

# ALRSGBI NEWSLETTER



## A refreshed ALRSGBI – modern in identity, clinically led in purpose, and global in outlook

Dear Colleagues and Friends,

As we begin 2026, I would like to wish all members of the Association of Laparoscopic & Robotic Surgeons of Great Britain and Ireland a very Happy New Year. This year also marks an important milestone for ALRSGBI with the introduction of our refreshed branding and visual identity. This renewal reflects more than a new look; it represents our confidence, ambition, and commitment to being a modern, inclusive, and forward-looking organisation, firmly grounded in clinically led excellence.

We are at a pivotal moment for laparoscopic and robotic surgery. Across specialities, innovation is accelerating, adoption is expanding, and expectations around training, education, and credentialing are rightly increasing. ALRSGBI remains clear in its purpose: to ensure that this evolution is safe, equitable, evidence-based, and centred on patient outcomes, with surgeons leading the way.

Over the past year, ALRSGBI has continued to strengthen its role as a trusted professional voice for minimal access and robotic surgery. Working collaboratively with Royal Colleges, national stakeholders, industry partners, and international organisations, we have focused on delivering high-quality education that reflects real-world practice. Central to this approach is our belief that training must be surgeon-led, delivered in partnership with industry, and underpinned by robust governance.

Over the next two years, robotic surgery education and credentialing will be a major strategic focus for ALRSGBI. We will continue to support the development and implementation of **RoboPASS®** as a structured, clinically led framework that provides clarity, consistency, and assurance for surgeons, employers, and patients. Alongside this, we will expand **robotic Training-the-Trainers programmes**, recognising that high-quality training depends on well-prepared faculty, clear educational standards, and shared expectations across specialities.

We will work closely with our academy and the **Association of Laparoscopic and Robotic Theatre staff (ALRTS)** on team training and align curricula, faculty development, and governance, ensuring that robotic training pathways are coherent, scalable, and sustainable. This collaborative approach will help support both new adopters of robotic platforms and experienced surgeons transitioning into training and educational leadership roles.

Education remains at the heart of ALRSGBI. Our courses, collaborative initiatives, and scientific meetings are designed not only to share innovation but also to build community, foster



Professor CR Selvasekar

mentorship, and uphold the highest professional standards. Supporting trainees and early-career consultants, while also meeting the needs of established surgeons navigating new technologies, remains central to our mission.

I am particularly looking forward to our **Annual Scientific Meeting at Old Trafford in Manchester on 7th and 8th December 2026**, which will showcase the breadth of expertise, innovation, and collaboration within our membership, and reflect ALRSGBI's role in shaping the future of minimal access and robotic surgery.

I would like to thank our Council, committee members, faculty, industry partners, and, most importantly, our members for their continued energy and commitment. Your contribution ensures that ALRSGBI remains a credible, influential, and member-focused organisation.

I look forward to working with you all in the year ahead as we continue to lead, innovate, and collaborate to benefit patients and the surgical profession.

With best wishes for 2026.

**Professor CR Selvasekar MD, FRCSEd (Gen), FCSSL (Hon), MFSTEd, MA (Clin Ed), MBA (Health Executive)**

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Association of Laparoscopic & Robotic  
Surgeons of Great Britain and Ireland



ALRSGBI Academy



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# Editor's introduction

## January 2026

Those of you who attended the recent ASM in Stansted will probably have been struck by the extent to which the world of surgery is being propelled by the digital and technological arms race.

Although we deal with the failings of flesh and blood – human beings, inherently analogue in nature – we are seeing the comprehensive roll-out of digital solutions to ameliorate these frailties and, by extension, the application of Artificial Intelligence and the virtual world.

This has its benefits. Whilst one of the current issues in surgical training is that real-life training opportunities for new surgeons on real, live patients may be limited, the digitisation of interfaces means that training models can be just like 'the real thing', allowing profoundly realistic simulations to accelerate up the

learning curves without the risk of injuring patients.

We no longer need to stack sugar cubes or thread polo mints, but can carry out realistic operations on digital models from the outset.

This newsletter brings you a flavour of the work that the newly renamed ALRSGBI is doing to provide access to these opportunities for consultants and trainees alike, from basic laparoscopic straight-stick surgery to advanced robotic procedures up and down the country.

Examples of excellent basic and advanced courses abound, and members are encouraged to register and participate in these courses as part of personal and team development, to take advantage of the teaching and training provided by our experts.



**Neil Keeling**  
Newsletter Editor

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## ALRSGBI Industry Partners for 2025/2026

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# The Christie-Doctors Academy Colorectal Travelling Fellowship

January 2025 – University Surgical Unit, Colombo South Teaching Hospital, Colombo, Sri Lanka.



I was delighted to be the inaugural candidate to undertake the above training fellowship between 7th-24th January 2025 as part of my higher surgical training ST8 year.

I was based across two hospitals. The first was Colombo South Teaching Hospital, a 1200 bed tertiary referral hospital affiliated with the Faculty of Medical Sciences, University of Sri Jayawardenepura, located in the Kalubowila suburb of Colombo. Whilst the focus of this fellowship was colorectal subspecialty, the hospital also delivers a comprehensive upper GI, endocrine, hepatobiliary and urology service. The other half of my time was spent at the National Cancer Institute (Apeksha Hospital), a 950-bed tertiary cancer care hospital, located in Maharagama, an outer suburb of Colombo.

After a very warm welcome I was quickly immersed into clinical activities. During the fellowship I undertook nine major open/laparoscopic colorectal resections and six of those were as the primary operator. It was a privilege to be a part of highly trained and skilled teams delivering exceptional patient care in resource-challenged environments. Colombo South Teaching Hospital offers a busy endoscopy service, I performed ten colonoscopies during my time there. The high volume of procedures provides an excellent opportunity for trainees to develop essential skills

in colonoscopy and work on more advanced skills in polypectomy and EMR.

Whilst the UK continues to implement initiatives aimed at promoting greener and more sustainable healthcare practices, my observations in Sri Lanka highlighted an exemplary approach to environmental stewardship within operating theatres. The limited access to resources inherently creates sustainable practices, demonstrated by a lack of dependence of single-use plastic items and resourcefulness whilst maintaining high standards of care. Particularly in the face of growing climate responsibility, it seems clear that high-income countries should look to the resource-efficient practices of low-middle income countries as valuable models for delivering sustainable healthcare.

The fellowship has also facilitated the establishment of an international collaborative translational research project aimed at characterising the genomic landscape of colorectal cancer in the Sri Lankan population. Whilst colorectal cancer genomic testing is available in Sri Lanka, its routine use is limited by financial and infrastructural constraints. This project seeks to address these challenges and advance the field and potential treatment options available to patients.

Overall, the fellowship has been an immensely rewarding experience. Despite the challenges they



face, I observed the teams maintain a deep sense of camaraderie and collaboration that transcends the operating theatre. Practices such as gathering for morning tea and sharing lunch together are not merely routine – they are cherished moments that foster a sense of community and mutual support. These shared moments of connection highlight the importance of teamwork and respect in healthcare, and serve as a reminder that, even in the face of limited resources, strong interpersonal

bonds remain a cornerstone of effective and compassionate care. I will always look back on my time in Sri Lanka with great fondness, I am deeply grateful to have had the opportunity to train with some exceptional surgeons and look forward to developing our collaboration further.

**Mr Meera Patel**  
**Colorectal Surgical Trainee,**  
**Christie Hospital, Manchester**



# Laparoscopic Skills Workshop for Surgical Trainees – 24 July 2025



## Overview

The Laparoscopic Skills Training Course was successfully conducted at West Suffolk Hospital on 24th July 2025. This one-day intensive programme was designed to provide participants with hands-on experience and strengthen their core laparoscopic skills. Pre-course advertisements were sent out well in advance, leading to excellent engagement and full attendance.

## Course Content

The course combined short, focused talks with practical wet-lab sessions using porcine specimens. Participants rotated through structured skills stations covering:

- Laparoscopic Cholecystectomy
- Hand-sewn Bowel Anastomosis
- Laparoscopic suturing stations:
  - Laparoscopic Nissen's Fundoplication
  - Laparoscopic Gastro-Jejunostomy

Each task emphasised key technical skills, including suturing, stapling, safe dissection of Calot's and tissue handling, to improve confidence in laparoscopic skills.

