

7th Live Advanced Laparoscopic Colorectal Course

15th & 16th October 2014

Prince Charles Hospital
Merthyr Tydfil, Wales

Course Manual



THE ROYAL COLLEGE
OF SURGEONS OF
EDINBURGH

Accredited: 12 CPD points

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Welcome

Dear Delegate,

I am pleased to welcome you to the 7th Laparoscopic Colorectal Surgery Course at Prince Charles Hospital in Merthyr Tydfil. The course, started in 2010, is aimed at surgical trainees as well as consultants wishing to gain expertise in this field and has been very popular and well received in previous years. Consequent upon its success, the course is now run biannually.

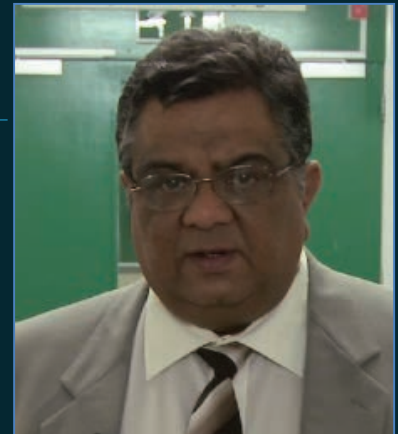
The course is accredited by the Royal College of Surgeons of Edinburgh and the college awards 12 CPD points for attendance.

This two day event is designed to provide plenty of exposure to live operations for a range of indications, including colorectal cancer as well as benign conditions. In addition to the live links, there will be structured lectures/ presentations covering various aspects of the speciality, delivered by a faculty of experienced laparoscopic colorectal surgeons. The faculty/ delegate ratio is intentionally kept high to achieve a comfortable and friendly environment with plenty of opportunity for delegates to interact with the faculty and the organizers, both in the auditorium as well as during the course dinner.

Looking forward to meeting up with you during the course, which, I hope you will find both instructive and enjoyable.

Best wishes,

*Prof. P. N. Haray
Course Convenor*



CORE COMMITTEE AND FACULTY

Professor P N Haray
Consultant Colorectal Surgeon
Course Convenor

Prince Charles Hospital

Mr Parin Shah
Locum Consultant Colorectal Surgeon
Chief Course Organiser

Royal Glamorgan Hospital

Mr Ashraf Masoud
Consultant Colorectal Surgeon

Prince Charles Hospital

Mr Jegadish Mathias
Consultant Colorectal Surgeon

Withybush General Hospital

Mr Umesh Khot
Consultant Colorectal Surgeon

Singleton Hospital

Mr T V Chandrasekharan
Consultant Colorectal Surgeon

Singleton Hospital

Mr Gethin Williams
Consultant Colorectal Surgeon

Royal Gwent Hospital

Local Organisers

Mr Manoj Nair
Post CCT Fellow in General Surgery

Prince Charles Hospital

Mr Manjula Peiris
Clinical Fellow in General Surgery

Prince Charles Hospital

Mr Nader Naeem Naguib
Associate Specialist in General Surgery

Prince Charles Hospital

Ms Kanchana Sundaramurthy
Specialty Doctor in General Surgery

Prince Charles Hospital



Faculty Profiles

Professor PN Haray

Consultant Surgeon, Prince Charles Hospital – since 1996
External Professor of Coloproctology, University of South Wales – since 2000
Assistant Medical Director (Education), Cwm Taf UHB – since 2013
Faculty of European Surgical Institute, Hamburg – since 2008
Preceptor for Laparoscopic Colorectal Surgery – since 2008
Winner of “Best Surgical Team in UK (1999), “Best Surgical Trainer in Wales” (2000), “Patient experience Network UK” (2010), “NHS Wales Award” (2011)

Mr Parin Shah

Locum Consultant Surgeon, Royal Glamorgan Hospital – since 2014
Visiting Fellow, University of South Wales – since 2012
SAS Tutor for Cwm Taf UHB – since 2012
FRCS, Royal College of Surgeons of Edinburgh – 2010
M Phil – University of Glamorgan – 2009

Mr Ashraf Masoud

Consultant Surgeon, Prince Charles Hospital – since 2001
Experience with Laparoscopic (keyhole) surgery for bowel disease - > 5 years
Experience in gastro-intestinal, colorectal, thyroid and General surgery
Established Day Case Laparoscopic cholecystectomy, Prince Charles Hospital – since 2002
Director for Cancer Services, Prince Charles Hospital – 2004-2008

Mr Jegadish Mathias

Consultant Colorectal Surgeon, Withybush General Hospital – since 2010
Special interests in Laparoscopic Colorectal surgery, Laparoscopic Hernia repair and Perianal surgery
Higher surgical training and research in South Wales Thames, London

