

# ALSGBI NEWSLETTER



## President's Introduction

Welcome to the Spring newsletter, although one could be forgiven for mistaking the season! I am honoured to take on the Presidency from David Mahon who has been a steady hand on the tiller as we navigated challenging times. I would like to personally thank David for his diligence and immense work ethic to grow the ALSGBI especially in the field of robotics. I would also like to make a special mention to the ALSGBI office. Jenny Treglohan and Sarah Williams, our Directors who work so hard behind the scenes to ensure that the budgets are adhered to, funds are raised for training and events are delivered without any drama. I would like to thank Jeremy Williams who has helped raise the membership to the 700 mark and who is in the engine room ensuring you are kept up to date on all events, scholarships and news. Without the office, the Association would be a different place.

I have reflected on our objectives for the next two years. These are framed by the significant challenges that lie ahead. We face unprecedented pressure on training in minimally invasive surgery, an immense paradigm shift in healthcare technology (robotics and AI) and an immense burden on our workforce in terms of burnout and wellbeing. Surgery has faced these perils before and overcome them with

a combination of a cohesive surgical community, setting out a clear strategy and adopting tactics that have given the best chance of thriving rather than surviving. We have a committed and accomplished Council who have and will continue to work hard to deliver our objectives.



Professor Tan Arulampalam

The Council held a strategy day on the 10th May in Colchester with the aim of identifying the main threats, developing strategies to deal with the same and planning tactics to deliver better training based on learner needs, collaborate with the MedTech industry to develop even stronger partnerships, to work with our colleagues in ALTS to build better teams and finally to bring surgeon and practitioner wellness at all stages of one's career to the centre of our agenda. We wanted to answer the question "what can the ALSGBI do for me?" We will publish our outputs and measures of success in future newsletters, but also keep you better informed with a more agile communication strategy.

The centrepiece of our activities is our Annual Scientific Meeting (ASM) which this year is being held in Derby and hosted by our Director of Education, Mr Altaf Awan and Council member Mr Imran Bhatti. We have, as a Council, taken the decision to focus on high quality educational content and will trial a newer format that will focus on patient safety, better outcomes and an exceptional educational experience. We want you to continue the learning journey, challenge convention and learn from the vast experience of our faculty and moderators. Your feedback is essential and I would urge you to take a look at the website and join us in what will be a great event. We have robotic and laparoscopic training courses as well as LapPass® training and assessment pre and

during the congress. We do hope you can join this event.

Our successes of the last 2 years have been largely due to our Academy led by Tamsin Morrison and supported by the whole community that has crystallised around the group. We will be supporting the Academy still further in order to address training issues and increase our membership to gain the benefits of training, the excellent Through The Keyhole podcast series, and support for building a stable and fulfilling career. We will also look at other digital formats to scale our education and make this easily accessible to more trainees. We hope to develop resources for middle years consultants as well as our senior membership. All of these initiatives will be running parallel with a comprehensive robotic surgery training programme and education on AI in healthcare.

Our international partnerships continue to flourish with excellent joint events with IAGES and AMASI (India) and SLAMADS (Sri Lanka). We are keen to work closely with the South African Association as well as Societies in Eastern Europe. The ALSGBI will also deliver its first LapPass® course in Malta in August 2024 and the Academy are going to be promoting LapPass® at the EAES in Maastricht.

Much of our work is supported by the Medtech industry. I am grateful to all our sponsors for making our events possible, in particular B. Braun, ETHICON and INTUITIVE our platinum partners, Fisher & Paykel Healthcare our gold partner and, AMS, Arthrex, BK Medical, Brennan & Co, CMR Surgical, Elemental Healthcare, HC21, Inovus Medical, Kimal PLC, Karl Storz, LawMed, Olympus, Richard Wolf, Stryker and Teleflex, our silver partners.

I would like to end by thanking Neil Keeling for once again bringing together our newsletter that highlights many of the key pieces of work that the ALSGBI are involved in and the experiences of our membership. Feel free to write in, feedback and even better submit an article. We want to create a responsive association where we can give our members what they really want and need. I look forward to a productive and positive two years and look forward to hearing from you about what your priorities are. Enjoy the newsletter.

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Association of Laparoscopic Surgeons of Great Britain and Ireland

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# Editor's introduction

## June 2024

The newsletter brought to you by the ALSGBI always tries to be up to date, at the forefront of surgical innovation typically with its reliance on cutting edge equipment and technology. Recent editions have focused on the drive to providing high quality robotic training for senior trainees and new consultants, as well as more basic courses for junior trainees.

However, we sometimes forget the essential, but less immediately obvious, aspects of our working lives. To this end this issue covers particularly relevant topics applicable to the world of laparoscopic and robotic surgery. I am grateful for contributions from Minali Perera prompting further thoughts on how we are trying to progress towards a greener future with greater sustainability in laparoscopic

surgery and her article promoting awareness of the often neglected topic of surgeon welfare and Anil Reddy introduces himself in his role as our EDI Representative. Debbie Gooch provides an appeal for more ALTS membership from our surgical teams, but stops short of offering a free SCP laparoscopic cholecystectomy as an introductory offer. Please encourage your ODPs, SCPs and nursing staff to contact Debbie for the introductory offers available.