## Candidates and Faculty

A total of 12 trainees attended the course,

representing a diverse mix of Higher Surgical Trainees, Core Surgical Trainees, and Foundation Doctors from trusts across the region. Candidates were paired with experienced faculty at each wet-lab station, ensuring close supervision and individualised feedback throughout the day.

## Feedback and Outcomes

Candidate feedback was exceptionally positive, confirming that the course was highly practical, well-organised, and directly relevant to trainees' needs. All skills stations – including laparoscopic cholecystectomy, fundoplication,

gastrojejunostomy, and entero-enterostomy – received 100% 5/5 ratings. Stations and equipment were rated 5/5 by 75% of participants and 4/5 by 25%, while the faculty-to-candidate ratio achieved a perfect 100% 5/5 score.

## Key highlights included:

- Excellent satisfaction levels across all stations
- Requests to run the course more frequently to allow wider trainee participation
- Suggestions to add new modules, especially laparoscopic appendicectomy
- Several participants commented on the excellent value of the course and appreciated that it was provided free of charge



Overall, the course met and exceeded its learning objectives, delivering significant value and reinforcing the importance of continuing and expanding this training initiative.

#### **Acknowledgments:**

The success of the Laparoscopic Skills Training Course was made possible through the generous support and collaboration of several key contributors:

- Ethicon and Karl Storz – for providing all essential laparoscopic equipment
- Ethicon – for kindly sponsoring lunch and refreshments
- Emma Carter, Hayley Bartram from Ethicon and James Clark from Karl Storz for coordination and support
- The Siklos Centre – for offering an excellent venue that facilitated smooth course delivery
- Mr Neil Keeling – for his guidance and overall support in organising the course
- We gratefully acknowledge the dedication

and expertise of the teaching faculty, whose contributions were instrumental in the course's success. The team included Mr Craig Vickery and Mr Nicholas Ward (Consultants), Mr Sanad Isswiasi, Mr Rishi Sen, and Mr Vladmir Ion-Nichita (Registrars), and Emmanuel Lorejo (Surgical Care Practitioner). Their commitment to high-quality teaching and hands-on guidance provided invaluable learning opportunities for all participants.

#### **Conclusion**

The Laparoscopic Skills Training Course proved to be an excellent educational event, successfully equipping trainees with essential skills for laparoscopic surgery. Given the strong positive feedback, plans are underway to organise similar courses and to enhance the curriculum, potentially incorporating additional modules such as laparoscopic appendicectomy and other index procedures.

**Mr Kush Patel, Mr Balaji Jayasan and Mr Neil Keeling, West Suffolk Hospital**

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# 4th North of England FRCS General Surgery Viva Course

23 August 2025, DePuy International, Leeds

We delivered the 4th North of England FRCS General Surgery Viva Course in Leeds. It has been an immense privilege to watch this initiative flourish—not only in size, but in spirit, purpose, and impact.

This course was truly a collective achievement. Our exceptional faculty brought both rigour and generosity, challenging candidates with scenarios while offering guidance, personalised feedback, and encouragement. The candidates, in turn, rose to the occasion—engaged, determined, and committed to honing their knowledge and exam skills.

Here's to many more courses that will continue to inspire, empower, and prepare the next generation of surgeons.

The main advantage of this course is its ability to simulate the true environment of the FRCS VIVA exam. Candidate feedback has consistently highlighted its exceptional value in the final stages of exam preparation. The supportive and friendly atmosphere ensures that participants gain the best possible experience and confidence before their exams.

To further enhance the course, we are planning to extend it to two days, allowing for more Viva

stations and the inclusion of clinical scenarios. Our next course in January will witness these changes, providing a better experience for candidates.

Mr Bassem Amr – Consultant General and Upper GI Surgeon, County Durham and Darlington NHS Foundation Trust



Mr Ahmed Elshaer – Consultant General and Upper GI Surgeon, Bradford Teaching Hospitals NHS Trust

The next course will be on 17 and 18 January 2026 in Leeds. Please email [b.amr@nhs.net](mailto:b.amr@nhs.net) for more information and reservations.

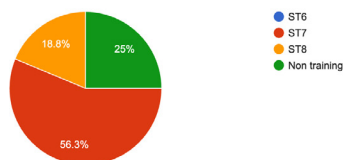
**Mr Ahmed Elshaer**  
Northern & Yorkshire Regional Representative

# The North of England FRCS Viva Mock Course

## August 2025 feedback

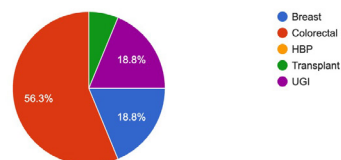
What is your level?

16 responses



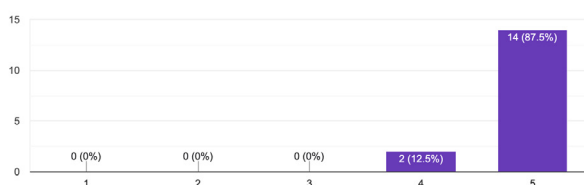
What is your Sub-specialty?

16 responses



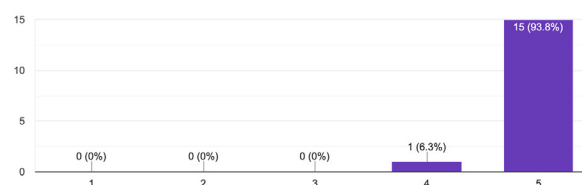
Overall how would you rate the course?

16 responses



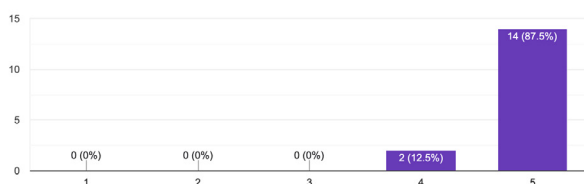
I would recommend this course to my colleagues

16 responses



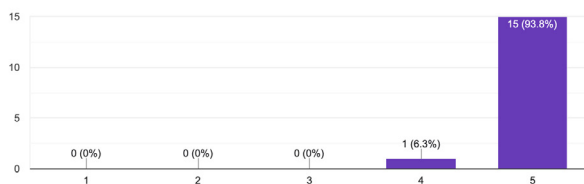
The course delivered the information I expected to receive

16 responses



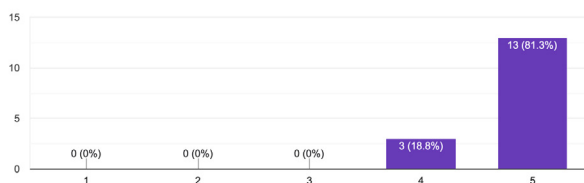
This course has made a difference in my exam preparation process

16 responses



As a result of this course I've gained additional knowledge applicable to the exam process

16 responses



### Testimonials and written comments:

- Overall excellent course
- Brilliant course
- Great course, very well run! Consider running it over two weekends maybe for a two day course.
- I think a course over two days would be valuable. Overall this is an amazing course and great value! Thank you for your efforts in running it. :)
- Very little. Intensive but necessarily intensive. Very happy with what was provided. Thanks very much
- 2 days including clinical stations would be good to replicate both aspects of the exam. Otherwise it's very realistic and great to hone skills and improve slickness. It's unlike any other course in that there is a lot of exposure to viva rather than more teaching which at this stage is what we need. Loads of stations which will come up in the exam and definitely feel more prepared after this course. Thank you!
- I would suggest that the course is expanded to be over a two day format. The number of stations was appropriate and I wouldn't change that aspect of it. Spreading it out will help with fatigue towards the end of the day, not just with candidates but also faculty.



# 6th ALRSGBI Intermediate Skills in Robotic Surgery Course

October 2025, Intuitive Surgical Building, Winnersh, Wokingham

ALRSGBI has become the foremost society in providing general surgical robotic courses for specialist trainees.

Building on the work from the prior iterations of the ALRSGBI Intermediate Skills in Robotic Surgery Course in July 2025, we hosted the 6th course of this kind in October 2025.