Mr TV Chandrasekharan

Consultant Colorectal Surgeon, Murrison Hospital
Special interest in IBD and Laparoscopic surgery

Mr Gethin Williams

Consultant Colorectal Surgeon at Royal Gwent Hospital, appointed 2008
Previous ACPGBI/ALS Laparoscopic Colorectal Fellow to Mr Pete Sagar, Leeds

Mr Umesh Khot

Consultant Colorectal & Laparoscopic Surgeon, Singleton & Murrison Hospitals, Swansea
UK National Preceptor - Laparoscopic Colorectal Surgery
Established Laparoscopic Colorectal Surgery & ERAS for South West Wales
Wales representative on Council - ALSGBI
Intercollegiate MRCS Examiner
Editor of SURGERY (Oxford, Elsevier)



About this Hospital

Cwm Taf Health Board was established on 1 October 2009 and consists of two District General Hospitals; Prince Charles Hospital and the Royal Glamorgan Hospital. They are responsible for the provision of health care services to over 325,000 people principally covering the Merthyr Tydfil and Rhondda Cynon Taf Local Authority areas. Cwm Taf Health Board was awarded university health board status in July 2013, officially becoming Cwm Taf University Health Board in December 2013.

Prince Charles Hospital is based in the Gurnos Estate, Merthyr Tydfil CF47 9DT. To the north of the hospital lies the beautiful Brecon Beacons National Park whilst to the south-west is the Gower Peninsula with its outstanding coastline. The capital city of Wales, Cardiff, is only 25 miles away along the dual carriageway (A470) South to North Wales trunk road.

Cwm Taf Health Board is committed to the development of Medical Education programmes that are dynamic, interactive and adequately prepare our undergraduates, junior medical staff for their present/future roles and personal career development. We not only ensure we offer the complete curriculum for undergraduate students, foundation, core and specialty trainees; we also ensure we offer a wide range of clinical skills & related topics combined with support and funding for other relevant courses for appropriate staff.

The Medical Education and Training Centres consist of classrooms and lecture theatres all fully equipped with a wide range of state of the art audio-visual facilities. A new Theatre-Video link has also been installed allowing for interesting operations to be shown 'live' to an audience in the Lecture Theatre which has greatly enhanced teaching sessions.

The Resuscitation & Clinical Skills department have developed a full range of clinical skills training programmes which have local, national, European and International accreditation. There are dedicated fully equipped high fidelity simulation suites at both sites, enabling the delivery of an extremely wide range of skills for the majority of undergraduate and postgraduate training requirements.



COURSE PROGRAMME

Day 1

8.30 – 8.45	Coffee & Registration
8.45 – 8.50	Welcome & Introduction to the Course
8.50 – 9.00	Case Presentation of 1st live link case
9.00 – 9.20	Relevant Anatomy

Laparoscopic Restorative Proctocolectomy with Ileal Pouch Anal Anastomosis

Live link to Operation Theatre

Presentations by Moderators:

- o Theatre Set Up
 - Anterior Resection
 - Right Hemicolectomy
- o Port Positioning in Lap CR surgery: Options
- o The Stepwise Approach to Right Hemicolectomy
- o The Stepwise Approach to Anterior Resection (Videos/ discussion around specific steps)

12.30 –13.15 Lunch

13.15 – 15.15	Live link (Contd...)
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15.15 – 15.45 Coffee

15.45 – 17.00	Presentations/ video lectures by various faculty
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19.00 Course Dinner at the Ty Newydd Country House Hotel



COURSE PROGRAMME

Day 2

8.30 – 8.45	Coffee
8.45 – 9.00	Case Presentation of 3rd live link case Laparoscopic Total Mesorectal Excision Live link to Operation Theatre Presentations by Moderators: <ul style="list-style-type: none">o Flexure mobilisationo Left hemicolectomy (Videos/ discussion around specific steps)

12.30 –13.15 Lunch

	<ul style="list-style-type: none">o Pouch Surgery video presentationo Laparoscopic Hemicolectomy
13:45 – 14:30	Presentations/ video lectures by various faculty Tips, Tricks and Potential Hazards (Videos and Discussion)
15.30 – 16.00	Formal Feedback
1600	Coffee Certification and Close

Live operating will be carried out by the Prince Charles Hospital colorectal team.

During Live Link – the moderators will give PowerPoint presentations/video presentations on different aspects of laparoscopic colorectal surgery.

