KS4

2023

The 7th KSS Surgical Symposium
&
Thomas Vicary Prize Day

Friday 30th June 2023
Maidstone Hospital Academic Centre

PROGRAMME & ABSTRACTS

Supported by

THE WORSHIPFUL COMPANY OF BARBERS

ETHICON
PART OF THE Johnson&Johnson FAMILY OF COMPANIES
Shaping the future of surgery

@KSSResearch

Symposium Programme

8:15 am	**Registration & Networking breakfast**
8:50 am	**Introduction and welcome** *Mr Daniel Lawes MD FRCS; Symposium Chair*
9:00 am	**Rampley Prize Case Report Session**
10:00 am	**Special Session: Becoming the Change We Need to See** **1. Sustainability in Surgery – how can we be Greener Surgeons?** Miss Victoria Pegna FRCS; Council Member for the Royal College of Surgeons of England **2. Sexual Misconduct in the Surgical Workplace** Ms Greta McLachlan MBChB BSc.(Hons) MRCS; Working Party on Sexual Misconduct in Surgery
10:45 am	***Coffee break***
11:10 am	**Ethicon Sponsors' Presentation – Educational Portfolio & "Learn As One" Bus**
11:20 am	**The History of Surgery in Maidstone: Thomas Vicary and *The Worshipful Company of Barbers*** *Liam Poynter*
11:25 am	**Thomas Vicary Prize Winner 2020 – Report on experiences** *Mr Anthony Thaventhiran*
11:30 am	**The Thomas Vicary Prize Session** *Chairs: Mr Daniel Lawes*
1:15pm	***Networking Lunch; Maidstone Surgical Training Centre and Ethicon "Learn As One" Bus****
2:30 pm	**Invited Talk: Current Research Portfolio in Major Trauma & London Resuscitative Thorocotomy Data** *Mr Zane Perkins PhD FRCS, The Royal London Hospital* *Clinical Senior Lecturer, Queen Mary University of London*
2:30 pm	**Parallel Breast Symposium: Negotiating the Oncoplastic TIG Fellowships** *Miss Radhika Merh FRCS (The Royal Marsden) & Miss Meera Joshi PhD FRCS (Charing Cross)*
3:15 pm	**Audit & Clinical Research Prize Session**
4:45 pm	***Coffee Break***
5:00 pm	**The Barber's Prize for Best Surgical Trainer** *Mr William Hawkins FRCS; Training Programme Director for West KSS*
5:30 pm	**Prizes and Closing Remarks** *Mr Daniel Lawes MD FRCS*

POST-CONGRESS DRINKS at SANKEY'S IN TUNBRIDGE WELLS – ALL WELCOME

Invited Speakers

Miss Victoria Pegna FRCS

Peri-CCT Fellow in Colorectal & General Surgery

The Royal Surrey County Hospital; Council Member of the Royal College of Surgeons of England

Miss Pegna is an ST8 colorectal surgery registrar, in the KSS deanery. She has a Biology BSc from UCL and MSc in Neuroscience, then studied medicine at Imperial College London. Elected to council in 2019 Victoria quickly co-founded the SiS (sustainability in surgery) committee on RCSEng council and is currently chair (Co) and is an active environmentalist.

She has been a part of many sustainability projects including setting up the Green Surgery Challenge, and the James Lind Alliance Priority Setting Partnership for sustainability.

She served as a panel member on the Kennedy report in 2021 with the aim to improve equality and diversity within the council and throughout the surgical workforce. She continues to campaign to widen participation through my position on the WinS (women in surgery RCS) forum and EDI projects and charities.

Mr Perkins is a Consultant Trauma and HPB Surgeon and Pre-Hospital Physician.

He studied medicine in Johannesburg, South Africa, where his special interest in the care of the critically injured developed. Since then, he has worked in busy trauma systems both in South Africa and England and has qualifications in Surgery, Anaesthesia and Pre-Hospital Care. Together with trauma surgery, his interests include pre-hospital trauma care, and he is an emeritus doctor with London's Air Ambulance.

His research interests lie firmly in the exciting field of trauma care. His PhD thesis explored how Bayesian Networks may assist surgeons and patients make informed treatment decisions following severe lower limb injuries. He is involved with the Discrete events simulation modelling of blood provision in mass casualty events project.

Mr Zane Perkins PhD FRCS

Consultant Trauma & HPB Surgeon
Honorary Clinical Senior Lecturer

The Royal London Hospital
Queen Mary University of London

Sponsors

The committee would like to sincerely thank the ***Worshipful Company of Barbers*** for bestowing upon us the honour of being able to award the prize for the Best Research Presentation of the meeting as the **Thomas Vicary Prize**, and for funding the prize itself. ***The Barber's Prize*** for Best Surgical Trainer is being awarded for the first time this year.

THE WORSHIPFUL COMPANY OF BARBERS

We continue to be extremely grateful to the ***Tunbridge Wells Postgraduate Academic Surgical Fund*** for the financial support in running this event, and in particular for funding the prizes in the Research & Audit, Case Report and Poster categories. Many thanks to Alex Davis, Chris White, Anita Mann and all the staff from the Maidstone and Tunbridge Wells Academic Centres for ongoing institutional support.

