

# Winter 2023 ALSGBI Newsletter



## President's Introduction



Welcome to the Winter 2023 edition of the ALSGBI newsletter. I'm sure that I feel the same as all Presidents before me, as my time at the helm has absolutely flown by. Although I am reluctant to give up the chains of office at the ASM in Portsmouth shortly, I am delighted to be passing them on to Tan Arulampalam. He has been very involved with our society for many years, is full of ideas to help take the society forward and is a great proponent of training.

Our secretary, Nader Francis reports an increasing membership, our Treasurer, Simon Higgs, reports healthy accounts, our Director of Education, Altaf Awan, has overseen an increasing number of hands-on laparoscopic and robotic training courses throughout our regions and our Academy, under the leadership of Tamsin Morrison, goes from strength to strength. Our partnerships with EAES, IAGES and SLAMADS have also continued to flourish.

Our plans for the conference in November, which our conference organiser Jim Khan has been putting together, are pretty much finalised as I am writing this introduction. We look forward to welcoming you all to a conference with live and "as-live" operating consisting of both laparoscopic and robotic procedures. In addition, we will have our headline lectures together with scientific content consisting of oral presentations, video presentations and poster sessions.

There are some additional breakout sessions and I am grateful to all our sponsors for making this event possible, particularly B.Braun, ETHICON, INTUITIVE and STORZ our platinum partners, Arthrex and CMR our gold partners and AMS, Applied Medical, BK Medical, Brennan & Co, Elemental Healthcare, Fisher & Paykel,

HC21, Inovus, Lawmed, Olympus, Richard Wolf and Teleflex, our silver partners.

In addition, many thanks to INTUITIVE for sponsoring the live theatre links and the robotic training day and ETHICON for sponsoring the laparoscopic training days. I urge you all to visit their stands at our congress to see what's available and perhaps have a chat about what new equipment might be coming soon. Full details and programme will be available a few pages further into this newsletter. I also want to say congratulations to David Rosin, a founder of SMIGS which later became the ALSGBI, he was 1 of 7 world surgeons to receive an Honorary Fellowship of the American College of Surgeons for introducing laparoscopic surgery to England and for promoting it in the UK and in many other countries especially in Barbados, in the Caribbean.

I have to thank Neil Keeling, our Editorial Secretary, for pulling this newsletter together. As well as the conference programme there are details from recent educational events, reports from fellowship visits and writeups of congresses arranged by those societies with which we have close links. I must also thank the Executive and Council of ALSGBI for helping grow and steer the society these past few years and finally, but probably most importantly, Jenny Treglohan and Sarah Williams, our Directors, assisted by Jeremy Williams, our Membership and Publicity Manager, for keeping my life simple whilst doing an unbelievable amount of hard work behind the scenes to help the society function impeccably.

Also, congratulations to our website designer Aman for being the winner of 'Web Designer of The Year' in the Central England Prestige Awards 2023.

**Mr David Mahon**  
President



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# Editor's Introduction



Innovation and education are the mainstays of the ALSGBI and the articles in this newsletter only serve to reaffirm how this is being delivered across the country. The society is committed to progress and to explore how we, as surgeons, can provide the highest quality and safest care for our patients, now and moving forwards. I hope that you can read what has been going on and find courses that may interest you or might stimulate you to provide similar training opportunities for colleagues and trainees.

Whilst day to day we are all deeply concerned how the NHS is struggling with A/E corridor waits, social care implosion and a 7m plus waiting list we have to look beyond these current

problems to the future and how things should be. Safe surgery with less pain, less complications, shorter hospital stays is the way forwards as it will ultimately prove cheaper for the hospitals, patients and society. Laparoscopic surgery is already showing in how we have established day case cholecystectomy and hiatus hernia repair, even 3 day post low anterior resections are the norm already and we expect well trained robotic surgeons to be able to take things even further for more radical procedures. This can only be achieved when skilled training Faculties give their time and expertise to train surgeons to be fully equipped for the future, read on and hope you enjoy the ASM.

Yours in optimism.

**Mr Neil Keeling**  
Newsletter Editor

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## ALSGBI Industry Partners for 2023/2024

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# 31st International Congress of the European Association for Endoscopic Surgery

Rome, Italy 19-23 June 2023



ALSGBI has a strong ongoing working relationship with EAES, our sister organisation. This year the international congress is in its 31st edition and took place in Rome, Italy between 19th and 23rd June 2023. Congratulations to Prof. Nicola di Lorenzo, Congress President and Prof. Nicole Bouvy as chair of the organising committee and the members of the organising committee for organising this congress.

The congress was attended by several surgical innovators and educators as well as a good number of trainees. Several members from our society had the opportunity to present their work.

Congratulations go to Prof. George Hanna and Prof. Nicole Bouvy - the new president and president elect of EAES. We wish them all the best with their work with EAES under their very experienced leadership.

The congress commenced with the UEMS practical exam aimed at certification of laparoscopic technique and was followed by a number of workshops and courses aimed at strengthening surgical skills. The main part of the programme

consisted of a series of very well prepared presentations of research work by innovators, engineers and surgeons from all over the world in various specialities including laparoscopic and robotic surgery, surgical education and artificial intelligence.

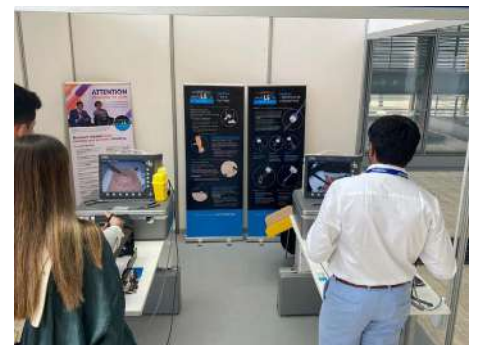
One also has to commend the hosts at La Nuvola with excellent service, location and an exciting musical presentation by world renowned composer Nicola Padovani – the composer of Life is Beautiful.

The courses were a huge success. I had the opportunity to attend the Rising Stars program – a course which has been developed by the Young Surgeons Committee to cover most of the important non-technical skills required for the development of a surgeon and a leader in the different fields of surgery. I look forward to continue working on this year-long program with its end being at the upcoming conference in Maastricht in the Netherlands in June 2023.

Big thanks to our ALSGBI members who took time out of the congress events to man the LapPass booth which sparked interest in a good number of trainees.

Overall, a really good meeting and we look forward to the Symposium of Surgical Innovation in Bucharest in 2024!

**Mr Mark Portelli**  
**EAES Representative for**  
**ALSGBI Academy**

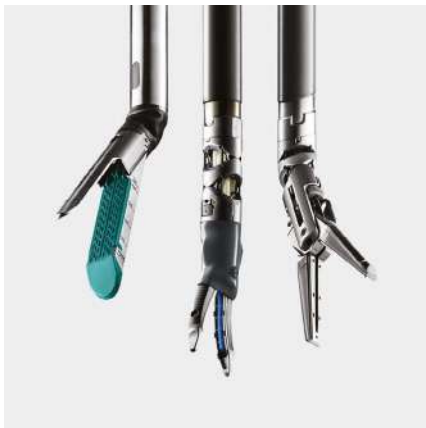


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# LapPass® Course, 30 June 2023, Teesside University Hospital

June 2023 saw the first LapPass course in Teesside at University Hospital Hartlepool, part of North Tees and Hartlepool Foundation Trust. Karl Storz kindly supported us, providing the laparoscopic training stations and equipment purchased through a grant from ALSGBI.

