ACPGBI Travelling Fellow Report

Centre Hospitalier Universitaire de Poitiers (CHU de Poitiers)

Niamh McCawley FRCSI MD

Background

I am currently appointed as a colorectal surgeon at Beaumont Hospital, Dublin Ireland. My practice includes a specialist interest in pelvic floor disorders.

The ACPGBI kindly awarded me a travelling fellowship to Europe and in this regard, I visited a centre of excellence at the Centre Hospitalier Universitaire de Poitiers (CHU de Poitiers) in France.

June 2019

I arrived from Dublin following a flight to Nantes and hiring a car to drive the 2 and a half hour drive south east to the hotel.

CHU de Poitiers in a large university hospital with 900 beds catering to a local population of 200,000 people. It is built on a site 10 minutes of the old town. There is a medical school on the same campus.

In France, the specialty of colorectal as we know it, does not always exist. The department of digestive surgery comprises, upper and lower GI surgery, as well as hepatobiliary surgery.

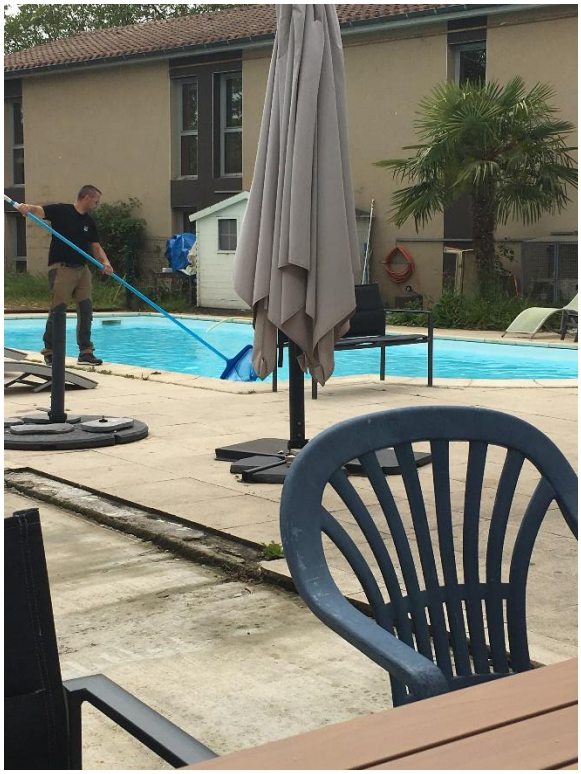
French doctors dress very casually and wear short sleeved long white coats. In theatre blue scrubs are used but to leave the theatre complex blue scrubs are strictly forbidden. Elective theatres run completely separately to any emergency or trauma work which is in a different building on the other side of the hospital. There are 32 elective theatres working simultaneously, which includes a hybrid vascular theatre and interventional radiology and neuroradiology.

I met the team at 7:30 and the day commences with a team meeting between all in the department of digestive surgery. The days cases are discussed, and trainees are allocated to cases.

Surgical training consists of 5 years of “Intern” training, followed by 2 years as a “resident”. Again, trainees are not specifically colorectal and have more of a broad training in digestive surgery.

All of the French doctors speak very good English, in fact, I was trying hard to get an opportunity to speak French, it seems this was only possible in the coffee shop when ordering food and coffee!

The French doctors of all grades eat in the residence. Here, some of the junior doctors live and hold monthly parties for the department. The food is splendid and it has an outdoor swimming pool that doctors can use in the summer! I’m not sure there would be much work done in Ireland, if the hospital had swimming pools for the doctors!



CHU de Poitiers

Long white coats. Entrance to Hospital

The first 2 cases were proctology cases. My host Dr Marie Baraussaud, is a trained colorectal surgeon, having undertaken ESCP fellowships in Dublin and in the University of Minnesota. Interestingly, she is the only truly trained coloproctologist in the hospital and therefore all the proctology cases as assigned to her. Amazingly, she doesn't have a long waiting list and can book patients directly into theatre slots from her out-patient clinic. The cases were a Ferguson Haemorrhoidectomy and an immunocompromised patient with AIN3 for surveillance.

Following this, there was an elderly patient who had elected to undergo a colostomy for intractable faecal incontinence.

The final case of the day was a lady who had a locally advanced rectal cancer who have undergone a liver resection for metastasis and completed SCRT. She had a laparoscopic anterior resection, the tumour was at 8cm, with an intracorporeal anastomosis and a defunctioning ileostomy. This list was comparable to my practice at home.

The second day of operating consisted of 2 robotic cases.

The first was a robotic ventral mesh rectopexy for rectal prolapse. As I understand it, there are no restrictions on mesh cases in France currently. There is no requirement for MDT discussion and/or a mesh registry.

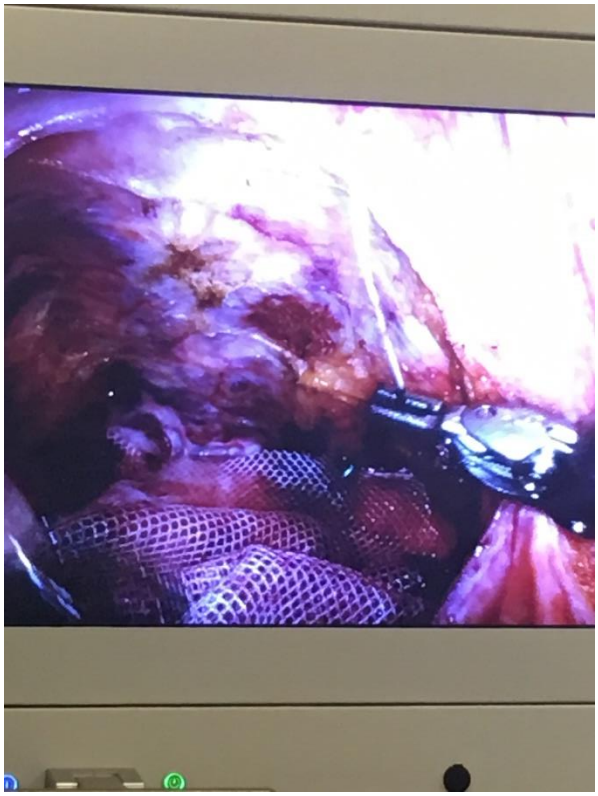
The patient was meticulously counselled pre-operatively and a letter was dictated to her GP prior to surgery to confirm this.

The robotic set-up took approximately 45minutes but the use of the robot in performing the deep pelvic part of the case was remarkable.

The second robotic case was a low rectal cancer, T2N0, in a male patient who did not have neoadjuvant chemoradiotherapy. Again, the set-up and robot docking took approx. 45 minutes. A 12 port was used by the assistant to aid with mobilising the splenic flexure and in cross-stapling the rectum. The precise and accurate dissection afforded by the robot in mobilising the lateral side and the rectum in a narrow male pelvis was excellent, as was the quality of the surgical specimen.

I had the opportunity to use the robot a little following the surgeries.

The smaller and slimmer body habitus of the French patients definitely makes pelvic surgery a little less challenging.



Robot being used for Ventral Mesh Rectopexy

Summary

In summary, this was an excellent experience and the cohorting of robotic cases together for my learning was invaluable The French surgeons were very accommodating, eager to teach and discuss the rationale for surgery and happy to have me observe challenging operative cases.

I thoroughly enjoyed my short visit to Poitiers and hope to collaborate with their department in the future.