We also catch up with Matt Boal and find out how he spent his time as David Dunn Travelling Fellow in the Netherlands and we will have more travelling fellowship reports in the next issue. I hope to see many of you at the forthcoming EAES Congress in Maastricht in June.



**Neil Keeling**  
Newsletter Editor

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# ALTS April

The Association of Laparoscopic Theatre Staff (ALTS) was set up in line with the Association of Laparoscopic Surgeons of Great Britain and Ireland 30 years ago in order to provide theatre staff training which would help support surgeons who were learning the new art of minimally invasive surgery. It was recognised that it takes a team working together to provide quality care to patients undergoing surgery.

Over the years, some surgeons brought their theatre teams with them to the conference in order to thank them and help with their education. Other theatre teams recognised that the annual ALSGBI conference provided them with the opportunity to talk with the industry supplying their theatre equipment in a friendly atmosphere and that the sessions catered just for them provided a diverse source of education – technical and non-technical.

These days we often don't work in the same teams all the time which can make team bonding and performance more challenging but it is even more accepted that good team work, group culture and behaviours improve patient safety. To this end, ALTS is continually striving to provide interesting, relevant educational sessions whilst the opportunity to take part in the whole conference and network with other theatre practitioners, industry, junior doctors and senior consultants allows a very rich educational and enjoyable social programme. Gaining tips and tricks from senior surgeons, listening to debates on the best way of carrying out a procedure and being introduced to new equipment and its benefits enables the ALTS members to work in their departments with theoretical knowledge to back up their vast practical skills.



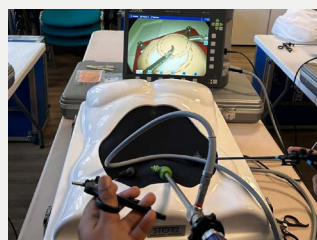
**Debbie Gooch**  
ALTS Chair

There are opportunities for theatre practitioners to gain knowledge which is relevant to them. The ALSGBI has moved with new innovations and now also has robotic surgery under its large umbrella. It would be good if ALTS could have more members who work with theatres that carry out robotic procedures so that we may all learn from each other. We continue to promote education and explore the improvement of training and education in

minimally invasive surgery. A member of ALTS pays a relatively small membership fee which gives access to the online magazine, podcasts and relevant articles. ALTS membership also gives free registration at the Annual Scientific Conference which is held in various parts of the country in order to be accessible for all. The ALTS member would only need sponsorship from their Trust for accommodation and travel which makes membership appealing to them too!

The challenge over the next few years is to increase our ALTS membership and work more collaboratively with one another and our surgical colleagues to continue to provide up to date, current educational opportunities. Theatre staff are now offered places on the practical skills labs held separately from the annual conference, it would be good to develop a LapPass® certificate for theatre staff too. Once we understand the complexity of laparoscopic and robotic surgical skills, we can support those new to the process too and feel more involved.

I look forward to seeing many new ALTS faces at the conference this year which will be held in Derby, and also to welcome back old faces again too!



## LapPass® Regional Training Day, Whiston Hospital

19th April 2024

Minimal Access Surgery North West (MASNoW) is the regional chapter of ALSGBI in the North West and Mersey area. The group has continued to welcome trainees and trainers from all GI/GU specialties since its inception in 2012.

We ran the LapPass® course at Whiston Hospital, and the training day gave 10 trainees from FY2 to ST6 the opportunity to practice laparoscopic skills under the supervision of experienced laparoscopic consultant surgeons and senior trainees. We were fortunate enough to have had a ratio of one trainer to two trainees.

The LapPass® competencies required demonstration of proficiency in a defined set of four laparoscopic tasks in allotted time frames using simulated jigs. The trainees were able to practice tasks including grasping and manipulation of polo mints; tying extracorporeal Roeder's knots to perform a simulated appendicectomy; precise cutting of circles; and finally laparoscopic suturing.

We were delighted to receive very positive feedback from the trainees, and 4 of the 10 trainees managed to pass all four of the assessments, and all other trainees passed at least one of the assessments.

The day was a brilliant success and we look forward to the 21st MASNoW meeting in the near future.

Ms G Bennett ST3, MASNoW trainee representative and ALSGBI LapPass® representative. Dr Bryony David CT2, MASNoW trainee representative. Ms Vivien Ngo CT2, MASNoW trainee representative. Professor Chelliah Selvasekar Consultant Colorectal Surgeon. Christie Hospital & ALSGBI North West and Mersey Regional Representative.

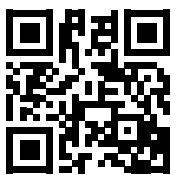


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**Minali Perera**  
ALSGBI Welfare Officer

## Focus on Wellbeing: Plans for a Brighter Future!

What is wellbeing? It is a state where we feel comfortable, healthy, and happy. Yet, amidst the whirlwind of on-calls and busy work environments, it's all too easy to push self-care to the backburner.

