

# 6<sup>th</sup> Laparoscopic Colorectal Surgery Course & Master Class

---

**Dates:** 7<sup>th</sup> and 8<sup>th</sup> May 2014

**Venue:** Prince Charles Hospital, Merthyr Tydfil, Wales

## Course Manual

**O  
P  
E  
N**



THE ROYAL COLLEGE  
OF SURGEONS OF  
EDINBURGH

This course is accredited by the Royal College of Surgeons of Edinburgh.  
Attendance in this course entitles the delegate to receive 12 CPD points.

## Contents

---

Welcome letter	3
Faculty & Organiser list	4
Faculty Profiles	5
About the Hospital	6
Course Programme	7
<b>Selected Reading Material and Relevant Publications</b>	
Steps for Laparoscopic Anterior Resection of Rectum	10
Steps for Laparoscopic Right hemicolectomy	11
The Merthyr Coaching Tool for Laparoscopic Colorectal Surgery	12
Preceptorship Programme	16
Laparoscopic Colorectal Surgery Training and Research - PCH contributions	17
Publications	18
Notes	22
Course dinner	24
Acknowledgement	25

## Welcome



Dear Delegate,

I am pleased to welcome you to the 6<sup>th</sup> Laparoscopic Colorectal Course & Masterclass 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 very 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, Merthyr Tydfil

### **Mr Parin Shah**

Locum Consultant Colorectal Surgeon  
Chief Course Organiser

Royal Glamorgan Hospital, Llantrisant

### **Mr Ashraf Masoud**

Consultant Colorectal Surgeon

Prince Charles Hospital, Merthyr Tydfil

### **Mr Jegadish Mathias**

Consultant Colorectal Surgeon

Withybush General Hospital, Haverfordwest

### **Mr Andrew Miles**

Consultant Colorectal Surgeon

Royal Hampshire County Hospital, Winchester

### **Mr Keshav Swarnkar**

Consultant Colorectal Surgeon

Royal Gwent Hospital, Newport

### **Mr T V Chandrasekharan**

Consultant Colorectal Surgeon

Singleton Hospital, Swansea

## LOCAL ORGANISERS AND HOSPITALITY

---

### **Mr Mahmoud Abdel Dayem**

Speciality Doctor in General Surgery

Prince Charles Hospital, Merthyr Tydfil

### **Mr Nader Naeem Naguib**

Associate Specialist in General Surgery

Prince Charles Hospital, Merthyr Tydfil

### **Mr Manjula Peiris**

Clinical Fellow in General Surgery

Prince Charles Hospital, Merthyr Tydfil

### **Mr Rajesh Chidambaranath**

Clinical Fellow in General Surgery

Prince Charles Hospital, Merthyr Tydfil

### **Miss Sarah Goodison**

Foundation Year Trainee in General Surgery

Prince Charles Hospital, Merthyr Tydfil

## FACULTY PROFILES

### Professor P N Haray

Consultant Colorectal 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 - 'Best Surgical Team in the 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 2013  
 Visiting Fellow, University of South Wales - since 2013  
 SAS Tutor for Cwm Taf Health Board - 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 diseases > 5 years  
 Experienced in gastro-intestinal, colorectal, thyroid & general surgery  
 Established Day Case laparoscopic cholecystectomy at PCH – 2002  
 Director for Cancer Services at PCH - 2004 -2008

### Mr Jegadish Mathias

Consultant Colorectal Surgeon at Wwithybush General Hospital – since 2010  
 Special interests in Laparoscopic Colorectal surgery, Laparoscopic Hernia Repair and Perianal Surgery.  
 Higher surgical training and research in South West Thames, London

### Mr Andrew Miles

Consultant colorectal surgeon & colorectal cancer lead clinician - RHCH Winchester.  
 Postgraduate surgical training at The Westminster Hospital  
 Fellowship – Adelaide, Australia  
 Course Director MS coloproctology UEA  
 Faculty member Ethicon Endosurgery Training Institute, Hamburg  
 Regional council member of council for ACPGBI

### Mr Keshav Swarnkar

Consultant Surgeon and Lead clinician for colorectal cancer, ABUHB, Newport  
 Graduated from Armed Forces Medical College, Pune  
 FRCS (Ed), FRCS (Glas) - 1996  
 Higher training in Wales  
 FRCS(Ed) Gen Surg - 2003  
 Specialist interest in colorectal cancer surgery and proctology.