The course was primarily advertised to North East trainees before expanding to a national audience. Ten trainees attended, most local to the region, but some candidates travelled from London and the North West. The experience level of attendees varied from F2 to early registrar level.

We were fortunate to have an excellent team of supporting faculty from hospitals across Teesside, and ALSGBI President – Mr David Mahon, Director of Education – Mr Altaf Awan and Northern and Yorkshire Regional Representative – Professor Viswanath YKS joined us. They provided enthusiastic supervision and valuable insight into LapPass' origins as a rigorous, validated laparoscopic assessment for surgical trainees. We were interested to hear that LapPass had been designed to be run nationally at a low cost to allow for greater access to trainees. We achieved this through the support of Karl Storz and the grant from ALSGBI. We were delighted that we could run the course with no course fee. This is especially appreciated by those who had to travel and arrange overnight accommodation.

Our internal faculty were Ms Nicola Maguire (Consultant Colorectal Surgeon with interest in Robotic Surgery) and Mr Siddek Isreb (Consultant Upper GI and Bariatric Surgeon), Ms Mazuin Abu Talib and Mr Oladiran Olantunbode, both Northern region General Surgical registrars. They facilitated throughout the day, sharing their experience with the candidates. We were fortunate to have a facilitator for each pair of candidates.

It was clear candidates had prepared well in their local hospital before attending the course. This was evident during the practice sessions, where they showed familiarity and aptitude with the required tasks. They engaged enthusiastically and worked well together in pairs, supporting each other through the LapPass tasks.

The day started with short introductions before a morning of practising each task. After a light lunch, candidates could request assessment when they felt they were ready to pass. While waiting for the assessment, candidates continued to hone their skills.

LapPass is not designed to be easy. It is intended to be rigorous and to certify a high level of competence with laparoscopic skills that are transferable to common intraoperative scenarios.

That said, one candidate passed all four assessments on the day, and another candidate passed 3 out of 4. The remaining candidates passed 2 out of the 4 tasks and were invited to attend any future course, including the ALSGBI annual conference, to complete the LapPass certification.

The feedback, both formally and informally, was very positive. The day ran smoothly thanks to our faculty, course organisers (Mr Jamie Anderson CT2 and Neill Allen MCh Fellow), the visiting faculty from ALSGBI and Karl Storz. I must thank them again for their support.

Due to the event's success, we aim to run the course annually and look forward to working with ALSGBI and Karl Storz in the future.

Mr Neill Allen & Professor Viswanath YKS  
ALSGBI Academy Regional  
Representative (North East)  
Course Director, ALSGBI Council





# South-West LapPass® Course Report

## Friday 18th August 2023

Cheltenham General Hospital

After a hugely successful inaugural course last year, the second South-West LapPass® course was hosted at Cheltenham General Hospital on 18th August 2023.

The course was advertised via local deaneries as well as through the ALSGBI website and social media pages. The course was offered free of charge this year (with only a refundable deposit required) which resulted in a fantastic level of interest. In total we had 15 candidates ranging from FY2 to ST3 level.

We were fortunate enough to have several renowned and experienced surgeons in the faculty, including Mr Simon Higgs (ALSGBI Treasurer), Mr Mark Vipond (former president of the ALSGBI) and Mr David Mahon (current president of the ALSGBI). Three local registrars as well as a faculty observer were also present to support candidates.

Before the course, candidates were given information and links to the tasks so they could familiarise themselves with the content. During the introduction we went through videos of the tasks again (grasping and manipulation, simulated appendicectomy, cutting a disk and intracorporeal suturing), with candidates then having the rest of the morning to practice each task for themselves.



After an excellent lunch kindly sponsored by Ethicon, candidates had the opportunity to complete the timed LapPass® assessments under the watchful eye of our faculty. The majority of candidates were successful in most of the tasks, with only intracorporeal suturing proving to be a stumbling block (as expected!).

We were again supported by Karl Storz and Ethicon as sponsors, with the addition of Inovus Medical for this year. Karl Storz provided the laparoscopic trainers and equipment, Ethicon provided suture material and Inovus Medical provided official LapPass® equipment for the tasks. All sponsors were also able to give a talk about their companies and interacted with candidates and faculty throughout the day.

Overall, the day proved to be a great

success, and fully met our objective of allowing juniors to become more comfortable with laparoscopic surgery and develop skills they can take into theatre. All the candidates loved the course and feedback was overwhelmingly positive. Candidates appreciated the high faculty to candidate ratio as well as the small numbers which maximised operating and training time.

We will look to continue holding this course regularly, with a view to it becoming a regular fixture in the calendar. I would like to thank all members of the faculty, our sponsors, Mr Jeremy Williams and Mrs Jenny Treglohan from ALSGBI and in particular, Mr Simon Higgs, for all their support without which this course would not have been possible.

**Mr Osama Hamid**  
**ST3 General Surgery**  
**Severn Deanery**



# IAGES & ALSGBI Ventral Hernia Webinar

## 9 September 2023



9th September '23  
8:00 PM IST / 3:30 PM BST

### IAGES - ALSGBI 2023 VENTRAL HERNIA WEBINAR



ASSOCIATION OF  
LAPAROSCOPIC SURGEONS  
**ALSGBI**  
INC. ROBOTIC & TECHNOLOGY  
ENHANCED SURGERY

#### Welcome Address

**Dr. S Easwaramoorthy**  
President, IAGES

**Prof. David Mahon**  
President, ALSGBI

#### Keynote Speakers

**Dr. Vishal Soni**   
Senior Robotic & Advanced Laparoscopic  
Gastro-Intestinal Surgeon, Hernia – AWR &  
Obesity Surgery Expert, Zydus Hospital,  
Ahmedabad, India

**Dr. Neil Keeling**   
Consultant General Surgeon,  
West Suffolk Hospital,  
St Edmunds, Suffolk, UK

#### Case Capsules

**Mesh Infection**

**Dr. Priyanka Bhagtani**   
Senior Resident  
HBTMC & Dr. R N Cooper Hospital, Mumbai, India

**Progressive Pneumoperitoneum Protocol**

**Dr. Nayaab Abdul Kader**   
Core Surgical Trainee  
Mid Essex Hospital, NHS Trust, London, UK

**Discussion :** Dr. Sunil Popat, Dr. Deep Goel, Dr. Pawanindra Lal **Vote of Thanks :** Dr. Satish Midha

**Anchor :** Dr. Nidhi Khandelwal, Dr. Graham Whiteley

Live on    docplexus

I had the pleasure of representing the ALSGBI Academy and presenting at the IAGES-ALSGBI joint webinar on ventral hernias, which was held on 9th September 2023.

The management of ventral hernias is always a difficult topic for surgical trainees and as Dr Soni summarised; "it is a topic that deserves its own conference". Mr Graham Whiteley of ALSGBI gave an apt and thought-provoking introduction to the seminar, opening the floor to opinions on open, laparoscopic or robotic approach to ventral hernia repair.

With wide-ranging techniques and modalities in practice, the approach to ventral hernia repair remains open to debate.