But the truth is that when we prioritise our own wellbeing, we are not just doing ourselves a favour; we are also arming ourselves to provide even better care for our patients. So, as we navigate our daily lives, let's pause and ask ourselves regularly: are we truly comfortable, healthy, and happy?

As the newly appointed Welfare Officer for the ALSGBI Council, I am committed to support our community answer 'yes' to these important questions.

### **Mental Health Support for Surgeons: Breaking the Silence**

Let's talk about mental health. Research consistently shows that despite facing high rates of burnout, anxiety, and depression, many surgeons struggle to seek the help they need (1). There is much stigma surrounding mental health issues, coupled with a reluctance to openly discuss our challenges (2,3). Yet, we all grapple with moments of stress, anxiety, and tough times. It is time we highlight that opening up about these struggles is not a sign of weakness but a sign of strength. By having and normalising these conversations, we can address issues head-on instead of sweeping them under the rug. There's an array of support services available which we will be advertising over the coming months. But the first step is recognising that it is okay to ask for help, and being open to talk about the difficulties we face.

### **Wellness Programmes: Nourishing Mind, Body, and Soul**

Wellbeing is about nurturing our physical, mental, and spiritual selves. In the months ahead, I'm excited to delve into topics like nutrition tailored for healthcare workers, strategies for better sleep, mindfulness exercises, and simple physical challenges that we can seamlessly integrate into our daily routines.

### **Developing Essential Skills: Embracing Growth**

In our roles as surgeons, we inevitably encounter setbacks and complications. However, the manner in which we manage the emotional aftermath of these hurdles is often overlooked or under-addressed. It is imperative that we equip ourselves from the beginning with the necessary skills to navigate high-pressure scenarios, combat burnout, and even manage our finances effectively. These competencies are vitally important, and we will be focusing on developing these skills further. By honing these skills, we not only enhance our performance in the workplace but also enrich our lives beyond it.

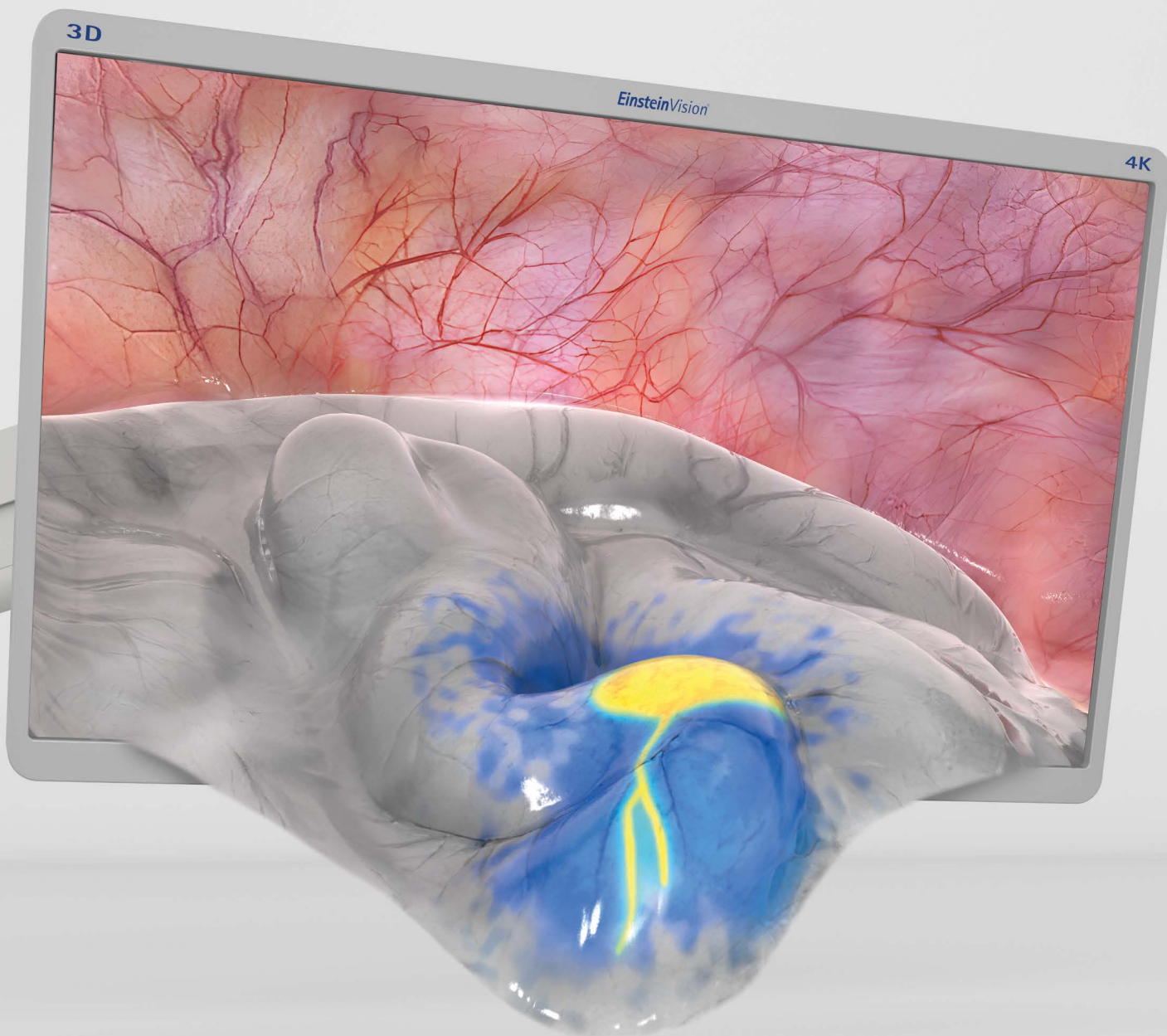
### **Support for Senior Surgeons: Navigating Transitions**

