Kingdom. ³King's College Hospital, London, United Kingdom. ⁴University Hospital Wales, United Kingdom

Aims: There are well-documented socioeconomic status and poorer health outcomes. However, there is a paucity of evidence on how these factors influence developmental dysplasia of the hip (DDH) outcomes. This study aimed to investigate the link between socioeconomic status and DDH outcomes and screening programme effectiveness.

Methods: This study utilised routinely collected registry data of all live births within a single tertiary centre in Wales between 2011 and 2020. Cases of DDH identified by screening and number of late presenting cases (>24 weeks of age) were identified and the socioeconomic status graded (Welsh Index of Multiple Deprivation).

Results: Statistically significant links existed between the rates of missed DDH cases and overall deprivation ($p < 0.001$). Factors including employment and health were also associated with ($p < 0.001$). Individuals who living in more deprived area are less likely to be detected by DDH screening programmes and are more likely to be missed cases.

Conclusion: Our data suggests that those who live in a more deprived area are more likely to have a late diagnosis of DDH. This identifies demographic factors which put infants at higher risk of the morbidity associated with a late diagnosis and populations where a universal screening programme would benefit most.

Key statement: Individuals who living in more deprived area are less likely to be detected by DDH screening programmes and are more likely to be missed cases and have higher risk of associated morbidity as a result.

IS THE RES-7Q SCORE A VALID TO ASSESS SYMPTOM SEVERITY IN POST-OP PATIENTS WITH MEDICATION-RESISTANT GORD?**Presenter:** Dr J Froud**Author(s):** Dr J Froud¹, Dr A Poacher²**Institution:** ¹Guy's and St Thomas', London, United Kingdom. ²Cardiff University, United Kingdom

Aims: The primary aim of this project is to investigate the correlation between the validated Health Utility Score and the RES-Q7 score to define clinical usefulness in post-op GORD patients. Secondary aims are to compare patient-reported satisfaction to each RES-Q 7 domain and to identify whether social-economic status significantly affects satisfaction.

Methods: This observational study collected from 101 patients in Wales diagnosed with medication-resistant GORD post-operatively. Several patient-reported outcomes measures were used to quantify symptom severity; RESQ-7, satisfaction scoring and health utility scores. Each RES-Q7 symptom was compared to the total health utility score using the correlation concordance coefficient.

Results: 101 patients received surgery for GORD, and met the eligibility criteria. 52 (52%) were satisfied with the result of their surgery. There was a significant relationship between decreased HUS ($r=0.989$, $p<0.05$) and increased patient satisfaction. RESQ7 inversely reflects this relationship with significance in relation to increased satisfaction and decreased score.

Conclusion: Given that HUS score represents better health and RES-Q7 score is symptom severity, a significant negative correlation is expected, which was appreciated significantly in our findings. RES-Q7 represents a specific, applicable and patient-centres scoring system for post-op GORD outcomes. With high potential for implementation into patient outcome evaluation and follow-up.

Key statement: The RES-Q7 score represents a specific and insightful tool for comprehensively assessing post-op GORD patients. And may have utility in follow-up to improve patient outcomes. This study has demonstrated a significant correlation between RES-Q7 and the existing, validated HUS.

FREE PAPERS

FP01 (11:10 – 11:20)

INFLUENCE OF SPLENIC FLEXURE MOBILIZATION ON POSTOPERATIVE AND ONCOLOGICAL OUTCOMES FOLLOWING ANTERIOR RESECTION

Dr L Mann, Mr R Preece, Mr M Peacock
Department of Colorectal Surgery, Cheltenham General Hospital, United Kingdom

FP02 (11:20 – 11:30)

ROBOTIC TRANSABDOMINAL RETROMUSCULAR UMBILICAL PROSTHETIC (R-TARUP) REPAIR FOR VENTRAL HERNIA: EARLY EXPERIENCE FROM A SPECIALIST UNITED KINGDOM CENTRE

Mr M Brazkiewicz, Dr P Mountjoy, Mr J Latif, Mr I Bhatti, Mr A Awan
Derby Pancreaticobiliary, Advanced Laparoscopic and Robotic Unit, Derby, United Kingdom

FP03 (11:30 – 11:40)