MTW me
inspiring excellence in medical education

Finally, the committee would like to thank ***Ethicon*** who have once again returned as our major commercial sponsor for this year.

Please visit their trade stand during the coffee and lunch breaks.

REGISTRATION FOR THE ETHICON "LEARN AS ONE" BUS MUST BE DONE *BEFORE* BOARDING – SCAN THE QR CODE BELOW TO REGISTER!

ETHICON
PART OF THE Johnson & Johnson FAMILY OF COMPANIES
Shaping the future of surgery

Prizes

The Thomas Vicary Prize

The Thomas Vicary Prize is awarded to the best presentation of the meeting in the Research & Audit category and is generously provided and supported by the ***Worshipful Company of Barbers***. The prize is £500, to be used as payment or part payment for any educational course or conference attendance that the awardee desires necessary for the advancement of their surgical training.

Thomas Vicary was born about 1495. In Manningham's Diary he is described as being first *"…a meane practiser in Maidstone"* until *"…the King [Henry VIII] advanced him for curing his sore legge."* This took place about 1525 when the King was passing through Maidstone, and the successful treatment so pleased the King that Vicary was "advanced" to the position of Junior Warden of the Barber Surgeons' Company, and in 1626 was receiving £20 a year as the King's Surgeon.

At that time, barbers officiated as surgeons, especially for the phlebotomy operations which were then so frequently done. The well-known staff or " barber's pole " which is often seen outside a barber's door commemorates this, as it was customary for the patient about to be bled to hold a staff at arm's length in order to make the blood flow more freely during the operation. The red colour on the pole denoted blood, and the white spiral the bandages. A cup at the top of the pole represented a cupping-glass.

In the Liber Alhus, p. 236, the following regulation appears: *"…And that no barbers shall be so bold or so daring, as to put blood in their windows openly or in view of folks but let them have it carried privily unto the Thames, under pain of paying two shillings unto the use of the Sheriffs."*

By a grant dated April 1530 (21-22 Henry VIII), Vicary was made Sergeant of the King's Surgeons, and chief Surgeon to the King, with allowances when attending the King's household, and of wine, etc., for cures, his salary then being 40 marks, or £26 13s. 4d. a year. He held this position under Henry VIII, Edward VI, Queen Mary and Queen Elizabeth until his death in 1561 or 1562.
As the head of his profession, Vicary was appointed in 1541 first Master of the newly amalgamated Companies of Barbers and Surgeons, and a picture by Holbein (see above) now in the possession of the Barbers' Company, shows Vicary, in the company of other Surgeons, Barbers, and Physicians, receiving the Charter of the Company from the King.

In the same year Vicary published his book, A profitable Treatise of the Anatomie of Mans Body, which is thought by some to be based on a transcript of a fourteenth century manuscript. which was taken from still earlier medieval authorities. It probably contains some original research, however, as in 1540 Vicary, with other Surgeons, requested the Sheriffs of London to allow all those hanged at Tyburn to be given up for dissection. Some thirty years before the discovery of the circulation of the blood by William Harvey, Vicary writes: *"I fynde that Arteirs have two cotes as one cote is not sufficient nor able to withstande the violent moving and steering of the spirite of lyfe that is caryed in them."* He does not, however, give away all his knowledge, for his book ends *"And this sufficeth for young Practitioners".*

Vicary's book was the first to be published in English on Anatomy, and a reprint of this, in black-letter, by the Surgeons of St. Bartholomew's Hospital, is included in The Englishmans Treasure of 1633, a copy of which has been recently acquired by the Maidstone Museum. (*Excerpt from Archaeologica Cantiana, Vol. 62 1949)*

PAST WINNERS

2019 **Eirini Martinou**
"Dysregulation of HOX/PBX genes in colorectal liver metastases: A molecular and bioinformatic analysis"

2020 **COVID-19 - *No meeting***

2021 **Joanna Shepherd**
"A randomised, blinded, placebo-controlled Phase 2a study to evaluate the safety and efficacy of Artesunate treatment in severely injured patients with traumatic haemorrhage"

2022 **Anthony Thaventhiran**

The Rampley Prize

The Rampley Prize is awarded to the best presentation of the meeting in the Case Report category and is generously provided and supported by the ***Academic Fund at Maidstone & Tunbridge Wells Hospitals***. The prize value is £150 and is awarded in memory of Josiah Rampley, Surgical Beadle and probably the most famous hospital beadle of them all. He was often referred to as '*the Grand Old Man of the London Hospital*', where he was associated with their theatre from 1871 until at least 1900.

Nowadays he is probably most remembered for the eponymous '*Rampley's sponge-holding forceps*', in addition to being the great, great-uncle of the KSS Surgical Symposium Lead!

PAST WINNERS

2019 **Kevin Beatson**
"Amyand's hernia in recurrence of inguinal hernia"

2020 **COVID-19 - *No meeting***

2021 **Emily Moore**
"A wandering spleen"

2022 **TBC**

Case Report Abstracts

Timings are tight and you will not be permitted to go over time. Presentations last 6 minutes with 3 minutes for questions.