Over the upcoming months, we will also be focusing on the topic of retirement. It is important to explore and address the various challenges faced as a retiring surgeon (4,5). Various articles discuss that transitioning into retirement can be a challenging one for some, with loss of routine, loss of identity and status. We will be putting together a range of resources to support those contemplating retirement.

In our relentless pursuit of 'perfection' in our work, we should not forget to extend that same kindness and grace to ourselves. It's crucial to periodically reassess our values, both personally and professionally, to lead more fulfilling and balanced lives. I'm thrilled to collaborate with the rest of the council, the Academy and work closely with the Support Us Focus Group to champion the wellbeing of our diverse community of surgeons and aspiring surgeons.

**References:** 1. Royal College of Surgeons of England [Internet]. [cited 2024 Apr 7]. Supporting the wellbeing of surgeons and surgical teams during COVID-19 and beyond. Available from: <https://www.rcseng.ac.uk/coronavirus/recovery-of-surgical-services/tool-6/> 2. Al-Ghunaim T, Johnson J, Biyani CS, O'Connor DB. How UK surgeons experience burnout and the link between burnout and patient care: A qualitative investigation. *Scott Med J.* 2022 Nov 1;67(4):197-206. 3. Gerada C. Clinical depression: surgeons and mental illness. *The Bulletin of the Royal College of Surgeons of England.* 2017 Jul;99(7):260-3. 4. Simonds GR. A Surgeon Puts Down the Scalpel. *Personal Perspective: Working on well-being now promotes a better retirement.* [Internet]. 2024 [cited 2024 Apr 1]. Available from: <https://www.psychologytoday.com/gb/blog/rich-encounters/202403/a-surgeon-puts-down-the-scalpel> 5. Thoma A. Retirement: A Primer for Plastic Surgeons. *Plastic Surgery.* 2023 Aug 1;31(3):218-20.





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# David Dunn Travelling Fellowship 2023

30th January to February 10th at Amsterdam UMC with Professor Mark Van Berge Henegouwen, Oesophagogastric and Robotic Specialist Surgeon.

During my PhD research period, at The Griffin Institute in London, I was seeking an opportunity to expand research collaborations and enhance knowledge in my subspecialty interest. I therefore, approached Professor Mark van Berge Henegouwen, who had spoken at the ALSGBI ASM in 2021 and works at a centre of excellence for oesophagogastric oncology and robotic surgery. Professor van Berge Henegouwen is one of the leading experts internationally in the field and is also the chair of the Dutch Upper GI Cancer Audit and of the Dutch Society of Foregut Surgeons.

I was fortunate enough to be awarded the fellowship and subsequently visited the Amsterdam UMC for two weeks in February 2023. The two-hospital site is the result of a merger between the Academic Medical Center (AMC) and the VU University Medical Center (VUMC) in 2018. It is a high-volume centre with around 250 oesophagogastric resections annually, of which over 90% are treated minimally invasively, often with a hybrid laparoscopic and robotic approach.

I had the pleasure to work with Professor van Berge Henegouwen and the OG team including Dr Suzanne Gisbertz, Dr Wietse Eshuis and Dr Freek Daams. Included in this department, as well as national training residents, are multiple research fellows and two Italian residents on working fellowships. For seven working days I observed and assisted at the Amsterdam UMC and the final three I travelled with the department to the European Society of Esophageal Diseases (ESDE) 2023 conference in Leuven, Belgium.

I had a badge, timetable, access to the bike shed and a daily washed doctor's coat within an hour of being there. The hospital and department continued to show me what I would describe as an ideal work environment, including the fact that most corridors had a Nespresso style coffee machine.

## The Typical Weekly Timetable:

07:30-08:00 Multi-specialty meeting- emergency patients, interesting cases/presentations

08:00-08:30 Ward round and coffee (always)

Monday AM: Surgery. PM: Meetings

Tuesday: Surgery all day

Wednesday AM:

- Research meeting. I attended one of these meetings which showcased impressive presentations from PhD fellows, and an even more impressive multiple consultant face-to-face feedback session prior to the upcoming conference, aiding a polished and improved piece of work.