DEVELOPMENT AND EVALUATION OF ERROR ANALYSIS AND OBJECTIVE ASSESSMENT OF ROBOTIC TECHNICAL SKILLS IN THE VIRTUAL REALITY

Miss A Shah¹, Mr M Boal², Ms S Diop³, Ms L Turpin⁴, Professor N Francis²
¹University College London (UCL) Medical School, United Kingdom. ²The Griffin Institute, Harrow, United Kingdom. ³Division of Surgery and Interventional Sciences, University College London (UCL), United Kingdom. ⁴Division of Medicine, University College London (UCL), United Kingdom

FP04 (11:40 – 11:50)

INDOCYANINE GREEN FLUORESCENCE ASSISTED LAPAROSCOPIC COLORECTAL SURGERY – A DISTRICT GENERAL HOSPITAL EXPERIENCE

Mr G Ahmad¹, Mr D Broadhurst¹, Professor N Francis², Dr S Aluri¹, Mr M Chowdhary¹
¹Barnsley Hospital NHS Foundation Trust, United Kingdom. ²The Griffin Institute, Northwick Park Institute of Medical Research, London, United Kingdom

FP05 (11:50 – 12:00)

MULTIDISCIPLINARY, LAPAROSCOPIC APPROACH IN ENDOMETRIOSIS: INSIGHTS FROM A TERTIARY CARE CENTRE

Mr F Akram, Mr U Qureshi, Miss G Ahmed, Mr K Siddique
Northern Care Alliance NHS Group, Manchester, United Kingdom

FP06 (13:45 – 13:55)

TEXTBOOK OUTCOME IN THE IMPLEMENTATION OF ROBOTIC ESOPHAGECTOMY

Mr S Mercer, Mr G van Boxel, Mr P Pucher, Mr N Carter
Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom

FP07 (13:55 – 14:05)

LAPAROSCOPIC EMERGENCY SURGERY LEADS TO REDUCED MORTALITY IN THE ELDERLY

Ms L Finch, Mr S Mercer
Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom

FP08 (14:05 – 14:15)

DEVELOPMENT AND EVALUATION OF THE ASSOCIATION OF LAPAROSCOPIC SURGEONS OF GREAT BRITAIN AND IRELAND'S (ALSGBI) ROBOTIC DRIVING LICENCE CURRICULUM

Mr M Boal^{1,2}, Mr J Ahmad³, Professor J Khan⁴, Professor C Selvasekar⁵, Professor N Francis^{1,6}

FP09 (14:15 – 14:25)

ASSESSMENT AND APPLICATION OF NON-TECHNICAL SKILLS IN ROBOTIC-ASSISTED SURGERY: A SYSTEMATIC REVIEW

Mr V Mahendran¹, Mr M Boal², Miss L Turpin³, Professor N Francis⁴
¹Gloucestershire Hospitals NHS Foundation Trust, Gloucester, United Kingdom. ²Division of Surgery & Interventional Science, Royal Free Hospital Campus, University College London, United Kingdom. ³Division of Medicine, University College London, United Kingdom. ^{4,5}The Griffin Institute, Northwick Park and Saint Mark's Hospital, London, United Kingdom

FP10 (14:25 – 14:35)

NORMALISING ROBOTIC SURGERY FOR TRAINING – ANOTHER TOOL OF A SURGEON'S ARMAMENTARIUM?

Miss A Afzal, Mr M Boal, Mr M Tutton, Professor N Francis
Griffin Institute, London, United Kingdom

VIDEO OF DISTINCTION SESSION

VIDEO 01 (14:55 – 15:03)

VIDEO GUIDE TO PERFORMING ROBOTIC OESOPHAGO-GASTRIC ANASTOMOSIS

Mr J Walmsley, Mr G Sanders, Mr D Chan
University Hospitals Plymouth NHS Trust, United Kingdom

VIDEO 02 (15:03 – 15:11)

LAPAROSCOPIC COMPLETE MESOCOLIC EXCISION (CME) WITH CENTRAL VENOUS LIGATION (CVL) WITH IRIS STENT FOR T4 ASCENDING COLON TUMOUR

Dr W Alwis, Dr GPN Shankar, Mr R Kochupapy
University Hospital Plymouth, United Kingdom