*The best **Case Report** of the session, as judged by the panel, will be awarded the **Rampley Prize***

09:00 – 09:09 **Synchronous colorectal tumours: difficulty in pre-operative detection, selecting surgical intervention and post-operative management**
Dr Calvin Chen

09:10 – 09:19 **The Acute Abdomen: have you ruled out splenic torsion?**
Dr Vivien Odinakachukwu Nebo

09:20 – 09:29 **The Mystery Tummy: Type 2 Idiopathic Cocoon Abdomen**
Miss Shreya Sengupta

09:30 – 09:39 **Biodesign® Mesh has significant potential in emergency colorectal surgery**
Miss Sadia Jaskani

09:40 – 09:49 **LD flaps following mastectomy for locally advances breast carcinoma and angiosarcoma: A case series**
Miss Rabiya Aseem

09:50 – 09:59 **A rare encounter of "Forgotten disease"**
Miss Shreya Sengupta

Thomas Vicary Prize Abstracts

Timings are tight and you will not be permitted to go over time. Presentations last 10 minutes with 3 minutes for questions.

*The best presentation as judged by the panel will be awarded the **Thomas Vicary Prize**.*

11:30 – 11:43 **Stress Exposure Training in Surgery – A Narrative and Systematic Review**
Miss Annabelle White, CT2 East Sussex Healthcare (Conquest Hospital)

11:43 – 11:56 **Exploring Emotional Responses After Postoperative Complications or complaints- A Regional Quantitative Study of Practicing Surgical trainees**
Mr Chukwuemeka Anele, ST7 East Surrey Hospital

11:56 – 12:09 **A Randomised Placebo Controlled Trial (RCT) on Prophylactic Endoscopic Clipping of Colonic Diverticula**
Miss Sophie Williams, OOPR King's College London

12:09 – 12:22 **The trends and outcomes of inflammatory bowel disease surgery during the COVID-19 pandemic**
Miss Fiona Wu, ST4 East Sussex Healthcare (Conquest Hospital)

12:22 – 12:35 **The role of H3K27me3 in the pathogenesis of Crohn's disease and the therapeutic potential of demethylase ijumonji-domain nhibitor GSK-J4 as an inflammatory mediator**
Mr Mohammad Eddama, ST8 Medway Maritime Hospital

12:35 – 12:48 **The impact of fasting on the clinical utility of biomarkers in the early detection of pancreatic ductal adenocarcinoma**
Mr Declan McDonnell, OOPR The University of Southampton

12:48 – 13:01 **Prehabilitation reduces inflammation in patients with oesophago-gastric cancer**
Miss Laura Halliday, ST5 Darent Valley Hospital

13:01 – 13:14 **Faecal haemoglobin concentration and colorectal cancer site, stage, and grade in the symptomatic cohort:**
Mr Nick Farkas, OOPR Royal Surrey County Hospital

****

TV1-1: Stress Exposure Training in Surgery – A Narrative and Systematic Review
Miss Annabelle White, CT2 East Sussex Healthcare (Conquest Hospital)

Introduction:
The operating theatre environment is associated with intense cognitive stimulus, where coordinated application of technical and non-technical skills is necessary to achieve optimal patient care. Surgeons may undergo a significant "stress response", activated when perceived demands of a situation exceed perceived resources, leading to measurable variations in physiological, biochemical and psychological parameters. This results in impaired performance, demonstrated most acutely in trainee surgeons. Stress exposure training (SET) has been used in analogous high-pressure industries to mitigate an individual's stress response and facilitate optimal performance.

Methods:
A narrative and literature review was undertaken searching for stress response, exposure, inoculation in healthcare, medicine, or surgery. 1332 eligible papers were refined to 100 on abstract, with 37 undergoing full text review.

Results:
Results were divided into "Simulation training and the stress response in healthcare workers", "Stress Response in Surgery' and "Stress Exposure training in Surgery", with the following key findings; SET facilitates high performances in acutely stressful situations by inoculating individuals from the psychological and physiological impacts of stress, and subsequent performance impairment. Routed in cognitive-behavioural therapy, it has developed from a clinical intervention to treat stress-induced psychopathology into a generalisable training approach where the individual undergoes simulation training under increasingly adverse environmental stressors augmented with stress management training.Simulation is a common tool in medical education, promoting decision-making, technical and communication skills in a controlled environment. Importantly, it has been shown to elicit an equivalent stress response to "live" clinical scenarios.

Conclusion:
This review explores literature on stress responses in surgeons and SET, including current applications and research localised to surgical education. We propose the development a Stress Exposure Training Programme consisting of high-fidelity simulation augmented with stress management training under increasingly adverse conditions, to address the gap in current model of surgical training, improve surgical performance and patient outcomes.

****

TV1-2: Exploring Emotional Responses After Postoperative Complications or complaints - A Regional Quantitative Study of Practicing Surgical trainees
Mr Chukwuemeka Anele, ST7 East Surrey Hospital

Background
Postoperative complications are an inherent part of surgical practice and the incidence is expected to increase as complexities of cases increases. Similarly, as patient's expectation increases, more surgeons will be expected to deal with complaints. The impact of complications on patients and their relatives have been previously evaluated, however, studies evaluating the impact on surgeons or surgical trainees are limited. This regional study aims to evaluate the impact of post-operative complications and complaints on surgical trainees.

Method
Surgical trainees from Health Education England Kent, Surrey and Sussex (HEE KSS) Deanery were invited to complete a google questionnaire exploring their experiences and responses of dealing with post-operative complication and complaints. Their responses were analysed.

