DOCTORS ACADEMY
Disseminating Medical Knowledge and Skills Globally

GIG CYMRU NHS WALES
Bwrdd Iechyd Cwm Taf Health Board

Laparoscopic Colorectal Surgery Course & Master Class

Dates: 22nd and 23rd April 2013

Venue: Prince Charles Hospital, Merthyr Tydfil, Wales

Course Manual

OPEN

Doctors Academy Publications

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Welcome

Dear Delegate,

Welcome to the fourth Laparoscopic Colorectal Course & Masterclass at Prince Charles Hospital in Merthyr Tydfil. This course is aimed at surgical trainees as well as consultants wishing to gain expertise in this field and has been very popular and very well received in previous years.

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 deliberately 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

Candidate List

CORE COMMITTEE AND FACULTY

Professor P N Haray Consultant Colorectal Surgeon Course Convenor	Prince Charles Hospital, Merthyr Tydfil
Mr Parin Shah Associate Specialist, Colorectal Surgery Chief Course Organiser	Prince Charles Hospital, Merthyr Tydfil
Mr Ashraf Masoud Consultant Colorectal Surgeon	Prince Charles Hospital, Merthyr Tydfil
Mr Jared Torkington Consultant Colorectal Surgeon	University Hospital of Wales, Cardiff
Mr Umesh Khot Consultant Colorectal Surgeon	Singleton Hospital, Swansea
Mr Jegadish Mathias Consultant Colorectal Surgeon	Withybush Hospital, Haverdfordwest

LOCAL ORGANISERS AND HOSPITALITY

Mr. Kumarswamy Maradi Thippeswamy Speciality Doctor in General Surgery	Prince Charles Hospital, Merthyr Tydfil
Ms. Kanchana Sundaramurthy Speciality Doctor in General Surgery	Prince Charles Hospital, Merthyr Tydfil
Mr. Rajesh Chidambaranath Clinical Fellow in General Surgery	Prince Charles Hospital, Merthyr Tydfil
Dr. Timothy Lloyd Core Trainee in General Surgery	Prince Charles Hospital, Merthyr Tydfil

Programme

Day 1

8.30 – 8.45	**Coffee & Registration**
8.45 – 8.50	Welcome & Introduction to the Course
8.50 – 9.10	Overview of Laparoscopic Colorectal Surgery
9.10 – 9.20	Case Presentation of 1st live link case
9.20 – 12.30	**Laparoscopic Anterior Resection** **Live link to Operation Theatre** Presentations by Moderators: o Relevant anatomy o Port Positioning o The Stepwise Approach to Anterior Resection (Videos/ discussion around specific steps)

12.30 –13.15 Lunch

13.15 – 13.25	Case Presentation of 2nd live link case
13.25 – 15.15	**Laparoscopic Right Hemicolectomy** **Live link to Operation Theatre** Presentations by Moderators: o Theatre Set Up o Relevant anatomy o Port Positioning o The Stepwise Approach to Right Hemicolectomy (Videos/ discussion around specific steps)

15.15 – 15.30 Coffee

15.30 – 15.45	Anaesthetic and Peri-Operative considerations
15.45 – 16.00	Enhanced Recovery Concepts
16.00 – 17.00	Presentations/ video lectures by various faculty
19.00	Course Dinner at the Ty Newydd Country House Hotel

Programme

Day 2

8.30 – 8.45	**Coffee & Registration**
8.45 – 9.00	Case Presentation of 3rd live link case
9.00 – 12.30	**Laparoscopic Multi Segmental Resection** **Live link to Operation Theatre** Presentations by Moderators: o Flexure mobilisation o Left hemicolectomy (Videos/ discussion around specific steps)
12.30 –13.15	**Lunch**
13.15 – 14.15	o Pouch Surgery video presentation o Laparoscopy in IBD o Training in Laparoscopic Colorectal Surgery
14.15 – 15.15	Tips, Tricks and Potential Hazards (Videos and Discussion)
15.15 – 15.30	Formal Feedback Education Centre Manager + IT
15.30 – 16.00	**Coffee** **Certification and Close**