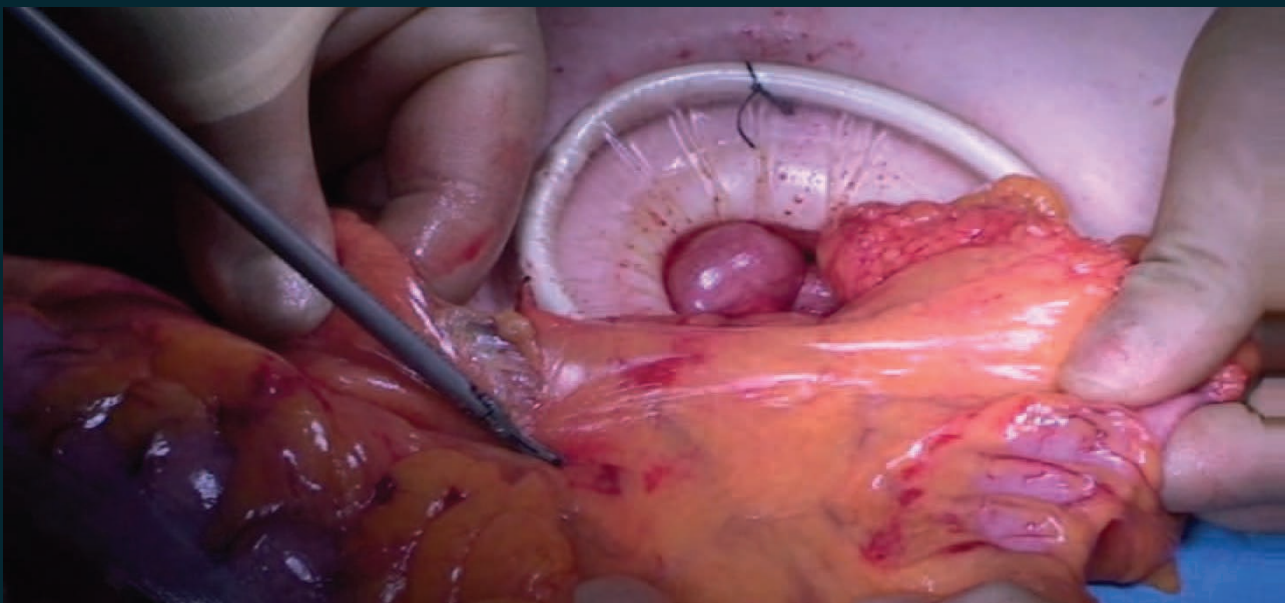
Selected Reading Material and Relevant Publications

Steps for Laparoscopic Anterior Resection of Rectum

1. Port positions and patient positioning
2. Omentum to supracolic compartment & small bowel stacking.
3. Identify right ureter.
4. Start medial dissection at the promontory.
5. Identify left ureter, then left gonadal, pelvic nerves.
6. Protect left ureter with surgicel® and Pedicle dissection.
7. Identify ureter through both windows of mesentery either side of pedicle.
8. Transect pedicle, confirm haemostasis.
9. Left lateral dissection, identify left ureter and proceed up to peritoneal resection; IMV high tie and splenic flexure mobilisation, if required.
10. Mesorectal Dissection - Prepare Rectum for Division
 - 10 a. Right mesorectal dissection up to peritoneal resection.
 - 10 b Posterior dissection (presacral plane down to levator), keep left ureter in view.
 - 10 c. Divide peritoneal resection anteriorly and dissect till seminal vesicles/ vaginal fornix.
 - 10 d. Complete both lateral dissection, identify the ureters all the way.
 - 10 e. Anterior dissection keeping to the plane just posterior to the vesicles/ vagina
 - 10 f. Cross stapling deep pelvis
 - 10 g. Laparoscopic APER
11. Intra-corporeal cross stapling of rectum at appropriate level protecting lateral and anterior structures & Grasp stapled end of specimen.
12. Left iliac fossa transverse incision for specimen delivery; protect wound and deliver specimen by the stapled end.
13. Complete mesenteric ligation, proximal bowel division and prepare proximal bowel for anastomosis.
14. Close wound, re-establish pneumoperitoneum
15. Intra-corporeal bowel anastomosis with no tension, no twist and vital structures protected.
16. Close incisions.

