

ALSGBI NEWSLETTER

Association of
Laparoscopic
Surgeons of Great
Britain & Ireland
@ The Royal College
of Surgeons of
England 38-43
Lincoln's Inn Fields
London WC2A 3PE



President's Introduction

Welcome to the Winter Newsletter 2024/25. The year has passed very quickly with significant challenges in healthcare and seismic events on the global stage. The ALSGBI has kept true to its vision and I am delighted with how the Annual Scientific Meeting (ASM) in Derby this last November turned out. I would like to start this newsletter by expressing my gratitude to Mr Altaf Awan and Mr Imran Bhatti as well as the whole team from Derby.

The event was a great success and this was particularly satisfying as we trialed not having any live operating for the first time. I think overall the educational value was exceptionally good and this was highlighted by the re-live video shown by Philip Muysoms. The learnings and clear demonstration of surgical skills with tips and tricks as well as how to avoid simple errors was exceptionally good. The meeting of course could not have run without the organisational skills of the ALSGBI office and I would like to thank Mrs Sarah Williams, Mrs Jenny Treglohan and Mr Jeremy Williams for all their organisational prowess. In particular, I think the introduction of the app serviced us very well this year. Particular thanks therefore goes to Jenny Treglohan for taking the time to upload so much information onto the app.

The meeting was a success mainly because of your participation. The input from the Academy was once again excellent and I would like to thank Ms Tamsin Morrison and the whole team for enriching the meeting. We had expert lectures from Professor Michael Parker, Professor Horacio Asbun, Miss Charlotte El-Sayed, Professor Silvana Perretta as well as a breath-taking talk about surgical

life and the particular challenges of EDI for the working surgeon delivered by Mr David Sellu. This was hugely thought provoking and led to a lively debate.

I would like to thank all the speakers and in particular the speakers from Derby who made such an excellent effort. The sessions on hernia surgery, emergency surgery and the ALTS session on hernias were all exceptionally well prepared and delivered. I would like to thank Mrs Debbie Gooch for organising the ALTS session once again and for the input of the various speakers who made this a huge success.

We cannot finish talking about the ASM without mentioning the input from our colleagues from IAGES. The talks from Dr Sundaram Easwaramoorthy, Dr Ramen Goel and Dr Subhash Aggarwal were once again poignant, of high educational value and entertaining (the quiz). There is much to reflect on and we will build on this successful format once all the feedback has been assessed to deliver another great meeting at London Stansted in November 2025.

The work of the ALSGBI is dedicated to ensuring we educate and train our surgeons to deliver the best outcomes for our patients. With this in mind we have been working hard to provide additional training resources and I would like to thank the robotic committee for all their hard work. I am pleased to announce a training day in January supported by CMR Surgical and delivered by our robotic committee. This is a great opportunity for junior surgeons to gain some experience and feel part of the robotic journey that the surgical community is now on. The academy continues to work on research and various training initiatives. We have some excellent work carried out by Miss Afzal but I know that as a group there are several initiatives and the discussion within the academy is vibrant and enriching. The work on wellbeing led by Miss Minali Perera has been a highlight and very well received.

The outcomes from the strategy day in May 2024 are still alive with the development of RoboPass and TheatrePass, all taking shape. We hope these can be delivered in 2025 and my understanding is that we are well on track. LapPass® goes from strength to strength with an additional course planned in Malta and discussions with various other international sites. Mr Jeremy Williams has been working hard on ensuring that we protect the intellectual property and continue to make LapPass® a gem in the ALSGBI crown. In addition to all of these streams of work, the TTK podcast is now entering its fourth season with a new dynamic team. This is an excellent form of education and enables the family of ALSGBI to have the latest insights into surgery and surgical life.

During the year, we rely on the hard work of the

council for which I am exceptionally grateful. This year has been dynamic and a busy year and I would like to thank every member of the Council for their hard work in delivering the goals of the ALSGBI. Sadly I have to accept the resignation of Mr Simon Higgs to due personal reasons. I and the whole Council would like to thank Simon for his exceptionally hard work and contribution to the Council over the years. We will miss him, but I know that Simon will be back and delivering training with the ALSGBI at the earliest opportunity. I would like to congratulate Professor Nadar Francis on being appointed Honorary Treasurer and I know that the finances are in safe hands. Other appointments include Miss Shaikh who takes on the International role from Professor Chelliah Selvasekar. I am looking forward to a smooth transition to Professor Selvasekar when he takes over the Presidency at the end of 2025. I know that he has some exciting ideas.

I will conclude by stating how strong our international partnerships are. There is a proposed meeting in Mumbai run by IAGES and I know there is a big push to ensure that we have our trainees attend this meeting. There is also talk of international fellowships looked after by our various international partners and this will be an excellent opportunity to avail yourselves of when they become available.

The Association cannot really function without the support of Medtech industry and I would like to take this opportunity once again to thank our partners. BBraun, Ethicon and Intuitive, our platinum partners have continued to provide excellent support of both the Council and the Association. I am grateful to Fisher and Paykel Healthcare for their gold sponsorship and innovative educational approach. I would also like to thank all our silver partners who have worked so hard. These include Advanced Medical Solutions, Brennan & Co, HC20, Lawmed, Karl Storz, Arthrex Endoscopy, CMR surgical, Inovus Medical, Olympus, Stryker, Teleflex, Richard Wolf, Kimal, Elemental Healthcare and BK Medical.

Once again, thank you to Neil for putting together such an interesting and informative newsletter with copy deadlines all met. Please get in touch with the ALSGBI office as we are very keen to continue the journey of training as well as ensuring we have an association that reflects the views for all of our members. EDI is high on our agenda and your feedback helps us ensure that we are looking after everyone's interest. I would like to finish by thanking Mrs Jenny Treglohan, Mrs Sarah Williams and Mr Jeremy Williams for their hard work once again. I wish you all a restful and peaceful holiday season and look forward to starting 2025 with renewed energy and enthusiasm.

Have a great break.