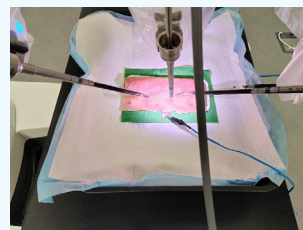
It was an excellent two days and provided delegates with the chance to develop their robotic surgery skills at the new Intuitive training lab in Reading.

The focus of the course was to provide trainees with the maximal time on the console as possible.

Prior to undertaking each exercise, delegates viewed narrated videos of synthetic and intraoperative examples demonstrating the exercises.

The first day focused on dry lab exercises on robotic knot tying and suturing, with the second day allowing delegates to be the first cohort to utilise the Kotobuki® models for wet lab exercises (Stapled/Handsewn Bowel Anastomosis and Inguinal).

The course was hosted at the new Intuitive Surgical Building in Reading and provided delegates with the ideal facilities to undertake robotic training. We thank Intuitive for their support in not only provided the venue but also the Kotobuki® models. We also thank our expert faculty who provided training to 6 delegates in total.



We received excellent feedback from the delegates, with all feeling their robotic skills have developed throughout the duration of the course. The delegates have been encouraged to utilise the skills learnt in real world operating and provided opportunities to specialist trainees will be critical moving forward to train the next generation of robotic surgeons. We no doubt saw immense improvement from the start of the course to the end and congratulate the delegates for their enthusiasm and hard work.

*"I gained confidence in robotic suturing and developed my skills greatly over the two days"*

*"The Kotobuki models were excellent especially the hernia model"*

*"I feel confident to ask my trainers for parts of robotic procedure – would highly recommend"*

*"Excellent course with engaged faculty and good technical tips and exposure".*

**Mr Javed Latif**  
**ALRSGBI Academy Robotic Committee**



## B. Braun Core Sutures Portfolio

B. Braun demonstrates a sustainable partnership and commitment to advancing surgical education.

Active collaborations with key surgical societies exemplifies this dedication, providing vital professional education to empower surgeons with the latest techniques and best practices, fostering continuous improvement in surgical skill development.

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**Brian McCann**

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## ALRSGBI-IGES webinar series

The ALRSGBI-IGES Webinar Series in 2025 kept surgeons at the forefront of surgical innovation by offering a dynamic webinar programme of online education in minimally invasive surgery and beyond. Together with the Indian Association of Gastrointestinal Endosurgeons (IGES), we prepared 5 interactive sessions, bringing together leading experts from around the world to share up to date developments, practical tips, and case-based discussions.

Curious about what exciting topics we tackled in 2025?

- **Abdominal Wall Reconstruction (January)**
- **Gastroesophageal Reflux Disease (April)**
- **Rectal Prolapse Surgery: from Delorme's to robotics (July)**
- **Paediatric Surgery (September)**
- **Anastomotic Leak in Colorectal Surgery (November)**

The first webinar in 2026, held on the 17th of January, was on hot topics in thyroid and adrenal surgery and was attended by over 1200 participants.

We would like to hear from you about what topics you would like us to cover in 2026 – [\*\*let us know here\*\*](#).

Also, if you are interested in presenting at the webinars, [\*\*leave your details in the form here\*\*](#). It is a great opportunity, particularly for trainees who are welcome to prepare a case-based presentation and get a certificate for an active contribution.

**Miss Dana Sochorova**  
**ALRSGBI Academy Webinar Lead**

## RCSEd-ARIS-ALRSGBI webinar series: Robotic experience updates across the continents

The Royal College of Surgeons of Edinburgh ([www.rcsed.ac.uk](http://www.rcsed.ac.uk)), the Association of Robotic and Innovative Surgeons ([www.arisinternational.org](http://www.arisinternational.org)) and ALRSGBI collaborate to deliver a series of educational webinars focused on various aspects of robotic-assisted surgery. Join the next webinar on 12th February and will address the impact of robotic surgery on both benign and oncological gynaecology.

Register at [services.rcsed.ac.uk/professional-support-development-resources/learning-resources/webinars/rcsed-aris-robotic-updates](http://services.rcsed.ac.uk/professional-support-development-resources/learning-resources/webinars/rcsed-aris-robotic-updates) to learn about real-world experiences and evidence-based insights into robotic surgery.

# British Hernia Society

The British Hernia Society delivered the inaugural highly successful Hernia Fundamentals Workshop on 10th Oct 2025 attracting exceptional national and international engagement. Designed to reinforce essential hernia knowledge for trainees and consultants alike, the event showcased high-quality teaching, strong technical delivery, and outstanding feedback.

### Educational Highlights

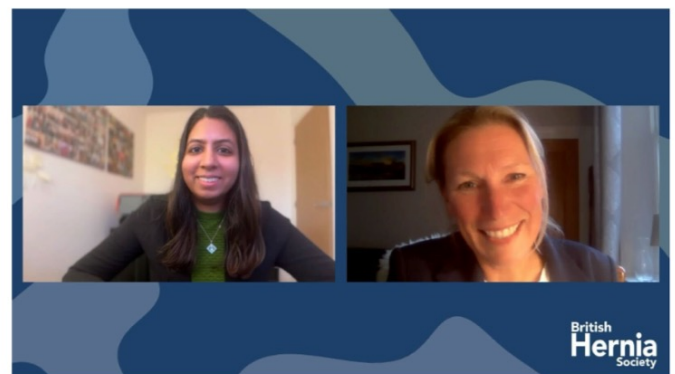
The programme featured:

- Expert anatomy lectures
- A BJS Lecture and pre-recorded mock viva
- 20+ focused sessions covering radiology, operative techniques, emergencies, robotics, MDT decision-making, and sponsored content

Participants raised high-value clinical questions, particularly around robotic vs laparoscopic repair, mesh use in contaminated fields, parastomal hernia management, and CT imaging indications.

### Collaborations and Support

The workshop benefitted from wide multidisciplinary backing and accreditation from multiple organisations, reflecting credibility across the surgical community.



The British Hernia Society is grateful to ALRSGBI for their support. This network helped drive visibility, cross-specialty engagement, and educational quality.

Promotion through various channels, social media, and international networks drove strong participation across multiple specialties and training grades—demonstrating impressive global reach and community interest.

### Feedback & Satisfaction

The workshop received excellent ratings for:

- Educational usefulness
- Technical and logistical delivery
- Overall experience

Notably, **100% of attendees** said they would join a similar event in future.

**Thank You** - A huge thank-you to our faculty speakers, industry partners, and the events team for delivering an exceptional educational experience.

**Ms Oroog Ali (Education Secretary) and Ms Stella Smith (President) on behalf of the British Hernia Society**

# Launch of the British Hernia Society Registry: A New Era in Hernia Data Collection

The British Hernia Society (BHS) Registry Subcommittee was established in 2021 in response to growing calls from healthcare professionals, patients, and industry stakeholders for consistent, nationwide data collection in hernia surgery. Its mission: to develop, oversee, and implement a hernia registry that enhances the quality of patient care through continuous and standardised data reporting.

This ambitious initiative is guided by a multidisciplinary team of surgeons and patient representatives, ensuring a patient-centred approach from inception. The registry encompasses all hernia repairs—elective and emergency—across the UK, and the committee is actively recruiting surgeons and hospitals to participate.

The BHS Registry was officially launched at the 13th BHS Conference in Oxford in November 2024. By January 2025, over 400 cases had been logged by 30 surgeons across 31 hospitals. By January 2026, the registry will include data from 2,000 patients contributed by 65 active surgeons across 70 hospitals.

The registry captures data on surgical techniques, mesh types, operative outcomes, and crucially, patient-reported outcome measures (PROMs). This comprehensive dataset will enable benchmarking across techniques, surgeons, and institutions, laying the groundwork for future research, product development, and long-term patient outcome tracking. Future developments include making the registry mandatory and connecting it to the NHS data spine.