Steps for Laparoscopic Right Hemicolectomy

1. Port positions and patient positioning.
2. Omentum to the supracolic compartment and small bowel stacking.
3. Identify ileocolic pedicle.
4. Start dissection at the lower leaf of ileocolic pedicle.
5. Identify duodenum through mesenteric window.
6. Protect duodenum with surgicel®.
7. Dissect upper leaf of ileocolic pedicle.
8. Identify duodenum through both mesenteric windows.
9. Transect pedicle.
10. Mobilise right colon & hepatic exure from medial to lateral aspect. Protect Duodenum with surgicel®.
11. Start lateral mobilisation at distal ileum, then caecum and then ascending colon.
12. Mobilise hepatic flexure & confirm full mobilisation of the segment to be resected
13. Free up proximal transverse colon towards hepatic flexure protecting gallbladder & duodenum.
14. Free up omentum from transverse colon at planned site of resection.
15. Midline transumbilical incision for specimen delivery.
16. Protect wound, deliver specimen, complete mesenteric ligation.
17. Side to side ileo-transverse anastomosis and specimen resection.
18. Close incisions.



Merthyr Coaching Tool for Laparoscopic Colorectal Surgery

Date:	Procedure:	Trainee:	Trainer:	
1.	Case Selection	N/A	Needs Improvement	Competent
2.	Safe Access	N/A	Needs Improvement	Competent
3.	Exposure			
	Port positioning	N/A	Needs Improvement	Competent
	Patient positioning	N/A	Needs Improvement	Competent
	Small bowel stacking	N/A	Needs Improvement	Competent
	Use of retraction	N/A	Needs Improvement	Competent
4.	Vital Structures			
	Awareness of.....	N/A	Needs Improvement	Competent
	Identification of	N/A	Needs Improvement	Competent
	Protection of	N/A	Needs Improvement	Competent
5.	Vascular Pedicle			
	Dissection of vascular pedicle	N/A	Needs Improvement	Competent
	Division of vascular pedicle	N/A	Needs Improvement	Competent
	Protection of vital structures	N/A	Needs Improvement	Competent
	Selection of appropriate instruments	N/A	Needs Improvement	Competent
6.	Bowel Mobilisation			
	Bowel handling	N/A	Needs Improvement	Competent
	Handling of pathology	N/A	Needs Improvement	Competent
	Medial dissection	N/A	Needs Improvement	Competent
	Lateral dissection	N/A	Needs Improvement	Competent
	Superior dissection	N/A	Needs Improvement	Competent
	Combination.....	N/A	Needs Improvement	Competent
7.	Bowel Division – Intra-Corporeal/ Extra-Corporeal			
	Appropriate instrumentation	N/A	Needs Improvement	Competent
	Dissection of mesentery	N/A	Needs Improvement	Competent
	Protection of vital structures	N/A	Needs Improvement	Competent
	Division of bowel	N/A	Needs Improvement	Competent
8.	Anastomosis – Intra-Corporeal/ Extra-Corporeal			
	Technique	N/A	Needs Improvement	Competent
	Instrumentation	N/A	Needs Improvement	Competent
9.	Use of Energy devices			
	Appropriate settings	N/A	Needs Improvement	Competent
	Spatial awareness of instruments	N/A	Needs Improvement	Competent
	Awareness of residual energy	N/A	Needs Improvement	Competent
10.	Extra- corporeal component	N/A	Needs Improvement	Competent
11.	Team Working & Communication	N/A	Needs Improvement	Competent
12.	Overall Performance	N/A	Needs Improvement	Competent

Preceptorship Programme for Laparoscopic Colorectal Surgery

Prof. Haray has established a structured programme to train other consultant surgeons in Wales since May 2008. This includes demonstration 'Master Classes' to consultant surgeons and their teams at Prince Charles Hospital and then visiting them at their base hospitals to provide onsite (outreach preceptorship) training. Though often challenging, this has proved an excellent programme, imparting advanced surgical skills to senior colleagues.

To date, this service has facilitated either the commencement of a laparoscopic service for colorectal cancers or extended existing levels of service at a total of seven hospitals across South and West Wales. The list below shows the Consultants that have been trained across these hospitals and several more have attended Masterclasses. 2/3 consultants are currently still in the programme and 2 more have expressed an interest in joining soon.

Structured Preceptorship Programme for Consultant Surgeons:

1. Mr A.G. Masoud, Consultant Colorectal Surgeon, Prince Charles Hospital , Merthyr Tydfil – 2008.
2. Mr O. Umughele, Consultant Colorectal Surgeon, Withybush Hospital, Haverfordwest – 2008.
3. Mr S. McCain, Consultant Colorectal Surgeon, Royal Gwent Hospital, Newport – 2009
4. Mr K. Swarnkar, Consultant Colorectal Surgeon, Royal Gwent Hospital, Newport – 2009
5. Mr. C. Arun - Consultant Colorectal Surgeon, Nevill Hall Hospital, Abergavenny – 2009
6. Mr. W. Sheridan, Consultant Colorectal Surgeon, West Wales General Hospital, Carmarthen – 2009
7. Mr A. Woodward, Consultant Colorectal Surgeon, Royal Glamorgan Hospital, Llantrisant – 2010
8. Mr J. Mathias, Consultant Colorectal Surgeon, Withybush Hospital, Haverfordwest – 2010.
9. Mr A Joseph, Consultant Surgeon, Prince Charles Hospital , Merthyr Tydfil – 2011
10. Mr. A. Saklani, Locum Consultant Colorectal Surgeon, Princess of Wales Hospital, Bridgend – 2010
11. Mr. G. Pritchard, Consultant Colorectal Surgeon, Princess of Wales Hospital, Bridgend – 2010
12. Mr. S. Harries, Consultant Surgeon, West Wales General Hospital Carmarthen – 2010
13. Mr. M. Henwood, Consultant Surgeon, West Wales General Hospital Carmarthen – 2010
14. Mr O. Nur, Locum Consultant Surgeon, Withybush Hospital, Haverfordwest
15. Ms D. Clements, Consultant Colorectal Surgeon, Royal Glamorgan Hospital, Llantrisant
16. Mr A. Selvam, Consultant Surgeon, West Wales General Hospital Carmarthen
17. Mr P. Shah, Locum Consultant Surgeon, Royal Glamorgan Hospital, Llantrisant

The entire programme has been funded through educational grants from Johnson & Johnson (Ethicon Endosurgery®) Ltd.

Laparoscopic Colorectal Surgery

Training and Research

- PCH contributions (some examples)

Contributions of Prince Charles Hospital, Merthyr Tydfil

Faculty Member/ Course Convenor:

- European Surgical Institute – Hamburg, Laparoscopic Colorectal Training Course: Prof Haray has been on the faculty since 2008
- Prof Haray is a registered preceptor for Laparoscopic Colorectal Surgery, ALS and Ethicon Endosurgery® Ltd
- Laparoscopic Colorectal Surgery Course and Masterclass, PCH–Convenor-annual since 2010
- Laparoscopic Left Side Resection Course–Wales Deanery
- Association of Laparoscopic surgeons of Great Britain and Ireland, Annual Meeting in Cardiff – November 2011 – faculty for laparoscopic colorectal surgery workshop
- Several Masterclasses at Prince Charles Hospital for consultant surgeons; many live-linked demonstrations to Surgical Registrars, Junior Doctors, Medical & Nursing students etc.
- Minimal Invasive Course for surgical care practitioners– Convenor – 2010, due again in 2012
- Colorectal Cancer Course–Nurses & Jr Doctors, PCH- Convenor-2010, due again Oct 2011
- Faculty at various international conferences - India and Ghana 2003 – 2011
- Teaching Day for Surgical and Gastroenterology SpRs – Convenor (several 2005-2011)

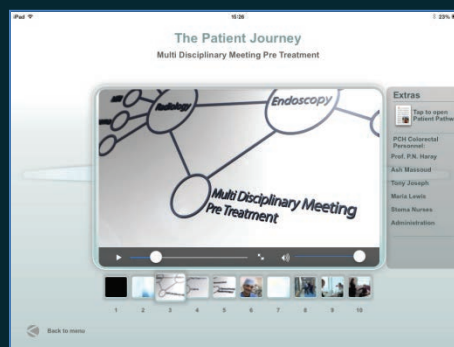
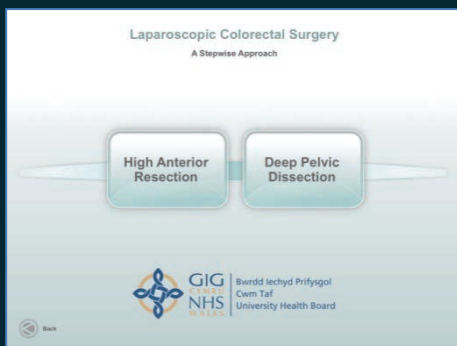
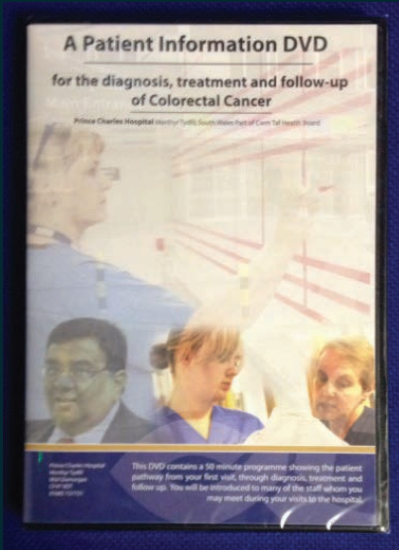
Laparoscopic Colorectal Surgery teaching DVD

A highly specialised teaching aid has been developed by Prof Haray and his team at PCH in the form of an interactive training DVD. This has been designed to assist senior trainees or established consultants wishing to undertake laparoscopic colorectal surgery. Colorectal resections have been broken down into modules offering the option of either watching the procedure in its entirety or of selecting individual 'steps' to view. Many of the steps have additional video clips highlighting challenges/ potential hazards/ technical tips/ alternative approaches etc. A PDF button provides access to a printable summary of the steps.

