



ONLINE EVENT

# Pybus Lecture & Scientific Day

Friday 7 May 2021 | 14.00 - 17.50



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# 1. WELCOME

## Welcome to the first online North East Surgical Training Academy meeting!

NESTAC is now five years old and the concept and structure continue to grow. Last year, for obvious reasons was a relatively “NESTAC free” year. In 2021 we are back bigger and brighter than ever ! The new virtual reality of presentations means that it is easier and easier to access great educational resources online and the breadth and depth of this meeting shows the ambition we have to contribute to the academic training scene. All of the mentors and surgical educators who contribute to this meeting are eager to help junior surgeons find and connect with appropriate research projects, so don't be shy send a few emails and see what exciting stuff there is going on in a hospital near you.

Well done to all those who have successfully made it onto the program- competition was fierce. Hopefully by the end of the year all these abstracts will be available online with their own Digital Object Identifiers.

Many thanks to the North East Surgical Society (NESS) who are also supporting the prizes and presentations again this year.

Certificates will be available at a later date for all those who attend and fill in the feedback forms which the Student Surgical Society will be sending out after the meeting.

Good Luck !



## Pybus Lecture & Scientific Day

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# 2.SCHEDULE

**14:00-14:05** Welcome and Introduction: Colin Wilson

## **Session 1: Trials across the North East**

**14:05-14:12** Sunflower Trial - Mr Neil Jennings  
**14:12-14:20** Mastery Trial - Prof Naeem Soomro  
**14:20-14:27** Cipher Trial - Mr Kevin Etherson  
**14:27-14:35** FROST/PROFHER trial - Prof Amar Rangan  
**14:35-14:42** Prevena after mastectomy trial - Mr Andrew Pieri  
**14:42-14:50** Update on trials in Urology - Mr Chris Harding  
**14:50-15:00** FLIP trial - Mr Mike Jones

## **Session 2/3/4 Parallel Sessions (NESS/ Feggetter/ NESTAC medals)**

**15:00-16:00** 8 abstracts per session  
Chairs  
NESS: 1. Mr R Brady 2. Mr S Nandhra  
Feggetter: 1. Mr S Wahed 2. Miss S Stevenson  
NESTAC: 1. Mr S Pandanaboyana 2. Miss K Booth

## **Session 5: The Pybus Lecture**

**17:00** Introduction - Mr John Moir  
Dave Deehan "Past, Present  
and Future of Robotics in Surgery"  
Prize winners: Announcement

**End 17:50**



### 3. PRIZE PRESENTATIONS & TIMETABLE

NESTAC and NESS George Feggetter Medal  
& Pybus Lecture; oral presentation mark scheme

**Title:**

.....

**Author**

.....

**Domain**

**Mark out of 10**

**Clarity of presentation**

**Overall presentation skills**

**Originality of research**

**Overall quality of research**

**Answers to questions**

**Total out of 50**

#### Instructions for presenters

Please make sure you have downloaded the latest version of Zoom in anticipation of the meeting.  
The log in code will be emailed via EventBrite so make sure you have registered.  
When the time comes for you to present , please “Share your Screen” with the online room.

Each presentation will be 5 minutes with 2 minutes for questions, we will have to be strict on this.

# NESTAC MEDAL FOR MEDICAL STUDENTS

## 1. Nasreen Akter: Postoperative pain relief after major pancreatic resection: systematic review and meta-analysis of analgesic modalities

### Abstract:

#### Introduction

Postoperative pain after major pancreatic resections is frequent. Optimising pain control is a fundamental aspect of Enhanced Recovery After Surgery programmes, which have shown to enhance recovery and reduce morbidity. This systematic review and meta-analysis explored the efficacy of different pain relief modalities used in managing postoperative pain following pancreatic resection and impact on perioperative outcomes.

#### Methods

MEDLINE, Embase and Pubmed were searched using PRISMA framework. Primary outcomes included pain at rest on postoperative day 2 (POD2) and 4 (POD4). Secondary outcomes included operation time, bile leak, delayed gastric emptying, postoperative pancreatic fistula, postoperative morbidity, length of stay and opioid use.

#### Results

Five RCTs and nine retrospective cohort studies (1704 patients) were included in the systematic review. Epidural analgesia (EDA) (n=712), patient controlled analgesia (PCA) (n=330) and transabdominal wound catheters (TAWC) (n=220) were the most frequently used analgesic modalities. EDA versus PCA were compared in six studies (849 patients) in the quantitative meta-analysis. Pain scores were significantly lower with EDA compared to PCA on POD2 (SMD -0.32, 95%CI -0.63 to -0.01, p=0.04) but comparable on POD4 (SMD 0.07, 95%CI 0.26 to 0.40, p=0.59). Perioperative outcomes were comparable between EDA and PCA. Pain scores and perioperative outcomes were comparable between EDA and TAWC.

#### Conclusion

EDA, PCA and TAWC are the most frequently used analgesic modalities in pancreatic surgery. Although EDA may improve short-term pain relief, perioperative outcomes are comparable between EDA, PCA and TAWC. Larger RCTs are warranted to explore the relative merits of each analgesic modality on postoperative outcomes.

## 2. Prash Cheekoty: **Mitral valve re-repair vs replacement following failed initial repair: a systematic review and meta-analysis**

### **Abstract:**

#### **Introduction**

Although the incidence and causes of mitral valve repair failure is well documented, the optimal treatment strategy following a failed mitral valve repair remains unclear. This study aims to compare and analyse all available studies which report the clinical outcomes post mitral valve re-repair versus replacement after a prior mitral valve repair. This is extremely significant as it would provide more clarity to cardiac surgeons, possibly influencing their operative method, as well as potentially improve patient outcomes.

#### **Methods**

Based on PRISMA guidelines, a literature search was performed utilising PubMed, Cochrane and Scopus databases to identify retrospective cohort studies that reported outcomes of valve re-repair and valve replacement after a prior mitral valve repair. Data regarding operative mortality, clinical outcomes and complications were extracted, synthesised and meta-analysed where appropriate.

#### **Results**

Eight studies with a total cohort of 1632 patients were used. After analysis, no significant differences in the short term and long-term operative mortality, incidence of stroke, congestive heart failure, Grade 1 and Grade 2 mitral regurgitation, requirement of 3rd mitral valve operation and reoperation due bleeding were found between the two groups. However, a slightly higher incidence of postoperative atrial fibrillation (OR: 0.11, CI: 0.02 to 0.17, I<sup>2</sup> = 0%, p = 0.02) was observed in the replacement group, as compared to the re-repair group.