Preliminary results
A total of 58 trainees completed the question of which 22 (38%) were female and 48 (83%) were higher surgical trainees. Twenty-five (43.1%) and 55 (95%) responders had experienced complaint and complication respectively. The majority

(46.5%) of complications occurred during supervised procedures and were mostly (69%) identified post-operatively. Trainees reported self-doubt following the complication and 17 (29%) believe complications are often discussed in an unhealthy manner. Although trainees received support from Educational and Clinical supervisors, 46 (79%) felt more support should be provided at local and regional level.

Conclusion
Post-operative complications and complaints are an inherent part of surgical training and practice. Surgical trainees' emotional responses to unexpected outcomes vary with some negative impact reported. Exploring the effect on surgeons is important in developing healthy strategies and providing local, regional and national support.

****

TV1-3: A Randomised Placebo Controlled Trial (RCT) on Prophylactic Endoscopic Clipping of Colonic Diverticulae
Miss Sophie Williams, OOPR King's College London

Introduction
Diverticular disease (DD) is prevalent, affecting approximately 70% of the Western population by 80 years. Related symptoms and complications are associated with significant morbidity and mortality. Though surgical treatment of complicated DD is well established, treatment for associated chronic symptoms is limited with no proven prophylactic interventions. A pilot study described prophylactic endoscopic clipping of diverticula in patients with a history of bleeding. All visible diverticula were closed using endoclips. Diverticula closure rate was 87.2% (129/148) at follow-up. This RCT aims to establish whether elective endoscopic clipping leads to lasting closure of diverticula and improvement in associated symptoms.

Methods
84 patients will be recruited, 42 per arm, randomised to either colonoscopy with attempted endoscopic clipping of all diverticula or colonoscopy with 'simulated' intervention. Eligible patients will be approached during diverticular clinics. Symptom severity will be assessed using the Irritable Bowel Syndrome Symptom Severity Score questionnaires. Follow-up with repeat endoscopic assessment will occur at 3 and 12 months and repeat questionnaires at 3, 6 and 12 months.

Results
84 patients were recruited between 2019 and 2022, (31 M:51 F). Median age was 58 years (37-76). Mean number of diverticula at index colonoscopy were 31 (5-155). There was a statistically significant increase in closure rate seen in the treatment group compared with the placebo at 3 months (47% vs -3%, $p<0.0001$) and at 12 months (34% vs 9%, $p= 0.032$). Additionally, there was a statistically significant improvement in symptom scores in the treatment group compared with placebo at 3 months (41% vs 12%, $p=0.0036$), at 6 months (47% vs 24%, $p=0.026$) and at 12 months (48% vs 23%, $p=0.012$).

Conclusions
This RCT demonstrates lasting closure of diverticula and a reduction in associated symptoms. Therefore, this forms the basis for a larger multi-centre study and a potential alternative treatment option for patients.

****

TV1-4: The trends and outcomes of inflammatory bowel disease surgery during the COVID-19 pandemic

Miss Fiona Wu, ST4 East Sussex Healthcare (Conquest Hospital)

Introduction

The COVID-19 pandemic has affected the management of inflammatory bowel disease (IBD) patients. Elective operations and surveillance endoscopies were postponed for IBD patients to preserve healthcare resources and to prevent the spread of COVID-19. This study aimed to describe the trends and outcomes of IBD surgery during the pandemic.

Methods

This was a retrospective propensity score matched analysis using data extracted from TriNetX, a multi-institutional research database. IBD patients admitted for surgery were identified from 39 healthcare organisations between March 2019 to February 2020 (pre-pandemic) and March 2020 to February 2023 (pandemic). The monthly volume of IBD surgical procedures were compared during the pandemic to the pre-pandemic period. After matching, the risk of adverse outcomes following IBD surgery were compared between the three years of the pandemic compared to the pre-pandemic cohort.

Results

10,400 IBD operations were identified, with a reduction in the number of elective and emergency procedures during the pandemic compared to the pre-pandemic period. These changes were not significant. After matching, the risks of returning to theatres and hospital re-admission were comparable across the three years of the pandemic compared to the pre-pandemic cohort. Elective patients were at greater risk of mortality in the first and second years of the pandemic (RR, 2; 95% CI, 1.160-3.448 and RR, 1.778; 95% CI, 1.003-3.150, respectively). The emergency cohort had a higher risk of critical care admission in the first and second years of the pandemic (RR, 1.759; 95% CI, 1.126-2.747 and RR, 1.742; 95% CI, 1.131-2.682, respectively).

Conclusion

Our study highlights the impact of the COVID-19 pandemic on the management of IBD patients undergoing surgery. These results provide insights into the management of IBD surgery during times of crisis and can help guide decision-making and resource allocation for IBD patients requiring surgical intervention.

****

TV2-1: The role of H3K27me3 in the pathogenesis of Crohn's disease and the therapeutic potential of demethylase ijumonji-domain inhibitor GSK-J4 as an inflammatory mediator

Mr Mohammad Eddama, ST8 Medway Maritime Hospital

Introduction

Crohn’s disease (CD) is characterized by perpetuating bowel inflammation and currently has no cure. The role of epigenetic therapy in CD has not been previously investigated. This study examines the level of trimethyl histone 3 lysin 27 (H3K27me3) in CD monocytes-derived macrophages and tissue samples and the therapeutic potential of demethylase jumonji-domain inhibitor GSK-J4 as an inflammatory modulator.