## How to Get Involved

To contribute to the BHS Registry:

- You must be a member of the BHS. Membership is free and available via the [BHS website](https://www.britishherniasociety.org).
- NHS surgeons must obtain trust approval and comply with local governance protocols.
- To enter patient data, register for access via the BHS Registry page, where you'll create a username and password.
- All patients must provide informed consent using the BHS-provided consent form.

For registry-specific queries, please contact the BHS Registry team via email: [registry@britishherniasociety.org](mailto:registry@britishherniasociety.org)



The graphic features the British Hernia Society Registry logo at the top left, with the tagline 'Transforming Hernia Surgery Together' to its right. Below this is a dark blue banner with the text 'Join the British Hernia Society Registry'. The main content area includes a circular image of surgeons in an operating room, a yellow button with 'Register online' and a right-pointing arrow, and a QR code. Below these are three bullet points: 'Submit cases securely through the Registry platform', 'Access your own data including your patients' PROMS', and 'Shape the future of hernia care'. At the bottom, there is another QR code and the text 'For further details please scan the QR code or visit: [www.britishherniasociety.org/british-hernia-society-registry](https://www.britishherniasociety.org/british-hernia-society-registry)'. The bottom right corner shows two overlapping circular images of hernia repair diagrams. The background has abstract orange and pink shapes.

**British Hernia Society**  
REGISTRY

Transforming Hernia Surgery Together

### Join the British Hernia Society Registry

**Register online**

Submit cases securely through the Registry platform

Access your own data including your patients' PROMS

Shape the future of hernia care

For further details please scan the QR code or visit:  
[www.britishherniasociety.org/british-hernia-society-registry](https://www.britishherniasociety.org/british-hernia-society-registry)

# ALRSGBI Laparoscopic Surgery Training Day

31 October 2025 at Karl Storz Endoscopy (UK),  
Training & Technology Centre, Slough



In October 2025, I had the opportunity to attend and help facilitate a LapPass® course at Karl Storz Training and Technology Centre in Slough, a leading UK hub for hands on laparoscopic skills and simulation workshops.

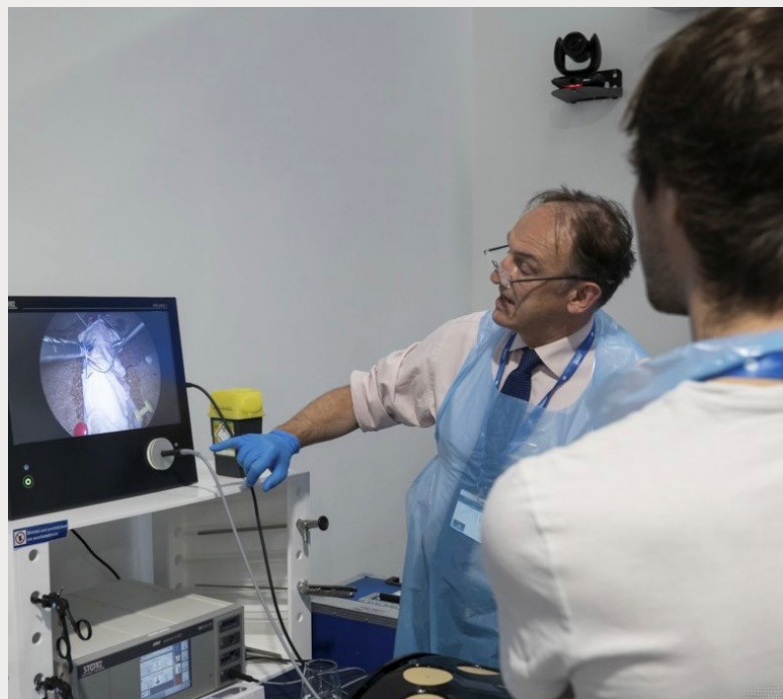
Participants travelled from all regions of the UK, with a few trainees travelling from as far as Switzerland, and experience levels ranged from SHO to late registrars.

We maintained an excellent faculty-to-participant ratio of approximately 3:1. Participants were divided by experience level, with CT1-ST2 trainees in the dry lab and more senior trainees in the wet lab. In the dry lab, trainees practiced simulated laparoscopic cholecystectomies, appendicectomies, suturing, and stapled anastomoses using synthetic models of bowels, gallbladders, and appendixes.

After guided instruction, participants went on to practice and be formally assessed for LapPass®, with most trainees achieving sign-off in one or two of the assessed activities.

The internal faculty included consultants Mr Altaf Awan (course director), Mr Imran Bhatti, Mr Neil Keeling, and Mr Karekin Keshishian, collectively bringing over 70 years of surgical expertise. Their guidance was not only technical but holistic, covering ergonomics and posture, discussions on preventing career burnout and managing complications, and delivered with a supportive, inspiring teaching style throughout the training day.

The day began with a brief introduction over coffee, followed by three training sessions, a catered lunch with opportunities for LapPass® assessments, three further training sessions, and concluded with a debrief.



As a junior trainee (CT1), I can appreciate the importance of structured teaching for progressing in laparoscopic surgery. Surgical training is a constant balance between service provision—which often takes priority in our day-to-day work—and dedicated teaching, which is frequently limited by time pressures. However, following this course, I felt a noticeable increase in my confidence and competence in laparoscopic skills.

This was made possible by Karl Storz and the dedicated surgeons who volunteered to train, many giving up annual leave and personal time to be present. I would consider this training day a great success and hope it can be repeated many times in the future.

**Ms Janaki Thiagarajan**  
ALRSGBI Academy



# Hands On, Heads In, Robots Ready:

## Highlights from the 2025 ALRSGBI Basic Robotics Programme and the Launch of RoboPass® – 2 Nov 2025

This year's Basic Robotic Surgery Course at the Griffin Institute, London, on 2 November 2025, delivered a comprehensive and hands-on introduction to robotic surgery for clinicians at the beginning of their robotic training pathway.

The course welcomed eight participants and provided an excellent 2:1 faculty-to-learner ratio, ensuring close supervision and personalised guidance throughout the day. Built around the knowledge, skills, and attitudes (KSA) framework, the programme aimed to equip attendees not only with essential technical skills but also with the mindset and behaviours required for the safe and effective use of robotic systems.

The morning began with an overview of the Da Vinci Xi platform, covering system components, safety features, ergonomics, and the wider workflow of robotic surgery. Participants then gained practical experience with docking and undocking, port placement strategies, and the basic handling of robotic instruments.

A structured series of dry-lab exercises followed, including glove cutting, suturing drills, sea-spikes, and the roller-coaster task, all designed to develop dexterity, precision, and bimanual coordination. Participants also had dedicated time on the new Da Vinci Xi VR simulator, which provided objective performance metrics and real-time feedback across a range of foundational skills modules.

During the afternoon, the focus shifted to non-technical skills, emphasising the importance of communication, situational awareness, teamwork, and decision-making in the robotic operating environment.

This was complemented by a wet-lab session using porcine bowel, where participants had the opportunity to apply their technical skills to realistic tissue, practising cutting, suturing, and constructing a hand-sewn anastomosis under the close support of faculty. The day concluded with a short MCQ assessment to consolidate learning and evaluate knowledge gained.

Feedback from participants was highly positive, with many valuing the immersive hands-on format, the supportive faculty presence, and the integration of both simulation and wet-lab training. A commonly expressed desire was for even more time in the wet lab, highlighting the enthusiasm and engagement of the group. Importantly, all participants achieved their

individual learning objectives, reflecting the strength of the course's structure and its alignment with the needs of early robotic learners.

Looking ahead, we are delighted to introduce RoboPass®, a newly developed competency-based assessment programme designed to provide an objective measure of basic robotic proficiency. RoboPass® is an assessment-only pathway that evaluates both technical and non-technical skills, offering a standardised benchmark for trainees as they progress towards supervised clinical practice.

Further details are available at [www.alrsgbi.org/robopass](http://www.alrsgbi.org/robopass). Our first pilot assessment will take place in 2026 and we look forward to the valuable insights it will bring as we continue to strengthen and structure robotic surgery training in the UK.