VIDEO 03 (15:11 – 15:19)

SEGMENTAL RESECTION WITH INTRACORPOREAL ANASTOMOSIS FOR SPLENIC FLEXURE GROWTHS USING INDOCYANINE GREEN

Dr G Pranav, Dr W Alwis, Mr RT Kochupapy
University Hospitals Plymouth, United Kingdom

VIDEO 04 (15:19-15:27)

ROBOTIC RIGHT HEMI-COLECTOMY CME APPROACH FOR RIGHT SIDED COLONIC CANCERS

Mr A Rehman, Mr MU Rehman, Mr K Malik, Mr J Ahmed
Northampton General Hospital, United Kingdom

VIDEO 05 (15:27 – 15:35)

VIDEO PRESENTATION – ROBOTIC LEFT ADRENALECTOMY

Mr B Knight, Mr S Mercer
Portsmouth Hospitals NHS Trust, United Kingdom

VIDEO PARALLEL SESSION

VIDEO 01 (14:55 – 15:03)

STEPS OF ROBOTIC LOW ANTERIOR RESECTION

Mr A Rehman, Dr FA Khan, Mr A Rehman, Mr MU Rehman, Mr J Ahmed
Northampton General Hospital, United Kingdom

VIDEO 02 (15:03 – 15:11)

VIDEO DEMONSTRATION OF HAND-ASSISTED LAPAROSCOPIC MESH REPAIR OF LARGE CONGENITAL DIAPHRAGMATIC HERNIA

Mr KDL Nanayakkara, Mr A Ammar, Mr A M El-Sharkawy, Mr PC Leeder
University Hospital of Derby and Burton NHS Foundation Trust, Derby, United Kingdom

VIDEO 03 (15:11 – 15:19)

LAPAROSCOPIC MANAGEMENT OF POST ERCP BILIARY PERITONITIS

Mr U Rafiq¹, Mr K Siddique²
¹Northern Care Alliance, Manchester, United Kingdom.
²Northern Care Alliance NHS Group, Manchester, United Kingdom

VIDEO 04 (15:19 – 15:27)

PERSONALISED CANCER CARE WITH MITIGATIONS OF INTRAOPERATIVE RISK FACTORS

Dr J Bae^{1,2}, Dr A Butt², Dr R Labinoti², Dr I Driver², Mr A Malik²
¹Cambridge University Hospital, United Kingdom. ²East Suffolk and North Essex NHS Foundation Trust, Ipswich Hospital, Colorectal Surgery, United Kingdom

POSTERS OF DISTINCTION

POSTER OF DISTINCTION 01

AN OVERVIEW OF LAPAROSCOPIC SURGICAL TRAINING MODALITIES HOW DOES AUGMENTED REALITY SIMULATION COMPARE?

Dr A Swealem, Ms C Ludick¹, Dr D Rawaf², Dr E Street², Mr A Omurtag¹, Dr A Swealem³
¹Nottingham Trent University, Nottingham, United Kingdom.
²Innovus Medical, Saint Helens, United Kingdom. ³Kettering General Hospital, United Kingdom

POSTER OF DISTINCTION 02

A SINGLE CENTRE REVIEW: OUTCOMES OF PATIENTS UNDERGOING HOT LAPAROSCOPIC CHOLECYSTECTOMY FOR GANGRENOUS CHOLECYSTITIS AND ACCURACY OF IMAGING IN DIAGNOSIS

Ms R Al-Zubaidy, Ms M Brandao
London Northwest Hospital Trust, United Kingdom

POSTER OF DISTINCTION 03

SOLUTIONS TO SUSTAINABILITY AND COST SAVINGS: TURN IT OFF – COST ESTIMATES AND SIMPLE APPROACH TO IMPROVE CARBON FOOTPRINT IN SURGERY

Miss S Lodhia, Miss V Pegna, Professor T Rockall
Royal Surrey County Hospital, Guildford, United Kingdom

POSTER OF DISTINCTION 04

ASSESSING THE EFFECT OF NEOADJUVANT CHEMORADIATION ON PATHOLOGICAL RESECTION

MARGINS IN ROBOTIC LOW ANTERIOR RESECTIONS

Dr R Duhoky^{1,2}, Mr GN Piozzi¹, Dr A Lashani¹, Mr S Stefan¹, Professor J Khan^{1,2}
¹Portsmouth Hospitals University NHS Trust, United Kingdom. ²University of Portsmouth, United Kingdom