- Outpatient clinic.

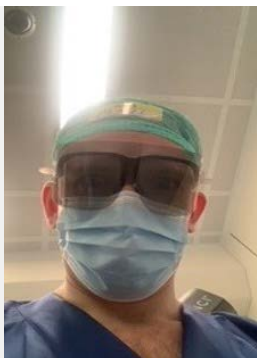
Wednesday PM: MDT – with oncology, gastroenterology and radiology in attendance.

Thursday: Surgery all day

Friday AM: OP clinic/research. PM: MDT.







### Operative cases

In general, all oesophagectomies had an on table pre-operative OGD. I also observed Dr Suzanne Gisbertz preoperatively injecting Cloquet's node with ICG in order to highlight the thoracic duct for it to be avoided or dissected and ligated. Each oesophagectomy had the azygous vein sent for biopsy. However, most importantly, every single case would start on time between 08:30-09:00...every day.

Operative cases I observed:

1. Hybrid (Lap abdomen/Robotic thorax) McKeown Oesophagectomy- Bulky tumour at the carina and the robotic phase done first due to surgeons' expertise availability.
2. Minimally Invasive Ivor-Lewis Oesophagectomy in a patient with dextrocardia.
3. Minimally Invasive Ivor-Lewis Oesophagectomy – salvage case.
4. Diagnostic laparoscopy for a posterior lesser curve ulcer-operative findings discovered a locally invasive tumour into the pancreas, with peritoneal metastases.
5. Laparoscopic total gastrectomy for a Siewart 3 adenocarcinoma.
6. Minimally Invasive Ivor-Lewis Oesophagectomy.
7. Hybrid Ivor-Lewis Oesophagectomy.
8. Laparoscopic GIST excision.

Other things of note within theatres were dual consultant operating i.e. one for the abdomen and one for the chest, to improve alertness. The theatres were also ergonomically well set up, with plenty of space and a layout to improve communication between the console surgeon and bedside assistants. Moreover, for those watching, there were multiple 3D observation screens and goggles available to enhance the training experience.

Resident and research fellow training is a clear priority with defined goals pre-operatively for each resident, and due to a smaller ward workload than I've experienced in the NHS (roughly 5-15 patients at any one time), it allowed for essential mentor-trainee discussions and feedback.

### Endoscopy

This is predominantly performed by the gastroenterologists. I observed Dr Lucas Duits perform an afternoon list where I observed the following cases with all the patients sedated:

- Surveillance post Endoscopic Submucosal Dissection and sentinel lymph node biopsy for an ongoing trial. At this stage, incredibly, the histopathologists attend the endoscopy suite and performed cytology in the room to guide if further biopsies were required.



- Endoscopic Mucosal Resection.

- Barrett's surveillance with the Wide Area Transepithelial Sampling (WATS) 3D brush for the WATS-Euro2 trial. The brush is designed to acquire more cells than random biopsies with the aim of greater and earlier dysplasia detection.

I also observed in the patient cohort a VacStentGITM, which as the name suggests is an endoscopically placed stent with a vacuum set at a pressure of 75-125 mmHg. The device allows for faster closure of oesophageal ruptures/conduit leaks, with appropriate case selection, as well as the ability to feed orally.

### ESDE 2023, Leuven, Belgium

My final three days were spent in the beautiful and historic city of Leuven, where I was treated to incredible architecture and an inspiring congress with world-leading research from international experts.



Not only this but I have had the opportunity to meet many of my European colleagues at resident and consultant level, which has further enthused me to pursue a clinical career in OG surgery and academia.

Amongst the fantastic clinical and research experience I enjoyed the Dutch lifestyle. Here's a summary: I stayed in an Air BnB with Patrick the cat, I rented a bike for two weeks to explore and commute, my parents and friends visited both weekends, I visited the museums, took a canal boat ride and went for daily runs in the beautiful parks.

Overall, I would like to thank the ALSGBI and the David Dunn Fellowship for affording me this fantastic, invaluable opportunity. Looking back now whilst writing this I truly believe that it is something I won't forget and the whole two weeks was once in a lifetime. I would also like to sincerely thank Professor van Berge Henegouwen and the Amsterdam UMC team for being so welcoming and enthusiastic during my visit. I hope to keep in touch and collaborate with them in future endeavours.

**Mr Matt Boal**  
**ALSGBI Academy Deputy Chair**  
**Surgical Registrar, Severn Deanery**  
[matthew.boal@nhs.net](mailto:matthew.boal@nhs.net)



# Turning Ideas to Action

## Sustainable Surgery's Vision for the Future

The word sustainability is heard everywhere these days. You hear it in relation to the Premier League, job applications, your neighbourhood coffee shop with its mission to reduce single-use plastics. With such growing public consciousness around reducing, re-purposing and recycling what we consume in the face of the climate challenge, it's no surprise that the movement for making surgery sustainable is growing by the day.