Professor Tan Arulampalam

Inside this issue

Mater Dei Hospita, Malta

28th and 29th July 2024,
ALSGBI LapPass® Course

P. 4



Lt Col Navaratne David Dunn Travelling Scholarship 2022

P. 6

Ms Lucy Huppler ALSGBI Research Fellowship 2023/4

P. 9

 Association of Laparoscopic Surgeons
of Great Britain and Ireland

 @alsgbi.academy

 @ALSGBIAcademy

 @ALSGBandI #ALS2024

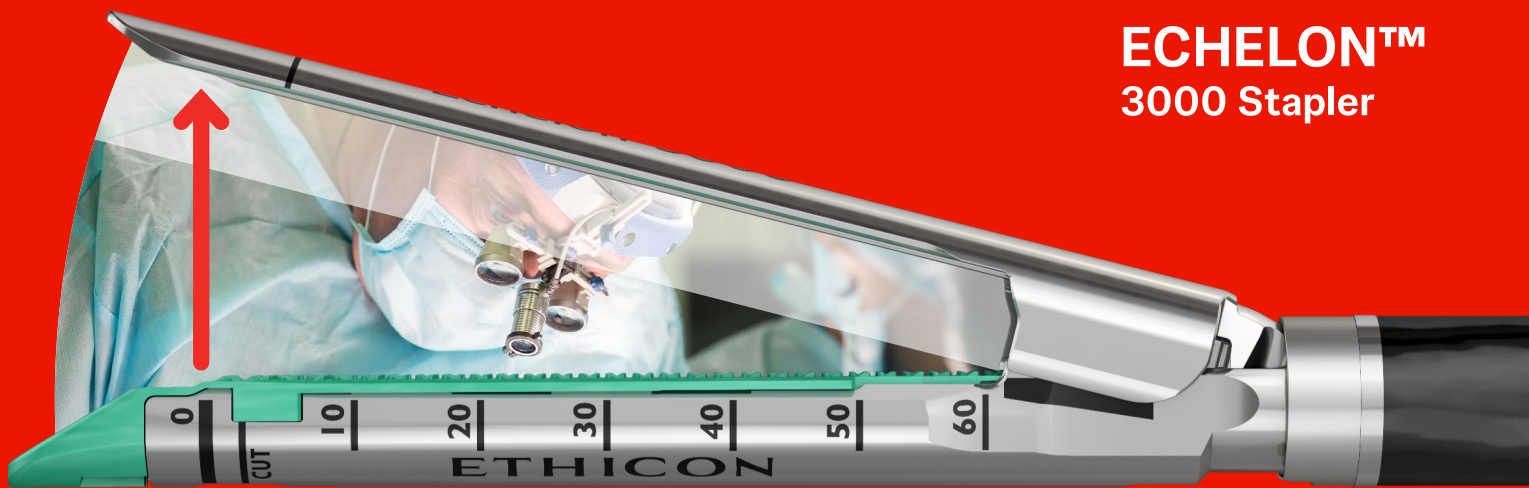
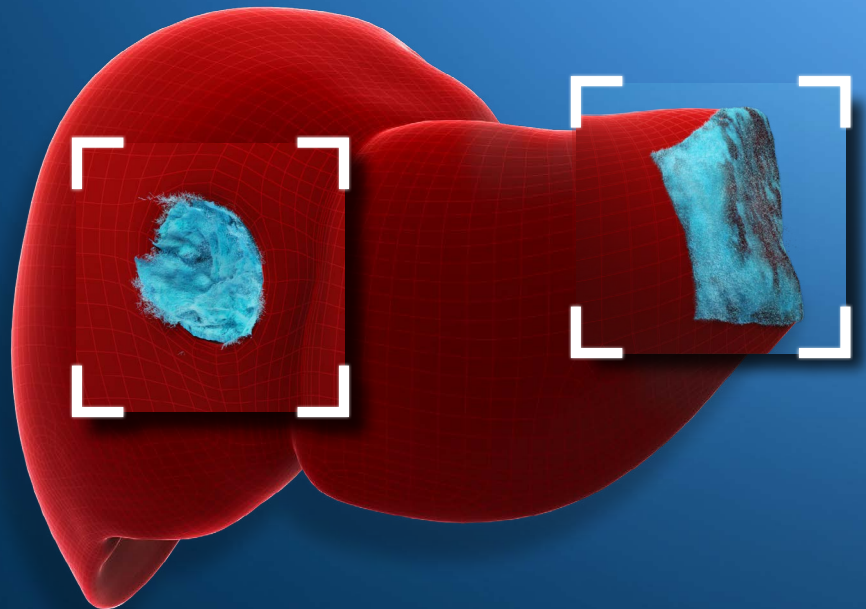


Reshaping Hemostasis

INTRODUCING

ETHIZIA™

Hemostatic Sealing Patch



ECHELON™
3000 Stapler

39% greater jaw
aperture^{1*}

* Comparison of average jaw aperture for ECHELON™ 3000 Stapler 60mm (22.79mm) vs. Medtronic Signia™ Stapling System 60mm (16.38mm), p < 0.001

Editor's introduction

December 2024

Driving back from the recent excellent Annual Scientific Meeting in Derby I reflected on topics of conversation that cropped up time and again, the 'Green' agenda, Artificial Intelligence, Robotics and 'How to Train the Surgeons of the Future'. All of this in stark contrast with the austerity that has affected the NHS in the UK over the past 15 years. What use is a £2m robot sitting idle because the hospital is full to capacity with patients waiting overnight in ambulances? How do we justify expensive (in both time and natural resource) procedures for our patients whilst patients wait 6 months for an outpatient appointment or several weeks for an endoscopy to tell them if they have cancer or not?

I believe that we have to press for what is best for our patients, to train and develop the workforce of the future to argue for the funding and resource to do what we

know is best, supported by research and evidence. Utilitarian arguments in a time of financial constraints risk stagnation in improvements in health care. Even in my own recent travels to India and parts of Europe it is very noticeable how many other countries have embraced these changes much more quickly than most parts of the NHS (admittedly largely driven by private practice and industry).

As a society we are endeavouring to address these differences in the hope and expectation that what is currently novel, pioneering and expensive will become commonplace and readily reproducible and much more cost effective as they become widespread and adopted by the majority. Our newsletter presents articles covering many of the issues of today and we hope that you enjoy reading.



Neil Keeling
Newsletter Editor

CONTENTS

- 1 President's Introduction**
Professor Tan Arulampalam
- 3 Editor's Introduction**
Neil Keeling
- 4 Mater Dei Hospita, Malta ALTS**
28th and 29th July 2024, ALSGBI LapPass® Course
- 6 David Dunn Travelling Scholarship 2022**
Lt Col Navaratne
- 9 ALSGBI Research Fellowship 2023/4**
Ms Lucy Huppler
- 12 ALSGBI Annual Scientific Meeting 2024**
5-6 November 2024
- 15 Sustainability in Surgery: The ALSGBI's Commitment**
- 16 Laparoscopic Academy of Pakistan collaboration with ALSGBI UK**
Together we can achieve the extraordinary
- 17 Report on the inaugural Robotics for Trainees Conference**
23-24 May 2024
- 18 Kimal – proud sponsors of this year's ALSGBI meeting**

ALSGBI EXECUTIVE

President, **Professor Tan Arulampalam**
President Elect, **Professor Chelliah Selvasekar**
Honorary Secretary, **Mr Andrew Day**
Honorary Treasurer / Audit Director, **Professor Nader Francis**
Director of Education, **Mr Altaf Khan Awan**

MEMBERS OF COUNCIL

Wales, **Mr Graham Whiteley**
Scotland / International Representative, **Ms Shafaque Shaikh**
Ireland, **Mr Andrew McCanny**
North Thames Region, **Professor Bijen Patel**
South Thames Region, **Mr Iain Jourdan**
Anglia Region & Newsletter Editor, **Mr Neil Keeling**
North West & Mersey Region, **Mr Rikesh Patel**
Northern & Yorkshire Region, **Professor Viswanath YKS**
Oxford & Wessex Region, **Mr Stuart Mercer**