**Miss Asma Afzal**  
**ALRSGBI Academy Robotic Lead**



3-4 November 2025

# ALRSGBI Annual Scientific Meeting 2025

ALRSGBI President  
Professor CR Selvasekar



This year's Annual Scientific Meeting took place on 3rd and 4th November at the Radisson Blu Hotel, London Stansted Airport, organised by Professor Bijen Patel and Professor Tan Arulampalam, with the dedicated support of the ALRSGBI Academy, Mrs Jenny Treglohan, and Mrs Sarah Williams.

With the theme "Technology and Innovation for Patient Safety", the meeting reflected the society's commitment to ensuring that technological progress and surgical safety evolve hand-in-hand. The conference once again demonstrated ALRSGBI's continued commitment to

room practice and form part of ALRSGBI's wider year-round programme of laparoscopic and robotic training delivered at centres across the UK.

LapPass® remained a central feature throughout the scientific meeting, with continuous opportunities for practice and assessment. This year marked a particularly special milestone of 10 years of LapPass®, highlighting its growth from a simple skills assessment into a national standard, now influencing the development of RoboPass® for robotic surgery.

## Breakfast Reflections

The conference opened with a breakfast meeting supported by The Indian Association of Gastrointestinal Endosurgeons (IAGES). The session featured a series of insightful talks, beginning with Dr Midha's engaging overview, "Surgery from Barbers to Robots – Where Do We Stand Today?", which traced the remarkable evolution of our profession and framed the day's theme of technological progress. This was followed by reflections on the management of complex biliary disease and a lively panel discussion on complications in hernia and ventral hernia surgery. Together, these talks offered trainees a rare opportunity to appreciate real-world variation in practice and the nuanced judgement required in challenging cases. It proved a thoughtful and energising start to the meeting.

Professor Arulampalam then delivered his final Presidential welcome, underscoring the necessity of grounding innovation in patient safety, human factors, and surgeon wellbeing.

## Technology, Teamwork and the Modern Surgeon

Day One opened with a memorable introduction by Mr Graham Gooch, the former England captain and one of the country's most celebrated cricketers, who drew compelling parallels between the precision, discipline, and unwavering dedication required at the crease and those demanded in modern surgical practice.



benchmark training and to the development of the next generation of safe, skilled, and forward-thinking minimally invasive surgeons.

## Continued Dedication to Training

The meeting was preceded by laparoscopic and robotic skills courses, led by ALRSGBI faculty, featuring simulation, multi-platform robotic training, and high-fidelity dry- and wet-lab models. The Laparoscopic Surgery Training Day on 31st October offered expert-led, hands-on experience for trainees from CT1 to ST8, while the ALRSGBI Basic Robotic Skills Course at the Griffin Institute provided training in docking, port placement, anatomy targeting, and safe instrument handling. Together, these courses provided a vital bridge between theory and operating



The first scientific session, chaired by Mr Altaf Awan (ALRSGBI Director of Education), opened with updates on robotic groin surgery, highlighting both the benefits and limitations of the approach through interactive video, followed by a demonstration of the British Hernia Society registry and a review of patient-reported outcomes in hernia surgery presented by members of the British Hernia Society.

Attention then turned to robotics and telecollaboration, with Mr Mercer demonstrating how remote guidance may redefine the future of robotic training. The second session shifted focus to the fundamental principles that underpin safe, effective minimally invasive surgery and highlighted the adjunct technologies now essential to operative precision.

A series of practical “tips and tricks” in robotic surgery offered valuable insights into troubleshooting and overcoming technical challenges, setting a pragmatic tone for the next session. Presentations emphasised the value of unhurried, deliberate operating—reminding delegates that “slow and steady” often delivers the safest outcomes. Mr Whitlow provided a compelling overview of the evolution of robotic endometriosis surgery, illustrating how improved grading systems, careful patient selection, and clearer visualisation have transformed deep pelvic endometriosis care. Further presentations explored the management of CBD stones post-Roux-en-Y and the challenges of complex cholecystoenteric fistulae, with speakers sharing expert strategies for safe and effective minimally invasive management of these demanding scenarios.

The day continued with Ms El-Sayed’s lecture on rethinking training curricula for contemporary surgical practice, followed by the Academy Session. The Academy showcased its expanding range of initiatives, including wellbeing, SupportUS, sustainability, digital education, research collaborations, robotic training, and undergraduate engagement, illustrating the breadth of trainee-led momentum within ALRSGBI.

The next presentation was by Professor Harji, who delivered an outstanding talk on training beyond robotic surgery. She challenged delegates to consider autonomous robotics, task-based learning, digital literacy, and what the future surgeon must look like in an era where technology evolves faster than curriculum.

The third session, titled “Minimally Invasive Emergency General Surgery – Time for Change,” examined the evolving role of minimally invasive surgery (MIS) in the management of complex upper GI, lower GI, and hernia emergencies, drawing on national NELA data, real-world experience, and emerging robotic practice. The session underscored that minimally invasive approaches remain essential in emergency general surgery when the right expertise and systems are in place.

Talks ranged from pragmatic guidance to high-level reflection. “Laparoscopy to the Rescue... Again” revisited the art of timely conversion—reminding delegates that knowing when to transition from robotic to laparoscopic or open surgery is a critical component of safe practice. Professor McGuire followed with a clear and reassuring exploration of managing bleeding complications in robotic surgery, emphasising the importance of maintaining composure and control when unexpected events arise.

Mr Moorthy shared expert techniques and tips for management of complex giant hiatal hernias. Mr Mercer then discussed the ALRSGBI Observership Programme, reflecting on the continued value of immersive observational learning even as digital platforms expand. Professor Timothy Rockall, a pioneer in laparoscopic colorectal surgery, delivered an outstanding demonstration of laparoscopic emergency colorectal practice, highlighting both technical finesse and operative judgement. Professor Deshpande’s contribution offered a fascinating insight into minimally invasive cardiac surgery, illustrating how cultural barriers, differing learning curves, and institutional resistance shape the adoption of MIS across subspecialties.



The session concluded with Mr Mercer’s talk, “From Cinderella Specialty to Robotics – The Evolution of Emergency Surgery.” He explored the emerging role of robotic surgery in carefully selected emergency cases, prompting a thoughtful discussion on balancing patient safety, cost, operative time, and the implications for training. Delegates reflected on a key challenge: as robotics expands, how do we preserve and teach the open and laparoscopic skills that emergency surgery still demands? The ensuing discussion was energetic, reflective, and future-facing. After a stimulating day, delegates enjoyed the President’s Drinks Reception and later competed in the entertaining IAGES Quiz.

## Human Factors, Sustainability and the Future Surgeon

The second day opened with a Medtronic Touch Surgery™ session exploring AI-driven anatomy recognition, data-enhanced learning, and the importance of digital literacy in the training of the next-generation surgeon.

The talk by Professor Paul Barach proved to be one of the standout moments of the meeting. His exploration of human factors, safety science, trust, communication, and the psychology of error provided a compelling reminder that technical skill alone is insufficient. He emphasised the significance of choosing the right leaders, understanding variation, and building a culture where safety is a collective responsibility.



ALTS then took to the main stage for the first time, delivering an outstanding session on crisis management, intraoperative error, and the critical role of civility and communication in the operating room. The session underscored that while technical excellence is essential, teamwork excellence is indispensable.

Professor Shafi Ahmed then broadened the discussion with an exploration of digital surgery and immersive technologies, demonstrating how virtual reality, Artificial Intelligence, and global connectivity are beginning to transform medical and surgical training. His session illustrated the potential of Virtual Reality headsets and digital immersion to reshape how medical students and surgeons learn, practise, and collaborate.

The edited video session, which included Mr Jawad Ahmad's presentation, "What Would You Do?", explored the crucial decision of when to convert from a robotic procedure to a laparoscopic or open approach in complex HPB surgery, where bleeding remains the leading reason for conversion. He emphasised that conversion should never be viewed as a failure, but rather as a deliberate, safety-driven decision that must not be made in chaos. Delegates were reminded to establish temporary control first, using packing, pressure, and patience, before stepping away from the console, communicating clearly with the anaesthetist and team, and converting in a calm, coordinated manner. The session also raised important questions about training: when trainees should be allowed to continue when bleeding does occur, how they learn to manage complications, and how best to develop the non-technical skills required to make steady, reasoned decisions under pressure.