Methods

We isolated monocytes from peripheral blood of patients suffering from CD and healthy controls and differentiated them into macrophages. Patients were recruited from University College London Hospital and healthy controls were UCL staff volunteers. Tissue samples were collected form CD patients who were undergoing bowel resection. The expression of H3K27me3, KDM6A, KDM6B, and inflammatory cytokines in the monocytes-derived macrophages was measured using qPCR, Western Blot and ELISA before and after treatment with GSK-J4. Gene and protein expression was assessed in inflamed bowel-tissue and non-inflamed bowel-tissue samples of respective patients using paired t-test.

Results

H3K27me3 was significantly higher in healthy tissue, and monocytes-derived macrophages of health individuals. The expression of KDM6A and KDM6B was significantly higher in diseased tissue and monocytes-derived macrophages of CD patients. After stimulation with Lipopolysaccharide (LPS), monocytes-derived macrophages treated with GSK-J4 and LPS showed normalization of expression of epigenetic enzymes including KDM6A and KDM6B and inflammatory cytokines including TNF, IL6 and IL10.

Conclusion
This study shows evidence of H3K27 demethylation in CD monocytes-derived macrophages and tissue samples. GSK-J4 inhibits the demethylation of H3K27me3 in CD and modulates the expression of inflammatory cytokines, by preventing gene transcription and expression. GSK-J4 is a potential novel therapy for CD that warrants further investigation.

****

TV2-2: The impact of fasting on the clinical utility of biomarkers in the early detection of pancreatic ductal adenocarcinoma
Mr Declan McDonnell, OOPR The University of Southampton

Introduction
Pancreatic ductal adenocarcinoma (PDAC) is associated with decreased plasma glutamine and increased plasma glucose, but using both measurements together has not been utilised as a diagnostic test for PDAC. Our aim was to examine the clinical utility of a plasma glutamine:glucose ratio as a diagnostic test for PDAC, and investigate the influence of fasting on this ratio.

Method
Plasma samples were taken from 50 fasted participants, who were starved for 12 hours, and compared to 50 separate non-fasted participants. The relative abundance of glucose and glutamine from both groups was measured with H-NMR spectroscopy.

Results
Twenty-six fasted PDAC patients (aged 65.9 ± 11.2, 65.3% male) and 24 fasted controls (aged 68.3 ± 8.2, 54% male) were studied, alongside 40 nonfasted PDAC patients (aged 68.1 ± 9.9, 47.5% male) and 10 non-fasted controls (aged 60.5 ± 14.4, 60% male). The intensity of the glutamine signal was lower in those with PDAC compared to controls in the fasted group (3.64AU, vs 3.94AU, $P = 0.025$), whereas in the non-fasted there was no significant difference between PDAC and controls (4.02AU, vs 4.39AU, $P = 0.22$). The intensity of the glucose signal was increased in those with PDAC compared to controls in the fasted state (10.16AU vs 8.59AU, $P < 0.001$). This was also the case in the non-fasted state (10.60AU vs 7.17AU, $P = 0.001$). The AUROC for the ratio of glutamine:glucose for a diagnosis of PDAC compared to controls in the fasted state was 0.82 (95% CI: 0.69 – 0.94).

Conclusion
Glutamine uptake is higher in PDAC amongst fasted individuals. The data indicates that the plasma glutamine:glucose ratio has a good diagnostic performance for diagnosing PDAC, and further research is needed to study the utility of this test in PDAC.

TV2-3: Prehabilitation reduces inflammation in patients with oesophago-gastric cancer

Miss Laura Halliday, ST5 Darent Valley Hospital

Background

Inflammation is associated with poor post-operative outcomes. Exercise has been shown to lower inflammation in cancer survivors and may represent a potential intervention to target inflammation. The aim of this study was to examine whether prehabilitation alters systemic inflammation in patients with oesophago-gastric cancer.

Methods

Patients who underwent neoadjuvant therapy prior to oesophago-gastric resection between May 2019 and September 2021 were included in this study. Blood samples were taken at staging laparoscopy and the time of resection. Change in plasma IL-1β, IL-6, IL-10 and TNFα during this period was compared between patients who received prehabilitation and those who did not. Levels of self-reported physical activity were recorded using the Godin Scale Score (GSS).

Results

25 prehabilitation patients and 14 control patients were studied. There was a significant difference in Δ TNFα between the two groups (p=0.033). Within the prehabilitation group there was a significant decrease in TNFα, which was not seen in the control group: prehabilitation median Δ TNFα -12.28 pg/ml (IQR -50.68 to -3.11), control median Δ TNFα +5.73 pg/ml (IQR -13.42 to +30.73). There was an increase in IL-6 in the prehabilitation group but there was no significant difference in Δ IL-6 between the two groups. GSS scores were significantly higher in patients who had a decrease in TNFα or an increase in IL-6 (p=0.017 and p=0.048).

Conclusions

This study suggests that prehabilitation may alter systemic inflammation in patients undergoing neoadjuvant therapy for oesophago-gastric cancer. Further research is needed to understand the potential clinical impact of these changes in inflammation on response to treatment and recovery from surgery.