South & West Region, **Ms Emma Upchurch**
Trent Region, **Mr Imran Bhatti**
Midlands Region / Robotic Lead, **Mr Jawad Ahmad**
Research Director, **Professor Jim Khan**
Welfare Officer, **Ms Minali Perera**
Audit Director, **Professor Nader Francis**
Equality & Diversity Representative, **Mr Anil Reddy**
Academy Chair, **Miss Tamsin Morrison**
Deputy Academy Chair, **Mr Matthew Boal**
Academy Support Us Group, **Miss Anna Palepa & Mr Thomas Mroczek**
ALTS Chair, **Mrs Debbie Gooch**
Deputy ALTS Chair, **Ms Alice E Jones**
ASiT Representative, **Mr Matthew Harris**
BOMSS Representative, **Mr Chetan Parmar**
EAES Representative, **Ms Marina Yiasemidou**
Environmental, Social & Governance (ESG) Representative, **Ms Vivien Ngo**

Mrs Jennifer Treglohan Executive Director

jtreglohan@alsgbi.org
Tel +44 (0)7973 232038



Mrs Sarah Williams Director of Fundraising

swilliams@alsgbi.org
Tel +44 (0)7854 858714



ALSGBI Industry Partners for 2024/2025

PLATINUM



GOLD



SILVER





28th and 29th July 2024, ALSGBI LapPass® Course

Mater Dei Hospita, Malta

The demand for LapPass® Certification among surgical trainees has grown significantly and ALSGBI has been working diligently to meet this need. As we celebrate the 10th anniversary of LapPass®, the Academy is thrilled to announce our first LapPass® course in Malta.

Mr Mark Portelli, from Mater Dei Hospital in Malta, reached out to express a desire for an accredited laparoscopic skills course. Alongside the guidance of Mr Andrejevic, Mr Portelli worked directly with the Association of Surgeons in Malta and The Laparoscopic & Endoscopic Society of Malta to bring this concept to fruition. After extensive preparations, ALSGBI was proud to host its first international cohort of candidates.

On the 28th of July 2024, ALSGBI course faculty, led by Academy Chair Miss Tamsin Morrison, travelled to the sunny island of Malta. We were welcomed with exceptional Maltese hospitality by Professor Andrejevic and his team. It was warming to hear that the LapPass® course in Mater Dei had sold out within minutes of tickets being released. ALSGBI President, Professor Tan Arulampalam, opened the course with a welcoming address, followed by Mr. Portelli outlining the upcoming LapPass® assessment tasks.

The enthusiasm of the trainees was palpable from the start. After an intense day of laparoscopic training both ALSGBI faculty and delegates enjoyed

a sunset meal, sampling authentic local Maltese cuisine in an unforgettable setting.

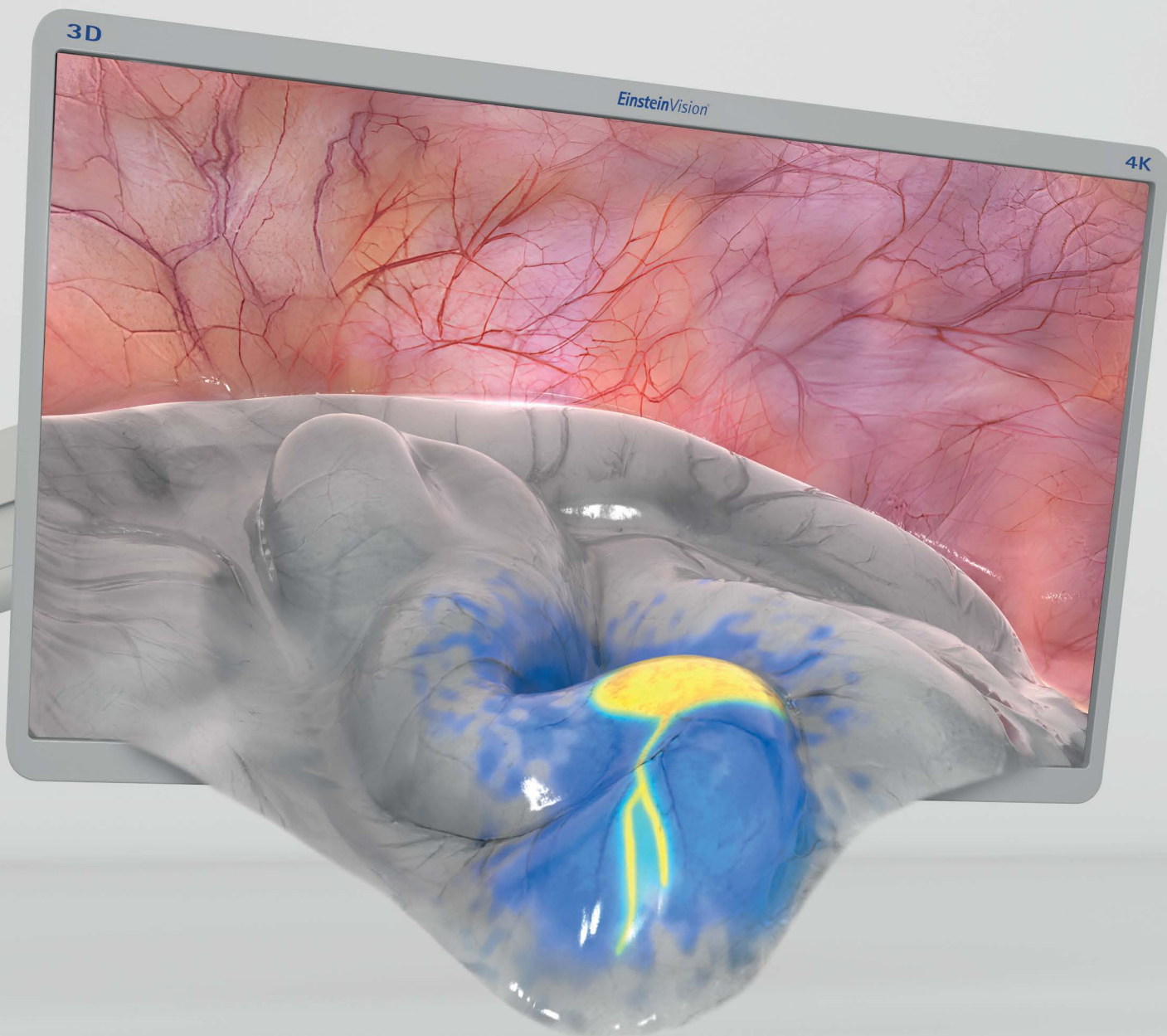
Day 2 began early, with some trainees arriving at 7am to get additional practice ahead of the assessments. By midday, each trainee had completed at least two assessments – a remarkable accomplishment, considering each task usually requires several hours of preparation. Their dedication underscored the profound impact of an internationally recognised, accredited course in Europe. Congratulations to Mr. Gabriel Tabone, who became the first trainee to earn a LapPass® beyond the UK and Ireland. The feedback from attendees was both positive and inspiring, with many gaining newfound confidence in their laparoscopic abilities.

Following the success of this course at Mater Dei Hospital, we welcome the growing demand for accredited LapPass® training beyond Great Britain and Ireland. The Academy remains committed to expanding these opportunities both nationally and globally. The success at Mater Dei was an excellent way to commemorate 30 years of ALSGBI.

If there are any organisations or individuals who wish to host a LapPass® course, we hope that you will not hesitate to contact the Academy. We remain committed to putting in our best efforts to meet the needs of our trainees.

Warm regards,

Mr Hamzah Choudhry, ALSGBI Education Lead



See Better. See Beyond.