The free paper sessions that followed highlighted a wide range of studies covering robotic curriculum development, endometriosis outcomes, digital innovation, ERAS optimisation, stoma reversal timelines, international training consensus building, and the integration of newer robotic platforms into surgery.

Sustainability featured strongly throughout the day, with impactful presentations from Dr Siya Lodhia, Dr Rabiya Aseem, and Miss Vivien Ngo on reducing the carbon footprint of the operating theatre. Their work demonstrated how simple changes—checklists, equipment selection, waste reduction, and conscious re-use—can meaningfully shift surgical practice towards NHS Net Zero goals.

The EDI Lecture by Mr Michael Swinn was one of the most powerful and personal sessions of the meeting. Reflecting on years spent raising unheeded patient-safety concerns, he spoke openly about the emotional and professional toll of whistleblowing, the gaps in NHS managerial accountability, and the deep loneliness that can accompany speaking up for patient safety. His story served as a stark reminder of why supporting colleagues and fostering psychological safety are essential in modern healthcare.

The day concluded with the AGM and the annual awards ceremony. Heartfelt thanks were given to Miss Tamsin Morrison for her exceptional six years of service on the Executive Council and three years as Academy Lead, and to Professor Tan Arulampalam for his leadership of ALRSGBI through a period of growth, innovation, and renewed focus on surgeon wellbeing. Delegates warmly welcomed Professor Chelliah Selvasekar as the new President of ALRSGBI, marking the start of an exciting new chapter for the society.



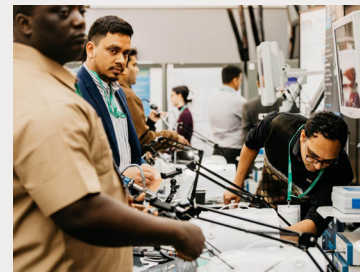
## Looking Ahead to Manchester 2026

The meeting closed with an invitation to the ALRSGBI ASM 2026, to be held at the iconic Old Trafford in Manchester. With a new President, an active and expanding Academy, and a growing focus on robotics, sustainability, digital surgery, and human factors, next year's event is set to build further on the society's momentum. As ever, the ASM served as an important reminder of why we gather: to learn, to challenge ourselves, to innovate responsibly, and to ensure that patient safety remains at the heart of every technological advance.

**Miss Minali Perera**  
ALRSGBI Welfare Officer



## ALRSGBI Annual Scientific Meeting 2025





# Another CMR Versius Training Day

## 5 November 2025 CMR Surgical, Cambridge

Following the well-received inaugural training day earlier in the year we decided to run another day for trainees.

The setting was once again the outstanding facility that CMR Surgical has in Cambridge. We are very grateful to our Industry partner CMR Surgical for their support in running the day. CMR surgical's Versius robot is a UK developed and UK based modular robotic platform that is in use throughout the world. It provides a versatile system that allows for flexibility in its use and benefits from 3D vision in an open console design.



The course bookended the ALRSGBI Annual Scientific Meeting 2025 nicely. We had eight trainees attend the day and they had the benefit of an experienced faculty from the ALRS and the CMR Surgical team. We are grateful to Gareth Rhind, CMR Education lead, and Pedro Silva for providing their wealth of knowledge on the system.

We started the day with a brief introduction on the history and evolution of the Versius, and then it was



straight in with hands on experience. The CMR team took the trainees through the basics of the system and the set up. We had the benefit of three fully functional systems, another three consoles with the virtual training simulators and also Virtual Reality headsets for system set up and VT practice. There was never an idle moment for the trainees!

The trainees had a great day of full-on exposure to the system: 'It was really nice experience and had a good chance to learn with hands on training. I genuinely recommend for this course who are beginners and want to learn robotics.' We plan to run another course in Summer 2026, and are in discussions with CMR to look at some form of accreditation from the course for your portfolios. So please look out for information on the website and book early!

**Mr Andrew Day**  
ALRSGBI Honorary Secretary

# Strengthening Regional Laparoscopic Training: ALRSGBI in collaboration with LESM to deliver the 2nd LapPass® Course in Malta – 7 and 8 November 2025

The Association of Laparoscopic & Robotic Surgeons of Great Britain and Ireland (ALRSGBI), in partnership with the Laparoscopic & Endoscopic Society of Malta (LESM), successfully delivered its second LapPass® skills course in Malta on the 7th and 8th of November 2025.

The LapPass® – short for the Laparoscopic Passport – is a recognised ALRS assessment designed to certify competence in fundamental laparoscopic skills. These include precision cutting, coordinated bimanual handling, tissue manipulation, intracorporeal suturing, and secure knot-tying. The programme which is holding its 10th anniversary in 2025 is built upon validated global rating scales and objective task checklists, ensuring that trainees meet consistent competency standards.

To support the delivery of the course and to assist with faculty development, the ALRS Academy assigned a team of five experienced trainers to Malta - Professor Tan Arulampalam, Professor Bijen Patel, Ms Tamsin Morrison, Ms Grace Bennett and Mr James Olivier.

Their role extended beyond guiding candidates through the LapPass® syllabus; they also mentored Maltese surgeons with the intention of establishing a fully trained local faculty capable of running future courses under ALRS standards.

The two-day course combined structured teaching with assessments. Candidates rotated through task stations focusing on cutting, suturing, knot-tying, and fine tissue manipulation, receiving targeted one-to-one feedback from faculty.

Day 1 emphasised baseline evaluation and skill refinement, while Day 2 focused on consolidating technique and completing the formal assessment process. Parallel to candidate training, the Maltese faculty-in-training underwent calibration exercises, assessor standardisation, and supervised scoring practice to ensure they met the quality benchmarks required of LapPass® examiners.

At the end of the course, the ALRS formally appointed four new Maltese faculty members who met the required standard for LapPass® instructor accreditation: Ms Jessica Schembri Higgans, Ms Kimberley Pace, Mr Luke Borg and Ms Rachel Abela.

A total of 16 candidates achieved LapPass® certification, successfully meeting all assessment criteria.

For Malta, the successful completion of this course holds particular significance. With a growing number of surgical trainees and ongoing emphasis on minimally invasive techniques, the establishment of a local LapPass® faculty will ensure that Maltese surgeons can access validated, structured skills training without relying solely on international travel.

Participants praised the high level of individualised instruction and the opportunity to receive feedback from an internationally experienced faculty.



This collaborative effort highlights the shared mission of ALRS and LESM to elevate surgical education and to promote safe, effective laparoscopic practice in the region. The success of the November 2025 course demonstrates the value of international collaboration and serves as a foundation for future ALRS-supported programmes within the Maltese surgical community.

**Mr Mark Portelli – LESM Representative & Europe Representative for the ALRS Academy**

# LapPass® Regional Training Day – Royal Liverpool University Hospital

21 November 2025



Minimal Access Surgery North West (MASNoW), the regional chapter of ALRSGBI for the North West and Mersey region, continues to support and develop laparoscopic training across GI and GU specialties since its formation in 2012.

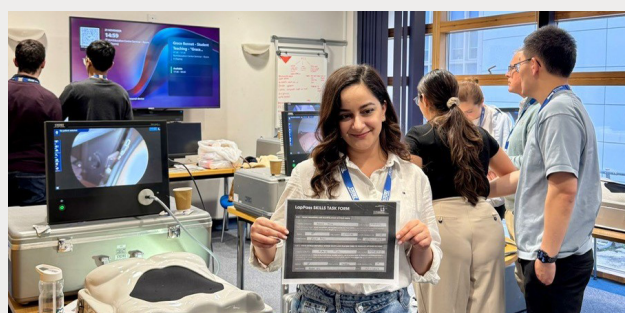
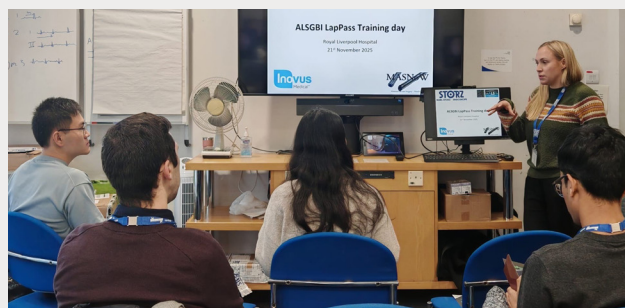
The group recently hosted a highly successful LapPass® course at the Royal Liverpool University Hospital. The training day welcomed nine trainees, ranging from FY2 to ST6, who had the opportunity to develop key laparoscopic skills under the close supervision of experienced consultant laparoscopic surgeons and senior trainees. The faculty included former ALRSGBI President, Mr Simon Dexter, whose expertise greatly enhanced the day.