#### **Conclusion**

Mitral valve re-repair appears to be a viable alternative to mitral valve replacement for mitral valve reoperation, given that it is associated with similar post-operative outcomes.

### **3. Omar Ali: Closed Incision Negative Pressure Wound Therapy is associated with reduced Surgical Site Infection after Emergency Laparotomy: A propensity matched cohort analysis**

#### **Abstract:**

##### **Introduction**

Surgical site infection contributes to a significant proportion of post-operative morbidity in patients undergoing emergency laparotomy. SSIs cause significant patient burden, increase length of stay and have economic implications. CINPT has been shown to reduce SSI rates in patients undergoing elective laparotomy however there is limited evidence for their use in the emergency setting. This study aims to compare rates of surgical site infection (SSI) between patients receiving closed incision negative pressure therapy (CINPT) and standard surgical dressing following emergency laparotomy through a propensity matched analysis.

##### **Methods**

A registry-based, prospective cohort study was undertaken using data from National Emergency Laparotomy Audit (NELA) database at our centre. The primary outcome measure was SSI in as defined by the Centers for Disease Control (CDC) criteria. Secondary outcomes included 30 day post-operative morbidity and grade, length of stay, 30 day mortality and readmission rates. A propensity- score matching (PSM) was performed in a 1:1 ratio to mitigate for selection bias.

##### **Results**

A total of 1484 patients were identified from the NELA dataset, PSM resulted in two equally matched cohorts with 237 patients in each arm. The rate of SSI was significantly lower in the CINPT cohort (16.9% vs 33.8%,  $p < 0.001$ ). There were no overall differences in 30-day morbidity, CD grade, CCI severity, length of hospital stay, re-operation rates and 30 day mortality between the two groups.

##### **Conclusion**

Prophylactic CINPT in emergency laparotomy patients is associated with a reduction in SSI rates.

#### **4. Thejasvin K: Routine nasogastric decompression versus no decompression during pancreatoduodenectomy: Metaanalysis of perioperative outcomes**

##### **Abstract:**

##### **Background**

There is no consensus regarding the use of nasogastric tube NGT after pancreaticoduodenectomy PD. The present meta-analysis aims to review the current evidence on the impact of routine nasogastric decompression (NGD) following PD on perioperative outcomes.

##### **Methods**

All studies indexed in PubMed, Medline, Scopus, Embase and Cochrane data bases reporting the role of gastric/nasogastric, tube/decompression after pancreatic surgery and the perioperative outcomes were retrieved and analysed up to January 2021.

##### **Results**

Eight studies with total of 1301 patients were enrolled of which 668 patients have had routine NGD, which was associated with higher incidence of delayed gastric emptying (DGE) and Clinically relevant DGE (OR = 2.51, 95% CI: 1.12 - 5.63, I2 = 83%, P = 0.03) and (OR = 3.64, 95% CI: 1.83 – 7.25, I2 = 54%, P < 0.01), respectively. Routine NGD group had higher rate of Clavien-Dindo  $\geq 2$  (OR = 3.12, 95% CI: 1.05 – 9.28, I2 = 88%, P = 0.04), also longer hospital stay (OR = 3.12, 95% CI: 1.05 – 9.28, I2 = 88%, P = 0.04). However, there were no significant difference between the two groups in overall complications (OR = 1.07, 95% CI: 0.79 – 1.46, I2 0%, P = 0.66), or in POPF (OR = 1.21, 95% CI: 0.86 – 1.72, I2 = 0%, P = 0.28).

##### **Conclusion**

Omitting NGD after PD was associated with less DGE, major complications, and shorter hospital stay. Hence, routine NGT may not be necessary after PD surgery.

## 5. Alexander Lea: Does robotic colorectal surgery decrease the risk of an anastomotic leak?

### Abstract:

#### Introduction

Anastomotic leaks (AL) are a complication of colorectal cancer surgery with a mortality rate of 6-39%. Clinical outcomes vary from defunctioning stomas to life-threatening sepsis and death. AL increases the rates of further surgeries and local recurrence of cancer. Multiple risk factors have been identified and robotic surgery could play a role in reducing the incidence of AL (10%).

#### Methods

Patients diagnosed to have colorectal cancer were extracted from a prospective database. This study included a consecutive series of patients who had a primary bowel anastomosis (364 non-robotic, 77 robotic) at a single surgical centre. Patients were randomly allocated to robotic surgery to avoid selection bias. Cases of leaks (41) and data for other risk factors was recorded (anaemia, ASA grade, BMI, hypoalbuminaemia, anatomical site, renal function).

#### Results

No significant differences were noted with regards to comorbidities status in the two patient groups. Logistic regression with adjustment for confounding factors demonstrated that robotic surgery showed a statistically significant decrease in the risk of AL (p-value=0.019). Rectal anastomosis increased the risk of AL in comparison to a colonic anastomosis (p-value=0.000\*). Other risk factors identified in the data set weren't statistically significant.

#### Conclusion

Robotic surgery has shown a reduction in the risk of AL in comparison to open and laparoscopic within limitations of the study. Currently, robotic surgery is dependent on theatre availability. No pre-operative factors are considered, such as tumour site or type of surgery. Future guidelines could look to prioritise robotic surgery for patients with rectal cancer.

## 6. Jeremy Cheong: Hypochromia is an early marker of iron deficiency anaemia

### **Abstract:**

#### **Introduction**

Microcytosis in iron deficiency anaemia triggers an urgent referral for investigation of suspected gastrointestinal cancers. This study evaluated whether the inclusion of hypochromia as a marker for iron deficiency would lead to earlier referrals.

#### **Methods**

Consecutive patients referred from primary care under the 2-week wait suspected gastrointestinal cancer pathway with unexplained iron deficiency anaemia between October 2019 and October 2020 were included. Results of red cell indices were obtained from an electronic platform for accessing laboratory test results (Sunquest ICE™, Version 5.4, Sunquest Information Systems). Mean corpuscular haemoglobin (MCH) of 27-32pg and mean corpuscular volume (MCV) of 80-102fL were considered normal.

#### **Results**

Seventy nine patients (32 men, 47 women) were included. Median (IQR) age was 73 (62-80) years. 67% (53/79) had a low MCH and 43% (34/79) had a low MCV at the time of referral. In the preceding months of referral (median [IQR] 4.3 [1.8-7.9] months) 64 patients had a full blood count performed of which 55% (35/64) had a low MCH and 20% (13/64) had a low MCV. The earliest available full blood count prior to referral (43 patients, median (IQR) of 16.5 (12-37) months) showed that 86% (37/43) had a low MCH compared to 33% (14/43) with a low MCV. A fall in MCH always preceded a fall in MCV at all the three time points analysed.