POSTER OF DISTINCTION 05

NAVIGATING THE FUTURE OF SURGICAL TRAINING: AUGMENTED REALITY'S ROLE IN SURGICAL SKILL ACQUISITION

Miss Z Aloul¹, Dr M El-Bahnasawi², Dr S Colman³, Dr N Abdulkader⁴, Dr D Rawaf⁵
¹Cardiff University School of Medicine, United Kingdom.
²Wythenshawe Hospital, Manchester University Foundation Trust, United Kingdom, ³Manchester University NHS Foundation Trust, United Kingdom, ⁴Southend Hospital, Mid Essex NHS Trust, Essex, United Kingdom. ⁵Innovus Medical, London, United Kingdom

POSTER OF DISTINCTION 06

COMPARING LONG-TERM OUTCOME BETWEEN LAPAROSCOPIC CONVERTED TO OPEN LIVER RESECTIONS AND PLANNED APPROACHES

Dr Y Chan, Mr D Subar
Directorate of Hepato-Pancreatic Biliary Surgery, East Lancashire Teaching Hospitals NHS Trust, Blackburn, United Kingdom

POSTER OF DISTINCTION 07

EXPERT PERSPECTIVES ON VISUAL AND KINAESTHETIC CUES IN MINIMALLY INVASIVE TOTAL MESENTERIC EXCISION

Dr J Walshaw¹, Dr S Bhopal², Dr B Huo³, Professor D Jayne¹, Miss M Yiasemidou⁴
¹Leeds Institute of Medical Research, St James's University Hospital, University of Leeds, United Kingdom. ²Bradford Teaching Hospitals NHS Foundation Trust, Bradford, United Kingdom. ³Dalhousie University, Nova Scotia, Canada. ⁴The Royal London Hospital, Barts Health NHS Trust, United Kingdom

POSTER OF DISTINCTION 08

A REVIEW OF ACCESS TO LAPAROSCOPIC AND ROBOTIC TRAINING OPPORTUNITIES FOR SURGICAL TRAINEES IN THE UNITED KINGDOM

Dr H Choudhry^{1,2}, Dr S Sangarapillai^{1,2}, Mr M Boal^{3,4,1}, Ms T Morrison^{1,2}, ALSGBI Academy Research Group⁵
¹ALSGBI Academy, NA, United Kingdom. ²Mid and South Essex NHS Foundation Trust, Southend, United Kingdom. ³The Griffin Institute, London, United Kingdom. ⁴WEISS, UCL, London, United Kingdom. ⁵ALSGBI, United Kingdom

POSTER OF DISTINCTION 09

AUDIT OF APPENDICITIS PATIENT PATHWAY AT AN EAST MIDLANDS HOSPITAL

Mr S Al-Hassani¹, Mr A Boddy²
¹Leicester Medical School, United Kingdom, ²University Hospital Leicester, United Kingdom

POSTER OF DISTINCTION 10

OUTCOME OF LAPAROSCOPIC COLORECTAL CANCER SURGERY IN OCTOGENARIANS: A SINGLE CENTRE EXPERIENCE

Miss M Battili, Ms AY Lay, Dr M Perumal, Mr V Velchuru, Mr C Liao
James Paget University Hospital NHS Foundation Trust, Great Yarmouth, United Kingdom

POSTER MONITORS

P01

TELEMETRY IN ROBOTIC ASSISTED COLORECTAL SURGERY; USE OF THE DA VINCI XI SURGICAL SYSTEM IN SURGICAL TRAINING AND DEVELOPMENT

Dr A Caglayan, Mr N Kukreja
Medway Maritime Hospital, Gillingham, United Kingdom

P02

ARE PATIENTS ON A LONG-TERM STEROIDS BEING ASSESSED FOR A FRACTURE RISK?