The Greener NHS has set out its Net Zero targets for 2040 for the emissions that it controls. In 2021, the Royal College of Surgeons launched its Sustainability in Surgery Strategy and in September 2023, it held its first Sustainability Champions showcase, inviting everyone from students to consultants to put their heads together with the pioneering researchers and clinicians that have been leading the movement in the UK. It was quite the success, allowing juniors and seniors alike to see which methods were being used across the country, to determine what had been tried so far and what worked best.

Laparoscopic surgery was at the very forefront of these discussions. It places the ALSGBI – as the UK's premier organisation for it - in an enviable position to influence change. With more interest than ever we, as an organisation, need to consider how our ideas can be transformed into viable, long-lasting solutions in the face of the climate challenge.

Several pieces of work stand out as having moved the needle on surgical sustainability.

1. There has been an abundance of widely disseminated research by a Brighton-based team headed by Professor Mahmood Bhutta and Miss Chantelle Rizan. Notably, they produced, not only detailed PPE carbon footprints during and after the pandemic, but the first ever breakdown of laparoscopic cholecystectomies, their carbon footprint and the impact of hybrid (mixed reusable/disposable) sets in reducing it.
2. A prominent victory for Adam Peckham-Cooper's Leeds-based team for a gasless appendicectomy machine in the Green Surgery Challenge 2021, now the subject of a randomised controlled trial.
3. The Intercollegiate Green Theatre Checklist - widely and freely available online – summarises actions that can be taken before, during and after surgeries to ensure greener practice.
4. The team from Birmingham, headed by Mr Aneel Bhangu, published a Delphi consensus study in 2023 listing the most applicable endeavours to reduce surgical carbon footprint in high and low-income countries.
5. The mere concept that greener surgical practice is even possible has entered our professional consciousness like never before. The Green Surgery Report 2023 is the biggest such win. A summation of what's been done, and crucially, what's possible, it is now mandatory reading for surgeons wanting to engage in sustainable endeavours.



Mr Duranka Perera

### Challenges remain.

Much of the onus of sustainable practice, whilst championed at an organisational level, remains on the individual. Sustainability doesn't follow the rules of most projects. It hasn't been historically taught in depth at medical school, meaning juniors often know more than their seniors. CO2 outputs need active translation to real-world equivalents such as distances travelled by car to be relatable. Raw instrument data must often be sought by cold-calling companies, rather than poring through patient records. Equipment supply is beholden to contracts that non-clinical staff manage, even if seniors have a say over their operative preference lists. Most importantly, it thirsts for behaviour change, a challenge to maintain long-term with a constantly rotating staff, unless mandated from the top.

An individual would be unwise to tackle such challenges alone, especially rotational trainees with a hundred other priorities to be getting on with.

### But they don't have to be alone.

From my own projects, I have found that all levels of staff engage positively with the environment in their private lives. It made particular sense when I realised that they wanted more of the same at work. We already know that the Greener NHS is planning pilot audits across multiple sites to track instrument use. Individual centres have dedicated sustainability teams with senior surgical input. At the ALGSBI Academy, we are pooling our knowledge of sustainable methods and working to involve trainees in local, regional and national projects using our connections and nationwide reach. After all, a discipline's relative novelty shouldn't be a barrier to entry for interested individuals, no matter their level.

Perhaps more than any other endeavour in the NHS, sustainable practice is a team sport. You don't need to be cloistered within a specialty to do its specific research. Every member of the MDT can be part of a Green Group at their Unit to keep each other accountable and make the changes they envision a reality. Sustainability is an organic source of community. It's now up to us to make those communities accessible for the surgeons of the future.

# 10th Hybrid Northern Laparoscopic and Robotic GI Symposium

FRIDAY 18TH OCTOBER 2024 - 09.00 TO 16.00

We would like to invite you to attend the 10th Northern Laparoscopic and Robotic GI Symposium.

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## TOPICS INCLUDE:

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Robotic upper GI surgery

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Minimally invasive GI onco-surgery

Trainee's video competition

Robotic fellowship programme



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### Organising committee:

Mr T Gill, Mr G Bussa, Prof A Gilliam, Mr P Thambi, Mr C Munipalle

### Course conveners:

Mr A Reddy & Prof YKS Viswanath



# Glimpses of 23rd Annual Conference and Convocation of IAGES @ Chennai

From 1st to 4th February 2024, Taj Coromandel, Chennai, with the delegation from ALSGBl



IAGES is one of the world's largest and academically vibrant Minimal Access Associations with close to 12000 active members. IAGES 2024 Annual Congress was held in the coastal city of Chennai with the participation of 1500 delegates and 200 faculty. This 4-day academic event was attended by 12 faculty from UK including Mr Neil Keeling, Professor Clare McNaught, Mr Veera Garimella, Mr Arul Immanuel, Mr Bala Paramanayagam, Mr. Rajesh Sivaprakasam, Mr Chandra Cheruvu and Mr Murthy Nyasavajla. Some faculty members joined online including Professor Selvasekar, President-elect ALSGBl and Mr Harikrishnan.