Other Training/ Teaching Audio-visual Aids

Prof. Haray and his extended team have developed patient information DVDs on colorectal cancer and Surgical training DVDs on laparoscopic surgery, which have been highly recognised and have won several awards. These have proved extremely useful for patient education as well as staff education for many years.

- Patient Information DVD for the colorectal cancer pathway.
- Patient Information DVD for ERAS programme in colorectal surgery.
- Anaesthetic techniques in Laparoscopic Colorectal Surgery – Spinal opioid & TAP blocks Film for anaesthetic education.
- Laparoscopic Abdomino-Perineal Excision of the Rectum Film for nurse education.
- Training the Trainer in Laparoscopic Colorectal Surgery Film aimed at helping consultants become good trainers. In progress.



Other Training/ Teaching Audio-visual Aids continued

Many of these have now been made into Apps available for free download to iPads. Please follow the links below for more information.

Stepwise for Laparoscopic Colorectal Surgery by DigiMed

<https://itunes.apple.com/gb/app/stepwise-for-laparoscopic/id894392216?mt=8>

Enhanced Recovery After Surgery (ERAS) for major bowel surgery by DigiMed

<https://itunes.apple.com/gb/app/enhanced-recovery-after-surgery/id894392476?mt=8>

Patient Journey - the diagnosis, treatment and follow up when diagnosed with a bowel tumour by DigiMed

<https://itunes.apple.com/gb/app/patient-journey-diagnosis/id894392310?mt=8>

Colorectal by DigiMed

<https://itunes.apple.com/gb/app/colorectal/id552356283?mt=8>

PEER REVIEW REFERENCED PUBLICATIONS (some examples) (Laparoscopic Colorectal Surgery only)

ORIGINAL ARTICLES

A structured preceptorship programme for laparoscopic colorectal surgery in Wales: An early experience

M Rees, A Saklani, P Shah, P Haray, *Journal of Minimal Access Surgery*, 2014; 10 (4): 185

A Tool-kit for the Quantitative Assessment of Proficiency in Laparoscopic Colorectal Surgery

P R Shah, P N Haray, *Colorectal disease*, 2011; 13(5): 576–582.

A Unique Approach To Quantifying The Changing Workload And Case Mix In Laparoscopic Colorectal Surgery

P R Shah, V Gupta, P N Haray, *Colorectal disease*, 2011; 13(3): 267 – 271.

Laparoscopic Colorectal Surgery: Learning Curve and Training Implications

P R Shah, A Joseph, P N Haray, *Postgraduate Medical Journal*, 2005; 81: 537 – 540

Adhesive Intestinal Obstruction In Laparoscopic Versus Open Colorectal Resection

A P Saklani, N Naguib, P R Shah, P Mekhail, S Winstanley and A G Masoud, *Colorectal disease*, 2012 accepted

Short-term outcomes of Laparoscopic colorectal resection in patients with previous abdominal operations

N Naguib, A Saklani, P R Shah, P Mekhail, M Alsheikh, M AbdelDayem, A G Masoud, *Journal of Laparoendoscopic & Advanced Surgical Techniques*, 2012 – accepted

Laparoscopic Colorectal Surgery in Great Britain and Ireland – Where Are We Now?

G Harinath, P R Shah, P N Haray, M E Foster, *Colorectal Disease*, 2005; 7, 86 – 89.

The Merthyr Coaching tool for Laparoscopic Colorectal Surgery

P R Shah, P N Haray – submitted

TECHNICAL TIPS

Trans-anal division of the ano rectal junction followed by Laparoscopic low anterior resection and colo-anal pouch anastomosis, a technique facilitated by a balloon port

A Saklani, P R Shah, N Naguib, N Tanner, P Mekhail, A Masoud, *Journal of Minimal Access Surgery*, 2011; 7(3): 195-199

Port Site Closure in Laparoscopic Colorectal Surgery

P R Shah, K Thippeswamy, N Naguib, A G Masoud, *Journal of Minimal Access Surgery*, 2010; 6(1): 22-23