Live Operating will be carried out by Prof. P. N. Haray with interactive moderating by experienced laparoscopic colorectal surgeons.
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 reflection; IMV high tie and splenic flexure mobilisation, if required.
10. Mesorectal Dissection - Prepare Rectum for Division
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 anastosmosis with no tension, no twist and vital structures protected.
16. Close incisions.
    - 10.a. Right mesorectal dissection up to peritoneal reflection.
    - 10.b Posterior dissection (presacral plane down to levator), keep left ureter in view.
    - 10.c. Divide peritoneal reflection 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

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 flexure 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.

The Merthyr Coaching Tool for Laparoscopic Colorectal Surgery

Mr. P. R. Shah, Professor P. N. Haray

Abstract:
Laparoscopic surgery is being increasingly offered to patients across the world for benign and malignant colorectal disease. National Training programmes are being developed in some countries to improve standards and train surgeons. Meanwhile, many surgeons have been and continue to be trained thorough a variety of mechanisms. Currently there appear to be no publications in the international literature suggesting a standard format for the provision of such training. We present here a coaching tool that we have developed and used effectively to provide targeted training for laparoscopic colorectal surgery.

Introduction:
Laparoscopic surgery for colorectal disease is becoming increasingly used across the world following the publication of the results from the CLASICC trial as well as NICE guidance (1, 2) . In the UK, more and more surgeons are beginning to be trained through a variety of channels to undertake these procedures. National training programmes are being set up in some countries and it is envisaged that training will be imparted through regional centres (3). In addition, there are a considerable number of experienced surgeons providing training informally as well as formally through structured preceptorship programmes (3, 4). There is, therefore, an urgent need for a standard format for the provision of this training.

Aim:
To develop a coaching and assessment tool to aid the provision of training in laparascopic colorectal surgery.

Methods:
We have been undertaking laparoscopic colorectal surgery at our Hospital since 1998 (5). Our initial experience was with benign disease and participation in the CLASICC trial. Since 2006, our range of laparoscopic procedures has expanded to include the majority of elective colorectal surgery for both benign and malignant pathology. The unit has been training Middle grade and consultant surgeons (preceptorship) and to support this training, we have developed a simple tool which we have used very effectively to provide targeted training for laparoscopic colorectal surgery. Various factors used to assess a trainee are case selection, safe access, exposure, port positioning, patient positioning, small bowel stacking, use of retraction, awareness, identification & protection of vital structures, safe vascular pedicle dissection & division, various aspect of bowel handling & mobilisation, Bowel division & anastomosis, use of energy devices, extra- corporeal component, team Working & communication. To support this training, we have developed a simple tool (appendix I), which we have used very effectively over the past 3 years.

Results:
This tool has been used initially in self assessment by the two authors over 225 cases. Subsequently, it has been used on 8 trainees of varying levels of experience and 11 consultant colorectal surgeons over a total of 66 cases to assess the performance as well as provide targeted feedback.

The Merthyr Coaching Tool for Laparoscopic Colorectal Surgery

Discussion:
Unlike laparoscopic cholecystectomy, the laparoscopic colorectal operation has a higher level of complexity because of several factors including multiple quadrant working, several intra-corporeal instruments (some of which will be out of the field of vision), care during bowel handling, the use of high energy devices for dissection and a rapidly expanding range of instrumentation etc (6). Furthermore, the majority of such procedures involve resections for malignancy and it is imperative that good technique and adherence to oncological principles are adopted.

Laparoscopic surgery lends itself very well for a structured approach to training because of the fact that the trainee and the trainer have the same view of the procedure and the trainer can be actively involved without even being scrubbed in as an assistant. Like all surgical procedures, the laparoscopic colorectal operation can be conveniently broken down into individual components and training imparted either for the entire procedure or for specific sections, depending on the expertise of the trainee.

