



The Association of Coloproctology of Great Britain and Ireland

Royal College of Surgeons of England
35-43 Lincoln's Inn Fields
London
WC2A 3PE

TERMS OF REFERENCE FOR ABDOMINAL WALL SUBCOMMITTEE OF MCC

Background

Colorectal surgical patients suffer a large burden of morbidity and an impaired quality of life due to problems related to their abdominal wall. Colorectal surgeons represent a large part of the emergency on call rota and perform many emergency laparotomies with or without stomas. Elective colorectal operations are also associated with a relatively high incidence of surgical site infections (SSI) and subsequent incisional hernia formation. Incisional hernias and recurrent incisional hernias are common. Parastomal hernias are also common and problematic and there is no satisfactory method of prevention or repair. Reoperative colorectal operations with or without intestinal failure can lead to abdominal wall failure with complicated and problematic incisional hernias. There is probably no other surgical subspecialty that is associated with as much abdominal wall morbidity and many colorectal surgeons in the UK are involved in incisional hernia repair and a minority have developed a practice in abdominal wall reconstruction (AWR).

Purpose & Objectives

The purpose of the Abdominal Wall subcommittee is to represent and support ACPGBI members in matters relating to the abdominal wall during or after elective and emergency colorectal or other abdominal surgery. This subcommittee is not an Abdominal Wall Reconstruction (AWR) subcommittee. It is an inevitability that some of the members will have an AWR practice and AWR will be within the remit but this is a subcommittee which is to dedicate itself to education and best practice in matters relating to the abdominal wall in the broadest sense. This will include supporting best clinical practice as well as education, training, clinical audit and research. This will include but is not limited to SSI prevention, wound formation and closure in open and MIS surgery (both elective and emergency), incisional hernia prevention and prophylaxis, parastomal hernia prevention and treatment, prevention and management of the open abdomen, abdominal wall management in intestinal failure as well as mechanisms and methods of hernia repair including AWR. It is envisaged that the subcommittee will form collaborative links with existing hernia and plastic surgery societies as appropriate to support best practice.

Membership & Structure

There will be 6 elected members including the Chair. The initial chair shall be elected by ACPGBI executive and subsequently by the members of the subcommittee. The first and subsequent chairs may be in post for 3 years only, unless exceptional circumstances dictate otherwise. There will be elected representation from Dukes and nursing as well as the PLG (Patient Liason Group). Other co-

opted members will be recruited as required and Stoma nurse and tissue viability involvement and representation will be encouraged as will formal representation from an appropriate plastic surgery society.

The subcommittee will sit within the Multidisciplinary Committee. In this regard it mirrors all other clinical subcommittees including IBD, peritoneal malignancy, colonoscopy, advanced malignancy and proctology subgroups that similarly report through MCC. The chair will report to Council and Executive via the Chair of the Multidisciplinary committee (MCC), though may on occasions be asked to present directly. They will work closely with the Education & Training committee as well as the elected members of MCC.

Interactions

- Multidisciplinary Clinical Committee (MCC). The subgroup reports to ACPGBI Council and Executive through the MCC Chair.
- Nursing and Allied Health Professionals (NAHP) Group
- Royal College of Surgeons Getting It Right First Time (GIRFT) initiative
- Association of Surgeons of GB&I
- AUGIS
- BSG
- British Hernia Society
- AWR Europe
- British Society of Plastic Surgery or other plastic surgery society as appropriate
- Charities and patient support groups
- Commissioning bodies

Accountability

The Chair of the subcommittee will report to the Chair of the MCC.

Meetings

Meetings will be held three times each year. At least one face-to-face meeting will take place at the annual meeting of ACPGBI. Other meetings will be held by teleconference.

The agenda will be coordinated by the Chair, who will be responsible for minutes that will subsequently be submitted to the Chair of MCC and ACPGBI Council.

Reimbursement of expenses

The ACPGBI will reimburse reasonable day travel expenses and second class rail fares. Overnight accommodation and subsistence will be covered if required.

Charles Maxwell-Armstrong, Ciaran Walsh and Nicola Fearnhead May 2020