LapPass® requires participants to demonstrate competence in four defined laparoscopic tasks within set time limits using simulated jigs. Trainees practised skills including grasping and manipulation of polo mints, tying extracorporeal Roeder's knots to perform a simulated appendicectomy, precision cutting of circles, and laparoscopic suturing.

Feedback from attendees was extremely positive. All trainees successfully completed at least one of the four tasks, with one trainee completing the full set. Participants highlighted the value of small group teaching and high-quality supervision, commenting:

- "Really well organised. Faculty were amazing. The group size was fantastic, so we had lots of time to practise one to one."
- "Great practical course."

Following the success of this training day, MASNoW plans to deliver another LapPass® course in the North West in Spring 2026.



Ms Vivien Ngo (MASNoW trainee representative, ALRSGBI Environmental, Social and Governance/ESG representative)

Ms G Bennett (MASNoW trainee representative and ALRSGBI Academy LapPass® Lead)

Ms Bryony David (MASNoW trainee representative)

Dr Eloise Dexter (MASNoW trainee representative)

Mr Rikesh Patel (Consultant Colorectal Surgeon, Christie Hospital. ALRSGBI North West Regional Representative)

# Surgical Workforce Wellbeing & Retirement Survey

## Introduction

This report summarises the key findings from the survey conducted. A total of 54 surgical professionals participated in the survey conducted at the ASM and through email link via Survey Monkey. Participants represented various specialties and roles, including trainees, fellows, consultants, and administrative staff. The survey focused on four main themes: wellbeing, mental health, support systems, and retirement planning.

## Wellbeing Summary

The majority of respondents reported positive wellbeing indicators such as cheerfulness, calmness, and activeness. Most responses were in the range of 'Most of the time' and 'More than half of the time'.

The wellbeing responses are summarized below with percentage breakdowns:

### • I have felt cheerful and in good spirits:

Most of the Time: 51.9%  
More than half of the time: 20.4%  
Some of the time: 13.0%  
Less than half of the time: 11.1%  
All of the Time: 3.6%

### • I have felt calm and relaxed:

Most of the Time : 40.7%  
More than half of the time: 24%  
Some of the time: 20.4%  
Less than half of the time: 13.0%  
Most of the time: 1.9%

### • I have felt active and vigorous:

More than half of the time: 33.3%  
Most of the Time: 35.2%  
Some of the time: 16.7%  
Less than half of the time: 11.1%  
All of the Time: 3.7%

### • My daily life has been filled with things that interest me:

More than half of the time: 40.7%  
Most of the Time : 35.2%  
Some of the time: 14.8%  
All of the Time: 5.6%  
Less than half of the time: 3.7%

## Mental Health Insights

Stress and fatigue were the most commonly reported issues, followed by anxiety and burnout. A minority of participants reported depression. Job satisfaction was high for many, though burnout indicates a need for better workload management and mental health support.

Reported prevalence of mental health-related experiences:

### • Stress:

Sometimes: 45.3%  
Often: 32.1%  
Rarely: 15.1%  
Always: 5.7%  
Never: 1.9%

### • Fatigue:

Sometimes: 43.4%  
Often: 28.3%  
Rarely: 13.2%  
Always: 11.3%  
Never: 3.8%

### • Anxiety:

Sometimes: 35.8%  
Rarely: 20.8%  
Often: 20.8%  
Never: 17.0%  
Always: 5.7%

### • Job Satisfaction:

Sometimes: 39.6%  
Often: 32.1%  
Always: 13.2%  
Rarely: 13.2%  
Never: 1.9%

### • Burnout:

Sometimes: 37.7%  
Often: 24.5%  
Rarely: 18.9%  
Never: 18.9%

### • Depression:

Never: 51.0%  
Rarely: 27.5%  
Sometimes: 17.6%  
Often: 3.9%

## Support Systems

Respondents reported using a variety of support strategies including:

Colleague or supervisor support  
Personal hobbies and breaks  
Family and friend support  
Less frequently used were:  
Mental health counseling  
Meditation or mindfulness practices

There is interest in structured support systems such as mentorship programs, peer support groups, and stress management workshops.

## Retirement Considerations

A significant number of respondents expressed uncertainty about their post-retirement lives. There is interest in:

Financial planning workshops  
Seminars on transitioning from full-time work  
Wellbeing support for aging surgeons  
Counseling for managing post-retirement identity

Flexible or phased retirement options are also considered valuable.

## Key Recommendations

Based on the findings, the following actions are recommended:

Normalise wellbeing check-ins and pulse surveys  
Strengthen institutional support for mental health  
Expand mentorship and peer support infrastructure  
Develop structured retirement transition programs

# HelpMadina



Help Madina UK is committed to building a healthier future for the people of Sierra Leone.

We envision a nation where every citizen enjoys good health and can live with dignity and contribute meaningfully to their community. Guided by this vision, we work together with the people of the Madina district and beyond, supporting initiatives that improve access to healthcare, raise awareness, and strengthen community well-being.

Our mission is rooted in partnership, compassion, and sustainable action. We collaborate closely with local communities to understand their unique challenges and provide solutions that respond directly to their needs. Through medical support, advocacy, and education, we aim to reduce preventable illnesses, promote healthier lifestyles, and create lasting impact. By empowering individuals and communities, Help Madina UK strives to transform lives and contribute to a stronger, healthier Sierra Leone.

## An unforgettable and humbling visit to Sierra Leone

In March 2024, a group of us embarked on a life-changing journey to Madina, Sierra Leone, led by Dr. Rohit Sethi, one of the founders of Help Madina. Our



mission was simple yet profound: to volunteer for two weeks, support local healthcare initiatives, and organise

a football tournament for both men's and women's teams across the fiefdom.

## Living Conditions and Daily Challenges

We stayed in a modest lodge with limited electricity, and because it was the dry season, temperatures and humidity were high day and night. The environment was basic, and the presence of small bugs reminded us daily of the realities faced by the local community. Despite these challenges, the experience was deeply humbling.

## Healthcare Support

During the trip, I assisted in running various clinics, including:

- General Healthcare
- Orthopaedics (alongside Mr. Sunny Deo, Orthopaedic Surgeon – part of our group)
- Eye Clinics

These clinics provided essential care to dozens of people who otherwise have limited access to medical services.

## Community Projects

On other days, we rolled up our sleeves to:

- Build toilets and maintain water pumps
- Support the local radio station
- Help at the children's feeding centre

Each task reinforced the importance of basic infrastructure and community engagement in improving quality of life.

## Hospital Visits and Donations

Together with Dr. Rohit Sethi, Mark Smith (Abbott Diabetes), and Mr. Sunny Deo, we visited Kambia District Hospital and Makeni Holy Spirit Hospital. There, we met Dr. Patrick (Clinical Director) to discuss future support and surgical training opportunities from the UK. We also donated much-needed medical supplies, including:

- Topical Skin Adhesives
- Sutures
- Haemostats
- Diabetic supplies for Type 1 diabetes



### Reflections

Sierra Leone has endured a troubled history marked by civil war, political corruption, and the devastating impact of Ebola. Yet, the resilience and optimism of its people are truly inspiring. The country is rich in natural resources and full of potential. Our group felt privileged to visit, make new friends, and contribute in a small way to their journey toward a brighter future.

We are already planning to return in March 2026, with hopes of expanding our support and deepening our partnerships.

This trip reminded us that even small acts of service can create lasting impact. Sierra Leone taught us humility, resilience, and the power of community.