TV2-4: Faecal haemoglobin concentration and colorectal cancer site, stage, and grade in the symptomatic cohort

Mr Nick Farkas, OOPR Royal Surrey County Hospital

Introduction:

There is minimal evidence regarding faecal immunochemical tests (FIT) and colorectal cancer (CRC) site, stage, grade in the symptomatic cohort. The primary aim is to determine whether an association exists between faecal haemoglobin concentration (Hb/g faeces) (analysed with OC-Sensor™ Pledia) and these prognostic factors. The secondary aim was to determine any association between Hb/g faeces and anaemia, microcytosis and iron deficiency (measured by haemoglobin-Hb, mean corpuscular volume-MCV and ferritin).

Methodology:

Consecutive symptomatic two-week wait CRC patients between July 2019-October 2022 with FIT were included. Median faecal haemoglobin concentration according to gender, stage, grade and site (right-sided (R-CRC): caecum to transverse colon/ left sided (L-CRC): splenic flexure to rectum) were compared using Mann-Whitney U test ($p \leq 0.05$). FIT and continuous variables (haemoglobin, mean corpuscular volume (MCV) and ferritin) were compared using Pearson's correlation.

Results:

114 patients (57F:57M); 46 R-CRC (FIT=113) vs 68 L-CRC (FIT=342) (p=0.07), 69 moderately differentiated CRC (FIT=183) vs 29 poorly differentiated (FIT=866) (p=0.004). 35 early stage (T1/2) (FIT=170) vs 79 advanced (T3/4) (FIT=200) (p=0.06). Ferritin <30ug/L correlated with higher FIT.

Conclusions:

Right sided CRC is associated with lower faecal haemoglobin concentrations than left, although underlying aetiology remains unclear. Given this finding, strategies are required to mitigate potential missed FIT negative right sided CRC. Poorly differentiated and later staged tumours had higher median faecal haemoglobin concentrations in this study. FIT may have a role beyond solely being a diagnostic adjunct given the observed differences when analysed alongside prognostic factors.

Clinical Surgical Research Prize Abstracts

Timings are tight and you will not be permitted to go over time. Presentations last 8 minutes with 3 minutes for questions.

*The best presentation as judged by the panel will be awarded the **Clinical Research Prize.***

15:15 – 15:26 **Are negative qFIT in altered bowel habits sufficient to discharge patients from Rapid Access colorectal Clinic?**
Mr Zi Wei Adrian Lim

15:26 – 15:37 **Assessing the quality and readability of online patient information for common conditions in proctology**
Mr Shoaib Saeed

15:37 – 15:48 **The impact of the weekend on delayed hospital discharges for colorectal ERP patients**
Dr Lydia Warren

15:48 – 15:59 **WIFi Scoring for Diabetic Foot Infection - A Closed Loop Audit**
Miss Annabelle White

15:59 – 16:10 **Dealing with anastomotic leak: early intervention for better outcomes**
Mr George Bisheet

16:10 – 16:21 **Are we adhering to DVLA and head injury guidelines post traumatic head injury ?**
Miss Shreya Sengupta

16:21 – 16:32 **Day-case, drain-less mastectomy**
Miss Amani Asour

16:32 – 16:43 **A closed loop audit looking at the operation notes of the general surgery department; improving clinical communication and medicolegal documentation.**
Dr Hannah Brooke-Ball

****

Are negative qFIT in altered bowel habits sufficient to discharge patients from Rapid Access colorectal Clinic?

Mr Zi Wei Adrian Lim

Introduction

qFIT has been established as a highly predictive test to exclude bowel cancer with sensitivity up to 97% and negative predictive value of 99.6%. However, there remains a general hesitancy to discharge patients with negative qFIT. Our study aims to identify patients who re-attend with any bowel related clinical event after a negative qFIT to help make decisions in rapid access colorectal clinic.

Methods:

A prospective database was maintained from Sep 2021 to Sep 2022 for all patients attending rapid access colorectal clinic with qFIT for altered bowel habits in secondary care. Patients discharged following a negative qFIT without colonoscopic assessment were followed up for re-attendance / re-referral to colorectal services in the three hospitals of an NHS Trust that caters 695,000 population. Any subsequent investigations or diagnosis of polyp/cancer was analysed.

Results

A total of 175 patients had qFIT of which 109 had negative qFIT result. Of those that had a negative test, the majority (76%, n=83) did not have any reported colorectal morbidity or diagnosis in the median follow-up period of 11 months. Colorectal polyps were identified in 15 cases of qFIT negative patients during initial assessment; with histology identifying benign polyps. Significantly, there were no missed cancers.

Conclusion

Though limited by a small sample, our study reiterates the reliability of qFIT as a screening test in secondary care for altered bowel habits. A larger study will further help clinicians build greater confidence in discharging patients with negative qFITs and thus avoid over treatment and unnecessary costs.

****

Assessing the quality and readability of online patient information for common conditions in proctology

Mr Shoaib Saeed

Introduction

Haemorrhoids, anal fissures and anal fistulae are three common benign proctological conditions. Patients can access written information online about the various treatment options available. The aim of this study was to assess the quality and readability of this information.