The tool that we have developed (Appendix 1) has been invaluable as a coaching aid in identifying specific areas for targeted training and for providing constructive feedback. It has also been an effective tool for self assessment. There are several publications outlining different ways of assessing and evaluating laparoscopic cholecystectomies. Some of these have detailed weighted scoring systems which have been carefully developed (7, 8) and have been found to be useful mainly in trainees (9). However, because of the complexity of laparoscopic colorectal procedures and the fact that the majority of surgeons being trained in this technique are likely to be either consultants or senior trainees, we feel that such an approach with a graduated scoring system would not be suitable. We have therefore, deliberately adopted a simpler approach and each step that is assessed is marked simply as either ' needing improvement' or 'competent'. We have used this effectively as a coaching tool in over 225 cases for self assessment, for surgeons in training as well as for consultants who are being preceptored.

Conclusion:
This paper has demonstrated an easily reproducible tool for standardising the assessment and providing feedback for laparoscopic colorectal surgery. Preliminary results have been encouraging though formal validation has yet to be completed. In due course, this tool can be developed into a weighted scoring system for accreditation and revalidation.

The Merthyr Coaching Tool for Laparoscopic Colorectal Surgery

References

1. NICE, Colorectal cancer - laparoscopic surgery (review). http://www.nice.org.uk/Guidance/TA105, 2006.

2. Guillou PJ, Quirke P, Thorpe H, et al., Short-term endpoints of conventional versus laparoscopic-assisted surgery in patients with colorectal cancer (MRC CLASICC trial): multicentre, randomised controlled trial. Lancet, 2005. 365(9472): p. 1718-26.

3. ACPGBI, National Training Programme in Laparoscopic Colorectal Surgery. http://www.acpgbi.org.uk/assets/documents/Newsletter_June_2008.pdf, 2008.

4. ALS, Laparoscopic Colorectal Surgery Preceptorship Programme. http://domain1686280.sites.fasthosts.com/index.php?page=preceptorship-programme, 2008.

5. Shah PR, Joseph A, and Haray PN, Laparoscopic colorectal surgery: learning curve and training implications. Postgrad Med J, 2005. 81(958): p. 537-40.

6. Hubner M, Demartines N, Muller S, et al., Prospective randomized study of monopolar scissors, bipolar vessel sealer and ultrasonic shears in laparoscopic colorectal surgery. Br J Surg, 2008. 95(9): p. 1098-104.

7. Taffinder N, Sutton C, Fishwick RJ, et al., Validation of virtual reality to teach and assess psychomotor skills in laparoscopic surgery: results from randomised controlled studies using the MIST VR laparoscopic simulator. Stud Health Technol Inform, 1998. 50: p. 124-30.

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Appendix I: Coaching Tool for Laparoscopic Colorectal Surgery

Date: **Procedure:** **Trainee:** **Trainer:**

No.	Item				
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 on site (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. Eleven Consultants 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. Masoud Consultant Colorectal Surgeon, Prince Charles Hospital, Merthyr Tydfil - January to June 2008.
2. Mr O. Umughele, Consultant Colorectal Surgeon, Withybush Hospital, Haverfordwest – May to October 2008.
3. Mr S. McCain, Consultant Colorectal Surgeon, Royal Gwent Hospital, Newport – September 2008 – Feb 2009.
4. Mr K. Swarnkar, Consultant Colorectal Surgeon, Royal Gwent Hospital, Newport – September 2008 – Feb 2009.
5. Mr. C. Arun - Consultant Colorectal Surgeon, Nevill Hall Hospital, Abergavenny – Jan - October 2009.
6. Mr. W. Sheridan, Consultant Colorectal Surgeon, West Wales General Hospital, Carmarthen – November 2009 – on going.
7. Mr A. Woodward, Consultant Colorectal Surgeon, Royal Glamorgan Hospital, Llantrisant – November 2009 – March 2010.
8. Mr J. Mathias, Consultant Colorectal Surgeon, Withybush Hospital, Haverfordwest – January to May 2010.
9. Mr. A. Joseph, Consultant Surgeon, Prince Charles Hospital, Merthyr Tydfil – September 2010 - January 2011.
10. Mr. A. Saklani, Locum Consultant Colorectal Surgeon, Princess of Wales Hospital, Bridgend – November 2010 – on going
11. Mr. G. Pritchard, Consultant Colorectal Surgeon, Princess of Wales Hospital, Bridgend – December 2010 – on going.
12. Mr. S. Harries, Consultant Surgeon, West Wales General Hospital Carmarthen – February 2010 – Masterclass only.
13. Mr. M, Henwood, Consultant Surgeon, West Wales General Hospital Carmarthen – February 2010 – Masterclass only.
14. Preceptorship for Mr O. Nur, Locum Consultant Surgeon, Withybush Hospital, Haverfordwest – Masterclass completed, Preceptorship to be booked.
15. Ms D. Clements, Consultant Colorectal Surgeon, Royal Glamorgan Hospital, Llantrisant – to be booked.
16. Mr A. Selvam, Consultant Surgeon, West Wales General Hospital Carmarthen – to be booked.