### Mr T V Chandrasekharan

Consultant Colorectal Surgeon with special interest in IBD and Laparoscopic surgery, Morryston Hospital, Swansea

## ABOUT THE HOSPITAL

### Cwm Taf University 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. 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.

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 & 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.



## Programme

### Day 1

<b>8.30 – 8.45</b>	<b>Coffee &amp; Registration</b>
8.45 – 8.50	Welcome & Introduction to the Course
8.50 – 9.10	Current evidence for Laparoscopic Surgery in Colorectal Cancer
9.10 – 9.20	Case Presentation of 1st live link case

#### **Laparoscopic High 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
---------------	---

#### **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)

#### **15.30 – 15.45 Coffee**

15.45 – 16.00	Anaesthetic and Peri-Operative considerations
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

8.45 – 9.00

Case Presentation of 3rd live link case

#### **Laparoscopic Low Anterior Resection/pelvic dissection Live link to Operation Theatre**

Presentations by Moderators:

- o Flexure mobilisation
- o Left hemicolectomy  
(Videos/ discussion around specific steps)

### 12.30 – 13.15 Lunch

13:45 – 14:30

- o Pouch Surgery video presentation
- o Laparoscopic Hemicolectomy

Presentations/ video lectures by various faculty

Tips, Tricks and Potential Hazards  
(Videos and Discussion)

Formal Feedback  
Education Centre Manager + IT

Coffee  
Certification and Close

*Live operating will be carried out by the PCH 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 surgical® 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 anastomosis 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 through 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 laparoscopic 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](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.
8. Grantcharov TP, Bardram L, Funch-Jensen P, et al., Assessment of Technical Surgical Skills. *The European Journal of Surgery*, 2002. 168(3): p. 139-144.
9. Torkington J, Smith SG, Rees BI, et al., Skill transfer from virtual reality to a real laparoscopic task. *Surg Endosc*, 2001. 15(10): p. 1076-9.

**Appendix I: Coaching Tool for Laparoscopic Colorectal Surgery**

<b>Date:</b>	<b>Procedure:</b>	<b>Trainee:</b>	<b>Trainer:</b>
1.	<b>Case Selection</b>	N/A	Needs Improvement Competent
2.	<b>Safe Access</b>	N/A	Needs Improvement Competent
3.	<b>Exposure</b>		
	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.	<b>Vital Structures</b>		
	Awareness of.....	N/A	Needs Improvement Competent
	Identification of .....	N/A	Needs Improvement Competent
	Protection of .....	N/A	Needs Improvement Competent
5.	<b>Vascular Pedicle</b>		
	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.	<b>Bowel Mobilisation</b>		
	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.	<b>Bowel Division – Intra-Corporeal/ Extra-Corporeal</b>		
	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.	<b>Anastomosis – Intra-Corporeal/ Extra-Corporeal</b>		
	Technique	N/A	Needs Improvement Competent
	Instrumentation	N/A	Needs Improvement Competent
9.	<b>Use of Energy devices</b>		
	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.	<b>Extra- corporeal component</b>	N/A	Needs Improvement Competent
11.	<b>Team Working &amp; Communication</b>	N/A	Needs Improvement Competent
12.	<b>Overall Performance</b>	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. 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
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
11. Mr. G. Pritchard, Consultant Colorectal Surgeon, Princess of Wales Hospital, Bridgend – December 2010
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. Mr O. Nur, Locum Consultant Surgeon, Withybush Hospital, Haverfordwest – Masterclass completed – 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

**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 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 (examples)

### 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** – accepted for publication in Journal of Minimal Access Surgery.

##### **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 (examples)

### 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 (examples)

### **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 (examples)

### **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

- Association of Laparoscopic Surgeons of Great Britain & Ireland, Kent November 2009
- European Association of Endoscopic Surgery, Geneva, June 2010 (2nd author)

### **Surgicel® to protect vital structures during laparoscopic colorectal surgery**

P Mekhail, P R Shah, A Saklani, P N Haray

European Association of Endoscopic Surgery, Geneva, June 2010

### **Laparoscopic Total Colectomy And Ileorectal Anastomoses (Tc And Ira) In A Patient With Multiple Previous Surgeries: A Surgical Strategy.**

A Saklani, P R Shah, N Tanner, P Mekhail, N Naguib, A G Masoud

European Association of Endoscopic Surgery, Geneva, June 2010

### **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

## Notes

## Notes

# Ty Newydd Country Hotel\*\*\*

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

Tel: 01685 813433

Fax: 01685 813139

Email: [relax@tynewyddcountryhotel.co.uk](mailto:relax@tynewyddcountryhotel.co.uk)