The webinar consisted of an informative line up, the first from Dr Vishal Soni, Robotic and Laparoscopic AWR Fellow based in India. Dr Soni presented an algorithm to determine operative management based on hernia size, but such is the way in surgery, there are many ifs and buts to each rule. What should one do in situations of contamination? How do we approach the management of patients who smoke or have diabetes? This led to an interesting discussion on tailoring

the approach based on the variables at hand as well as what modality and skillset is available to the operating surgeon. One take home message of the presentation was that Instead of adopting a linear management algorithm, adapting a neural network model, and acknowledging that the decision-making process is layered will influence the conclusion made on the approach to a particular hernia. The talk was complimented with some enjoyable videos of minimal access ventral hernia repairs.

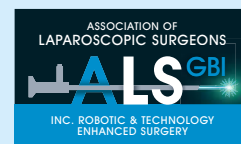
Mr Neil Keeling presented a case with pearls on the mitigation of post-operative complications with mesh explantation, which was very helpful and insightful. The talk was accompanied by some eye-opening pictures of meshes visible at colonoscopy and cystoscopy, with key lessons on taking all steps to try and prevent mesh infections and being prepared if things go wrong. How he managed a patient with a mesh repair of a parastomal hernia who developed a fistula, is something I will be asking him more about at this year's ALSGBI ASM!

Mr Keeling's talk led nicely onto the next presentation of a patient with a complex mesh infection by Dr Bhagtani, Senior Resident from HBTMC & Dr R N Cooper Hospital, Mumbai. Her take home message of 'treatment is difficult, but prevention is possible' was key.

I also had the honour of delivering a talk about the management pathway for patients with large ventral wall hernias at Broomfield Hospital, Essex led by Mr Toby Hammond and Mr David Barnes. I also presented a case on the use of progressive pneumoperitoneum on a patient with a massive incisional hernia and significant loss of domain with Mr Gaurav Kulkani, AWR Fellow at Broomfield.

I found the webinar really insightful with useful discussion on cases which an early years Surgeon might find challenging to manage. I'd like to give special thanks to Dr Easwaramoorthy, IAGES President and Dr Khandelwal of the IAGES committee, ALSGBI Council members and the ALSGBI Academy for putting together a great webinar. The webinar is available on docplexus and is well worth watching!

**Miss Nayaab Abdul Kader**  
ST3 Southend Hospital, Research Lead for the ALSGBI Academy







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# ALSGBI David Dunn Travelling Scholarship 2020

Between January and March 2023 I travelled to visit centres in two beautiful historic cities in Belgium.

I first visited the colorectal surgery department in Leuven University Hospital and where I was hosted by Albert Wolthuis, Gabriel Bislenghi and Prof Andre D'Hoore.

The hospital has a strong research profile and a busy tertiary colorectal practice with a majority of procedures being performed minimally invasively with a combination of laparoscopy, transanal and recently robotic surgery. It is also a world-renowned centre for Inflammatory Bowel Disease (IBD) treatment, which I have a particular interest in.

Leuven is a city of about 100,000 people with a large student population in the Flemish Brabant region. The university dates back to 1425 and has a strong science and research focus. I stayed about 3 miles from the hospital and hired a bike to help me get to and from the hospital which was generally pleasant on days it wasn't snowing!

Days in Leuven would start with the general surgery departmental meeting at 0745 which was attended by the staff surgeons, fellows, residents and medical students. Emergency cases who had been admitted or operated on the previous day were presented by the residents with their scans and electronic notes shown on the screen. Fellows would then present the cases due to be operated on that day. Whilst this meeting was taking place the first patient was usually being brought round to theatre, anaesthetised and was usually on table by 0815 to 0830. Operations were usually attended by a fellow and a resident and often



a medical student or visiting international fellows. During my time there were other fellows from Malaysia, Italy, Romania and Israel. They often stayed 6-12 months and would complete research projects as well during this time supervised by the consultants.

There was a weekly IBD MDT lead by the Gastroenterologists and attended by 1 or 2 of the surgeons. At this meeting all emergency inpatients and urgent outpatients were discussed, as well as all IBD patient who had had surgery in the past week and all who were due for surgery in the coming week. There was also a weekly joint IBD clinic run by Gastroenterologists where patients were seen jointly or concurrently by surgeons. Patients due to attend this clinic were also discussed at the IBD MDT. These meetings were a highlight of my stay and I was inspired to try to replicate the excellent collaborative working relationships in my own practice.

After 5 weeks in Leuven I travelled to Maria Middelaers Hospital in Gent where I was hosted by Filip Muysoms, president of the European Hernia Society, robotic hernia surgeon and proctor. During my time in Gent I saw many robotic hernia operations including inguinal hernia, TAPP umbilical hernia, TARUP, eTEP, roboTAR and inguinal mesh plug explantation. I also had the opportunity to attend 2 live porcine operating robotic hernia courses at the ORSI academy nearby, which was a really valuable practical experience.

I also had the opportunity to observe Dr Muysoms proctoring another Belgian surgeon in another centre who was early on in their robotic hernia experience. I found this particularly useful as it exposed me to some of the difficulties I may come across when training in robotic hernia surgery and the way

in which an expert manages these.

Maria Middelaers has a "just-in-time" system for bringing patients in for surgery throughout the day only 30 mins before their operation was due to be done which allowed more throughput in a smaller admissions and discharge area. Theatre lists would routinely run until at least 1900 at night with theatre staff on contracts that included the requirement to work these days.



I am very grateful to my kind and generous hosts but also to their trainees, the fellows and residents who made me welcome and would ensure I knew where I was going each day. I had many interesting conversations with them about the differences in training in our different countries. In Belgium trainees generally have a much larger exposure to theatre as part of their working week but their training is shorter and less structured. I find these conversations and different perspectives are my favourite part of "surgical travel" and I'm very grateful to have been given this opportunity.

**Miss Lisa Massey**  
**Nottingham University Hospitals**  
**NHS Trust**





# ALSGBI Robotic Driving Licence Courses, The Griffin Institute

28 June – 1 July and 8-11 August 2023



## Introduction

The ALSGBI Robotic Driving Licence has been developed and evaluated over the past two years with further editions in June and August of this year. It represents a key step of basic skills knowledge and technical skills acquisition to competency in the modular pathway to become a credentialed surgeon. The Griffin Institute, a pre-clinical surgical training centre in London, hosts the course.

## ALSGBI Basic Robotic Skills Driving Licence curriculum and setup

Three fourth generation robotic units are provided alongside three virtual reality (VR) stations, providing an opportunity to gain the defined VR competencies.



The four-day curriculum timetable incorporates systems-based knowledge, troubleshooting, docking, undocking, beside assistant experience, emergency scenarios, and technical skills practice

on dry and wet models. The whole course is practical with formative and summative assessment at the beginning and end of the week.



The candidate to faculty ratio (minimum 2:1) allowed for improved feedback and teaching, as well as participants using GEARS and VR scores to track their learning curve.

## Curriculum validation

The curriculum has been initially piloted and evaluated with 47 participants of varying surgical experience, all robotic novices, undertaking the course. Using the Global Evaluative Assessment of Robotic Skills (GEARS) tool, VR scores and Objective Clinical Human Reliability Analysis (OCHRA) error analysis, the research team at The Griffin Institute has objectively assessed participants' learning curves, concurrent and construct validity of the course, with curriculum evaluation following the Kirkpatrick model. This data will be presented at the ALSGBI Annual Surgical Meeting this year.

## Feedback

Overall ratings: 5/5 stars in all domains.

Suggested improvements: Further specialty-specific courses.

