

**Report on 162<sup>nd</sup> meeting of the East Midlands Surgical Society**  
**Held at the Conference Centre, King's Mill Hospital**  
**On Friday 15 June 2018**  
**Sponsored by Raise Healthcare and Wesleyan**

I was pleased to host this meeting, which will be my last as Honorary Secretary of the East Midlands Surgical Society, at my own Hospital. I am grateful to all the colleagues from around the region who submitted papers and who attended the meeting.

**MORNING PRESENTATIONS:**

We had a total of 18 presentations from around the region. The Consultant body present unanimously agreed that the papers and presentations were of a high quality, and engendered excellent discussion. At the end of the morning session we had a brief word from each of our sponsors about their products and services. While we did not have a formal business meeting due to the small number of members present, I did inform the colleagues present that the Society currently had a balance of about £2,300 in the bank. This improvement in the financial position is due to the excellent sponsorship obtained for the previous meeting by Mr Justin Yeung and Mr Neil Bhardwaj from the University Hospitals of Leicester. I am grateful to them for this.

**AFTERNOON PRESENTATIONS:**

After lunch our first presentation was from Krishan Almeida who won the student elective bursary earlier this year. He told us about his experiences at the Keio University Hospitals, Tokyo, Japan. He particularly visited the plastic surgery department. He informed us that plastic surgery was the most popular speciality and the Japanese population was very keen on having a variety of plastic surgery procedures performed. He found that the Surgeons there had a strongly evidence-based practice and all clinical decisions were critically evaluated by the team. They did follow research findings but these were specific to the Japanese population. He also gave us an overview of the healthcare system which is semi-privatised. There is a strong emphasis on health promotion in the elderly population. He also told us about the different culture in the work place in Japan with hierarchy and respect playing a great role. They do tend to use their resources in a much better way, with a single universal electronic system for all patient records and activities. The working hours are typically 7 am to 10 pm. He also attended weekly departmental meetings and told us about the smart cyber operating theatre which is completely new technology.

Next we had an excellent presentation by my colleague Mr Badrinath on the management of rectal cancer with particular reference to organ preservation and deferral of surgery. He discussed the differences in anatomy between the colon and rectum and how this impacts on the management of cancer in the two locations. He also emphasised the importance of rectal and anal canal function which has a significant impact on the quality of life of patients. He explained that there had been a major shift in treatment regimens from suboptimal pre-operative chemoradiotherapy followed by extensive surgery, to a method of appropriate chemoradiotherapy and reduced surgery. He outlined various types of sphincter-saving surgery as well as protocols for deferral of surgery.

Lastly Miss Prita Dalia, Research Fellow at the University of Nottingham and a Registrar on our rotation gave a presentation about the East Midlands surgical academic network. She outlined the significant benefits of collaborative research both to individuals and to the research community.

Prita has been kind enough to set up a web site for the East Midlands Surgical Society as part of the EMSAN website. I have agreed to provide her some funding to support this as she has so far been spending her own money for this work. Prita also advertised new research projects which are coming up in the region. I would exhort all trainees and Consultant colleagues from around the region to support EMSAN and participate in collaborative research.

The meeting came to a close with my thanks to all the contributors and presenters to the meeting and to the sponsors for enabling us to have a good meeting. I am grateful to Miss Julia Massey, Mr David Chadwick and Mr K Badrinath for judging the presentations. They came up with unanimous results which I announced at the end of the meeting.

The third prize was won by: Miss Hannah Boyd-Carson and team for their paper entitled "Association between Surgeon specialist interest and mortality after Emergency Laparotomy: Analysis of the National Emergency Laparotomy Audit: 2013-2016".

The second prize was won by: Mr Oliver Ng for his paper entitled, "Efficacy of intravenous iron isomalto-side to improve anaemia and quality of life during palliative chemotherapy for oesophagogastric adenocarcinoma".

The first prize for the best paper was won by: James Bunce for his paper entitled, "Stratification of Colorectal Cancer risk in the Two week wait pathway using FIT and anaemia: A service evaluation of the "Getting FIT" pilot in Nottingham".

I would like to end this report on a personal note. It has been a pleasure and privilege for me to have run the East Midlands Surgical Society for the last 7 years or so. I could of course have not done it without the tremendous support and hard work of my secretary Mrs Linda Sorensen. I am immensely grateful to her for this.

I have now decided for multiple reasons that I will be unable to continue with this work. I therefore have two requests for all of you:

**Firstly:** Is to encourage all the new Consultants and trainees from around the region to join the Society. All it takes is a £15 standing order annually to the Society, for which you would get one or two meetings a year and the ability to submit papers to this meeting. We do obtain CPD approval for the meeting from the Associate of Surgeons of Great Britain and Ireland.

**Secondly:** I would ask Consultant colleagues to seriously consider taking over the running of the Society. There is not a great deal of work involved and it is very satisfying. Ideally it would be good if a couple of people from one or more institutions could take on the running of the Society jointly, which would probably make it better.

I attach the bank details for setting up the standing order and I would welcome correspondence from colleagues wishing to take on the running of the Society.

Best wishes to all of you.

Mr M G Dube  
Consultant General & Colorectal Surgeon