### Football in Madina

Football is massive in Sierra Leone. It is a healthy distraction from all the hardships that young people face, and it also brings communities together. There is a very strong following of the Premier League in England, and all the matches are shown live. For several years HelpMadina have been distributing football kit and equipment that has been donated by professional and amateur football clubs. The list of donors is long, but includes Cheltenham and Swindon Town,



Everton, Watford, Forest Green Rovers, Fairford and even Arsenal. These donations have helped many small village teams in the Madina area. In addition to kit, HelpMadina have assisted with providing football coaching and the planning of tournaments.

### The Feeding Centre for children with severe malnutrition

Hundreds of lives have now been saved since the feeding centre opened in 2010.

The feeding centre provides essential medicines for the children – many have overwhelming infections such as malaria, severe gastroenteritis and tuberculosis. They and their mothers also receive nutritious food made using local ingredients. It is such a joy to see lives transformed -from tears to laughter both for the little ones and for the mothers.



Tragically some infants are malnourished because their mothers have died (pregnancy is not without danger in Sierra Leone where the health system is broken). These babies receive formula milk until they are ready to be weaned at 6 months.

Cost for one child and carer = £10 approx. per week

### Cataract Surgery

Cataract is a major cause of blindness. When a person is blind, he/ she needs someone to stay at home to take care of them – this is usually a child who then cannot go to school or an adult who cannot then work.

Cataract surgery is performed in Kambia District Hospital about 2 hours from Madina. Patients are transported from Madina to Kambia and back using the HelpMadina 4x4 vehicle – the distance is too great for the majority who are elderly, and the roads are bad.

To date over 300 patients have had their sight restored. The impact is huge both for the individual and for their families.

The cost per eye is £45

### Hernia Repairs

HelpMadina was asked if we could assist with those who have hernias.

Most people with hernias are hard working farmers. They depend upon their livelihood to survive. Having a hernia can be very painful, meaning it is impossible to work and so the family descends into poverty.

HelpMadina covers the costs of the operation which is also performed at Kambia hospital.

This project is proving to be hugely successful, and we have a long waiting list of people desperate for surgery. To date over 100 patients have had a successful hernia repaired. The cost of a hernia repair is £58



### Community Sensitisation

Twice a week, the HelpMadina team travels to villages to sensitize the communities about our projects.

It is an opportunity to engage with the local people; to discuss the difficulties they face (e.g. lack of clean water) and to inform them about the cataract and hernia surgery. The HelpMadina team is also able to provide health promotion and screen children in the villages for malnutrition.

### Help the Aged

The community requested our assistance with the most vulnerable elderly. There is no form of social care in Sierra Leone and many elderly people especially those who live alone were suffering. We asked how we could help. We interviewed people and they kindly requested new clothing and rice which is the staple food.

We created a register of vulnerable elderly people. Twice a year HelpMadina provides a big bag of rice to each person on the register – currently 90 people.

A local tailor makes 2 sets of new clothes using local fabric for everyone when they are added to the register. The cost of bag of rice is £30.

### Diabetes

Diabetes is on the increase in Sierra Leone and is reaching epidemic proportions.

The majority have type 2 diabetes, but a significant number of children and young people have type 1 diabetes. This means that they need daily insulin injections to stay alive.

Insulin is very difficult to source in the country, so for the last 10 years, we have been carrying insulin in our suitcases each time we travel to Sierra Leone. This is not a sustainable long-term solution.

Thankfully our cries for help have been heard by Life for

a Child, Australia, and by Insulin for Life, USA.

These two amazing organisations are now providing and organising shipments of insulin and other essential diabetes supplies for our diabetes patients.

Now we are turning our attention to the much-needed training of healthcare workers in diabetes and community sensitisation. There is ignorance amongst the communities some believing that diabetes is due to witchcraft. This causes a great deal of suffering and people often present late some with devastating diabetic complications such as gangrene and blindness.

### Water wells

Many villages do not have access to clean water. Women and children often walk several times a day to the nearest stream to collect water.

HelpMadina has assisted in the building of water wells, but we are restricted to how many new wells we can provide given the high costs (approx. £3,000). We therefore focus our efforts on identifying wells which are broken and providing funds for repairs (£150-£1,000).

### Toilets

We asked the community in Madina where people were going to relieve themselves.

The majority were using open fields or homemade unhygienic toilets. This is undignified, unsafe (especially for girls and for women) and contributes to the spread of diseases. Families were desperate to have their own private toilets.

For some years now, HelpMadina has been assisting in the building of Ventilated Improved Pit (VIP) latrines.



The family digs the pit to specified requirements and HelpMadina provides the materials for building the VIP latrine. To date we have built 275 VIP latrines. The cost per toilet is £95

### The Learning Centre

The Madina community asked us to convert an existing building into an after-school study centre for secondary school children.

These children have no textbooks and no light in their homes to enable them to study. The study centre provides both these missing elements

**Andrew Slowly, UK National Sales Manager,  
Advanced Medical Solutions**

**Beautiful Sierra Leone [www.helpmadina.org.uk](http://www.helpmadina.org.uk)**

## DETAILS OF THE RESEARCH FELLOWSHIP 2026

The **Association of Laparoscopic & Robotic Surgeons of Great Britain & Ireland** (ALRSGBI) is funding one pump priming research grant to the value of £2,500.

Research is the foundation of good clinical practice and forms an essential source of knowledge for the surgeon, the surgical profession and medicine as a whole. The ALRSGBI recognizes the importance of research in our roles as surgeons and aims to support surgical trainees, fellows and early year consultants (within 5 years of appointment) to undertake research projects that can build into larger scale studies. The purpose of this award is to introduce an academic element into laparoscopic and robotic surgical training.

The successful fellow will be expected to give a report on their research at a future ALRSGBI Annual Scientific Meeting and also write an article for the ALRSGBI Newsletter.

All candidates **MUST** request an application form from Mrs Jennifer Treglohan, Executive Director, ALRSGBI by email at [jtreglohan@alrsgbi.org](mailto:jtreglohan@alrsgbi.org) and be current members of the ALRSGBI. The deadline for receipt of applications is 31 October 2026. The successful applicant will be notified by 15 November 2026 and will be presented with their certificate at the ALRSGBI 2026 Annual Scientific Meeting on Tuesday 8 December 2026 in Manchester.

For full information on the ALRSGBI visit [www.alrsgbi.org](http://www.alrsgbi.org)



## DETAILS OF THE TRAVELLING SCHOLARSHIP 2026

The **Association of Laparoscopic & Robotic Surgeons of Great Britain & Ireland** (ALRSGBI) is funding a scholarship in memory of the late Mr David Dunn, a Past President of the ALRSGBI.

**The David Dunn Travelling Scholarship** is to the value of £2,500\*. The purpose of the scholarship is to enable a UK-based surgeon in training, or young consultant within 5 years of appointment, to extend their experience in minimal access surgery by a short visit to one or more centres. The successful scholar will be expected to give a report on their visit/s at a future ALRSGBI Annual Scientific Meeting and also write an article for the ALRSGBI Newsletter.



All candidates **MUST** request an application form from Mrs Jennifer Treglohan, Executive Director, ALRSGBI at The Royal College of Surgeons of England, 38–43 Lincoln's Inn Fields, London WC2A 3PE or email [jtreglohan@alrsgbi.org](mailto:jtreglohan@alrsgbi.org) and be current members of the ALRSGBI. The deadline for receipt of applications is 31 October 2026. The successful applicant will be notified by 15 November 2026 and will be presented with their certificate at the ALRSGBI 2026 Annual Scientific Meeting on Tuesday 8 December in Manchester. For full information on the ALRSGBI visit [www.alrsgbi.org](http://www.alrsgbi.org)

\*Terms & Conditions apply. The funding will be released when the successful applicant is in situ, and the travel must occur within 12 months of the award being made. The successful applicant agrees to write a detailed article about their experience and present at the Annual Scientific Meeting.

# SAVE THE DATE

**ALRSGBI & ALTS  
Annual Scientific Meeting**

**Monday 7 & Tuesday 8  
December 2026**

**Emirates Old Trafford  
Manchester  
M16 0PX**



The UK & Ireland's No.1 Professional Association in the field of Laparoscopic, Robotic & Technology Enhanced Surgery