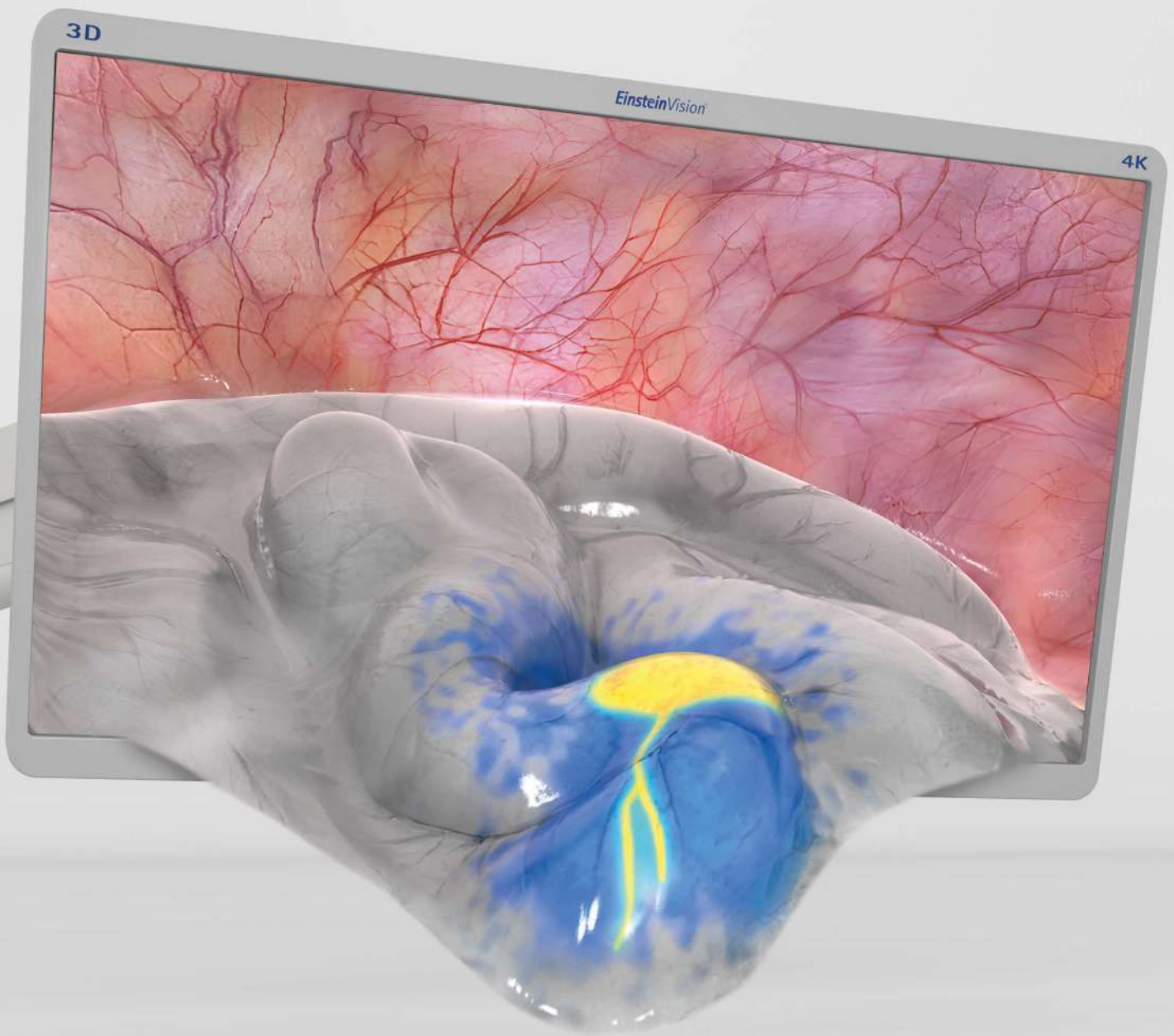
## Future plans

The ALSGBI and The Griffin Institute plans to further evaluate the curriculum's predictive validity and develop societal, specialty-specific courses. Following full evaluation of The Robotic Driving Licence it will provide a validated framework for other basic robotic skills curricula to be developed for current and emerging robotic platforms.

**Mr Matthew Boal**  
The Griffin Institute







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# 2nd ALSGBI Intermediate Skills in Robotic Surgery Course

September 2023, Intuitive Surgical Ltd, Oxford Science Park, Oxford



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

Building on the work from the inaugural ALSGBI Intermediate Skills in Robotic Surgery Course in March 2023, we hosted the 2nd course of this kind in September 2023.

It was an excellent two day course and provided delegates with the chance to develop their robotic surgery skills.

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 robotic videos of synthetic and intraoperative examples demonstrating the technique.

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

The course was hosted at Intuitive Surgical Centre in Oxford and provided delegates with the ideal facilities to undertake robotic training. We thank Intuitive surgical for their support in promoting training and education in robotic surgery. We also thank our expert faculty who provided training to 9 delegates in total.

We received excellent feedback from the delegates, with all feeling their robotic skills and safety in utilising robotic technology has developed throughout the duration of the course. The delegates have been encouraged to utilise the skills learnt in real world operating. A consistent provision of opportunities in robotic training to specialist trainees will be critical moving forward as robotic surgery becomes more widespread. 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.

“Vastly enjoyable course with plenty of time was spent on the console”

“The models utilised on both days were of good quality especially the hernia model”

“Felt my skills in robotic surgery developed over the duration of the course – would highly recommend”

“Excellent course with engaged faculty and good technical tips and exposure”

**Mr Altaf Awan**  
ALSGBI Director of Education –  
Laparoscopic and Robotic Surgery.  
Course Director

**Mr Javed Latif**  
ST4 General & HPB Surgery  
Health Education East Midlands  
ALSGBI Academy Social Media  
Committee Lead





# Oxford Ideas Forum at the John Radcliffe Hospital, 30 September 2023

On September 30th 2023, Mr Thomas Mroczek (Co-lead of the SupportUs Group of the ALSGBI Academy), attended and presented at the Oxford IDEAS Forum at the John Radcliffe Hospital. The IDEAS Forum was designed with the aim to “empower trainees to make decisions that are right for them by being fully aware of the challenges that may lie ahead and knowing where to find the support and help needed”. The Forum focused on aspects and challenges in surgical training outside of the operating theatre and hosted speakers from various specialities who spoke on how they overcame their own challenges during training.

Mr Mroczek in representation of the SupportUs Group, presented a poster regarding the Group’s initiative to commence a tailored mentorship programme to provide intersectional support and mentorship to aspiring surgeons, particularly those who possess protected characteristics or identify with under-represented groups. The poster and initiative were well received by the attendees and the IDEAS committee and won the award for Best Poster Presentation. The SupportUs Group looks forward to establishing the mentorship programme and presenting the results at future IDEAS Forums.

**Mr Thomas Mroczek**  
Co-Lead of the SupportUs Group  
ALSGBI Academy



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# ALSGBI David Dunn Travelling Fellowship 2021

I am grateful to the ALSGBI for supporting my travelling fellowship to Centre Hospitalier Universitaire de Montpellier in Autumn 2022.

Whilst bariatric-metabolic surgery is the most effective treatment for severe and complex obesity, there is an increasing recognition that some interventions carry a need for revisional surgery for this chronic disease. Sleeve gastrectomy is currently the most performed BMS globally. However, around 25% patients develop gastro-oesophageal reflux and up to 10% require surgical revision for this, typically Roux-en-y gastric bypass.