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

Laparoscopic Colorectal Surgery Training/ Research

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 specialized 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

- 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.

Publications

PEER REVIEW REFERENCED PUBLICATIONS (Laparoscopic Colorectal Surgery only)

ORIGINAL ARTICLES

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.

Preceptorship In Laparoscopic Colorectal Surgery
M Rees, P R Shah, A saklani, P N Haray – submitted

The Merthyr Coaching tool for Laparoscopic Colorectal Surgery
P R Shah, P N Haray - submitted

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

Publications

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

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

Publications

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

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): S27

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

Publications

A Survey of Laparoscopic Colorectal surgery in the UK and Ireland
G Harinath, P R Shah, P N Haray, M E Foster, Colorectal Disease, 2004; 6(s1): 82-83

DVD PRESENTATIONS

Incisional Hernia Defect May Be Convenient For The Delivery Of The Specimen In Laparoscopic Colectomy
P R Shah, N Naguib, S Winstanley, A G Masoud
European Association of Endoscopic Surgery, Brussels, June 2012

Laparoscopic Pan-Proctocolectomy - A Modified Technique to Preserve the Infradentate Anal Canal
P R Shah, N Naguib, N Tanner, S Winstanley, A G Masoud
European Association of Endoscopic Surgery, Brussels, June 2012

Three stage restorative proctocolectomy: Stepwise approach
P R Shah, N Naguib, S Winstanley, A Watkins, A G Masoud
- Association of Surgeons of Great Britain and Ireland, Liverpool, May 2012
- European Association of Endoscopic Surgery, Brussels, June 2012 (2nd Author)

Laparoscopic Rectal Excision Made Easy: A stepwise Approach – Video Presentation
P. R. Shah, P. N. Haray
- Association of Laparoscopic Surgeons of Great Britain & Ireland, Kent November 2009
- European Association of Endoscopic Surgery, Geneva, June 2010
- Welsh Surgical Society, Saunderfoot, May 2009

Laparoscopic Restorative Proctocolectomy With Ileal Pouch Anal Anastomosis
P R Shah, A Saklani, K Thippeswamy, D Chan, P N Haray
- Association of Laparoscopic Surgeons of Great Britain & Ireland, Kent November 2009
- European Association of Endoscopic Surgery, Geneva, June 2010

Perineo-abdomino-perineal excision for low rectal cancers. A new technique in selected cases
P R Shah, A Saklani, N Naguib, K Thippeswamy, A G Masoud
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Laparoscopic Total Colectomy And Ileorectal Anastomoses (Tc And Ira) In A Patient With Multiple Previous Surgeries: A Surgical Strategy.
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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
European Association of Endoscopic Surgery, Geneva, June 2010

Travelodge Merthyr Tydfil

Merthyr Tydfil Leisure Village, Merthyr Tydfil, CF48 1UT

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Accommodation

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This hotel has conference facilities
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Conveniently situated opposite Pentre-bach train station, this Premier Inn is located on the outskirts of Brecon Beacons National Park. Cardiff city centre is just a 25 minute drive away.