AESCULAP® EinsteinVision® 3.0 FI 3D Fluorescence Imaging in Real-Time

To find out more, please scan the QR code or contact:

Matt Butterworth



07805 463 533



matthew.butterworth@bbraun.com



Lt Col Navaratne David Dunn Travelling Scholarship 2022



May 2024, General and Digestive Surgery service at Hospital Clínico San Carlos, Madrid.

After I was awarded my Certificate of Completion of Training (CCT) in General Surgery, my focus was directed towards a career in benign Upper GI surgery and Major Trauma. As a UK Defence Medical Services consultant, it was essential to complete a Resuscitative Trauma fellowship, which I undertook at St Mary's Hospital Major Trauma Centre (MTC) in London and Kingston Public Hospital in Jamaica.

However, the David Dunn Traveling Fellowship afforded me the opportunity to further my knowledge and experience in Upper GI surgery in a short space of time. In May 2024, I travelled to Madrid to visit the General and Digestive Surgery service at Hospital Clínico San Carlos under the expert leadership of Professor Antonio J Torres. Hospital Clínico San Carlos is a large University teaching hospital located in the Ciudad Universitaria neighbourhood in Madrid and is one of the healthcare institutions associated with the Complutense University of Madrid.

It is a large tertiary hospital with over 800 beds with its roots dating back to 1787. In 2017, I had visited the hospital in my very early surgical training years for the XXV Reunion Nacional de la ISDE (International Society for Diseases of the

Esophagus) – Sección de Cirugía Esofagogástrica de la AEC (Association of Spanish Surgeons), where I had the pleasure to first meet Professor Torres. During this meeting, I was captivated with live Upper GI surgeries which included anti-reflux surgery and peroral endoscopic myotomy (POEM), which, looking back now, certainly influenced my choice in pursuing a career in Upper GI surgery. Therefore, there was a strong sense of nostalgia with me ending my surgical training journey close to where it began and I was extremely excited to return for another rich and fulfilling experience.

I was primarily attached to the Upper GI service, headed by Professor Andrés Sánchez Pernaute. His team was extremely welcoming and ensured that I was very well looked after. Weekday mornings started with the on-call residents presenting new admissions. This was a great opportunity to meet all the General Surgery residents within the department who were rotating through the various services.

I was intrigued to learn about residency training in Spain and how this differed to that in the United Kingdom. The residency is shorter in Spain (five years after one year as an intern) when compared to the UK (eight years after two years as a foundation/intern doctor), however, for the most part, residents appeared to stay within the same hospital for the entire duration. This allowed



residents to become familiar with hospital/departmental procedures and their consultants practice which would permit a more seamless progression through the years. Selection into residency programmes for all specialties is via the same general national exam which sits once a year rather than in the UK which follows a specialty specific national interview process.

I learnt that there are no 'entrance' and 'exit' exams for (higher) surgical training which exist in UK as Member of the Royal College of Surgeons (MRCS) and Fellow of the Royal College of Surgeons (FRCS), respectively.

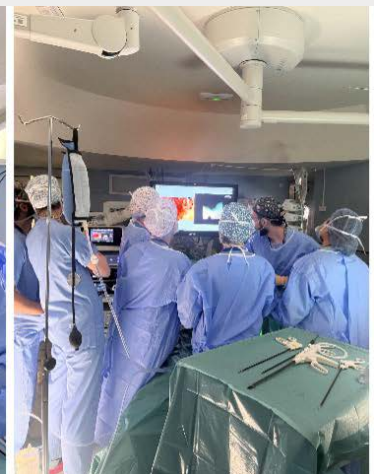
I theorized that experience may therefore vary greatly between residency programmes in Spain, however, the sought after programme at Hospital Clínico San Carlos was full of bright, enthusiastic and extremely capable surgeons of tomorrow.

During my stay, I was very fortunate to join a departmental dinner wishing their senior trainees farewell on completion of their five-year residency.

I observed several Upper GI procedures spanning the oesophago-gastric (OG) and hepato-pancreato-biliary (HPB) services. Within the OG service, this included minimally invasive oesophagectomy (MIO), resection of GIST, anti-reflux surgery, laparoscopic Roux-en-Y gastric bypass (LRYGB) and revisional bariatric surgery. Whilst visiting HPB theatres, I was able to observe their methods for laparoscopic cholecystectomy and laparoscopic common bile duct exploration (LCBDE).

I have research and operative experience in LCBDE, having recently started the service at Imperial College Healthcare NHS Trust in London, however, an opportunity to see varying techniques and practices during this relatively uncommon procedure was informative and highly educational. I am grateful to ALSGBI for the generous funding associated with the David Dunn Traveling Scholarship and to Professors Torres and Pernaute, and their staff, for providing me with such a wonderful experience.

Lt Col Lal Navaratne (London)

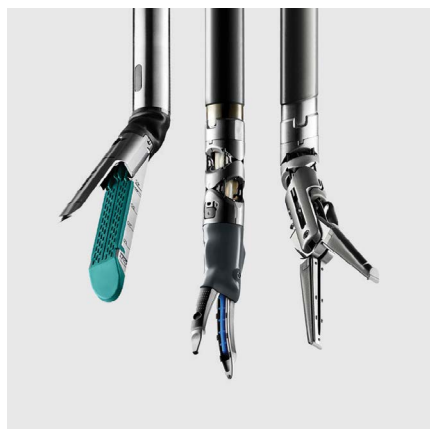


INTUITIVE

Experience da Vinci technology for yourself

We believe that minimally invasive care is life-enhancing care. By combining ingenuity and intelligent technology, we expand the potential of physicians to heal without constraints.

Learn more at www.intuitive.com/en-gb



Product Information

The Intuitive Surgical Endoscopic Instrument Control Systems (da Vinci X and da Vinci Xi Surgical Systems) are intended to assist in the accurate control of Intuitive Surgical Endoscopic Instruments during urologic surgical procedures, general laparoscopic surgical procedures, gynecologic laparoscopic surgical procedures, general thoracoscopic surgical procedures, and trans-oral otolaryngology surgical procedures restricted to benign tumors and malignant tumors classified as T1 and T2, and for benign base of tongue resection procedures. The systems are indicated for adult and pediatric use (except for trans-oral otolaryngology surgical procedures). They are intended to be used by trained physicians in an operating room environment.

The da Vinci X and da Vinci Xi Surgical Systems are class IIb medical devices CE marked (CE 2460) under the European Medical Devices Directive (93/42/EEC), manufactured by Intuitive Surgical, Inc. Refer to Instructions For Use before use.

Privacy Notice

Intuitive's Privacy Notice is available at www.intuitive.com/privacy.

© 2023 Intuitive Surgical Operations, Inc. All rights reserved. Product and brand names/logos are trademarks or registered trademarks of Intuitive Surgical or their respective owner.



Ms Lucy Huppler **ALSGBI Research Fellowship 2023/4**

I was lucky enough to receive the ALSGBI research fellowship for 2023 – 2024 to undertake work towards my postgraduate degree at Bristol University. The work is part of a 2 year project towards the award of Medical Doctorate (MD) degree. I am currently taking 2 years out of programme from my higher surgical training to undertake this work. The project has also been funded by a Gloucester and Cheltenham Hospitals charity, where I am currently employed as a surgical registrar.