Recognising this Achilles heel of sleeve gastrectomy, Professor David Nocca based at the CHUM and one of the global leaders in sleeve gastrectomy (having trained with in New York with Michel Gagner) developed the Nissen Sleeve Gastrectomy. In this technique, a short Nissen fundoplication is performed prior to the sleeve transection of the stomach. I am grateful to Professor Chris Pring for first bringing my attention to Prof Nocca's work and for contacting Prof Nocca to help me set up the fellowship.

St Eloï hospital is the elective digestive centre of the CHUM and is based on a very large site that also contains the emergency hospital La Peyronie in central Montpellier. The bariatric metabolic centre runs 3-4 whole day operative lists – each has 3-4 bariatric metabolic surgical procedures on it. While a majority is Nissen Sleeve gastrectomy. There were conventional sleeve gastrectomies, Roux-en-y gastric bypass (with hand-sewn gastrojejunostomy) and a good volume of revisional work (often from other centres). The hospital rooms are predominantly single rooms and there was always sufficient bed space to allow the maximal efficiency of the digestive unit.

I also had the opportunity to observe the outpatient department where both pre- and post-operative patients were assessed and the day unit where more comprehensive multidisciplinary (dietetic, physiology and psychological) assessments were made. I was very grateful to the two Fellows Saad Joumaa (now attending Consultant at St Eloï)



and Pierre Brinas (now attending Consultant in Toulouse) for guiding me in my rudimentary French and also to the theatre team at St Eloï! I was able to perform several Nissen Sleeve Gastrectomies under the supervision of Prof Nocca and his team and was thankful that these all proceeded well.

The structure of French healthcare was also very interesting to observe. France runs a health insurance-based model – often linked to employment. There is a public health system that ensures total population coverage, the Couverture maladie universelle. Bariatric surgery is an accepted healthcare treatment by these insurance systems. The access appeared to be generally excellent with limited waiting time for outpatient review and then only a few weeks or months to wait for surgery once a decision to proceed. The French version of NICE, the Haute Autorité de Santé, has set guidance on the accepted criteria for bariatric surgery (very similar to NICE guidance) and has approved procedures (at the current time one-anastomosis gastric bypass is not approved and therefore not typically funded).

My time in the follow-up clinic was extremely instructive. I saw patients who had debilitating reflux and complex obesity who had excellent outcomes with sleeve gastrectomy. The rates of weight loss and comorbidity resolution were also very good. This is backed up by the published mid-

term data from the Unit. I was able to contribute to the research output from the Unit during my time, with a technical considerations of Nissen Sleeve Gastrectomy article (PMID: 36729366) and an epidemiological survey of severe obesity in France article (PMID: 36769573). My fellowship also coincided with the French bariatric surgery society annual meeting in Montpellier and I am indebted to the audience for putting up with my presentation, in French(!), about operating in patients who are currently smoking – a hotly debated topic!

We were able to take on this exciting time in Montpellier as a family and our two little boys had a great time in the South of France. The long sandy beaches, warm Mediterranean sea, the brilliant parks and the tasty food were all fantastic experiences. The city was easy to navigate with a brilliant tram system that will soon be free to use for all. The city stops when the Montpellier Herault rugby club play and we were lucky enough to catch a game whilst we were staying.



In summary, my David Dunn Travelling Fellowship was a hugely instructive part of my final stage of training and many of the concepts I have learnt I have already employed in my consultant practice. I am indebted to the excellent training I have received in Chichester (Chris Pring, Will Hawkins and Richard Newton), Guildford (Nima Abbasi and Shaun Preston), St Peter's (Kumaran Ratnasingham, Samer Humadi and Shashi Irukulla) and Taunton (Richard Welbourn, David Mahon and Hamish Noble) that got me to this point. Chris Pring, in particular, helped put me in contact with David Nocca initially. I have had the opportunity to develop several lifelong friendships and research contacts that will enrich the rest of the surgical career. I remain very grateful to the whole ALSGBI, including Jenny Treglohan, for supporting me in this endeavour.

**Mr Andrew Currie**  
Consultant Bariatric and Upper GI Surgeon,  
University Hospitals Derby and Burton NHS Trust







## ALSGBI Laparoscopic Surgery Training Day

Karl Storz Offices, Slough, 5 October 2023

On the 5th of October 2023, faculty and delegates thoroughly enjoyed the ALSGBI Laparoscopic Surgery Training Day at the wonderful KARL STORZ Endoscopy Facility in Slough. We arrived early on a fine autumn morning, to be greeted by hot drinks and snacks during registration.

After a tour of the wonderful facility, Mr Andrew Day gave an introductory lecture to all the delegates. After this we had some talks from our generous sponsors including KARL STORZ and Inovus Medical. The KARL STORZ



facility was packed full of laparoscopic box trainers for our delegates to start practising their LapPass skills on. The rest of the day was divided up into four sections so that delegates could have ample time to practise and then be examined by the faculty to be signed off for their LapPass certification.

Midway through the day we stopped for lunch, which also allowed for our delegates and faculty to mingle and network. Near the end of the day we had a short debrief and delegates that successfully completed all four LapPass exercises were presented with their certificates.

**Mr Ibrahim Kawaja**  
Liverpool University Hospital

## ALSGBI Midlands Hernia Symposium

Royal Derby Hospital, 6 October 2023

The first successful Midlands hernia symposium was held on Friday 6th of October. It kicked off at 1pm with a trainee LapPass competition. Eight trainees competed to show their laparoscopic skills in view of winning a gold medal provided by Karl Storz. This was followed by talks starting at 5pm presented by Mr Alastair Simpson (Consultant Colorectal Surgeon, Queens Medical Centre, Nottingham) - Training pathway for robotic hernia surgery, Mr Guy Finch (Consultant Upper GI Surgeon, Northampton General Hospital) - Management of emergency ventral hernia, Mr Imran Bhatti (Trent Representative for ALSGBI, Consultant HPB Surgeon, Royal Derby Hospital) - Laparoscopic management of acutely strangulated groin hernia and Mr Altaf Awan (Director of Education ALSGBI, Consultant HPB and Bariatric Surgeon, Royal Derby Hospital) - A safe introduction to robotic hernia surgery from groin to TAR.



There were over 37 delegates in attendance from a wide geographical area (Manchester, Coventry and London). General feedback was excellent, and the talks were well received. The gold medal prize was presented to Mr Matthew Brazkiewickz (CT1 Chesterfield Hospital) by Mr Guy Finch. The evening was completed by a dinner which included chicken saag/vegetable curry and a choice of chocolate orange or lemon drizzle cake. The symposium was arranged to ensure high quality patient care for hernia surgery and safe introduction of robotic techniques in complex hernia. In future we hope to continue informative ALSGBI hernia symposiums as surgeons embark on their robotic hernia programmes. We would like to thank our sponsors (Karl Storz and Medtronic) for their support.

**Mr Imran Bhatti (Regional Representative ALSGBI)**

**Mr Altaf Awan (Director of Education ALSGBI)**



## 9th Northern Laparoscopic & Robotics Video Conference

Darlington Arena, 6 October 2023

It is an immense pleasure to note that the 9th Robotic and Laparoscopic Video Symposium was successfully concluded and convened by Professor Gilliam, Mr Thambi and organised by all MCh faculty.

Professor Viswanath said 'Every year we share and update on various aspects of advances in robotics and laparoscopic surgery allowing our clinicians to gain an insight into current developments influencing their practice'.

With over 80 clinicians attending in person, in addition to those who watched our live link, two registrars presented and received prizes for the best presentation.