Our Merthyr Tydfil Premier Inn has everything you'd expect, incredibly comfy beds in every room and an onsite Table Table restaurant for a fresh new twist on eating out.

Accommodation

Bessemer Hotel***

Hermon Close,Dowlais, Merthyr Tydfil, Wales, UK CF48 3D

Tel: +44 (0) 1685 350780 Fax: +44 (0) 1685 352874

Email: *sales@bessemerhotel.co.uk*
Website: *www.bessemerhotel.co.uk*

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Room facilities
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En-suite facilities :
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Shower over bath
Heated towel rails
WC

Welcome to the Bessemer Hotel, a new and vibrant establishment that looks to set new standards in the hotel industry. Whether you are a carefree traveller or business-person with a tight schedule, the Bessemer can cater for your every need and offer you that 'little extra'. Our rooms have extra space and are purpose built for your relaxation and comfort. Our Carvery and Grill lets you choose the size of your meal. Choose to dine in the main area of our restaurant, in the luxury of our conservatory or in the privacy of your own booth. The Bessemer Hotel is ideally placed for local exploration and handily situated for a 'journey breaker' or base to work from

Penrhadw Farm

Pontsticill,Merthyr Tydfil, Wales, CF48 2TU.

Tel: 01685 723481 Fax: 01685 722461

Email: *info@penrhadwfarm.co.uk*
Website: *www.penrhadwfarm.co.uk*

Rooms From £58.00

Facilities
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Laundry Service
Family Rooms
Ironing Service
Bridal Suite

En-suite facilities :
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Shower over bath
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Deep in the heart of the Brecon Beacons National Park lies Penrhadw Farm - luxury bed and breakfast accommodation. Penrhadw Farm has been especially designed to cater for guests wishing to explore the surrounding countryside.

Accommodation

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Tel: 01685 813433 Fax: 01685 813139

Email: *relax@tynewyddcountryhotel.co.uk*
Website: *www.tynewyddcountryhotel.co.uk*

Rooms From £ 44.00
Twin Room - single occupancy - £48.60
Twin Room - £62.10
Single Room - £48.60

Facilities
Restaurant
Bar
Laundry Service

At the Ty Newydd Country Hotel we have everything you have been looking for - tranquility, comfort, excellent food - and some of the most beautiful scenery in Wales right on our doorstep. The hotel has a fantastic restaurant, log fires, a welcoming bar and lovely gardens with magnificent views of the Beacons and Neath Valley.

Notes

Notes

DIRECTIONS TO PRINCE CHARLES HOSPITAL

Travelling to
Prince Charles Hospital
By Rail: The nearest main line station is Merthyr Tydfil, which is only a 5 minute walk to the bus station or a 10 minute taxi journey to the Hospital, and has regular service connections to Cardiff. For details of local and national rail enquiries please call the Traveline on: 0870 608 2 608.

By Bus: From outlying areas you are advised to travel to the Merythr Tydfil bus station and then take the number 27 bus which travels to the Hospital. The service runs on the hour and then every 15 minutes with a journey time of 10 minutes.

By Road: Merthyr Tydfil is situated north of Cardiff on the A470 and A465 making it easily accessible via the UK road network.

From Cardiff: Take the A470 heading north for Pontypridd and Merthyr Tydfil. Go straight ahead at the Abercynon roundabout. Go Straight ahead at the next two roundabouts and at the third roundabout you will leave the A470 by taking the third exit from the left, (effectively turning right) which is also signposted to Cyfarthfa Castle. Go straight ahead until you reach a set of traffic lights. Turn left at the traffic lights and travel up a twisty road until you reach a T-junction. You will see Cyfarthfa Castle immediately ahead of you. Turn left at the T-junction, also signposted to Cefn Coed y Cymmer. Take the next right turn which is signposted to Prince Charles Hospital. Follow the signs for the hospital.