#### **Conclusion**

The inclusion of hypochromia as a marker of iron deficiency in the referral criteria for suspected gastrointestinal cancers would trigger significantly earlier referrals.

## **7. Thomas Stubbs: Pre-fracture mobility is an independent predictor of post-operative outcomes in hip fracture surgery**

### **Abstract:**

#### **Introduction**

Hip fracture is the most common serious injury in the older population of the UK, and its incidence continues to rise. Previous studies have used preoperative patient characteristics to predict post-operative outcomes, but mobility, a key indicator of pre-operative function, has been largely neglected as a predictor of post-operative outcomes.

#### **Methods**

We analysed prospectively collected data from patients undergoing hip fracture surgery at a large-volume regional orthopaedic trauma centre. Pre-fracture mobility was defined as; mobile outdoors without aids, mobile outdoors with aids, indoor mobility with aids and no mobility. Post-operative outcomes studied were mortality and residence at 30-days of surgery, medical complications within 30- or 60-days of surgery (venous thromboembolism, arterial thromboembolism, renal and gastrointestinal complications, and infections), and prolonged hospital stay (defined as >28 days). We performed multivariate regression analyses controlling for age and sex.

#### **Results**

1919 patients were included in this analysis, mean age 82.6 (SD 8.2); 1357 (70.7%) were women. Multivariate analysis demonstrated that patients with lower mobility levels had a 2.3-5.7-fold higher likelihood of 30-day mortality ( $p \leq 0.01$ ), 2.2-2.8-fold higher likelihood of prolonged length of stay ( $p \leq 0.004$ ) and 2.1-6.7-fold higher likelihood of living in a care home at 30-days post-surgery ( $p < 0.001$ ). Lower level of mobility was associated with 1.2-1.9-fold higher likelihood of renal complications and 1.2-2.3-fold higher likelihood of infection within 30-days post-surgery (both  $p < 0.001$ ). Lower mobility was associated with 1.3-2.0-fold higher total complication rate within 30-days of surgery ( $P < 0.001$ ).

#### **Conclusion**

Mobility prior to fracture is an independent predictor of post-operative mortality, residence, complications and prolonged length of hospital stay.

## 8. Georgina Liu: **Detecting metastatic melanoma with the five-year follow-up regime**

### **Abstract:**

#### **Introduction**

Malignant melanoma is the second commonest skin cancer among adults aged 25 to 49 years old. It is crucial for metastatic disease to be detected as early as possible, as the stage of melanoma correlates to the survival rate of patients. The objectives of this audit were to determine whether the inclusion of surveillance CT scans, recommended by the Melanoma NICE guidelines (2015), improved the detection of metastases during patients' follow-up regime. This audit also analysed whether a five-year follow-up was sufficient time to detect 95% of cases of metastases.

#### **Methods**

Patients who presented with metastatic melanoma after excision of the primary disease between the years 2013 to 2017 were identified retrospectively and compared with a previous audit conducted in 2013. The time interval between excision of the primary melanoma to the first presentation of metastases, and the route by which this disease was discovered was analysed.

#### **Results**

The inclusion of surveillance CT scanning during follow-up had increased the percentage of metastases detected earlier. Only 84.7% of patients who developed metastatic disease were identified during the five-year follow-up.

#### **Conclusion**

A higher proportion of metastases were detected earlier through the addition of surveillance CT scans during follow-up. However, there was no significant increase in cases detected during the five-year period. It is therefore recommended to extend the follow-up to 9 years to account for 96.5% of total cases of metastases.



# NESS PRIZE FOR JUNIOR TRAINEES (BELOW ST3)

## 1. Ghazaleh Mohammadi-Zaniani: SARS-CoV-2 infection in acute pancreatitis increases disease severity and 30 day mortality: Results of the COVID PAN collaborative study

### Abstract:

#### Introduction

There is emerging evidence that the pancreas may be a target organ of Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) infection. This aim of this study was to investigate the outcome of patients with acute pancreatitis (AP) and co existent SARS-CoV-2 infection.

#### Methods

A prospective international multicenter cohort study including consecutive patients admitted with AP during the current pandemic was undertaken. Primary outcome measure was severity of AP. Secondary outcome measures were aetiology of AP, intensive care unit (ICU) admission, length of hospital stay, local complications, acute respiratory distress syndrome (ARDS), persistent organ failure and 30-day mortality. Multilevel logistic regression was used to compare the two groups.

#### Results

1777 patients with AP were included during the study period from 1st March to 23rd July 2020. 149 patients (8.3%) had concomitant SARS-CoV-2 infection. Overall, SARS-CoV-2 positive patients were older male patients and more likely to develop severe AP and ARDS ( $p < 0.001$ ). Unadjusted analysis showed that SARS-CoV-2 positive patients with AP were more likely to require ICU admission [Odds ratio (OR) 5.21,  $p < 0.001$ ], local complications [OR 2.91,  $p < 0.001$ ], persistent organ failure [OR 7.32,  $p < 0.001$ ], prolonged hospital stay [OR 1.89,  $p < 0.001$ ] and a higher 30-day mortality [OR 6.56,  $p < 0.001$ ]. Adjusted analysis showed length of stay [OR 1.32,  $p < 0.001$ ], persistent organ failure [OR 2.77,  $p < 0.003$ ] and 30-day mortality [OR 2.41,  $p < 0.04$ ] were significantly higher in SARS-CoV-2 co-infection.

#### Conclusion

Patients with AP and coexistent SARS-CoV-2 infection are at increased risk of severe AP, persistent organ failure, prolonged length of hospital stay and high 30-day mortality.



## 2. Amarkumar Rajgor: **Survival Outcomes in Patients with Stage II (T2N0M0) Glottic Cancer Treated with Primary Radiotherapy**

### **Abstract:**

#### **Introduction**

Radiotherapy is a well-established treatment for early glottic cancer. However, the majority of published literature combines both stage I (T1N0M0) and stage II (T2N0M0) glottic tumours, thus little is known exclusively regarding the outcomes of stage II (T2N0M0) disease. Aim: Investigate the locoregional control and survival rates in patients with stage II (T2N0M0) glottis carcinoma treated with primary radiotherapy, with curative intent.