Thank you to all the industry partners who came with a range of new and innovative equipment for demonstration as part of our large exhibition.

"Programme content was absolutely fantastic!"

A well organised and informative day thoroughly enjoyed it"

"Very nice videos and presentations – well organised"

Look out for the event in October 2024!

**Professor A Gilliam, Mr P Thambi, Professor Viswanath YKS**

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1. Ethicon, Project Floyd: Claims Metrology Report, June 2018, PRC079564B (145171-200630)

2. Ethicon, Floyd Relaunch Claims Metrology, June 2020, PRC095763A (145171-200630)

3. Ethicon, Floyd Relaunch Claims Ex-Vivo Sealing, June 2020, PRC094697A (145171-200630)

\* ENSEAL™ X1 Curved Jaw has a longer jaw, longer cut length and wider jaw aperture compared to LigaSure Maryland (LF1937) (p < 0.001). In benchtop testing on porcine arteries, vessels sealed with ENSEAL X1 Curved Jaw had a 22% higher average burst pressure than vessels sealed with LigaSure™ Maryland (LF1937), (1055mmHg vs. 862mmHg, p < 0.001)



# INDO UK Surgicon 2023

Royal College of Surgeons Edinburgh 8-11 October 2023

IAGES RCS Edinburgh collaborative conference was successfully held in the beautiful city of Edinburgh at the Surgeons' Quarters of the College from 8th to 11th October 2023. 140 people including 97 delegates and 43 spouses and children travelled to the UK for this historic summit. 120 delegates including 12 guest speakers attended this 4-day academic festival.

## TEAM INDOUK SURGICON 2023

- Dr. S.Easwaramoorthy, President IAGES
- Dr.Ramen Goel, Organizing Chairman
- Dr.Pawanindra Lal, Organizing Secretary
- Prof Rowan Parks, President of RCS Edinburgh

## LAPAROSCOPIC SUTURING COURSE ON 8TH OCTOBER

Thanks to Dr.Ravi Date, Dr.Shyam Matanhelia & Ms. Nithya Krishanmohan, we had a successful conduct of half-day hands-on laparoscopic suturing skill course in the Skill Centre at the Surgeon's Quarters and attended by 12 enthusiastic delegates from India.



## WELCOME DINNER ON 8TH OCTOBER EVENING

Prof Rowan Parks was gracious to host a grand gala welcome dinner in the college library. IAGES EC members and their spouses and invited guests from the UK joined the hosts during this wonderful evening. Prof Mike Griffin, Dr.Peter Vaughan Shaw, Prof Angus Watson, and Ms.Clare McNaught joined us for this memorable evening. Prof Rowan Parks welcomed the guests and briefly described RCS Edinburgh and its activities and about city of Edinburgh. Dr.Easwaramoorthy thanked the President of RCS Edinburgh for hosting the Dinner in the iconic college library. During his speech, he mentioned that while RCS Edinburgh has more than 600 years of history, more than 35,000 members across the globe, and has been an academic body for more than one legion, IAGES has 30 years of history and more than 10,000 active members across the subcontinent and has been a vibrant academic body for the lesion of Minimal Access Surgeons. He felt that both the academic forums would strive for excellence and safety and hence they could join hands for the betterment of their members with trustworthy collaborative academic partnerships. Faculty support for educational courses, accreditation of IAGES courses, and collaborative research activities are potential areas for future collaboration between the associations.

## INDO UK SURGICON 2023

Academic deliberations were held in 3 halls on the 9th and 10th of October and the whole scientific program was wonderfully crafted by Dr J.K.A. Jameel and team IAGES.

Hall A (Wolfson's Hall) had all the state-of-the-art lectures on 7 subspecialties namely Upper GI, Bariatric surgery, Colorectal surgery, Hernia, HPB, Robotic Surgery, and flexible endoscopy. There was a total of 8 Plenary lectures well attended by more than 100 delegates

Hall B (GB Ong room) had all the free papers, master videos on 7 subspecialties with active interaction with chairpersons

Hall C (Tausend room) had a display of 13 scientific posters which were discussed during lunch break. Dr.Randeep Wadhavan, Dr.Deep Goel and Dr.Satyapriya DeSarkar were the judges for the poster session.

The quiz program on Innovations of MAS on 9th October was the icing on the cake of this academic feast.

## IAGES RCS EDINBURGH BUSINESS MEETING

Prof Rowan Parks convened a hybrid meeting with team RCS Edinburgh to discuss the future directions for IAGES RCS Edinburgh academic collaborations and suggested that MOU could be signed in the near future clearly indicating the areas of collaboration. Prof Tim Graham, Ms.Clare McNaught, Prof Angus Watson, and Dr.Selvasekar were at the meeting with IAGES senior representatives and college staff in international affairs and accreditation.

## BANQUET DINNER ON MONDAY NIGHT

Team IAGES has arranged a very memorable gala dinner in the historic Playfair hall for all the 140 guests including Prof Rowan Parks, Prof Mike Griffin, Ms. Clare McNaught, Prof Angus Watson, and Prof David Mahon. After the exchange of gifts and welcome speeches by the Presidents, several of the delegates entertained the guests with melodious songs and instrumental music. Finally, all the couples participated in the fashion parade in their colourful Indian national dresses. It was a wonderful goosebump moment when they all started singing a group farewell song at the end.



## FACULTY CERTIFICATE AWARD CEREMONY

Team INDOUK SURGICON arranged to present all the faculty members with a Certificate of Appreciation during a colourful award ceremony on the 10th of October evening.

## ROBOTIC SURGERY HANDS ON WORK SHOP ON 11TH OCTOBER

Dr.Selvasekar, Dr.ArulImmanuel, and Dr.Randeep Wadhavan were among the trainers in this intuitive robotic surgery workshop attended by 16 delegates from India. Prof Rowan Parks and Prof Peter Vaughan supervised the successful conduct of this one-day event and interacted with all the delegates.

## IAGES TUGSS MEETING ON 12TH OCTOBER

Thanks to Dr. Murthy Nyasavajla, Dr. Brij Madock and Dr. Y.K.S. Viswanath and team Trent Cliffs, 20 delegates from IAGES traveled to Scunthorpe and joined the TUGSS team and local delegates for this wonderful hybrid bariatric academic summit.



## ROBOTIC COURSE IN COLLEGE

We thank all the staff at RCS Edinburgh including Mrs.Jackie Hudson, Mr.Gerard, Mr.Neil Golightly for the smooth and successful conduct of this historic summit. Our heartfelt thanks to Dr. Saikrishna Vittal, Dr. Selvasekar, Prof Mike Griffin, and Dr. Pala Rajesh for their constant encouragement and support.

## FEEDBACK COMMENTS

'Brilliant. Great few days and it was a joy and pleasure having the IAGES meeting in Edinburgh at RCS Edinburgh – Dr. Rowan Parks'. 'Extra ordinary event and wonderfully executed – Dr. Pala Rajesh'. 'Great 2 days, flawless execution and colourful academic feast- Dr. Chandra Cheruvu'. 'Fantastic program and great hospitality by RCS Edin – Dr. Sanjay Sonar'. 'Wonderful event & thoroughly enjoyable – Dr. David Mahon, ALSGBI'. 'Dear Friends, IAGES RCS Edinburgh academic summit was a small step in the right direction for future academic and research collaboration for the mutual benefit offellows and members'. 'Future belongs to trustworthy academic friendship and partnership....'