From Brecon: Travel south along the A470. Approaching Merthyr Tydfil you come to a roundabout which is the junction of the A470 and A465. Take the first left for Abergavenny and then proceed as if coming from Neath above.

From Abergavenny: Take the A465 for Merthyr Tydfil. Approaching Merthyr Tydfil you come to a roundabout which exits to Cardiff, Merthyr Tydfil, Neath and Asda/ MFI/Allied Carpets. Take the Neath turnoff and continue along the A465 for about 1 kilometre where there is a slip road to the left marked H(A&E) in red and Merthyr Industrial Estate. Follow the slip road to a T-junction and turn right up a hill to a roundabout. Take the third exit off the roundabout. Follow this road past a School and housing estate. The road dips down a small gradient and at the bottom turn left for Prince Charles hospital. This is the fourth left turn after coming off the roundabout (approximately 1 kilometre). The entrance to the hospital is up a small hill and on the left.

From Neath: Take the A465 for Merthyr Tydfil. Approaching Merthyr Tydfil you pass the Baverstock Hotel on your left and, proceeding down a hill you come to a roundabout. Take the second left (effectively straight ahead for Abergavenny. Almost immediately (about 150 yards) turn left, signposted to Prince Charles Hospital, onto a steep and twisty road. You will come to a T-junction at which you will turn right into Cefn Coed y Cymmer. On leaving the village you will drive straight on at the mini roundabout. Take care here as the junction is slightly off-set and the road narrows into a left hand bend. As the bend straightens out, take the next turning left which is signposted to Prince Charles Hospital. The road almost doubles back on itself up a steep hill. As you turn into this road you will see a lake on your right which is set in the grounds of Cyfarthfa Castle. Continue up the hill, and follow signs for the hospital.

On Arrival: Car parking is readily available around the hospital site. Visitors are then requested to report to the reception of the ward or department they are attending.

ABOUT THE HOSPITAL

Cwm Taf Health Board

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 Taff Local Authority areas.

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.

The Royal Glamorgan Hospital is based in Llantrisant, Rhondda Cynon Taff CF72 8XR. It is located in a semi-rural area, just 3 miles from the M4 and only 13 miles from the city of Cardiff. The hospital is within easy access to Bristol, Bridgend, Swansea and the whole of South Wales. The hospital is cushioned by areas of outstanding beauty: the Glamorgan Heritage Coast, the Gower, Rhondda Heritage Park and the Brecon Beacons National Park are all within short driving distance.

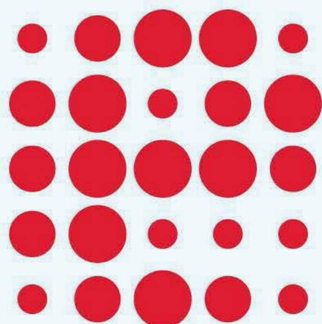
Cwm Taf Health Board is committed to the development of Medical Education programmes that are dynamic, interactive and adequately prepare our undergraduates, junior medical staff for their present/ future roles and personal career development. We not only ensure we offer the complete curriculum for undergraduate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

The recently refurbished 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.

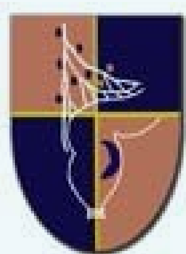
The Resuscitation & Clinical Skills department have developed a full range of clinical skills training programmes which have local, national, European and International accreditation. There are dedicated fully equipped high fidelity simulation suites at both sites, enabling the delivery of an extremely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

ACKNOWLEDGEMENTS

We are pleased to acknowledge the generous support of Ethicon Endo-Surgery, the co-organiser and principal sponsor of the event, who provided 10 scholarship places.



We gratefully acknowledge the help and support of Dukes' Club and ASiT.