#### **Methods**

Patient data was collated retrospectively over a 7-year period (January 2010 – December 2017) from a tertiary head and neck specialty centre. Survival analyses was performed using the Kaplan-Meier method. Radiotherapy was delivered using 3D conformal radiotherapy (3DCRT) (n=48) or intensity modulated radiation therapy (IMRT) (n=29). 43 patients received prophylactic irradiation to the neck bilaterally.

#### **Results**

77 patients met the inclusion criteria, of which there were 69 males and 8 females. The study population had a mean age of 67.3 (SD 10.6) and a median follow-up of 3.4 years. There was supraglottic extension in 27% (n=21), subglottic extension in 25% (n=19), both supraglottic and subglottic extension in 8% (n=6) and impaired vocal cord mobility in 40% (n=31). Following treatment, there was successful voice preservation in 75% (n=58). Severe late toxicity occurred in 3.8% (n=3) of patients. There was a locoregional control rate of 77% (n=59) and an estimated 5-year overall survival rate of 52%, disease-specific survival of 89% and recurrence-free survival of 75%. Prophylactic neck irradiation was associated with a worse locoregional control (p=0.027).

#### **Conclusion**

Primary radiotherapy provides excellent long-term outcomes with acceptable toxicity in early glottis cancer. Furthermore, the addition of prophylactic irradiation of the neck has no impact on locoregional control.



### 3. Bertie Marks: Ischaemic bowel in the North of England: trends in management approach and patient outcomes

#### Abstract:

#### Introduction

Bowel ischaemia is the third most common indication for emergency laparotomy in the UK and is associated with high rates of postoperative morbidity and mortality. This study describes changes in incidence, patient characteristics, management approach and outcomes for patients with bowel ischaemia over a fifteen-year period.

#### Methods

Data for patients admitted as an emergency, with a diagnosis of bowel ischaemia, to NHS hospitals in the North of England between 2002 and 2016 were collected. This included patient demographics and co-morbidities, operations performed and outcomes. The primary outcome of interest was in-hospital death within 30 days of admission for non-operatively managed patients and 30-day post-operative mortality for those who underwent an operative intervention.

#### Results

The incidence of bowel ischaemia has increased as a proportion of emergency general surgery admissions by 68% over fifteen years. More patients are undergoing computerised tomography (CT) imaging (44.0% vs. 70.3%,  $p < 0.001$ ) and more operations are being performed within 48 hours of admission ( $p < 0.001$ ). The number of patients being managed operatively has fallen from 56.7% to 38.7%. Decreased 30-day mortality rates were observed for both operatively (37.5% to 26.7%,  $p < 0.001$ ) and non-operatively (45.7% to 26.8%,  $p < 0.001$ ) managed patients. Mean length of hospital stay has remained relatively unchanged over time.

#### Conclusion

Ischaemic bowel is becoming increasingly common. Increased usage of CT imaging has likely resulted in decreased rates of operative management due to its ability to accurately characterise intra-abdominal pathology. Improved mortality rates were observed for both operative and non-operative management strategies.



#### 4. Ashwin Sivaharan: The influence of sarcopenia on lower limb bypass and major lower limb amputation outcomes

##### Abstract:

##### Background

This study examined the impact of sarcopenia on clinical outcome in patients who underwent infrainguinal bypass surgery or major lower limb amputation (MLLA).

##### Methods

Patients undergoing infra-inguinal bypass and MLLA in 2016-2018 were included in this retrospective analysis. Sarcopenia was identified by CT of muscle area at L3 vertebral. Primary outcome was overall survival, analysed using Cox regression. Secondary outcomes for bypass included ipsilateral MLLA, length of hospital stay, myocardial infarction and surgical-site infection. For the MLLA cohort we included stump infection and breakdown. These were analysed using Fisher's test (categorical), Mann-Whitney U test (non-parametric) and t-test (parametric).

##### Results

216 patients (116 bypass, 100 MLLA) were included. 14/116 (12%) of bypass patients and 13/100 (13%) of MLLA patients were sarcopenic. Age, other co-morbidities, and laboratory tests were similar in those with and without sarcopenia. Overall survival was worse for sarcopenic patients (HR for death 5.8; 95%CI 1.8-19.1;  $p=0.001$ ) in the bypass cohort, however, this was not observed in the MLLA cohort (HR 1.29; 95%CI 0.23-2.62;  $p=0.7$ ). MLLA occurred more frequently in patients with sarcopenia (7/14 [50%] vs 23/102 [23%];  $p=0.046$ ). There was no difference in other secondary outcomes in either cohort.

##### Conclusion

In the cohort of patients undergoing infrainguinal lower limb bypass, sarcopenia defined using L3 muscle area was significantly associated with overall mortality and MLLA, however sarcopenia was not associated with worse survival in the MLLA group. Sarcopenia and frailty may be a key factor in stratifying those who should undergo an amputation-first approach to CLTI.



## 5. Ricardo Fernandes: **The effect of immediate versus early instillation of mitomycin C after transurethral resection of bladder cancer: Is timing everything?**

### **Abstract:**

#### **Introduction**

Almost three quarters of patients diagnosed with bladder cancer have non-muscle invasive disease. The European Association of Urology (EAU) guidelines recommend the use of intravesical instillation of Mitomycin C (MMC) to reduce the rate of recurrence.

#### **Methods**

A retrospective cohort analysis was carried out of all patients who underwent a TURBT between January 2016 and January 2019 in our Trust. A comparison of recurrence outcomes was investigated between patients who had immediate instillation of MMC (within 1 hours post-TURBT) versus early instillation (within 24 hours post-TURBT). Recurrence was assessed at 3 months cystoscopy and at 1 year follow-up.

#### **Results**

201 patients were included. 100 underwent immediate MMC instillation (75% male, 25% female); 101 early instillation (72% male, 28% female). There was 11% recurrence (immediate) versus 13% (early) in instillation groups at 3 months. At first year, recurrence was seen in 12% (immediate) versus 14% (early) groups. Of these recurrences, there was an upstaging of tumour in 27% (immediate) versus 31% (early) at the 3 monthly follow-up and 25% (immediate) versus 28% (early) at the 1st year. The mean period of post-operative stay following initial TURBT was 0.8 days in the immediate versus 1.1 days in the early instillation groups.

#### **Conclusion**

Although no statistical differences were seen in this study, the results appear to favour immediate instillation of MMC after TURBT with respect to reduction in recurrence and upstaging rates. Post-operative length of stay in hospital was also shorter in patients who had an immediate MMC instillation.