Dr Sundaram Easwaramoorthy  
President, IAGES



# Robotic Surgery in the UK – where we are and where it's going

Robotic surgery has been around for over 30 years but in the last decade, there has been a real push to expand robotic surgery beyond tertiary units and more specialties are starting to use this technology.

As the technology advances, previously cited limitations (e.g. energy available, size of robot versus space available, lack of compatibility with instruments such as staplers) are falling by the wayside. Even the fairly prohibitive cost of the robotic systems is reducing as other competitors come onto the market.

Whilst the benefit of robotically assisted surgery in terms of patient outcomes is far from overwhelming, there is no doubt that robotic surgery appears to



carry significant benefits to surgeons and their longevity. It seems inevitable that the future of minimally invasive surgery will be robotic.

We are therefore excited to present the results from our recently conducted national audit into provision of robotic surgery around the UK at this year's ASM. The results show that 64% of trusts have a robotic system, of which the most popular is the Da Vinci system.

In trusts that do not currently have

a robot, 72% are either planning on acquiring a system or have purchased a robot with plans to start in the next year. Even in the trusts that already have a robot, 80.8% are planning on expanding their robotic services – either through number of specialties or number of systems.

The audit also looked at current training in both laparoscopic and robotic systems and this is certainly an area that could be improved and that the Association should be leading in.

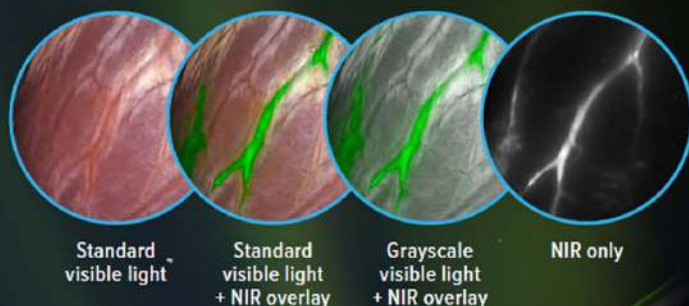
Our results show that under a quarter of Trusts report a prescribed laparoscopic training programme for trainees, and this is also reflected by what trainees have reported in an Academy-led survey of training. Perhaps it is time to rethink the opportunistic-style training model and come together with relevant stakeholders to formalise an early stage training route that gives our junior surgical colleagues the skills they need to start performing laparoscopic and robotic surgery.

**Miss Jessica Tan**  
The Royal Surrey County Hospital

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## Robotic ColoRectal Cancer Database and CME Training program

Colon cancer is 4th most common, ranks 3rd for mortality in the UK (GLOBOCAN 2020) and there have been 32,641 new cases in England and Wales between April 2019 and March 2020 (NBOCAP 2021), with surgery being the mainstay of treatment. These surgical treatments include, amongst others, hemicolectomies, subtotal colectomies, and Complete Mesocolic Excision (CME). CME is a more radical technique for colon cancer and is characterized by the preservation of the integrity of the visceral mesocolic fascia and central vascular ligation.

There have been several articles reporting on CME in recent years. Hohenberger et al. reported that standardised open CME reduces local recurrence (LR, 6.5 to 3.6%) and increases 5-y disease-free survival (DFS, 82.1 to 89.1%). Bertelsen et al. compared open/laparoscopic CME to “standard technique” and reported lower LR (11.3 vs 16.2%) and higher 4-y DFS (85.8 vs 75.9%,  $p=0.001$ ) in the former. CME was an independent prognostic factor for DFS on multivariate analysis. Two studies performed in Portsmouth found improved 3-y DFS and OS through the use of robotic CME, showing this approach to be feasible and safe compared to traditional techniques (Siddiqi et al. and Khan et al.).

Although laparoscopy is the most commonly used approach for colon cancer in the UK, laparoscopic CME has been held back due to safety concerns. It is technically challenging because of the platform’s limitations making dissection on major vessels, pancreas, and duodenum hazardous. The robotic platform was specifically designed to optimize the limitations of laparoscopy. Robotic CME could hypothetically reduce the risk of surgical complications and improve postoperative recovery, whilst maintaining oncological radicality. The robotic platform’s ergonomic advantages can help to overcome some difficulties of laparoscopic CME, leading to lower morbidity and post-operative recovery. An adequate training program could improve anatomical knowledge, and surgical technique, optimizing patient’s standard of care.

To help promote standardization and support evaluation of the evolution of robotic colorectal practice in the UK, Portsmouth Hospitals University NHS Trust has collaborated with the ALSGBI to establish an online research database ([www.robcr.net](http://www.robcr.net)) that can be used by NHS Trusts. The setup and security of this database complies with all of the NHS and HRA ethics and security requirements, and will be going live to other trusts in the near future. If you are interested in participating and using this database for your trust, please contact us at [info@robcr.net](mailto:info@robcr.net).

There has never been a greater need to have a national CME training program for safe adoption of CME surgery. We are planning

to launch a pilot program where we will be inviting selected centres and surgeons after a national call to all colorectal units. All centres will be subjected to a number of selection criteria and will be asked to submit essential documents prior to enrolment. All participants will follow a standardized training program, and we will be assessing and monitoring outcomes to evaluate the feasibility and validity of a robotic CME training program. Invitations for this training program will be sent out in the coming months, so keep an eye out for your inbox!

**Professor Jim Khan**  
Consultant Colorectal Surgeon at Portsmouth Hospitals University NHS Trust and Professor of Robotic Surgery at the University of Portsmouth

**Dr Rauand Duhoky**  
Colorectal Clinical Research Fellow at Portsmouth Hospitals University NHS Trust and Phd Student at the University of Portsmouth

**Mr Guglielmo Niccolo Piozzi**  
Colorectal Clinical Research Fellow at Portsmouth Hospitals University NHS Trust

## Make critical decisions with Active Imaging

BK Medical, now a part of GE HealthCare, is committed to providing innovative Active Imaging solutions that help surgeons confirm or update operative plans, make informed clinical decisions, and achieve organ-sparing procedures. Driven by their mission to change the standard of care through visual guidance, BK Medical technology provides high-resolution images and data-driven insights when it matters the most. Check out the Advanced Laparoscopic Transducer (I13C3f) at the BK Medical UK Ltd stand. Patented laser technology integrated on the transducer lets users plan and target tumor biopsies and ablations while its millimeter markings aid real-time measurements up to 3 centimeters.

Discover the clinical benefits of Active Imaging for laparoscopic cholecystectomies. Using bkActiv and the Advanced Laparoscopic Transducer, surgeons can quickly visualize biliary anatomy and monitor progress as many times as needed during the procedure while helping you reduce radiation hazards to your patients and staff.

Visit stand 9 to see the BK Medical portfolio, meet the team and take part in BK Medical UK Ltd ALSGBI Industry Challenge! Under the pressure of the stopwatch, experience the Advanced Laparoscopic Transducer for yourself to identify and explore the gallbladder, common bile duct, and hepatic artery.

## Richard Wolf at ALSGBI 2023. We are Back!

Richard Wolf UK are very proud to be once again sponsoring the ALSGBI and supporting innovation in the field of Laparoscopic Surgery.

The Richard Wolf products, services and drive for excellence are closely aligned to this year’s Annual Scientific Meeting entitled ‘Navigating Success, from Competency to Mastery’.

Please join us to meet old and new friends to gain new perspectives on the latest trends and product innovations in laparoscopic surgery.