With 5 fellowship courses including Robotic and Endoscopic courses, live operative sessions all 3 days, panel discussions, and key lectures, it had been a very memorable and successful scientific event. Mr Neil Keeling spoke on 'Prevention and Management of colonoscopic perforation' in the training course and also delivered a keynote lecture in the plenary session on 'Pearls of Wisdom in Pouch Surgery'.

We had a colourful award ceremony for all the international faculty and a convocation for all the successful fellowship delegates.

Dr S Easwaramoorthy, President IAGES, Dr Z Pasha, Dr K Govindaraj, Dr T Sivakumar, Dr M Kanagavel took charge of the seamless and successful conduct of this mega event.

We look forward to WCES 2024 in the city of Kolkata from the 23rd - 26th October 2024 with further collaboration with ALSGBl.

IAGES wishes great success for the upcoming ALSGBl Conference in Derby!

**Dr S Easwaramoorthy**  
President IAGES

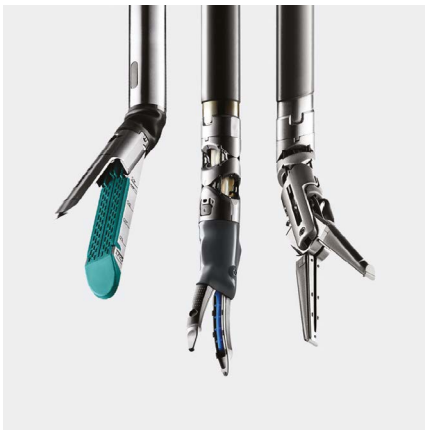


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# Captaincy Mindset – for Work and Life

## ALSGBI Meeting Nov 2023

What a great breakfast meeting we had—let's continue our discussion about surgeons' health. At the recent meeting in Portsmouth, there was an emphasis on the health of the healthcare professional, and why not? Aesop's fable about the goose that lays the golden eggs is a metaphor that helps emphasize the paramount importance of the need to take care of ourselves so that we can achieve the best outcomes for patients, metrics, and our teams.



Professor Tan Arulampalam and I ran a breakfast session, kindly sponsored by Kimal, in which Tan provided so many key metrics on the things a surgeon puts off for themselves - and these are many daily simple things like hydration, breakfast, and sleep. The most basic levels on Maslow's Hierarchy of Needs are not being met.

These are important and are relatively easy to fix, given the desire to look after ourselves and form some habits. To be a surgeon, there has been so much drive to achieve; surely, we have the drive to also get breakfast?

What is less easy to fix is the challenge of continuing to produce these golden eggs when we are not looking after ourselves. If the goose is not healthy in several ways - physically, mentally, relationally, emotionally, and financially, there may be a problem.

As we know, a blunder can have catastrophic consequences to life. A poor tweet, a poor remark, a failed observation, a deviation from protocol, and many others, including hot-headed remarks, can leave us with a great deal of reputational harm, risking medico-legal issues, job security issues, and the consequential financial and relational distress.

But what is the answer to this? Well, there is not one way. We are all different, and we have individual challenges. We have different starting points. We have mindsets, some with self-limiting beliefs, blind spots, and feelings of apathy like 'it's fine'. We have invisible scripts with several 'shoulds' and 'ought to' statements that go unquestioned. And we can have an inner critic that, rather than being a help, is out of control and can be an utter bully in our heads!

This is something that so many in our society face, and there is no shame in recognizing this could be something impacting us.

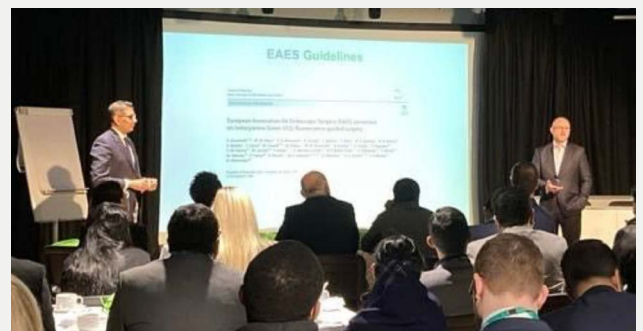
If we wish to perform to our best, it doesn't have to be always us making that happen alone. How do the greatest athletes achieve their performance levels? They have a team of advisors, and one of those is a coach. In the article 'Personal Best' by Atul Gawande, he shares his experience with a coach that led to significant improvements. For those wanting ongoing development and excellence, this can be a valuable path.

As healthcare professionals and surgeons, the situations faced are complex, and the position of influence and leadership exists that may not have authority. This is the way many leadership situations work, and one model to consider is that of the captain. Captains can refer to pilots of aircraft, to shipping, the military, and sports. They are in the plane, on the ship, in the battle, and on the pitch. They have earned the role through hard work, past achievements, and the respect of their peers. They are with the team. The team wins or loses the game together. Captaincy is a model of leadership focused on the outcome, with us all working together and bringing our strengths. And for that to happen, the captain is also part of the team, not outside of it. Captains train and work with a team and bring their own contribution. Captains need to perform as much as any other team member. The captaincy coaching model brings this together with the dual emphasis on the high-quality performance to produce those golden eggs (external outcomes) but also the health and performance of the goose (internal outcomes). This addresses a kind of rust out or burn out, but also brings back the joy and contentment to work and life.