Website: [www.tynewyddcountryhotel.co.uk](http://www.tynewyddcountryhotel.co.uk)



## Driving directions to Penderyn CF44 9SX, UK

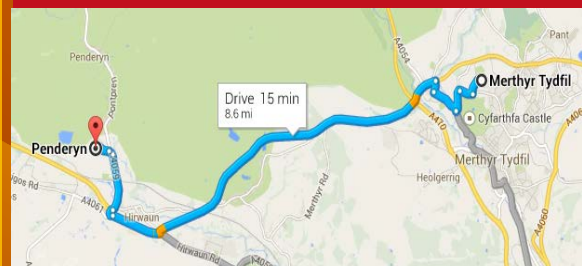
### Starting from Merthyr Tydfil, CF47 9DT, UK

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 stay on 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 round abouts 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

Ty Newydd Country Hotel offers tranquility, 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.

### 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.





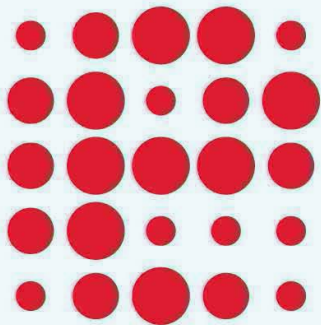
## ACKNOWLEDGEMENTS

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



THE ROYAL COLLEGE  
OF SURGEONS OF  
EDINBURGH

We are pleased to acknowledge the generous support of Ethicon Endo-Surgery,  
the principal sponsor of the event.



Ethicon  
Endo-Surgery

PART OF THE *Johnson & Johnson* FAMILY OF COMPANIES

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

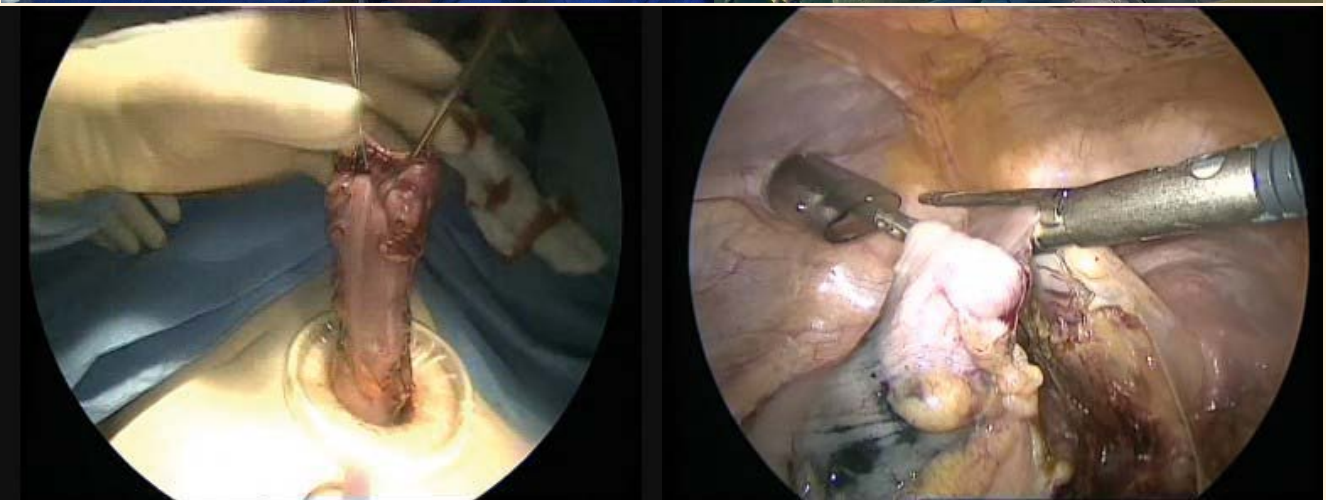


  
The Association of  
Surgeons in Training  
[www.asit.org](http://www.asit.org)

# 6<sup>th</sup> Laparoscopic Colorectal Surgery Course & Master Class

**Dates:** 7<sup>th</sup> and 8<sup>th</sup> May 2014

**Venue:** Prince Charles Hospital, Merthyr Tydfil, Wales



DOCTORS  
ACADEMY  
Disseminating Medical Knowledge and Skills Globally

[www.doctorsacademy.org](http://www.doctorsacademy.org)