## 6. Samuel Moulding: Pregnane X Receptor Activation in Liver Perfusion

### Abstract:

#### Introduction

Liver normothermic machine perfusion (NMP) is being adopted as a method of optimising and assessing livers prior to transplantation. However, there is further potential to utilise the NMP model as a platform for drug delivery. Pregnane X Receptor (PXR) activation upregulates CYP3A expression and this has been shown to be protective against ischaemia-reperfusion in rodents. We aimed to introduce a PXR activator during NMP and assess activation of its downstream targets.

#### Methods

Organs were perfused on an NMP circuit using an oxygenated red cell-based perfusate. A series of livers were allocated to PXR treatment and 1.5mg of a PXR activator (Avasimibe, Pfizer) was added to their perfusate. Biopsies were taken at the start and end of the perfusion process and stored in RNAlater.

#### Results

qPCR was performed and quantified using the delta delta CT method on control (n=4) and livers (n=5) which received Avasimibe. CYP3A43 and CYP3A4, comparing control and livers treated with Avasimibe, were upregulated 3.8 fold (p=0.026) and 2.2 fold (p=0.098) respectively. No deleterious effects were observed in terms of perfusion dynamics or perfusate analysis.

#### Conclusion

We have demonstrated that NMP can be successfully used as a platform for drug delivery with reliable activation of downstream targets. Whilst it remains to be seen whether PXR therapy is beneficial in humans, the model suggests that perfusion could be used clinically in the future to further optimise grafts by acting as a drug delivery system.



## 7. Jakub Chmelo: Feasibility and impact of a home-based prehabilitation programme on patients receiving neoadjuvant treatment for oesophagogastric cancer (the ChemoFit study)

### Abstract:

#### Introduction

Treatment for locally advanced oesophagogastric adenocarcinoma (OGA) involves neoadjuvant chemotherapy (NAC) which has a negative impact on patient fitness. Using 'prehabilitation' to increase activity levels and fitness may affect physiology, postoperative outcomes and improve patient wellbeing and quality of life. The aim of this study was to evaluate feasibility, acceptability and the impact of a home-based structured prehabilitation programme in OGA.

#### Methods

This feasibility study recruited consecutive patients to a pragmatic home-based prehabilitation during NAC. Participants completed daily walking sessions to a targeted step-count and daily strengthening exercises, under the weekly supervision of the research team. The primary outcomes assessed feasibility through recruitment rate, completion rate and individual compliance with each component of the intervention. Secondary outcomes included fitness derived from cardiopulmonary exercise testing (CPET).

#### Results

A total of 42/58(72%) patients approached were recruited, 36/39(92%) patients completed the programme. Median compliance with wearing a pedometer and recording step count was 97.8%(IQR 93.2-100%) and median engagement with telephone contacts was 100%(IQR 93.1-100%). Median compliance with 30-minutes aerobic exercise was 70.2%(IQR 53.1-88.9%) and for strength exercises 69.4%(IQR 52.1-84.3%). Nineteen patients had pre and post intervention CPET with no significant difference in anaerobic threshold (mean difference -0.5 ml.kg<sup>-1</sup>.min<sup>-1</sup>, 95% CI -1.6 to +0.6, p= 0.387) or VO<sub>2</sub>peak (mean difference -0.1 ml.kg<sup>-1</sup>.min<sup>-1</sup>, 95% CI -1.6 to +1.4, p=0.883).

#### Conclusion

This study shows that ChemoFit is feasible, safe and achieved excellent patient compliance and engagement. Future utilisation of this home-based prehabilitation programme may improve preoperative fitness during NAC and impact post-operative outcomes.



## 8. Jakub Chmelo: Does cardiopulmonary testing help predict long-term survival after oesophagectomy?

### Abstract:

#### Introduction

Oesophagectomy is associated with a high rate of morbidity and mortality. Preoperative cardiopulmonary fitness has been correlated with outcomes within major surgery. Variables derived from CPET have been associated with postoperative outcomes. It is unclear whether preoperative cardiorespiratory fitness of patients undergoing oesophagectomy is associated with long-term survival. The aim of this study was to evaluate whether any of the cardiopulmonary exercise testing (CPET) variables that are routinely derived in patients with esophageal cancer may aid in predicting long-term survival after oesophagectomy.

#### Methods

Patients undergoing CPET followed by trans-thoracic oesophagectomy for oesophageal cancer with curative intent between January 2013 and January 2017 from single high-volume center were retrospectively analysed. The relationship between predictive co-variables including CPET variables, and survival was studied with a Cox proportional hazard model. Receiver operation curve (ROC) analysis was conducted to find cut-off values for CPET variables predictive of 3-year survival.

#### Results

A total of 313 patients were analysed. The ventilatory equivalent for carbon dioxide (VE/VCO<sub>2</sub>) at anaerobic threshold was the only CPET variable independently predictive of long-term survival in multivariable analysis (HR 1.049, 95% CI 1.011-1.088, p=0.011). Pathological stage III and IV disease was the other co-variable found to be independently predictive of survival. ROC analysis of the VE/VCO<sub>2</sub> failed to demonstrate a predictive cut-off value of 3-year survival (AUC=0.564, 95% CI 0.499-0.629, p=0.056).

#### Conclusion

A high VE/VCO<sub>2</sub> before oesophagectomy for malignant disease is an independent predictor of long-term survival and may be an important variable for consideration when counselling patients.



## 9. Beatrice Likupe: Catheter Directed Thrombolysis; are poor quality referrals impacting patient selection for treatment?

### Abstract:

#### Introduction

NICE guidelines relating to catheter directed thrombolysis for iliofemoral DVT were renewed in March 2020. These state that patients should be considered if they have: symptoms lasting <14 days, good functional status, a life expectancy of 1 year or more and a low bleeding risk. Anecdotally, we felt the quality of DVT referrals to our tertiary Vascular Centre, were not meeting these guidelines.

#### Methods

Vascular registrar on call handovers between October 2019 and October 2020 were reviewed, identifying 85 referrals for patients with iliofemoral DVT. Referrals were evaluated for the inclusion of information pertaining to the four aforementioned criteria. A search of electronic patient records identified those patients who subsequently received thrombolysis.

#### Results

Of the 85 patients, 10.6%(n=9) received thrombolysis. Over 90% (n=77) of referrals included none or only one of the four criteria. The most frequently included criterion was "days since symptom onset" (n=41), but this was still fewer than half of referrals (48%). Interestingly, eight patients were noted to have concurrent malignancy with none receiving thrombolysis, although malignancy itself is not a contraindication. Neither functional status nor information relating to life expectancy was included in any of their referrals.