Methods

A Google search was carried out using the terms: ‘Treatment of haemorrhoids’, ‘Treatment of anal fissure’, and ‘Treatment of anal fistula’. For each search term the first 25 webpages aimed at patients were included. 75 webpages were analysed for their quality (using the DISCERN instrument and Journal of American Medical Association (JAMA) benchmarks), and their readability (using the Flesch Reading Ease Score (FRES), Flesh-Kincaid Grade Level (FKGL), and the Simple Measure of Gobbledygook (SMOG).

Results

Across the three conditions, the average overall DISCERN score was 2.4 (±0.8) out of 5, suggesting moderate to low quality information. 16 (21%) webpages fulfilled all 4 JAMA benchmark criteria for quality.
The average FRES score was 57.6 (±9) meaning the text was fairly difficult to read. The average FKGL and SMOG index level were 8.0 (±1.6) and 10.7 (±1) respectively. This corresponds to the reading age of 13–16 year-olds.

Conclusions

Online information for patients with common proctological complaints is not of a high standard and is fairly difficult to read. The average reading age required to understand this information is that of 13-16 year olds; for context, the UK government’s website aims its materials towards the reading age of 9 year olds. There is a need to ensure content available is readable by patients and meets high quality standards.

The impact of the weekend on delayed hospital discharges for colorectal ERP patients

Dr Lydia Warren

Introduction

Enhanced recovery programs (ERP) have improved perioperative care and accelerated postoperative recovery following colorectal surgery. Many factors may lead to unnecessarily longer hospital stays. One factor is the restricted weekend service offered by most hospitals. In this study, we assessed factors affecting the discharge of patients with elective colorectal resections, with particular attention to the effects of restricted weekend service on the duration of stay.

Methods

We included all the patients undergoing elective colorectal operations under the ERAS protocol in our DGH from Jan 2021 to Dec 2022. All the demographic data was analysed. PoD 3 CRP was checked. Whether gut function had returned was checked. Whether the patient was seen by a reg or above on the Sunday was assessed. For patients with stoma, whether weekend stoma training was offered or not was checked.

Results

A total of 262 patients were identified and included in the study. The mean LOS was 4.9 days with the median being 5 days. There were 55 patients who were discharged before Sunday. We looked at whether ERP patients were seen a senior on Sunday- 120 patients were not, while 87 patients were seen. Most of the discharges were on Monday with patients staying over weekend for non-clinical reason.

Conclusions

Restricted weekend service prolongs the hospital stay of many patients with Colorectal operations unnecessarily. Formal discharge planning based on risk stratification early after admission could large eliminate this inefficient practice by prospectively identifying the day of discharge, as defined by clinical need.

****

WIFi Scoring for Diabetic Foot Infection - A Closed Loop Audit

Miss Annabelle White

Introduction

The WIFi (Wound, Ischaemia and Foot Infection) Scoring system was introduced by the Society of Vascular Surgery in 2014 as a method of identifying and classifying threatened limbs secondary to diabetic foot infection. It encompasses the three major risk factors leading to amputation and can be used to gauge the severity of threat to the limb at time of admission, and subsequently guide management decisions and monitor patient outcomes.

Methods

We retrospectively audited the WIFi scoring of patients admitted under Vascular Surgery with coded diabetic foot infection before a period of teaching sessions and educational posters and second, prospective, cycle of audit. We collected data for debridement, revascularisation and major amputation in the index admission to evaluate the significance of the WIFi score in our patient demographic.

Results

In cycle 1 (n=20), 0 patients were scored with WIFi (0%) vs. 10 (71%) in cycle 2 (n=14). The mean WIFi score in cycle 2 was 5.3. The WIFi score was higher in patients requiring inpatient revascularisation (6 vs. 4.6), associated with 83% debridement and 50% digital amputation rates.

Conclusion

We reinforced the association between higher WIFi scores and requirement for inpatient revascularisation and debridement as part of the management for diabetic foot infection. We demonstrated improvement in our documentation of WIFi score, which can be used to identify patients who may require these interventions at an earlier stage. We intend to undertake further education and motivate documentation of WIFi score on initial clerking.

****

Dealing with anastomotic leak: early intervention for better outcomes

Mr George Bisheet

Aim

The aim of this study was to identify the factors that contribute to the recognition and management of anastomotic leaks. Hypothesis was raised that early intervention might reduce the morbidity of the patient and possibly save the anastomosis by wash out and/or defunctioning stoma.

Method

Retrospective collection of data January 2021 – March 2023 was done. Inclusion criteria were ERAS elective colorectal resections when anastomosis was constructed. Data was obtained form Conquest Hospital, East Sussex Healthcare NHS Trust. Data was then analysed using statistical methods.

Results

521 elective colorectal resections were performed 2021-March 2023. Overall leak rate was 5.75%. 30 anastomotic leaks were identified and reviewed. Leaks following right or left sided resections if required intervention all ended up with resection of anastomosis. 12 (40%) leaks happened following rectum resections. 3 of them (25%) were treated by anastomosis preserving operation (wash out, drain, ileostomy), 50% resulted in Hartmann's; 25% treated conservatively. Wash out, ileostomy group had median day of surgery day 4, mean CRP of 331 and median length of hospital stay 19 days. Hartmann's group had median day of surgery day 6, mean CRP 256 and median length of stay 28.5 days. All patients had preoperative CT scans confirming leaks. Mortality was 0 in both groups. 50% of the leaks occurred after right sided resections.

