

The Association of Coloproctology of Great Britain & Ireland

Chapter Reports for Council for 5th February meeting 2018.

Chapter: Scotland

Chapter Representatives: Michael Lim (East) and Susan Moug (West)

The Scottish Chapter will hold its' annual meeting on the 26th and 27th April in the Royal College of Physician and Surgeons of Glasgow. Adverts and invites are out for the provisional agenda with the first afternoon focusing on trainee topics and issues (e.g. fellowships; FRCS exam topics including radiology and haematology teaching). The second day had a range of speakers and topics. These include updates on screening (Prof Bob Steele), the role of lifestyle in cancer (Professors Annie Anderson and Nanette Mutrie) and a section on pelvic floor and emerging surgical technologies (Professor Trish Connolly). To create discussion, the results from the BDRF supported Edinburgh Delphi (the influence of a surgeon's personality in the decision to perform an anastomosis) will be presented by one of the Delphi team and trainee rep, Miss Nikola Henderson. Michael and Susan would encourage and welcome any non-Scottish chapter members to attend and contribute. We would also like to invite you to next year's meeting in the Scottish Highlands, in Inverness.

We continue to highlight the work of The National Enhanced Recovery Group in Scotland. Led by David McDonald (National Lead for Whole System Patient Flow Improvement Programme for ERAS), a database has been developed where all elective laparoscopic and now open colorectal surgery outcomes are recorded monthly, submitted centrally and then results emailed to all participating units. As a further development, this same programme has now been extended out to emergency laparotomies. Using a similar inclusion as NELA which could allow future collaboration across the U.K. The first sets of data were collected in December and January. The first meeting to discuss results is at the RCPSG in Feb. This is an exciting development as it comes with funding from the Scottish Government which has allowed all Scottish units not only to data collect via a dedicated EmLAP nurse, but use their funding for potential future interventions (e.g. EmLAP physiotherapy). We will keep the ACP updated.