#### Conclusion

Good quality referrals are essential in aiding clinical decision-making surrounding treatment options for iliofemoral DVT. Our audit revealed the majority of referrals lacked the information NICE guidelines have outlined, revealing a great need for improvement. Future work in this area will look at implementing changes to bring referrals more closely in line with current guidelines.

# FEGGETTER MEDAL FOR SENIOR TRAINEES (ST3+)

## 1. Lauren Shelmerdine: Pain control following major lower limb amputation; a cohort study

### Abstract:

#### Introduction

Over 3000 Major lower-limb amputation (MLLA) are performed in the UK every year, post-operative pain can limit recovery. Anecdotally, peri-neural catheters (PNC) have lower pain scores than morphine-based patient-controlled analgesia (PCA). This cohort study aimed to identify if PNC is superior.

#### Methods

A retrospective review of electronic-records for those undergoing a MLLA between 2014-2018 identified those who received a PCA and a those who received a PNC. Comparative statistics were used to assess; interval pain score (visual analogue scale) at 24 and 72 hours, 'uncontrollable pain', supplementary analgesia and length of hospital stay (LOS).

#### Results

231 PCA-patients were compared to 184 PNC-patients. There was a significant reduction in; pain scores (table 1) at 24 and 72 hours, uncontrollable pain and supplementary analgesia in the PNC-patients. PNC significantly decreased LOS (28 vs 38 days in the PCA-group).

#### Conclusion

PNC offers superior pain-relief when compared to PCA. The reduction in LOS could suggest improved rehabilitation and costs. A randomised control trial is underway to is shortly due to commence to formally assess this relationship.

Table 1

	Mean movement pain score at 24 hours	Mean movement pain score at 72 hours
PCA-Group	4.2/10	4.8/10
PNC-Group	1.2/10	1.2/10

## 2. Ishtiakul Gani Rizvi: Management of acute ureteric colic in a large tertiary centre during the initial COVID-19 pandemic - how did our practice change?

### Abstract:

#### Introduction

Treatment of acute ureteric colic according to current BAUS guidelines can be challenging, particularly during the COVID-19 pandemic. We aim to audit our practice during the initial COVID-19 pandemic.

#### Methods

A retrospective analysis of 94 patients admitted with ureteric colic during the initial COVID-19 pandemic (March to June 2020). Data was collected from records and outcomes compared to a pre-pandemic audit of our acute stone service (January to June 2018).

#### Results

Patient demographics were comparable: 33 admissions/month (pre-COVID 37), average age 52 years (pre-COVID 53 years), and median stone size 6 mm (pre-COVID 5mm). Septic patients (23%, pre-COVID 17%) underwent ureteric stenting (23%, pre-COVID 17%) or nephrostomy (10%, pre-COVID <1%). For non-septic patients, 46% underwent primary treatment (ureteroscopy:ESWL = 1:1, pre-COVID = 2:1), 24% ureteric stenting (pre-COVID 31%) and 30% conservative management (pre-COVID 34%). Median time to primary ureteroscopy (94% successful) and ESWL (76% successful; 1-2 sessions) was 24 hours (target <48 hours). Median time from stent insertion to definite ureteroscopy was 5.8 weeks (pre-COVID 6.6 weeks, target <4 weeks) and subsequent cystoscopic stent removal was 4 weeks (target <2 weeks). For patients managed conservatively, median time to outpatient review was 7.1 weeks (pre-COVID 5.4 weeks, target <4 weeks) and follow-up imaging 8.2 weeks.

#### Conclusion

These results from one of the largest stone units in the UK show, that despite the pandemic, primary stone intervention was still achievable within 24 hours with greater reliance on ESWL and nephrostomy insertion due to concerns regarding general anaesthesia and COVID-19.

### **3. Lubna Sayyed Akber Uzzaman: The Impact of COVID-19 on the presentation, stage and management of head and neck cancer patients: A real time assessment**

#### **Abstract:**

##### **Introduction**

During the Covid-19 pandemic, it was postulated that there might be a delay in cancer patients` presentation, stage migration, changes in management leading to excess mortality in head neck cancer patients (HNC) . However, there is a paucity of real time objective data to support this, which our study has attempted to provide.

##### **Methods**

A retrospective observational study conducted by reviewing patient records. Two cohorts of diagnosed HNC patients compared - COVID 19 cohort (April-December 2020) to baseline pre-Covid-19 cohort( April–December 2019).

##### **Results**

There was 33% decrease in new confirmed HNC cases during Covid-19 (223 vs150 patients). There was significant reduction in T1 stage (25.0%vs 36.3%,p 0.003) and significant increase in T4 stage at presentation during the Covid-19 period (36.5% vs 25.0%,p 0.022), which led to reduction in overall stage I (14.0% vs 25.1%,p 0.009) and increase in overall stage IVb (13.3% vs 5.8%,p 0.012). Almost 7% increase in palliative intent between cohorts, (difference is not statistically significant). There was a significant reduction in radical surgery as the only treatment modality (20.0% vs 30.9%,p 0.023).

##### **Conclusion**

To the best of my knowledge, this is first such report confirming the relative change in T-stage and overall up-stage migration in HNC patients. Our study also showed that there was trend towards an increased use of palliative treatment and significant reduction in use of radical surgery as sole treatment modality, suggesting that the pandemic is likely to impact long-term survival of HNC patients.

#### **4. Khalid Munir Bhatti: Esophageal cancer in Barret's Esophagus: Can Artificial-intelligence (AI) based models help in early detection?**

##### **Abstract:**

##### **Introduction**

During the Covid-19 pandemic, it was postulated that there might be a delay in cancer patients` presentation, stage migration, changes in management leading to excess mortality in head neck cancer patients (HNC). However, there is a paucity of real time objective data to support this, which our study has attempted to provide.

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To the best of my knowledge, this is first such report confirming the relative change in T-stage and overall up-stage migration in HNC patients. Our study also showed that there was trend towards an increased use of palliative treatment and significant reduction in use of radical surgery as sole treatment modality, suggesting that the pandemic is likely to impact long-term survival of HNC patients.

#### **4. Khalid Munir Bhatti: Esophageal cancer in Barret's Esophagus: Can Artificial-intelligence (AI) based models help in early detection?**

##### **Abstract:**

##### **Introduction**

Barret's oesophagus (BE) is a precursor of adenocarcinoma of oesophagus. Detection of high-grade dysplasia and adenocarcinoma at an early stage can improve survival but is very challenging. Artificial intelligence (AI) based models have been claimed to improve diagnostic accuracy. The aim of the current study was to carry out a meta-analysis of papers reporting results of artificial intelligence-based models used in real-time white light endoscopy of patients with BE to detect EOAC.

