

ACPGBI West Midlands Chapter Meeting

Date: 29th of September 2017

Location: The Ibis Hotel. 21 Ladywell Walk, Arcadian Centre, Birmingham B5 4ST

No. of attendees: 60

Sessions

Session 1- MASIC

- **The Birth of MASIC: why there is an unmet need:** Prof Robert Arnott, Executive secretary and Fund raising Officer of MASIC
- **Injuries, their detection treatment and prevention:** Matthew Parsons, Consultant Obstetrician and Gynaecologist at The Birmingham Women's Hospital.
- **The Extent of the problem: prevalence of bowel incontinence:** Prof M.R.B.Keighley, Emeritus Professor President of MASIC
- **How these mothers present to the colorectal Nurse and what can we do?** Yvette Perston, Colorectal Nurse Specialist in Functional Bowel Disease QEH Birmingham
- **The social and Psychological consequences from a personal perspective:** Mrs Jenny Tighe, a MASIC Mother and Trustee
- **Commissioning of Pelvic floor services and referral pathways in West Midlands:** Mark Chapman, Consultant Colorectal Surgeon Good Hope Hospital.

The MASIC Foundation has been established to support mothers with anal sphincter injuries during child birth as it affects over 10% of women having a vaginal delivery. This session's aims were to educate on the current guidelines to detect, treat and prevent obstetric anal sphincter injury; and to raise awareness in the surgical cohort of the said condition and of the foundation.

Session 2- Research and Audit

- **FOXTROT:** Andrew Beggs

Results suggest that preoperative chemotherapy is a feasible option for resectable advanced colon cancer. The trial findings indicate that pre-operative treatment in stage 3 and 4 tumours could induce downstaging within 6 weeks. Furthermore, no increase in surgical morbidity or mortality compared with standard postoperative chemotherapy was found.

- **TREC and Star-TREC:** Simon Bach

Trial comparing two different treatments for rectal cancers to see which is best and has the least severe side effects. TME vs Pre-operative radiotherapy followed by TEMS. The advantage of the second option is that it's much less invasive and preserves more of the bowel – something that could significantly improve a patient's quality of life.

- **ESCP Right Hemicolectomy Audit:** Tom Pinkney

Right hemicolectomy and ileo-caecal resection are two of the most commonly performed colorectal resections, with an estimated combined 83,000 undertaken across Europe each year. Variability exists in the techniques utilised to undertake

these operations. This pan-European prospective audit described current practice, outcomes and early complication rates. The study explored differences in patients, techniques and outcomes across the international cohort.

- **GlobalSurg:** Aneel Bhangu

GlobalSurg is an international collaboration of surgical research. One of its current projects is aiming to determine worldwide surgical site infection rates following GI surgery. The primary end point for the study is a 30 day surgical site infection rate. Data collection closed August 30th. Full results are outstanding at present.

- **DREAMS:** James Glasbey

DREAMS is a phase III, double blind multicentre randomised controlled trial with the primary objective of determining if pre-operative dexamethasone reduces post-operative nausea and vomiting in patients undergoing elective colorectal resections. DREAMS is the first randomised controlled trial using an Investigational Medicinal Product to be developed by the West Midlands Research Collaborative. Preliminary results suggest Dexamethasone is of benefit post-operatively.

Session 3- Clinical

- **Clinical Case Conundrums:** “Expert panel” to discuss submitted cases

Case 1- 70M with a background of ectopic bladder presents with LBO

Case 2- An unexpected case of gallstone ileus

Case 3- A rare presentation of intersphincteric fistula in ano and a novel management with clips

- **Debate:** “This house believes robotic colorectal surgery should be abandoned” Nuha Yassin versus Abi Patel

Robotic surgery is a laparoscopic procedure, only with an added layer of technology and at present outcomes are similar to that of laparoscopy. However, it is extremely expensive with a steep learning curve. Conclusion of the debate was that natural orifice surgery is the future.

Session 4- Medico-legal

- **My second career (medico-legal work):** Roger Grace

An interesting and informative description of building a medicolegal career.

Attendees

Charlie Hendrickse Cons HEFT
Sharad Karandikar Cons HEFT
Doug Bowley Cons HEFT
David McArthur Cons HEFT
Simon Fallis Cons HEFT
Martin Chapman Cons HEFT
Stephan Korsgen Cons HEFT
Haney Youssef Cons HEFT
Aneel Bhangu SpR HEFT

Nuha Yassin SpR HEFT
Steve Ward SpR Warwick
Vanessa Cubas SpR UHCW
Andrew Beggs Cons UHB
Simon Bach Cons UHB
Maddie White CNS UHB
Bala Piramanayagam Cons George Eliot
Mr Narayanan Cons George Eliot Hospital
Mark Dilworth SpR New Cross Hospital

Muhammed Ali SpR Russell's Hall Hospital
Debbie Nicol Cons Worcester Hospital
Jonathan Richardson Cons UHB
Ahmed Karim SpR Worcester Hospital
Andrew Torrance Cons SWBH
R. H. Grace Retired Cons
Nabella Malik SpR
Prof Mike Keighley
Emma Morris CNS HEFT
Nicola Fearnhead Cons Cambridge
David Nauman SpR
Clare Cheek Cons Hereford
Abi Patel SpR Stoke
Ian Geh Oncologist HEFT
Prof Robert Arnott
Matthew Parsons Gynaecologist Women's
Yvette Perston CNS
Jenny Tighe MASIC Rep
Graham Williams Cons Wolverhampton
Tom Pinkney UHB Cons
Arvind Palan Radiologist Cons UHB
Heidi Gibbs CNS
James Glasbey ACF

Clare Horrobin CNS HEFT
Yetunde Fadipe CNS HEFT
Richie Asillo CNS HEFT
Rajeev Peravali Cons SWBH
Panchali Sarmah SpR
Rania Ghaffar Radiologist
Wolverhampton colorectal CNS team
Simon Radley Cons UHB
Anil George Cons SWBH