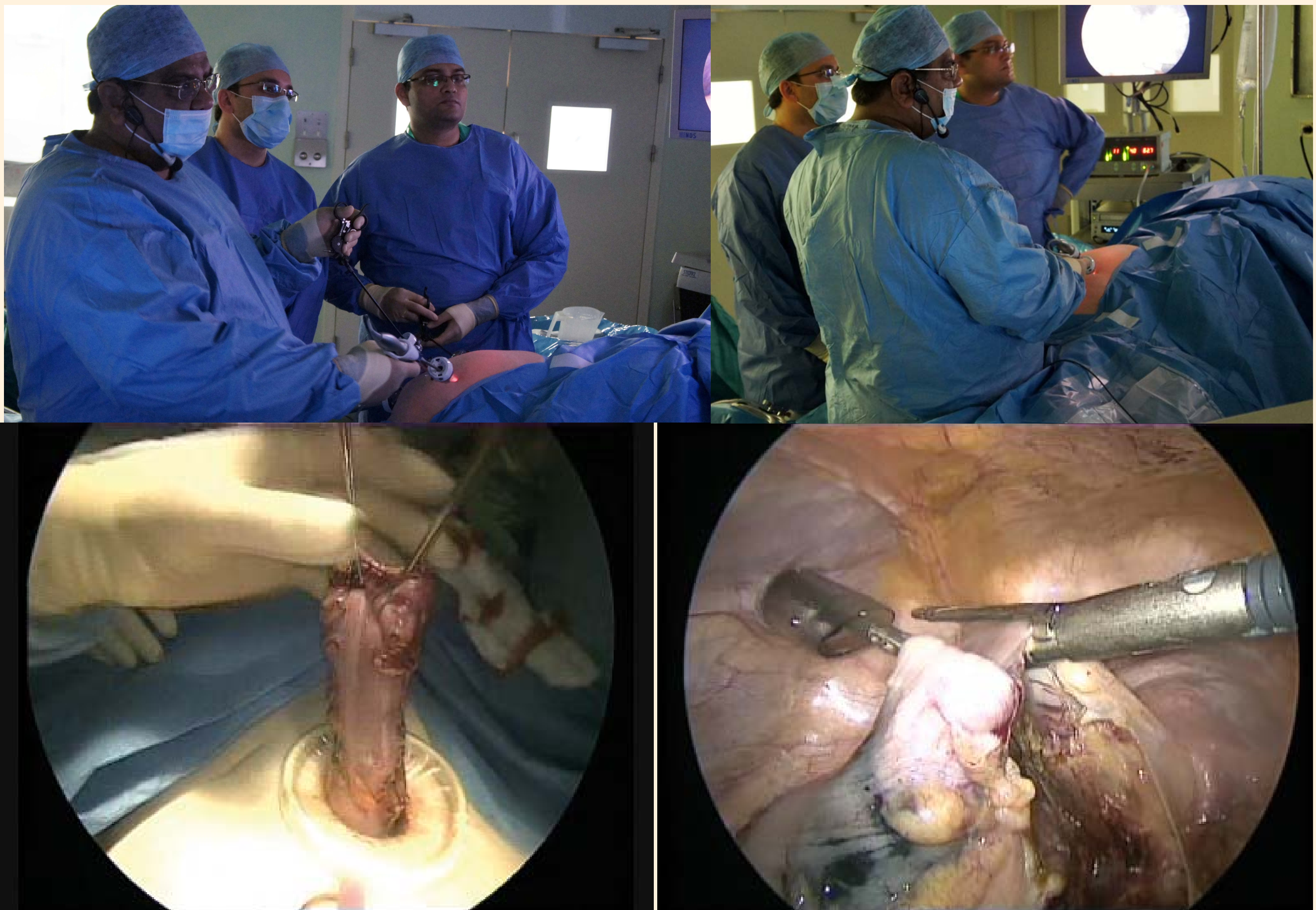
The Royal College of Surgeons of Edinburgh provides 12 CPD points for attendance at this event.

GIG CYMRU NHS WALES | Bwrdd Iechyd Cwm Taf Health Board

Laparoscopic Colorectal Surgery Course & Master Class

Dates: 22nd and 23rd April 2013

Venue: Prince Charles Hospital, Merthyr Tydfil, Wales



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