Whether you are considering your future laparoscopic instrument needs, ready to assess the markets’ 4K camera offerings, introducing fluorescence guided surgery into your department, or the smart digital operating theatre harnessing the power of software based open architecture represents equates to success and mastery for you. Richard Wolf UK look forward to meeting with you in Portsmouth to further understand your user needs and requirements.

This year’s product highlights on display include:

### 4K Camera System with ICG-enabled capabilities:

- Provides exceptional visualization of visceral perfusion in real-time ICG/NIR fluorescence imaging, meeting the highest standards of endoscopic imaging.

### Panoview ULTRA 4K/UHD laparoscopes for outstanding image quality:

- Designed for ICG/NIR applications.
- Suitable for standard white light endoscopy.
- Offers natural colour visualization in both white light mode and System green mode (greenICG).

### Eragon – the Laparoscopic instrument system for versatile use:

- ERAGONmodular sets new standards in versatility and quality.
- This modular generation of instruments is designed to cover a wide range of applications.
- Surgeons can count on precision, safety, and intuitive handling.
- ERAGONmodular is your go-to system for numerous interdisciplinary possibilities, making it an essential part of your laparoscopic toolbox.

**Join us at booth 4 to see our equipment and, if you’re up for the challenge, put your surgical skills to the test in our industry challenge.**

## LONG-TERM COMPARATIVE STUDY OF IPOM MESHES

### PROSPECTIVELY COLLECTED DATA FROM THE DANISH HERNIA REGISTRY WITH A FOLLOW-UP OF MORE THAN 10 YEARS SHOW CONSIDERABLE BENEFITS OF DYNAMESH®-IPOM MESHES

#### Title of the Study:

“Reoperation for recurrence is affected by type of mesh in laparoscopic ventral hernia repair: a nationwide cohort study“ – Baker et al., 2021

In December 2021, one of the world's most renowned surgical journals, Annals of Surgery, published a prospective study of the Danish Hernia Registry. This study compares the meshes used to treat primary and incisional ventral hernias in the laparoscopic IPOM technique. In total, more than 5,400 patients with a follow-up of up to 13 years were included.

#### Special Characteristics of the Register Study:

- This is a multi-centre, nationwide collection of data from a wide patient population by many physicians with varying levels of experience
- All patients in Denmark are registered with their unique personal identification number, which enables a follow-up rate of almost 100%
- Data and results from Danish registries are considered to be highly reliable in terms of clinical statements as they accurately reflect the reality in surgical clinics

#### Purpose and Design of the Study:

Investigation of the effect of different meshes on the reoperation rate for recurrence after laparoscopic ventral hernia repair

- Nationwide cohort study based on prospective data from DVHD/DNPR\*
- Inclusion criteria: ≥18 years, laparoscopic ventral hernia repair with intraperitoneal mesh placement
- Exclusion criteria: among others, spiegelhel, lumbar or parastomal hernia; concomitant component separation; repair performed as a secondary procedure

#### Our Conclusions from the Study:

- DynaMesh®-IPOM showed the best results overall in this wide-ranging national study, which included various partially resorbable meshes
- For primary ventral hernias, DynaMesh®-IPOM was selected as reference due to its excellent results
- For incisional ventral hernias, none of the meshes examined performed better than DynaMesh®-IPOM in the follow-up between 4 and 10 years
- The flat Kaplan-Meier curves suggest that DynaMesh®-IPOM will continue to be the best mesh over time (> 10 years)

\*in months



# Revolutionizing Healthcare: The Impact of AI in Surgery

## Advancements and Challenges in the Integration of Artificial Intelligence

In recent years, the field of healthcare has witnessed a transformative revolution with the integration of Artificial Intelligence (AI) in surgery. From precision tools to automated procedures, AI is playing a pivotal role in enhancing surgical outcomes and patient care. However, as with any technological advancement, there are challenges and downsides that need careful consideration. The key areas of interest are not only what is possible, but how do we contain the potentially destructive elements. The ALSGBI was ahead of the curve on AI, inviting Dominic King from Deepmind to our ASM over seven years ago. In tech terms this is almost a different age. The changes and evolution has been exponential and the power for good remains enticing.

## The Rise of AI in Surgery:

Artificial Intelligence has found its way into operating rooms, offering surgeons innovative tools to improve decision-making, precision, and efficiency. As James Kinross has said, “every operation is a data harvesting event.” The ability to use data from inputs such as cameras for computer vision as well as large language models which use statistical models to analyse vast amounts of data learning the patterns and connections between words and phrases has revolutionised what is possible. One notable application is in robotic-assisted surgeries, where AI-driven robotic systems aid surgeons in performing intricate procedures with unparalleled accuracy. These systems utilize machine learning algorithms to analyze data and provide real-time insights, allowing for a more informed and precise approach. For me the true utility is the data gathered in order to learn and to avoid error. Robots are simply material manifestations of AI. The potential to harness machine learning and approach Artificial General Intelligence is an intriguing and possibly frightening thought.

## Precision and Efficiency:

AI algorithms excel in processing vast amounts of medical data, from patient records to imaging scans. Surgeons can leverage this data to tailor treatments based on individual patient profiles. This personalized approach enhances the precision of surgeries, reduces errors, and contributes to quicker recovery times.

## Challenges in the Integration of AI:

Despite the remarkable benefits, the integration of AI in surgery is not without challenges. One major concern is the need for robust data privacy and security measures. As AI systems rely heavily on patient data, ensuring its confidentiality and protection against cyber threats is paramount. Trust is the central foundation on which we can harness the power of AI systems.

Another challenge is the ethical implications surrounding decision-making. While AI can assist in diagnostics and treatment planning, the ultimate responsibility lies with the human surgeon. Striking the right balance between AI assistance and human expertise is crucial to avoid over-reliance on technology. This field will change beyond our wildest imagination in the blink of an eye and so needs rules and regulation from the outset. This in turn requires collaboration on an international level as well as within society, the legal profession and of course our medical authorities.

## Training and Skill Acquisition:

The implementation of AI in surgery also requires extensive training for medical professionals. Surgeons and healthcare practitioners need to familiarize themselves with new technologies and algorithms, which can be time-consuming. Additionally, maintaining proficiency in both traditional and AI-assisted surgical techniques becomes imperative.

## Economic Considerations:

The high costs associated with implementing AI technologies in healthcare settings pose a significant barrier. From acquiring cutting-edge equipment to training staff, hospitals and clinics may face financial constraints. The economic viability of widespread adoption remains a critical consideration.

## Conclusion:

The integration of AI in surgery undeniably represents a monumental leap forward in healthcare. Its potential to enhance precision, efficiency, and patient outcomes is unparalleled. However, careful attention must be paid to the challenges posed by data security, ethical considerations, training requirements, and economic factors. As the medical community continues to navigate these complexities, the future holds promise for a harmonious collaboration between human expertise and artificial intelligence in the realm of surgery. This will only be possible if we as a community of surgeons start to try and understand the technology, petition for a robust framework for its use and maintain vigilance on outcomes. There is far more that we do not know but this general purpose technology will revolutionise our lives both in and out of work.

**Professor Tan Arulampalam**  
President Elect, ALSGBI



# Save the Date 2024

## **ALSGBI Laparoscopic & Robotic Surgery Training Days**

Saturday 2 November  
Derby

## **ALSGBI & ALTS Annual Scientific Meeting**

Tuesday 5 and  
Wednesday 6 November  
Derby

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