Use of uterine manipulator in laparoscopic colorectal surgery

P R Shah, J Rogers, S Chawathe, P N Haray, *Journal of Minimal Access Surgery*, 2010; 6(4): 125

CASE REPORTS

Laparoscopic drainage of retroperitoneal abscess secondary to pyogenic sacroiliitis

D Chan, A Saklani, P R Shah, P N Haray, *Annals of Royal College of Surgeons of England*, 2010; 92(4): W32-34

ABSTRACT PUBLICATIONS

The Unique Tool-kit for Quantitative Proficiency Assessment in Laparoscopic

P R Shah, P N Haray, *Colorectal Disease*, 2011; 13(s4): 31

Quantifying The Changing Workload And Case Mix In Laparoscopic Colorectal

P R Shah, V Gupta, P N Haray, *Colorectal Disease*, 2011; 13(s4): 31

Laparoscopic Rectal Excision Made Easy: A stepwise Approach – Video Presentation

P R Shah, P N Haray, *Surgical Endoscopy*, 2011; 25(s1): S167

Laparoscopic Restorative Proctocolectomy With Ileal Pouch Anal Anastomosis

P R Shah, A Saklani, K Thippeswamy, D Chan, P N Haray, *Surgical Endoscopy*, 2011; 25(s1): S167

Perineo-abdomino-perineal excision for low rectal cancers. A new technique in selected cases

P R Shah, A Saklani, N Naguib, K Thippeswamy, A Masoud, *Surgical endoscopy*, 2010; 24(S1): S190

Complex Colorectal Operations are Feasible Laparoscopically

P R Shah, J Cowland, V Gupta, P N Haray, *Colorectal disease*, 2009; 11(s2): 38

Developing Parameters for Assessing Proficiency in Laparoscopic Colorectal Surgery

P R Shah, J Cowland, V Gupta, P N Haray, *Colorectal disease*, 2009; 11(s2): 39

Learning Curve in Laparoscopic Colorectal Surgery – Single Surgeon Experience

P R Shah, J Cowland, V Gupta, P N Haray, *Colorectal Disease*, 2009; 11(s1): 24

Training in Laparoscopic Colorectal Surgery – Potential Problems

P R Shah, A Joseph, P N Haray, *Colorectal Disease*, 2004; 6(s2): 23

Laparoscopic Colorectal Surgery – Is All The Effort Worthwhile?

P R Shah, A Joseph, P N Haray, *Colorectal Disease*, 2004; 6(s2): 23

A Survey of Laparoscopic Colorectal surgery in the UK and Ireland

P R Shah, G Harinath, P N Haray, M E Foster, *Colorectal Disease*, 2004; 6(s2): 23

Patience, Not Just Patients In Laparoscopic Colorectal Surgery: An Extended Learning Curve

P R Shah, A Joseph, P N Haray, *Colorectal Disease*, 2003; 5(S2): 47

Patience, Not Just Patients In Laparoscopic Colorectal Surgery: An Extended Learning Curve

P R Shah, A Joseph, P N Haray, *Colorectal Disease*, 2003; 5(S2): 47

Single Surgeon Learning Curve - Training Implications

M D Rees, P R Shah, P N Haray, *Surgical Endoscopy*, 2012; 26(s1): s183-s184

A 12-year experience of laparoscopic colorectal surgery (LCS): Does more experience mean better results?

M D Rees, P R Shah, P N Haray, *Colorectal Disease*, 2011, 13(S4):6

Surgicel ® to protect vital structures during laparoscopic colorectal surgery

P Mekhail, P R Shah, A Saklani, P N Haray, *Surgical Endoscopy*, 2011; 25(s1): S167

Perineo-abdomino-perineal excision for low rectal cancers. A new technique in selected cases

N Tanner, A Saklani, P R Shah, N Naguib, P Mekhail, A Masoud, *Surgical Endoscopy*, 2011; 25(s1): S165

Trans-Anal Division Of The Ano-Rectal Junction Followed By Laparoscopic Low Anterior Resection And Colo-Anal Pouch Anastomosis.

A Saklani, N Tanner, P R Shah, N Naguib, P Mekhail, A Masoud, *Surgical Endoscopy*, 2011; 25(s1): S165

Laparoscopic Total Colectomy And Ileorectal Anastomoses In A Patient With Multiple Previous Surgeries: A Surgical Strategy.

A Saklani, P R Shah, N Tanner, P Mekhail, N Naguib, A G Masoud, *Surgical Endoscopy*, 2011; 25(s1): S165

Effect Of Previous Abdominal Surgery On Laparoscopic Colorectal Procedures

N Naguib, P Mekhail, A Saklani, N Tanner, P R Shah, A Masoud, *Surgical Endoscopy*, 2011;25(s1):S26

Appraisal Of Laparoscopic Versus Open Colorectal Surgery: A Prospective Study.