The MD is thesis led 'Exploring the role of exercise and strength training in the context of post-operative bariatric surgery care' and will use evidence synthesis and a mix-methods approach to explore the current and potential knowledge and needs surrounding exercise after bariatric surgery within the English National Health Service.

Fat-mass losses that accompany bariatric surgery are often enough to be considered 'life-saving', however there are a number of observations that are problematic after surgery of this kind. Patients can experience muscle mass losses in the acute phase and weight regain in the long term, and therefore

the aftercare following bariatric surgery is critical to the long-term success of this surgical intervention. For this unique patient group, reviewing lifestyle approaches to weight management may be critical to facilitate future optimal health.

The long-term aim of this work is to develop, with both patients and health care professionals, a bespoke intervention for patients following obesity surgery. The intervention will aim to educate, demonstrate and support patients in resetting optimal exercise; focused on strength and the preservation of muscle mass. The aim would be to design a fit-for-purpose intervention that is suitable for delivery and utilisation by NHS patients in a public health care setting.





The basic structure of intervention development will be split into 3 phases. The phases include

- 1) evidence base review and stakeholder consultation
- 2) co-production
- and 3) prototyping of the intervention. This MD will form evidence base review and stakeholder consultation as part of phase 1 of intervention development work.

I was awarded the ALSGBI research grant to the sum of £2,500 and this has enabled me to undertake patient and public involvement (PPI) to develop the RESET study: REbuilding StrEngth Together after bariatric surgery. The main focus of the PPI work led to the development of the following research questions, and developed the RESET study to try and answer them:

Research Question 1: What are the effects of post-operative aerobic, resistance and combined exercise regimes on health outcomes in the bariatric surgery population ?

Research Question 2: What are the baseline levels of, and capabilities, opportunities and motivators towards, strength and physical activity after bariatric surgery?

Research Question 3: What are the patient experiences of exercise and exercise advice after bariatric surgery and how could this be developed via the identification of key components of a future programme?

There were 7 patients asked to undertake a 1-hour video call via Microsoft teams that aimed to discuss initial aspects of exercise and physical activity after bariatric surgery and how to study it. Representatives were re-imbursed £25/hour for their time. From the PPI workshops, the main intervention development structure was formed. This is to take the form of the following to answer the corresponding research questions above:

Research question 1 will be answered via an umbrella review of reviews of exercise after bariatric surgery in this population

Research question 2 will be answered via a questionnaire dispersed at 3 bariatric centres within the south west of England.

Research question 3 will be answered via interviews with patients and focus groups with patients and professionals to explore these concepts and develop key themes for the future.

The RESET study has now gained ethical approval to proceed and will start recruitment in November 2024, starting with Gloucestershire Hospitals NHS Trust, and then rolling out subsequently at Southmead Hospital, Bristol and Musgrove Park Hospital, Taunton.

The ALSGBI grant firstly provided the funding for the initial PPI interviews and then the development of the RESET study PPI working group. The grant allowed PPI representatives to be paid for their attendance at meetings, as well as pay for their time to review patient facing study documents.



The remainder of the ALSGBI grant is being used to fund an incentive prize for participants who complete the questionnaire, to fund the participants who partake in the interviews and focus groups, and to cover the cost of travel and equipment required for the focus groups and interviews. The preliminary work has been presented at BOMMS 2024 in Harrogate and IFSO conference in Melbourne, Australia, and has now been registered with the Bristol NIHR Biomedical Research Centre.

Without the generosity from ALSGBI to undertake this work, I would not have been able to reimburse patients for their involvement and therefore this work would not be possible. My supervisor team and I, as well as the patients involved so far, have been so grateful to ALSGBI for their funding to create optimal exercise and physical activity advice for this population for the future.

Ms Lucy Huppler, Severn School of Surgery



Reduce Fogging. Crack On.
The F&P Laparoscopic Vision System.



Fisher & Paykel
HEALTHCARE

DETAILS OF THE TRAVELLING SCHOLARSHIP 2025

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 and be current members of the ALSGBI. The deadline for receipt of applications is 30 September 2025. The successful applicant will be notified by 14 October 2025 and will be presented with their certificate at the ALSGBI 2025 Annual Scientific Meeting on Tuesday 4 November in London Stansted. For full information on the ALSGBI visit 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.

5-6 November 2024

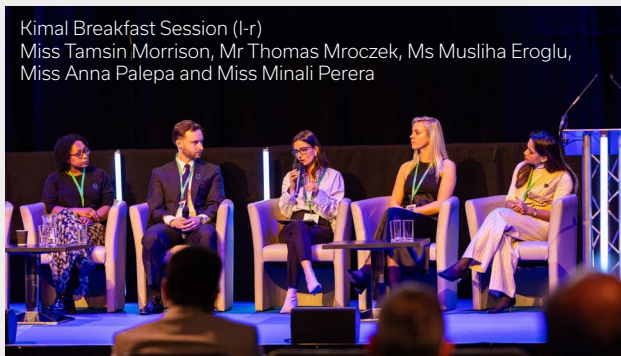
ALSGBI Annual Scientific Meeting 2024



ALSGBI President
Tan Arulampalam

This year's Annual Scientific Meeting (ASM) was held on 5th and 6th November in Derby Arena (organised by conference leads Mr Altaf Awan and Mr Imran Bhatti with the ALSGBI team including Jenny Treglohan and Sarah Williams).

A particularly special year for the society, we celebrated 30 years since the society was formed by the amalgamation of the Society of Minimally Invasive General Surgeons and the British Stapling Group in April 1994.



Kimal Breakfast Session (l-r)
Miss Tamsin Morrison, Mr Thomas Mroczek, Ms Musliha Eroglu,
Miss Anna Palepa and Miss Minali Perera

Derby was a wonderful host city and very aptly is well known for being a city of innovation. The birthplace of the industrial revolution, Derby remains one of the UK's industrial and export powerhouses, with some of the largest numbers of advanced manufacturing jobs in the UK.

No training today, no surgeons tomorrow

The ALSGBI is extremely passionate about training with this 2- day congress only being the tip of the iceberg. On Saturday 2nd November, Mr Jawad Ahmad and Professor Nader Francis hosted a Basic Robotic Skills Course at The Griffin Institute in London. The course provided trainees with an opportunity to gain hands on robotic experience in a simulated environment. This is one of the many robotic skills courses that ALSGBI runs throughout the year for various levels.

This was then followed by a Laparoscopic Skills Course on Monday 4th November, led by Mr Altaf Awan, Mr Imran Bhatti and Mr Andrew Day. This featured our prestigious LapPass® course, as well as wet lab animal models allowing delegates to practise procedures such as laparoscopic fundoplication and gastrojejunostomy.

LapPass® practice and assessments were also a key feature throughout the 2- day congress.

The only reason to give a speech is to change the world

The congress commenced with a breakfast session chaired by our ALSGBI Academy President Miss Tamsin Morrison. The session explored the culture and life surrounding surgery. A key take-home message was that surgeons don't eat well, sleep well or exercise well- we need to do better!

Professor Tan Arulampalam, current President of the ALSGBI then offered his official welcome, outlining the importance of continuous education and innovation in improving patient outcomes.