Conclusion

Early intervention for suspected anastomotic leak can preserve rectal anastomosis and reduce morbidity of the patients. High rate of leaks for right sided resections needs further investigation.

****

Are we adhering to DVLA and head injury guidelines post traumatic head injury ?

Miss Shreya Sengupta

Introduction

The DVLA strictly advises to inform them if the patient has a traumatic head injury and can also be fined if they are not informed about head injuries making them unsafe to drive. Hospital guidelines also states that we should provide head Injury leaflets to patient on discharge to guide them.

Aim

To assess if advice on head injury was given and recorded the discharge papers to patients admitted under general surgery with traumatic head injury

Method

Retrospective data collection from all traumatic head injury patients admitted under general surgery in 2020 and reaudit on July 2022 at Frimley park hospital, Surrey. Study tools: patient centre for discharge summaries Intervention: Put up posters in the Surgical office and on SAU to remind Doctors of the guidelines and leaflets kept in stack to hand over with TTOs

Results

80% of the eligible patients were informed to inform DVLA for their traumatic head injury in their discharge summary compared to 17% patients in first cycle 62.5% of the patients were given head injury advice and leaflets mentioned in their discharge summary compared to only one patient in first cycle.

Conclusion

Due to work pressure, overwhelming atmosphere from EPIC and sick colleagues, patients were missed to handover the leaflets. However, It is important to adhere to the guidelines for the following reasons: protects patients from further harm, protects the public (passengers and pedestrians etc.), protects us from litigation. But we need to continue awareness so that we pass on the advices to all the patients across the trust for everyone's safety.

Day-case, drain-less mastectomy

Miss Amani Asour

Introduction

Day case rates have been steadily increasing across all surgical specialties, with better outcomes for patients and cost-effectiveness for the NHS. The British Association of Day Surgery recommends a 50% day- case target for non-reconstruction mastectomy. One of the major factors precluding day case discharge in our Trust was the use of drains due to a lack of resource for drain removal in the community, and a reluctance to bring patients back to drop-in clinics for drain removal. Suction drains have traditionally been used to close the dead space after mastectomy and alternative methods such as quilting of the skin flaps have been tried. We conducted a study using a fibrin sealant spray (ARTISS) to facilitate early discharge. Outcomes such as return to theatre for haematoma and rate of seroma requiring needle aspiration were also assessed.

Methods

The study included 181 consecutive mastectomies with or without additional axillary procedures, irrespective of age, BMI, social demographics and comorbidities. Data was collected prospectively and analysed using EXCEL.

Results

The mean age was 68 years; average BMI was 28.2Kg/m2 . The average specimen weight was 719.3 gms. The majority of patients underwent a regional block, either paravertebral or pectoral, for pain control. A day case rate of 55% was achieved. 45% of the patients were admitted mostly for social reasons. 40% developed seromas of which less than half needed aspiration. 2 patients developed haematoma requiring evacuation.

Conclusion

ARTISS enables drainless mastectomies and higher rates of day cases in all demographic groups. Patient reported outcomes such as pain control and patient satisfaction surveys should be included in the study.

****

A closed loop audit looking at the operation notes of the general surgery department; improving clinical communication and medicolegal documentation.

Dr Hannah Brooke-Ball

Introduction

It is crucial that the details of operations are recorded clearly, thoroughly and in one document. The Royal College of Surgeons of England has outlined specific points to be included in any operation note as part of its Good Surgical Practice guideline (2014) and we audited whether the general surgery department at a single district general hospital was compliant.

Method

Using a retrospective cohort study looking at both elective and emergency cases, a total of 206 operation notes were reviewed. The first cycle looked at 99 cases and a prompt was then introduced in prominent places around the department. This reminded surgeons to include 5 points which were commonly omitted in the initial audit and which were the least operation-specific. The second cycle looked at 107 cases. The results were presented and discussed at the departmental meeting for each loop.

Results

Following our intervention, in both elective and emergency cases, documentation of whether the operation was elective or emergent had improved considerably (by 10% and 13% respectively). Emergency case notes had improved to the level of the elective cases in documentation of the anaesthetist's name (47% to 86%). The documentation of estimated blood loss increased in emergency case notes from 8% to 24% and stayed roughly the same for elective cases (23% to 21%). The documentation of the need for antibiotics in elective cases improved from 10% to 25% whilst improving more modestly in emergency cases (65% to 69%). The documentation of the need for VTE prophylaxis declined between the two cycles, by 6% in elective cases and 8% in emergency cases.

Discussion

Although there is still a lot to improve upon in fulfilling the criteria set out by the Royal College, our prompt shows that even simple interventions can improve the quality of documentation considerably.

IT'S HERE NOW!! REGISTER BELOW TO BOARD DURING THE SYMPOSIUM!!

SEE YOU NEXT YEAR...!

THE 8TH KSS SURGICAL SYMPOSIUM &
THOMAS VICARY PRIZE DAY

EARLY JUNE 2024 – DATE TO FOLLOW

CONGRATULATIONS TO ALL OUR
PRESENTERS AND PRIZE WINNERS