Dr W Chua
University of Nottingham, United Kingdom

P03

OSSEOINTEGRATED RECONSTRUCTION IN PATIENTS WITH CONGENITAL LOWER LIMB DEFORMITIES

Dr J Low^{1,2}, Mr M A Akhtar^{1,3,4,5}
¹The University of Edinburgh, United Kingdom. ²Trauma & Orthopaedics Department, Royal Victoria Hospital, Belfast, United Kingdom. ³University of St. Andrews, United Kingdom. ⁴Trauma & Orthopaedics Department, Royal Victoria Hospital, Kirkcaldy, United Kingdom. ⁵Macquarie University Hospital, Sydney, United Kingdom

P04

MAGNETIC RESONANCE IMAGING (MRI) ASSESSMENT OF STAGING AND PROGNOSTIC FACTORS IN CARCINOMA RECTUM

Mr MS Gowda, Mr ENCE Mesut, Mr P Bennett, Mr G Venkatesan, Mr M Jha
James Cook University Hospital, Middlesbrough, United Kingdom

P05

IMPACT OF COVID-19 LOCKDOWN ON ONCOLOGICAL OUTCOMES OF PATIENTS UNDERGOING COLORECTAL SURGERIES

Mr MS Gowda, Mr ENCE Mesut, Mr P Bennett, Mr G Venkatesan, Mr M Jha
James Cook University Hospital, Middlesbrough, United Kingdom

P06

IMPACT OF COVID-19 LOCKDOWN ON CLINICOPATHOLOGICAL FEATURES AND SURGICAL OUTCOMES OF COLORECTAL SURGERIES

Mr MS Gowda, Mr ENCE Mesut, Mr P Bennett, Mr S Thulasiraman, Mr M Jha
James Cook University Hospital, Middlesbrough, United Kingdom

P07

LAPAROSCOPIC VS OPEN EMERGENCY ABDOMINAL SURGERY, A PROSPECTIVE STUDY

Dr M Hardan^{1,2}, Mr S Tajer^{1,2}, Professor S Sarsam^{1,2}
¹Baghdad Teaching Hospital, Baghdad, Iraq. ²Arab Board of Health Specialisations, Baghdad, Iraq

P08

RADIATION EXPOSURE DURING ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP)

Dr J Low¹, Mr R Ravindran²
¹The University of Edinburgh, United Kingdom. ²Royal Infirmary of Edinburgh, United Kingdom

P09

EXAMINING THE EFFECTIVENESS OF LAPAROSCOPIC SURGERY FOR PAIN AND INFERTILITY ASSOCIATED WITH ENDOMETRIOSIS, COMPARED TO NON-SURGICAL INTERVENTIONS: A SYSTEMATIC REVIEW

Miss EE Teehan, Mr YIJ Khan, Professor B Patel
Barts Cancer Institute, Queen Mary University of London, United Kingdom

P10

AN AUDIT OF TIMING OF LAPAROSCOPIC CHOLECYSTECTOMY FOR PATIENTS ADMITTED WITH ACUTE CHOLECYSTITIS IN A DISTRICT GENERAL HOSPITAL

Ms C Chin, Dr Z Hinchcliffe, Dr I Fantoni, Dr M Ozbaran, Dr M Kountouris
Royal Free London NHS Foundation Trust, London, United Kingdom

P11

CAN APPENDICEAL ADHESIONS CAUSE SMALL BOWEL OBSTRUCTION? A RARE CASE PRESENTATION MANAGED LAPAROSCOPICALLY

Dr S Pal, Mr A Pangeni, Mr V Allu
East Kent Hospitals University NHS Foundation Trust, Ashford, United Kingdom

P12

LAPAROSCOPIC RIGHT HEMICOLECTOMY IN A PATIENT WITH MALROTATION OF BOWEL AND ASCENDING COLON TUMOUR

Dr S Pal, Mr S Nai, Mr A Pangeni, Mr B Aravind
East Kent Hospitals University NHS Foundation Trust, Ashford, United Kingdom

P13

ROBOTIC SURGERY FOR COLORECTAL CANCER RESECTIONS – AN AUDIT OF OUTCOMES

Dr JY Hoh¹, Mr Al Butt¹, Dr H Anand¹, Dr L Kelly¹, Dr E Lee²
¹Ipswich Hospital, United Kingdom. ²Addenbrookes Hospital, Cambridge, United Kingdom