The first day was split into 3 main sessions. The first session addressed innovative approaches to the treatment of complex benign diseases, as well as tackling the training issues relating to adopting these new techniques. This included engaging talks from our past President Professor Mike Parker and the past President of SAGES Professor Horacio Asbun.



Professor Mike Parker



The second session covered principles of benign biliary surgery including tips on how to avoid injuries and a video session to allow delegates to visualise new techniques and tips.

The post-lunch slump was then quickly circumvented by Professor Silvana Peretta, a renowned surgeon from the University of Strasbourg who kicked off the afternoon with a real insight into the power of artificial intelligence in MIS.

This beautifully led onto the "Changing Landscapes" session which provided training updates from our Academy President Miss Tamsin Morrison and the President of Dukes Club Miss Charlotte El-Sayed.

The final session of the day focused on the use of MIS in emergency surgery. This provided an extremely comprehensive overview including talks by experts on emergency bariatric, emergency hernia and emergency colorectal procedures.

Work hard, play hard

Day 1 ended with the President's Drinks Reception and a glamorous conference dinner. However, in true competitive surgeon format, I think most people's highlight of the dinner was the IAGES Quiz!

The ASM provided a myriad of opportunities for networking, connecting with peers and sharing experiences. We were also very grateful to be joined by so many sponsors from industry. This gave delegates an opportunity to see some of the latest advances in technology in the field.

The most powerful person in the world is the storyteller

Day 2 provided another insightful breakfast meeting with talks regarding an array of surgical complications- how to prevent and manage them.



Dr Filip Muysoms

We were then honoured to have Dr Filip Muysoms, Past President of the European Hernia Society deliver the ALSGBI guest lecture entitled 'Delivering Cutting Edge Robotic Abdominal Wall Hernia Surgery'. This provided

a brilliant platform for the first session of Day 2 discussing all things robotic hernia related.

Day 2 did not disappoint with more video sessions and free paper presentations from trainees and consultants throughout the world.

A particular highlight was the Equality and Diversity lecture given by Mr David Sellu. Mr Sellu is a retired consultant surgeon who was accused and wrongfully imprisoned for a patient's death. He was an incredibly powerful speaker who was able to give his views on some of the bias experienced within the medical profession. In my opinion, the take-home message was that although we cannot overcome this issue overnight, the first step is for us all to recognise these issues and together we can and will make a change.



Mr David Sellu, Author,
Equality Advocate
& Surgeon

Day 2 continued with talks from the recipients of the David Dunn Travelling Scholarships and the ALSGBI Research Fellowship. It was clear from the recipients that they found their scholarship/fellowship incredibly useful and could not have completed their projects without the help of ALSGBI.

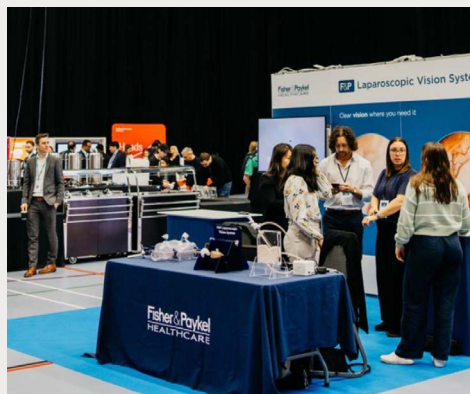
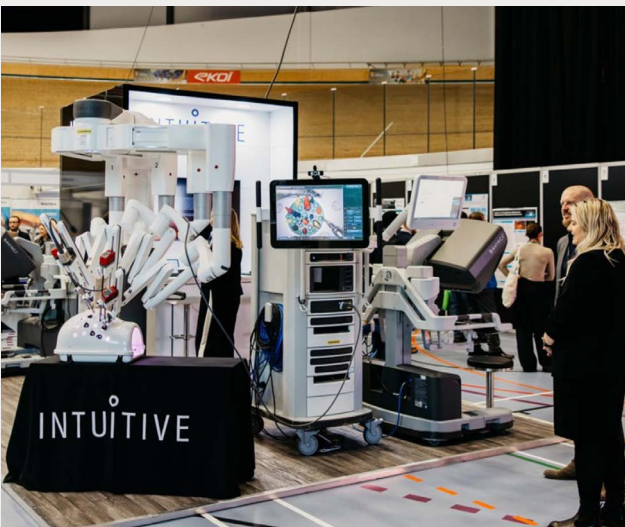
Finally, Day 2 closed with the annual awards ceremony. A special mention to Mr Javed Latif who needed an extra bag to carry all his awards home!

Your future is created by what you do today

The ALSGBI Annual Scientific Meeting 2024 in Derby was a resounding success, bringing together the best minds in MIS to share knowledge, foster innovation, and build a stronger surgical community. The event underscored the importance of continuous learning and collaboration in advancing the field and improving patient care. As the ALSGBI looks to the future, the insights and connections made at this congress will undoubtedly play a crucial role in shaping the next generation of MIS.

Miss Gita Lingam
Clinical Research Fellow
St Mark's Hospital and Academic Institute

ALSGBI Annual Scientific Meeting 2024



Sustainability in Surgery: The ALSGBI's Commitment

At the Association of Laparoscopic Surgery of Great Britain and Ireland (ALSGBI), we recognise that climate change is one of the most pressing challenges of our time. It is essential to understand the impact that both individuals and organisations have on the environment. The NHS alone contributes to 4% of the UK's total carbon footprint, factoring in areas such as travel, infrastructure, and waste management. In particular operating theatres play a significant role in this, generating between 50% and 70% of a hospital's total waste (1). In response to the climate crisis, NHS England has set a goal to become a "net zero" health service by 2045 (2).

To meet this challenge the intercollegiate Green Theatre Checklist has been developed (figure 1) which follows the guidance from the surgical safety checklist (3). The aim of the checklist is to be used as a cross-specialty tool to help encourage members of the surgical multidisciplinary team to create their own sustainable practice changes in their own departments.

Figure 1. Intercollegiate green theatre check list (below)

We believe that both individuals and collectives can use the recommendations in the Green Theatre Checklist to inspire change within the system and culture. The Green Surgery Challenge 2021 provided an opportunity for the UK surgical community to recognise, promote, and transform surgery for the future (4). We are amazed that simple measures such as the "rub not scrub" initiative can save up to 12.5L of water per person per scrub (5,6). This is a massive saving that each one of us can achieved in our everyday clinical practice which can have a huge impact on the current clinical crisis highlighting how as individuals and as a collective we can make a huge difference which can have a positive effect on the challenges of sustainability in surgery.

