

Laparoscopic Colorectal Surgery Course & Master Class

Dates: 25th and 26th September 2013

Venue: Prince Charles Hospital, Merthyr Tydfil, Wales

Course Manual



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.

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Welcome



Dear Delegate,

I am pleased to welcome you to the 5th 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 bi-annually.

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

Candidate List

Name	Affiliation	Hospital
Mr Ahmed Ahmed	Trust Grade Doctor	Queen's Medical Centre, Nottingham
Mr Ali Al-Qaddo	Speciality Registrar	Royal Gwent Hospital, Newport
Mr Ameir Al-Mukhtar	Consultant	North Middlesex University Hospital, London
Mr Dawit Worku	NA	NA
Mr Dhanaraj Rajasingham	Senior Clinical Fellow	Royal Glamorgan Hospital, Llantrisant
Mr Dimitrios Zosimas	Senior Clinical Fellow	West Middlesex University Hospital, Isleworth
Mr Fardin Ranaei	Trust Grade Doctor	North Devon District Hospital, Barnstaple
Miss Geta Maharaj	Trust Grade Doctor	West Wales General Hospital, Carmarthen
Mr Ihab Jaradat	Specialty Doctor	North Devon District Hospital, Barnstaple
Ms Irina Tisdale	Trust Grade Doctor	North Devon District Hospital, Barnstaple
Mr Jack Donati-Bourne	Speciality Registrar	Queen Elizabeth Medical Centre, Birmingham
Mr Kugarajh Ganeshapillai	Senior Clinical Fellow	Royal Glamorgan Hospital, Llantrisant
Mr Manjula Peiris	Trust Grade Doctor	Prince Charles Hospital, Merthyr Tydfil
Mr Mohammad Zia Ul Haq	Speciality Doctor	Withybush General Hospital, Haverfordwest
Mr Mustafa Al-sheikh	Speciality Registrar	Colchester General Hospital, Colchester
Mr Nihit Rawat	Senior Clinical Fellow	Morrison Hospital, Swansea
Mr Prashant Naik	LAT Registrar	Royal Glamorgan Hospital, Llantrisant
Mr Sellaturai Selvakumaran	Trust Grade Doctor	Alexandra Hospital, Redditch
Mr Tarek Katbeh	Speciality Registrar	Ayr Hospital, Ayr, Scotland
Mr Yahya Salama A Salama	Trust Grade Doctor	Kettering General Hospital, Kettering

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

Faculty

Prince Charles Hospital, Merthyr Tydfil

Mr Jegadish Mathias

Consultant Colorectal Surgeon

Faculty

Withybush General Hospital, Haverfordwest

Mr Gethin Williams

Consultant Colorectal Surgeon

Faculty

Royal Gwent Hospital, Newport

Mr T V Chandrasekharan

Consultant Colorectal Surgeon

Faculty

Singleton Hospital, Swansea

Mr Keshav Swarnkar

Consultant Colorectal Surgeon

Faculty

Royal Gwent Hospital, Newport

LOCAL ORGANISERS AND HOSPITALITY

Mr Nader Naguib

Associate Specialist in General Surgery

Prince Charles Hospital, Merthyr Tydfil

Mr Rajesh Chidambaranath

Clinical Fellow in General Surgery

Prince Charles Hospital, Merthyr Tydfil

Dr Tomas Longworth

Core Trainee in General Surgery

Prince Charles Hospital, Merthyr Tydfil

Dr Jessica Philips

Foundation Year 1 (General Surgery)

Prince Charles Hospital, Merthyr Tydfil

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.



Programme

Day 1

8.30 – 8.45

Coffee & Registration

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

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 – 15.30

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

8.45 – 9.00

Coffee

Case Presentation of 3rd live link case

9.00 – 12.30

**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

13.15 – 13.45

- o Pouch Surgery video presentation
- o Laparoscopic Hemicolectomy

13.45 – 14.30

Presentations/ video lectures by various faculty

14.30 – 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 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, 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

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

Preceptorship Programme for Laparoscopic Colorectal Surgery

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

To date, this service has facilitated either the commencement of a laparoscopic service for colorectal cancers or extended existing levels of service at a total of seven hospitals across South and West Wales. 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

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

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European Association of Endoscopic Surgery, Brussels, June 2012

Laparoscopic Pan-Proctocolectomy - A Modified Technique to Preserve the Infradentate Anal Canal

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European Association of Endoscopic Surgery, Brussels, June 2012

Three stage restorative proctocolectomy: Stepwise approach

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

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Surgicel® to protect vital structures during laparoscopic colorectal surgery

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

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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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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

Website: www.tynewyddcountryhotel.co.uk



Single Room - £48.60

Twin Room - single occupancy - £48.60

Twin Room - £62.10

Facilities

Restaurant

Bar

Laundry Service

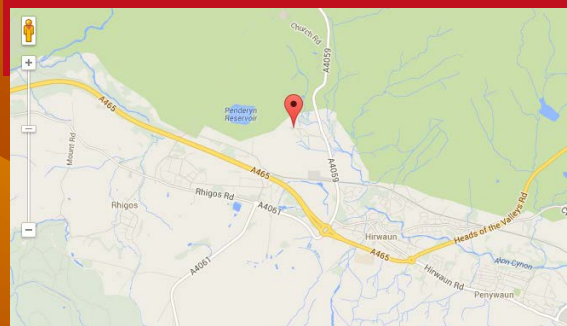
About the rooms:

The rooms are elegantly furnished & feature private en-suite bathroom with bath & shower, colour television & radio alarm, direct dial telephone, complementary wireless broadband access, tea & coffee-making facilities, hairdryer and trouser press.

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.

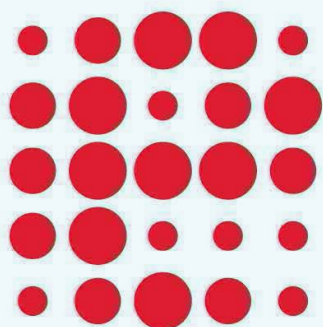


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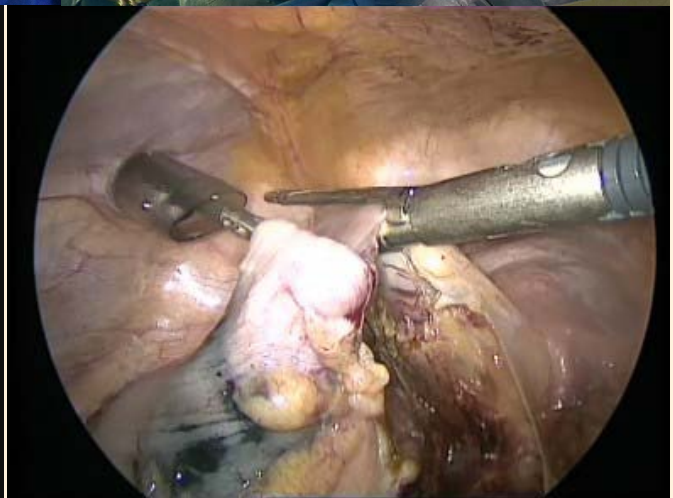
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Laparoscopic Colorectal Surgery Course & Master Class

Dates: 25th and 26th September 2013

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