P14

THROMBOPROPHYLAXIS AND FLYING POST LAPAROSCOPIC SURGERY

Dr A Mila-de-Puri, Dr T Champion, Dr M Jama
Mid Yorks NHS Teaching Trust, Wakefield, United Kingdom

P15

SURGICAL STEPS OF A ROBOTIC TOTAL MESORECTAL EXCISION WITH TRANSANAL TRANSECTION AND SINGLE STAPLE ANASTOMOSIS FOR A LOW RECTAL CANCER

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AN AUDIT OF COMPLIANCE OF THE MANAGEMENT OF PATIENTS WITH ACUTE CHOLECYSTITIS AND WHETHER LAPAROSCOPIC CHOLECYSTECTOMY IS OFFERED TO INDIVIDUALS WITH ACUTE CHOLECYSTITIS WITHIN THE DESIGNATED TIME FRAME AS SET OUT BY NICE GUIDELINES: RESULTS FROM A BASELINE AUDIT WITHIN WESTERN HEALTH AND SOCIAL CARE TRUST AND THE INTRODUCTION OF A RECOMMENDATIONS TO HELP ADHERE TO THE GUIDELINE

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IMPROVING THE ONLINE GENERAL SURGERY WEEKEND HANDOVER AT A DISTRICT GENERAL HOSPITAL

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POST-ERCP ISOLATED PNEUMOPERITONEUM – REPORTING A RARE COMPLICATION

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LAPAROSCOPIC DISTAL PANCREATECTOMY USING THE AEONTM VASCULAR STAPLER: A PRELIMINARY STUDY

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IMPROVING THE EVENING HANDOVER: ENSURING SAFETY, FOSTERING UNITY AND OVERCOMING RESISTANCE

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DOUBLE CURRENT PRE-OPERATIVE GROUP & SAVE (G & S) FOR EMERGENCY APPENDICECTOMY: IS THIS UNNECESSARY IN OTHERWISE WELL PATIENTS

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A REVIEW OF PATIENT INFORMATION ON TONSILLECTOMY IN HULL UNIVERSITY TEACHING HOSPITALS

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PATIENT PERCEPTIONS OF AND POSTOPERATIVE SATISFACTION WITH COLORECTAL ROBOTIC SURGERY: A QUALITATIVE INSIGHT

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SYSTEMATIC REVIEW COMPARING CLINICAL OUTCOMES BETWEEN HEM-O-LOK CLIPS AND ENDOLOOPS IN SECURING THE BASE OF THE APPENDIX DURING LAPAROSCOPIC APPENDICECTOMY

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CLINICAL OUTCOMES OF EARLY ROBOTIC EXPERIENCE VS LAPAROSCOPIC SURGERY FOR COLORECTAL CANCER

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SINGLE INCISION LAPAROSCOPIC SURGERY VERSUS CONVENTIONAL MULTI-INCISION LAPAROSCOPIC SURGERY FOR COLORECTAL SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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DIAGNOSTIC ACCURACY OF SERUM INFLAMMATORY MARKERS IN DISTINGUISHING COMPLICATED APPENDICITIS FROM UNCOMPLICATED APPENDICITIS

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LIFE CHANGING IMPACTS FOLLOWING LAPAROSCOPIC SPLENECTOMY FOR A YOUNG PATIENT WITH CHRONIC HAEMOLYTIC ANAEMIA

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ACCEPTABILITY AND FEASIBILITY OF ELECTRONIC PATIENT REPORTED OUTCOME MEASURES (EPROMS) IN COLORECTAL CANCER (CRC) PATIENTS-INITIAL RESULTS FROM THE CITRUS1 STUDY

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**UNCOMMON PERITONEO-THORACO-CUTANEOUS FISTULA POST
COMPLEX CHOLECYSTECTOMY SURGERY: A CASE REPORT**

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**THE EFFECT OF SOCIOECONOMIC STATUS ON DDH AND ITS
SCREENING PROGRAMS**

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**IS THE RES-7Q SCORE A VALID TO ASSESS SYMPTOM
SEVERITY IN POST-OP PATIENTS WITH MEDICATION-
RESISTANT GORD?**

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PLATINUM



GOLD



SILVER