Intercollegiate Green Theatre Checklist

Below are a list of recommendations to reduce the environmental impact of operating theatres. All the relevant guidance and published evidence has been included in the Compendium of evidence, accessed via the QR code:

Section	Item	Check
Anaesthesia	1. Consider locoregional anaesthesia where appropriate (with targeted O ₂ delivery only if necessary)	<input type="checkbox"/>
	2. Use TIVA wherever possible with high fresh gas flows (3-6 L) and, if appropriate, a low O ₂ concentration	<input type="checkbox"/>
	3. Limit Nitrous Oxide (N ₂ O) to specific cases only and if using: <ul style="list-style-type: none"> check N₂O pipes for leaks or consider decommissioning the manifold and switching to cylinders at point of use. introduce N₂O scavenging for patient-controlled delivery 	<input type="checkbox"/>
	4. If using inhalational anaesthesia: <ul style="list-style-type: none"> Use lowest global warming potential (swoflurane better than sevoflurane than desflurane); consider removing desflurane from formulary; use low-flow target controlled anaesthetic machines; consider Volatile Capture Technology. 	<input type="checkbox"/>
	5. Switch to reusable equipment (e.g. laryngoscopes, underbody heaters, slide sheets, trays)	<input type="checkbox"/>
	6. Minimise drug waste ("Don't open it unless you need it", pre-empt prophylaxis)	<input type="checkbox"/>
Preparing for Surgery	7. Switch to reusable textiles, including theatre hats, sterile gowns, patient drapes, and trolley covers	<input type="checkbox"/>
	8. Reduce water and energy consumption: <ul style="list-style-type: none"> not don't scrub: after first leader scrub of day, you can use alcohol rub for subsequent cases; install automatic or pedal-controlled water taps. 	<input type="checkbox"/>
	9. Avoid clinically unnecessary interventions (e.g. antibiotics, catheterisation, histological examinations)	<input type="checkbox"/>
Intraoperative Equipment	10. REVIEW & RATIONALISE: <ul style="list-style-type: none"> surgeon preference lists for each operation - separate essential vs. optional items to have ready on site; single-use surgical packs - what can be reusable and added to instrument sets? what is surplus? (Oncopack suppliers remove these); instrument sets - open only what and when needed, integrate supplementary items into sets, and consolidate sets only if it allows shorter/ fewer sets (please see guidance) 	<input type="checkbox"/>
	11. REDUCE: avoid all unnecessary equipment (big swabs, single-use gloves, "Don't open it unless you need it")	<input type="checkbox"/>
	12. REUSE: opt for reusable, hybrid, or remanufactured equipment instead of single-use (e.g. dialysis, galleys, kidney-drains, light handles, quivers, staplers, energy devices)	<input type="checkbox"/>
13. REPLACE: switch to low carbon alternatives (e.g. skin sutures vs. clips, loose prep in galleys)	<input type="checkbox"/>	
After the Operation	14. RECYCLE or use lowest carbon appropriate waste streams as appropriate: <ul style="list-style-type: none"> use domestic or recycling waste streams for all packaging; use non-infectious offensive waste (yellow/black tiger), unless clear risk of infection; ensure only appropriate contents in sharps bins (sharps bags); arrange metal/sharps collection where possible. 	<input type="checkbox"/>
	15. REPAIR: ensure damaged reusable equipment is repaired, encourage active maintenance	<input type="checkbox"/>
	16. POWER OFF: lights, computers, ventilation, AGSS, temperature control when theatre empty	<input type="checkbox"/>

DISCLAIMER: These suggestions are based upon current evidence and broadly generalise. However, specific environmental impact will depend upon local practice and individual Trust implementation strategies.

What's next?

As part of our efforts at ALSGBI, we are responding to the challenges of climate change and supporting the Green Surgery Challenge 2021 by engaging with industry providers. We are learning how they are contributing to making surgery greener. We will work closely with our industry partners to explore what sustainability initiatives are currently in place and to discover the exciting projects they have planned for the future.

Research for Greener Surgery 2024

Tuesday 17th December 2024

The Great Hall at the University of Birmingham

Registration is now OPEN!

Scan the QR code or go to the link

<https://tinyurl.com/GreenSurg24>

greensurgery@contacts.bham.ac.uk @GreenSurg

Following the success of the inaugural Research for Greener Surgery Conference last year (attended by a multidisciplinary audience of 290 delegates), they are running a second conference on 17 December 2024. To join the conference to hear from key opinion leaders in sustainability, learn about sustainability research you can get involved in, and share ideas around innovation in sustainability, including a global perspective. See poster overleaf on how to join!

Miss Vivien Ngo, ALSGBI Sustainability Representative

References 1. Kwakye G, Brat GA, Makary MA. Green surgical practices for health care. Arch Surg. 2011 Feb;146(2):131-6. 2. Weimann L, Weimann E. On the Road to Net Zero Health Care Systems: Governance for Sustainable Health Care in the United Kingdom and Germany. Int J Environ Res Public Health. 2022 Sep 26;19(19):12167. 3. Conley DM, Singer SJ, Edmondson L, Berry WR, Gawande AA. Effective surgical safety checklist implementation. J Am Coll Surg. 2011 May;212(5):873-9. 4. Bhutta M, Rizan C. The Green Surgery report: a guide to reducing the environmental impact of surgical care, but will it be implemented? Ann R Coll Surg Engl. 2024 Jul;106(6):475-7. 5. CONSENSUS RECOMMENDATIONS. In: WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care [Internet]. World Health Organization; 2009 [cited 2024 Sep 19]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK144035/> 6. Jehle K, Jarrett N, Matthews S. Clean and Green: Saving Water in the Operating Theatre. annals. 2008 Jan;90(1):22-4.

Laparoscopic Academy of Pakistan collaboration with ALSGBI UK – Together we can achieve the extraordinary

Association of Surgeons of Great Britain and Ireland is the UK's premier laparoscopic and robotic surgery society committed to promoting training and education in the field of minimally invasive gastrointestinal surgery (MIS). The ALSGBI ethos to engage in structured training with a view to improving safety and technical skills in MIS in a simulated environment is well recognised. ALSGBI has now well-established international links with surgical societies in India, Sri Lanka and Malta. These initiatives have resulted in sharing expertise globally with benefits of improved patient care.

As part of the ALSGBI's international collaboration, I received an invitation to attend a Laparoscopic Academy of Pakistan (LAP) council meeting organised by Professor Zarin (Chairman LAP) and Dr Zubair Khanzada (Director Academics and International affairs), held on 23rd May 2024. I am grateful to LAP for extending their warm welcome on a bright sunny afternoon in the beautiful and historic city of Peshawar.

The meeting was opened by brief introductions from surgical trainees Dr Zia, Dr Safina and Dr Nida. Dr Safina provided a review of current provision of laparoscopic surgery training in Pakistan. It was great to hear from her the desire and enthusiasm among surgical trainees to improve their MIS skills with a vision to develop MIS training centres nationwide to provide affordable and easy access of such facilities to all surgical trainees.

Dr Khanzada, a UK trained and highly skilled UGI consultant surgeon, gave an overview of the aims and objectives of establishing LAP. He iterated the fact that there are limited facilities available to provide MIS skills training in a simulated environment in Pakistan he expressed his hope that LAP collaboration with ALSGBI would help promote such setups, with trainees benefiting to get recognised for accelerated surgical training on completion of courses in laparoscopic surgery.

Professor Zarin, an experienced advanced GI laparoscopic surgeon, shared his vision of establishing LAP with specific focus to foster learning, research and development with a view to practising safe laparoscopic surgery.

He expressed his full support to develop international collaboration with ALSGBI to further develop and

maintain highest standards of MIS training in Pakistan. I was delighted to see a comprehensive and dedicated laparoscopic training facility at Postgraduate Medical Institute (PGMI) Peshawar.