##### **Methods**

After the literature search, titles and abstracts were screened. Quantitative and qualitative data were extracted and were analyzed using MetaDTA.

##### **Results**

A literature search revealed 171 relevant records. After removing duplicates, 117 records were screened. Full-text articles of 28 studies were assessed for eligibility. Only 3 studies reporting 4 datasets, met the inclusion criteria. The summary sensitivity and specificity of AI-based were 0.90 (95% CI, 0.83- 0.944) and 0.86 (95% CI, 0.781-0.91), respectively. The area under the curve for all the available evidence was 0.88.

##### **Conclusion**

Collective evidence for the routine usage of AI-based models in the detection of EOAC is encouraging but is limited by the low number of studies. Further prospective studies reporting the patient-based diagnostic accuracy of such models are required.

## 5. Michael Mather: Human middle ear epithelium is permissive to infection with SARS-CoV-2

### Abstract:

#### Introduction

Otitis media (OM) is a leading cause of consultations and surgery in children (Schilder et al., 2016) but translational advances have been hampered by the lack of a physiological model of middle ear epithelium (MEE). Immortalised cell lines (Chun et al., 2002) and animals models (Bhutta, 2012) exist, but do not recapitulate the MEE phenotype in vivo. The effect of SARS-CoV-2 on MEE is also unknown, but may be significant due to close proximity to the nasopharynx via the Eustachian tube.

#### Methods

Culture of human MEE at an air-liquid interface, akin to the healthy ventilated middle ear - validated using immunofluorescence, electron microscopy, membrane conductance studies (Ussing chamber), and live-cell bioimaging. We also infected cells with SARS-CoV-2 and assessed viral uptake (polymerase-chain reaction/immunohistochemistry).

#### Results

Over 3 weeks a fully differentiated cell line demonstrates production of mucin (MUC5AC, MUC5B), cilia (FOXJ1), tight junctions, and typical epithelial markers (cytokeratin/p63). Membrane conductance was consistent with respiratory epithelium. Bioimaging studies revealed motile cilia. These findings reflect the cell types seen in vivo. Cells were positive for SARS-CoV-2 following viral challenge.

#### Conclusion

We present a novel MEE cell line which recapitulates the in vivo phenotype which will be useful for research into OM and related middle ear diseases. Further, we demonstrate MEE is capable of SARS-CoV-2 infection within 24 hours of viral exposure, which has important implications for safe otological surgery and possibly atypical presentations of SARS-CoV-2 in children.

## 6. Aya Musbahi: A Review of Online Patient Literature Related to Oesophageal Surgery - The Need for Greater Readability, Accreditation and Higher Quality

### Abstract:

#### Introduction

No studies have attempted to synthesise all the available surgery related research on robotic surgery in the last twenty years using bibliometrics in a detailed way. The aim of this study is to do a bibliometric analysis of the last twenty years of published literature on robotic surgery.

#### Methods

A comprehensive search of the literature was completed from the 'Web of Science Core Collection'. Keywords included 'robotic surgery', 'robotic assisted surgery' and 'robotic-assisted surgery' from between 2001-2021. Articles in all languages were included. Sources were analysed according to author, country and source specific metrics including Bradford's law, H index, M index, G index and keyword analysis.

#### Results

3839 documents were analysed 879 different sources. The mean Collaboration Index as 3.58. The top 20 authors had a h index of at least 5 with a median(IQR) of 9.5 (398), and the number of total citations ranged from 71-1342, with a median (IQR) of 341.5(5.75). The median(IQR) g index was 15 (3.5) and scores ranged from 7-26. 12 of the top 50 keywords were based on gynaecological and urological specific techniques, showing their respective dominance in the field. Only 2.39% (n=21) sources were in Zone 1 "the core of the literature", 1.33% (n=117), 33.3% (n=7) of the sources in Zone 1 were related to the field of urology. The USA had the highest number of articles (n=1745), followed by China (n=275) but their MCP ratios were low.

#### Conclusion

Robotic research is still in its infancy but needs is starting to grow beyond urological and gynaecological domains to expand into other fields. Further collaboration and work in the field is needed.

## **7. Lubna Sayyed Akber Uzzaman: Evaluating Role Radiotherapy in Management of Acinic cell cancers(ACC)–a systematic review of literature**

### **Abstract:**

#### **Introduction**

ACC are low grade cancers with 86.3% arising in parotid and constituting 10% of salivary gland tumors. . Despite having low-grade behaviour, ACCs have a tendency to recur with estimated recurrence rate of around 35%. Surgery is the mainstay of treatment In this review article, we have attempted to review the evidence regarding the role of radiotherapy as an adjuvant treatment in the management of the ACC and its impact on the mortality.

#### **Materials & Methods**

A literature search was performed by a professional librarian using MEDLINE and EMBASE data bases for eligible studies from 2000 to February 2020 using the terms acinic cell carcinoma, radiotherapy, salivary gland neoplasm, parotid gland neoplasm . Two authors analysed the list to identify 14 suitable studies which were scaled against the Newcastle Ottawa scale(NOS) on the basis of Selection , comparability and outcome .The resulting data was forwarded to the statisticians and based on strength of evidence,10 studies were selected which were divided into 2 categories . Group1 supporting no improvement in OS with addition of radiotherapy and second group supporting evidence otherwise . Results were synthesized and discussed in accordance Synthesis without meta-analysis(SWIM) guidelines.

#### **Results**

1st group including 8 studies with higher overall grading on the NOS concluded that Radiotherapy with surgery lead to worst patient outcomes. Whereas, Group2 with 2 studies which showed significantly overall-low grading on NOS suggested otherwise.

#### **Conclusion**

Addition of RT in pts of ACC does not appear to improve survival outcomes.

## **8. Lu Wang: The North East Frailty Score- A New Comprehensive Frailty Tool for Elective Surgery Patients – Results of the Pilot Study**

### **Abstract:**

#### **Introduction**

The currently available frailty scores only assess one or selected few of its components. This pilot study aims to assess the feasibility of comprehensively measuring frailty of elective cardiac surgery patients.