Sometimes, a good day is not about achieving more steps towards money, status, external metrics, and awards, or another rung on the ladder—it can be one where we feel valued, understand what needs to be done, and have the liberty to make an impact on the people and things we care about.

Our health is an asset, our mindset is an asset. Let's do what we can to protect that asset. A captaincy mindset is a means to support this.

**Mr Michael Blackhurst**  
**Professional Development Coach, JTJ Services**



*Michael Blackhurst's experience and interests have led him to appreciate the value of captaincy as a mindset to improve our current circumstances and to have days that are increasingly and consistently better, leading to a better life. He coaches high-stake, high risk, and high-impact roles such as Surgeons, CEOs, GPs, and leaders in industry.*

# Equality diversity and inclusion

I am delighted to report as part of the ALSGBI Council the significant progress we made over the last year. As an organisation, we believe success can be achieved when people bring diverse perspectives. Appreciating each other's differences and giving value to individual experiences brings a productive and meaningful education, training and work relationships. Our strategy is based on core principles which includes influencing and engaging; belonging and welcoming; influence and retain; develop and grow.

As we progress through the layers and break down the barriers, our first step is creating the conversation. We continue to have open discussions in every ALSGBI committee meeting as well as engaging with several partner organizations like the regional surgical adviser networks, Health Education England, Royal Colleges and other surgical associations. We continue to offer support and collaboration with these partner organisations as well as continue to engage with them.

Like with anything "both the process and results matter" and we believe in leaving a legacy. We have demonstrated this with diversity being visible at all levels including committees, the Academy as well as creating diverse panels for meetings. We continue to break down barriers between colleagues as well as surgeons in training and to create an environment where people are allowed to speak up.

Looking forward to the next ASM meeting in Derby, we wish to demonstrate our focus on inclusive culture and diversity. We would like to measure our impact and continue to do more in future. We look forward to diverse ways of engaging with the audience, raise awareness to promote diversity and create an environment for continued collaboration.

**Mr Anil Reddy**  
EDI Representative



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## DETAILS OF THE RESEARCH FELLOWSHIP 2024

The **Association of Laparoscopic Surgeons of Great Britain & Ireland (ALSGBI)** incorporating **Robotic & Technology Enhanced Surgery (RATES)** 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 ALSGBI 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 ALSGBI Annual Scientific Meeting and also write an article for the ALSGBI Newsletter.

All candidates **MUST** request an application form from Mrs Jennifer Treglohan, Executive Director, ALSGBI by email at [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org) and be current members of the ALSGBI. The deadline for receipt of applications is 30 September 2024. The successful applicant will be notified by 14 October 2024 and will be presented with their certificate at the ALSGBI 2024 Annual Scientific Meeting on Wednesday 6 November 2024.

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



## DETAILS OF THE TRAVELLING SCHOLARSHIP 2024

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

**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 ALSGBI Annual Scientific Meeting and also write an article for the ALSGBI Newsletter.



All candidates **MUST** request an application form from Mrs Jennifer Treglohan, Executive Director, ALSGBI at The Royal College of Surgeons of England, 38–43 Lincoln's Inn Fields, London WC2A 3PE or email [jtreglohan@alsgbi.org](mailto:jtreglohan@alsgbi.org) and be current members of the ALSGBI. The deadline for receipt of applications is 30 September 2024. The successful applicant will be notified by 14 October 2024 and will be presented with their certificate at the ALSGBI 2024 Annual Scientific Meeting on Wednesday 6 November in Derby. For full information on the ALSGBI visit [www.alsgbi.org](http://www.alsgbi.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.

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## ALSGBI SAVE THE DATE 2024

### EXCELLENCE IN SURGICAL INNOVATION, SIMULATION TRAINING & SAFETY

The Annual Scientific Meeting Special Guest Speakers include:

Professor Horacio Asbun (Mayo Clinic, Florida); Dr Filip Muysoms (AZ Maria Middelares, Ghent, Belgium)  
Professor Mike Parker (Past President ALSGBI); Professor Silvana Perretta (University of Strasbourg, France)  
Professor Michael Pucci (Thomas Jefferson University Hospitals, Philadelphia)  
Mr David Sellu (Author, Equality Advocate & Surgeon) plus esteemed ALSGBI Faculty



ALSGBI Robotic Surgery Training Day  
**Saturday 2 November** | The Griffin Institute  
Northwick Park & St Mark's Hospital y Block  
Watford Road | Harrow HA1 3UJ

ALSGBI Laparoscopic Surgery Training Day  
**Monday 4 November**  
Royal Derby Hospital  
Uttoxeter Road | DE22 3NE

ALSGBI & ALTS Annual Scientific Meeting  
**Tuesday 5 & Wednesday 6 November**  
Derby Arena | Royal Way | Pride Park  
Derby DE24 8JB

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