The outstanding and state of the art clinical skills centre provides the necessary and much desired environment for trainees to practise and enhance laparoscopic surgery skills in a simulated environment. It was impressive to note availability of 15 working stations to accommodate 30 trainees at each laparoscopic surgery course.



In addition, there are virtual reality simulators for trainees to practise and obtain an objective assessment of their MIS skills. ALSGBI would help establish LapPass® qualification for LAP trainees in Pakistan and provide local surgeons with opportunity to become ALSGBI LapPass® assessors. There is keen mutual interest to collaborate in research projects and contribute to Annual Scientific Meetings.

The day wrapped up with meal at a local diner. I am grateful to LAP for their hospitality and without doubt local cuisine was delicious. We look forward to nurturing this newly established collaboration between the two surgical societies, which will help bring together surgeons with exceptional abilities and knowledge from across the borders to benefit our patients.

Mr Altaf Awan, ALSGBI Director of Education

Report on the inaugural Robotics for Trainees Conference

23–24 May 2024

On 23rd - 24th May 2024, the Royal College of Surgeons of Edinburgh hosted the first Robotics for Trainees Conference, organised by the recently formed RaDiST (Robotic and Digital Surgery Trainee) Committee and ASiT. The conference themes included outcomes in robotic surgery, training & simulation and innovative technologies in robotic surgery.

There were a range of pre-conference courses such as Introduction to Versius and to Da Vinci from CMR and Intuitive respectively, which allowed early years trainees the opportunity to sample the use of robotic platforms.

The exhibition hall where the poster viewing took place was buzzing with interest and activity! Topics included "The impact of communication and theatre team experience on peri-operative timing and safety outcomes during robotic surgery training" led by Chelmsford's Minimal Access Enhanced Nurse Practitioners Roberta Marino and Soraia Gomes and a "Systematic Review on Musculoskeletal Strain affecting Surgeons who perform robotic surgery" presented by the ALSGBI Academy Research Group.

After an opening welcome and update on the pan-specialty robotic survey from Matthew Harris, RaDiST chair, the first session welcomed keynote topics on "Developing a Robotic Curriculum in Gynaecological Surgery" from Nahid Gul and "Experiences of the North-East Robotic Training Pilot" from Alan Horgan.

The afternoon session was chaired by RaDiST Committee members Tamsin Morrison (ALSGBI Academy Chair) and Bishow Karki, which covered talks from Charlotte El-Sayed, (Duke's Club President and HEE, RCS Eng Robotic Research Fellow), on Barriers to Training-RelnVent Study, there was also an update on the Core and Procedural Curriculum Delphi Consensus from ASiT Robotic Lead Aiden Bannon and RaDiST Chair, Matt Harris. This was followed by a highly interactive discussion about the direction of robotic training.

Day 1 was closed by ASiT President Roberta Garau, the evening was by a netrounded off by a net working drinks reception at the historical Edinburgh RCS building.

The second day started with keynote speaker Shafi Ahmed on the Future of Robotic and Digital Surgery, followed by Lachlan Dick and Steven Yule discussing Surgical Sabermetrics. The next session gave a good insight into training differences via a specialty keynote panel session covering ENT, Thoracics, Urology and Orthopaedic Surgery, wherein JCST Chair Jon Lund

gave valuable insights on the UK National Strategy and the challenges of integrating robotics into a GMC recognised curriculum.

The next session was chaired by Charlotte El-Sayed, where representatives from the 4 colleges led a dynamic panel discussion on "The barriers to training". Nuha Yassin (RCS Eng) Chelliah Selvasekar (RCS Ed., Past ALSGBI Robotic Lead), and Barry McGuire (RCSI) were joined by Jonathan Lund (Past JSCT Chair).



After an Industry Breakout session from CMR, Intuitive and Orthopaedic Robotics, the afternoon consisted of more thought-provoking topics such as Training in RATS Surgery, Big Data & The Metaverse, The Platform Agnostic Surgeon and VR in Surgical Education

Despite torrential downpours of the famous Edinburgh rain, the city still shone and the conference was well attended. Overall, the two days provided a mix of talks and activities suitable for all levels of experience and facilitated important conversations on the direction of robotic surgery training

We extend our congratulations to Matt Harris and team for organising such an engaging conference and we look forward to next year's conference!

Miss Tamsin Morrison
ALSGBI Academy Chair





KIMAL – proud sponsors of this year's ALSGBI meeting

This year's theme Excellence in Surgical Innovation, Simulation Training & Safety closely aligns to the ambition of the Kimal team. Kimal are the only licenced provider of Indocyanine Green (ICG) in the UK.

The recently published (2023) consensus document from the European Association of Endoscopic Surgery on the use of Indocyanine Green Fluorescence Guided Surgery makes several recommendations on its' use for perfusion assessment in colorectal surgery concluding that 'the use of ICG fluorecence in colorectal surgery to assess tissue perfusion is recommended in order to reduce the risk of anastomotic leak' – Grade of recommendation: Strong.

The meta-analysis shows that the use of ICG is correlated with a reduction of events of anastomotic leakage, particularly in the rectum. The research also describes a change of anastomotic line after ICG injection in 10.3% of patients (10.2–12.5%) and a reduction in the overall post-operative complications.

The benefits for institutions in reducing anastomotic leaks are well documented and include but are not limited to; Improved patient outcomes and mortality, reduced surgical complications, decreased associated costs and overall positive management in post operative stay (reduction in bed days).

Speaking on the guideline Professor Tan Arulampalam said "ALSGBI support and have endorsed the EAES consensus guideline for ICG in general surgical practice and I personally use ICG for all applicable cases with excellent results. Our real challenge is disseminating the knowledge and increasing adoption in order to improve patient outcomes."

If you'd like to learn more about adopting these guidelines the Kimal team would love to hear from you. **Contact us at ICG-Verdye@Kimal.com**

Citation: Cassinotti, E., Al-Taher, M., Antoniou, S.A. et al. European Association for Endoscopic Surgery (EAES) consensus on Indocyanine Green (ICG) fluorescence-guided surgery. *Surg Endosc* 37, 1629–1648 (2023). <https://doi.org/10.1007/s00464-023-09928-5>

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

hergestellt durch / manufactured by: FEG Textiltechnik Forschungs- und Entwicklungsgesellschaft mbH
Prager Ring 70, 52070 Aachen, Germany · www.dyna-mesh.com



Source: Own representation based on: Baker JJ, Öberg S, Rosenberg J (2021) Reoperation for Recurrence is Affected by Type of Mesh in Laparoscopic Ventral Hernia Repair: A Nationwide Cohort Study. *Ann Surg.* <https://doi.org/10.1097/SLA.00000000000005206>, Accessed: 07.12.2021

BR035en01_2022-01-27_d (1/2)

DETAILS OF THE RESEARCH FELLOWSHIP 2025

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 and be current members of the ALSGBI. The deadline for receipt of applications is 30 September 2025. The successful applicant will be notified by 14 October 2025 and will be presented with their certificate at the ALSGBI 2025 Annual Scientific Meeting on Tuesday 4 November 2025.

For full information on the ALSGBI visit www.alsgbi.org



Save the Date 2025



ALSGBI & ALTS 2025
Annual Scientific Meeting
Monday 3 & Tuesday 4 November 2025
Radisson Blu
London Stansted Airport



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