P Mekhail, N Naguib, A Saklani, N Tanner, P R Shah, A G Masoud, *Surgical Endoscopy*, 2011; 25(s1): 27

Evaluation Of Laparoscopic Versus Open Colorectal Oncologic Resection

N Naguib, P Mekhail, A Saklani, N Tanner, P R Shah, A Masoud, *Surgical Endoscopy*, 2011; 25(s1): S100

Postoperative Adhesive Intestinal Obstruction In Laparoscopic Versus Open Colorectal Surgery

N Naguib, P Mekhail, A Saklani, N Tanner, P R Shah, A Masoud, *Surgical Endoscopy*, 2011; 25(s1): S100

Pros and Cons of Laparoscopic versus Open colorectal resection.

N Naguib, N Tanner, P Mekhail, P R Shah, A Saklani, KM Thippeswamy, A Masoud, *Colorectal Disease*, 2010;12(s1): 22

A Comparative Study Between The Outcomes Of Laparoscopic Versus Open Colorectal Surgery

N Naguib, P Mekhail, P R Shah, N Tanner, A Masoud, *British Journal of Surgery*, 2010; 97(S2): 144

Patient expectations during the learning curve of laparoscopic colorectal surgery

N Naguib, V Gupta, L Dafydd, P R Shah, A Masoud, *Colorectal disease*, 2009; 11(s2): 34



Ty Newydd Country Hotel

Penderyn Road, Hirwaun, Aberdare, Mid Glamorgan, CF44 9SX

Tel: 01685 813433 Fax: 01685 813139

Email: relax@tynewyddcountryhotel.co.uk

Website: www.tynewyddcountryhotel.co.uk

Ty Newydd Country Hotel offers tranquillity, comfort, excellent food and some of the most beautiful scenery in Wales right at their doorstep. The hotel has a fantastic restaurant, log fires, welcoming bar and lovely gardens with magnificent view of the Beacons and Neath Valley.

Driving directions to Penderyn CF44 9SX, UK

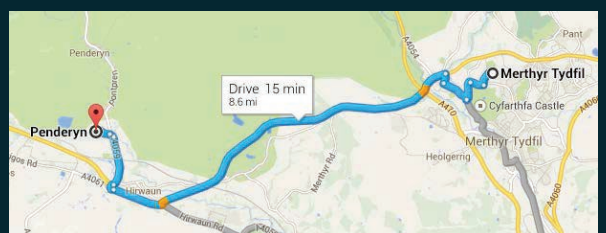
Starting from Merthyr Tydfil, CF47 9DT, UK

1. Head south 194 ft
 2. Turn right toward Gurnos Rd 125 ft
 3. Turn left toward Gurnos Rd 131 ft
 4. At the roundabout, take the 1st exit onto Gurnos Rd 0.2 mi
 5. Turn right to stay on Gurnos Rd 0.2 mi
 6. At the roundabout, take the 1st exit and on to Gurnos Rd 0.3 mi
 7. Turn right onto Brecon Rd/A4054
Continue to follow A4054
Go through 1 round about 0.5 mi
 8. Turn right onto Lower Vaynor Rd 0.2 mi
 9. Turn left onto Heads of the Valleys Rd/A465
Continue to follow A465
Go through 3 roundabouts 5.9 mi
 10. At the roundabout, take the 3rd exit onto A4059 0.9 mi
 11. Turn left 377 ft
 12. Turn left, Destination will be on the left 0.2 mi
- Reach Penderyn, CF44 9SX, UK



Map and Directions:

From the A465 Heads of the Valleys road turn North onto the A4059 at Hirwaun; about half a mile from the junction the signs to the Ty Newydd Country Hotel will be seen on the left hand side.



Acknowledgements

The Royal College of Surgeons of Edinburgh provides 12 CPD points for attendance.



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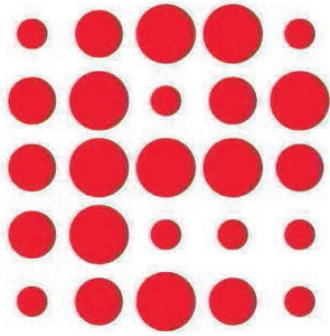
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Notes



2015 Course Dates



8th Live Advanced Laparoscopic Colorectal Course

6th & 7th May 2015

Prince Charles Hospital, Merthyr Tydfil, Wales

9th Live Advanced Laparoscopic Colorectal Course

14th & 15th October 2015

Prince Charles Hospital, Merthyr Tydfil, Wales

