Travelling Surgical Society of Great Britain and Ireland

Friday 15th September 2017

Trinity Hall, Cambridge





Programme and Society Information

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08:30–09:00 Coffee and registration Terrace Room

Session 1 Lecture Theatre

Chair: Professor Michael Nicholson

09:00 The Travelling Surgical SocietyMr Terry Irwin, President of the Travelling Surgical Society

- **09:10 Development of the Cambridge Biomedical Campus** *Mr Malcolm Lowe-Lauri, Executive Director, Cambridge Health Partners*
- 09:20 Abdominal wall reconstruction

 Mr James Wheeler, Consultant Colorectal Surgeon
- 09:40 Naso-endo vacuum therapy for upper GI perforations and anastomotic leaks

 Mr Andrew Hindmarsh, Consultant Upper GI and Emergency Surgeon
- 10:00 Improving outcomes for acute necrotising pancreatitis

 Mr Asif Jah, Consultant Hepatobiliary and Transplant Surgeon
- 10:20 Axillary staging and intraoperative radiotherapy for breast cancer Professor John Benson, Consultant Breast Surgeon

10:40–11:10 Coffee Terrace Room

Session 2 Lecture Theatre

Chair: Mr Paul Gibbs

11:10 Free-flap breast reconstruction

Professor Charles Malata, Consultant Plastic Surgeon

- 11:30 Robotic laparoscopic renal surgery

 Mr Grant Stewart, Consultant Urologist
- 11:50 Multivisceral transplantation

 Mr Neil Russell, Consultant Transplant Surgeon
- 12:10 Aortic aneurysms

 Mr Kevin Varty, Consultant Vascular Surgeon

Optional visit to the Old Library, Trinity Hall

Session 3 Lecture Theatre

Chair: TBC

13:30 Controversies in general surgery: interactive session presenting difficult surgical challenges

Mr Raaj Praseedom, Consultant Hepatobiliary and Transplant Surgeon

14:00 Micro-managing the gut: unravelling the regulatory pathways that mediate the intestinal adaptive response

(Hunterian Professorship, Royal College of Surgeons of England)

Miss Anita Balakrishnan, Locum Consultant Surgeon

14:20 Ex vivo perfusion in organ transplantation

Dr Sarah Hosgood, Senior Research Associate

14:40–15.30 Surgical Trainee Prize Session

- 14:40 Regenerative strategies in surgery

 Mr Foad Rouhani, Clinical Lecturer in Surgery
- 14:50 Surgical training in 2017
 Miss Irum Amin, Surgical Specialist Registrar
- 15:00 Transplantation of organs from donors with hepatitis C: the potential to substantially increase transplant activity

 Dr Patrick Trotter, Surgical Research Fellow
- 15:10 Undergraduate perceptions of urology: Current Attitudes To Hospital Experience, Teaching, Education and Research (CATHETER)

 Miss Stephanie Smith, Academic Clinical Fellow
- 15:20 Laparoscopic simulator training for novice surgeons Mr Alex Walker, Academic Clinical Fellow

15:30–16:00 Tea and Close Terrace Room

Evolution of the Society

During the First World War, British surgeons working in the Casualty Clearing Stations of the Royal Army Medical Corps in Beauval in Northern France had resolved to keep in touch with each other after the war. Once established in consultant posts back home, these surgeons approached Sir Berkeley Moynihan because of his reputation and influence, and their overtures resulted in the surgical meeting in his home town of Leeds in 1924, at which Mr H Sampson of Birmingham took the chair. The group agreed to call themselves the Travelling Surgical Club and drew up a set of rules. These stated that The Club, as it became known, should consist of twenty members, each of whom must have served in the Great War and currently be in consultant practice on the staff of a provincial hospital. The subscription was fixed at fifteen shillings. Sir Berkeley consented to become the Club's first President, but although he sent many letters of encouragement he never found the time to attend in person.

In 1988 the name was changed to the Travelling Surgical Society to underline its serious scientific intent. The link with the Armed forces within the Society remains strong, with ten Service members (active or retired), and is reflected in the three oblique stripes (red, dark blue and light blue for the Army, Royal Navy and Royal Air Force) adorning the Society's tie.

The Travelling Surgical Society meets twice a year, travelling abroad in the spring for about a week and congregating for two days in the autumn at a home meeting hosted by a member. The meetings abroad consist of visits to two or three hospitals, usually for one day each, during which the group used to attend an operating theatre suite, tour a ward and other facilities (such as an intensive care unit) and have a scientific session. In these rather different times, the meetings mainly comprise scientific sessions, but newer technology may allow live streaming of operations, or at least high quality recordings which can be watched in comfort without breaching patient confidentiality or interfering with the surgeon at work!