#### **Methods**

From December 2018 to September 2020, all cardiac surgery patients  $\geq 70$  years underwent a comprehensive frailty assessment pre-operatively. 1 point each was assigned for slow gait speed, upper and lower extremity weakness, weight loss, exhaustion, anaemia, hypoalbuminaemia, malnutrition, cognitive impairment, and reduced activities of daily living and instrumental activities of daily living. Patients with a score  $\geq 4/11$  were deemed as frail. Kaplan-Meier survival analysis and logistic regression were used to study whether the frailty score predicts outcomes.

#### **Results**

82.1%(165/201) consecutively recruited patients completed the full assessment and underwent cardiac surgeries. 38.2%(63/165) patients, who were deemed frail, had increased risk of major complications (frail vs. non-frail: 23.8%(15/63) vs. 6.9%(7/102),  $p=0.002$ ), longer ITU (2 [1-4] vs. 1 [1-3]days,  $p=0.002$ ) and hospital stay (8 [6-13] vs. 6 [5-7]days,  $p<0.001$ ), and poorer post-operative survival (log-rank test  $p=0.002$ ). Frailty predicts major complications (odds ratio (OR) 3.66, 95% confidence interval (CI) 1.27-10.54), ITU stay  $>3$  days (OR 3.48, 95% CI 1.37-8.88) and hospital stay  $>10$  days (OR 2.66, 95% CI 1.14-6.22), independent of age, sex, BMI, EuroSCORE II and operation type.

#### **Conclusion**

It is feasible to comprehensively evaluate patients' frailty using the North East frailty score. This frailty score is superior than EuroSCORE II in predicting post-cardiac surgery outcomes, and provides additional information to facilitate the heart team to better risk stratify patients.

# 4.FACULTY AND CHAIRPEOPLE



## **Colin Wilson**

**Consultant Surgeon**  
**([colin.wilson6@nhs.net](mailto:colin.wilson6@nhs.net))**

I have been a Consultant Surgeon at the Freeman for 7 years now and have active research projects in transplant organ perfusion and meta-analysis. Keen to help medical students and junior doctors with anything related to transplantation.



## Neil Jennings

Neil is a Consultant Upper GI surgeon based in Sunderland who has a clinical practice in Bariatric surgery and is a Principal Investigator on the By-Band-Sleeve trial amongst others. Apologies for the photo Neil - only one I could find!



## Professor Naeem Soomro

RCS (Eng) Co-Director in Robotic and Digital Surgery: Developing and implementing strategy of wider adoption of robotic and digital surgery across the UK.

Director of Robotic Surgery Newcastle: Leading biggest robotic surgery programme in the UK with three Da Vinci and one Mako system. Twenty-five surgeons delivering robotic surgery across eight surgical specialities, >35000 operation done.

Robotic and AI lead Newcastle Health Innovation Partners

Executive Director, Newcastle Surgical Training Centre: Delivering 300 minimally invasive and robotic surgical training course each year.

Past Chairman, Joint Surgical Colleges Fellowship Examination (JSCFE) Board in Urology.



## Mr Kevin Etherson

[kevin.etherson1@nhs.net](mailto:kevin.etherson1@nhs.net)

I am a consultant colorectal surgeon with a research background in surgical clinical trials, where I have completed and published 2 RCTs to date within a research team. I am particularly interested in surgical observational cohort studies and surgical randomised controlled studies. I am currently a PI for CIPHER, IMPRESS, FRAILITY2 and I am currently trying to expand my research portfolio by designing a surgical RCT for emergency Crohn's disease resections. I would be willing to engage with, collaborate with and supervise students and junior doctors undertaking colorectal cohort studies, and middle grade doctors wanting to undertake a thesis in surgical clinical trials.



## Professor Amar Rangan

[amar.rangan@york.ac.uk](mailto:amar.rangan@york.ac.uk)

Amar Rangan is current President of the British Elbow and Shoulder Society and a Trustee / Director of the British Orthopaedic Association. He is a Shoulder & Elbow Surgeon at South Tees Hospitals NHS Trust in Middlesbrough and is Professor of Orthopaedic Surgery, holding the Mary Kinross Trust & Royal College of Surgeons Chair at Department of Health Sciences and Hull York Medical School, University of York. He also holds a full Professorship with the Faculty of Medical Sciences & NDORMS, University of Oxford.

Amar leads a programme of clinical and translational research, including NIHR funded multi-centre clinical trials. He has published widely in Trauma & Orthopaedic Surgery, particularly in the field of Shoulder & Elbow surgery, where his work has influenced clinical practice, national guidelines and policy. He is a member of the NIHR i4i Challenge Awards Committee and is a surgeon member of the Steering Committee of the National Joint Registry.

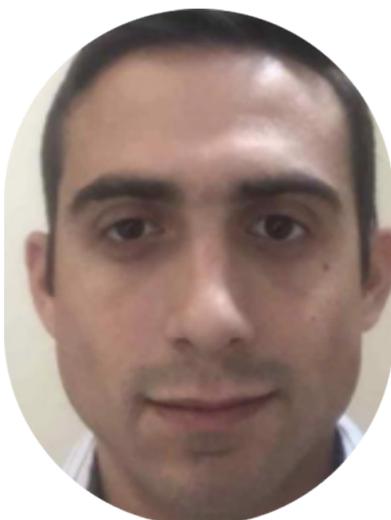


## Mr Chris Harding

[c.harding@nhs.net](mailto:c.harding@nhs.net)

A Consultant Urological Surgeon at Newcastle upon Tyne Hospitals NHS Foundation Trust. He trained at the University of Cambridge, Addenbrookes Hospital Cambridge, Kings College London and Freeman Hospital Newcastle. He has a particular interest in bladder dysfunction, continence, neurourology, urinary tract infections and clinical research. He is an Honorary Clinical Senior Lecturer at Newcastle University and is the Chief Investigator for the ALTAR trial and co-Chief Investigator for the PRIMUS study.

He is co-chair of the NIHR National Benign Urology group and Urology lead for the Department of Health Modernising Scientific Careers MSc course. He is current chair of the European Association of Urology Guidelines Panel for Female Non-Neurogenic Lower Urinary Tract Symptoms and also immediate past Chairman of the executive committee of the British Association of Urological Surgeons Female Neurological and Urodynamic Urology subsection. He sits on the International Continence Society Urodynamics, Conservative Management of Male LUTS and Mesh Complications Committees.



## Mr Andrew Pieri

[kevin.etherson1@nhs.net](mailto:kevin.etherson1@nhs.net)

Mr Andrew Pieri is a consultant oncoplastic breast surgeon with a specialist research interest in innovative intra and perioperative technology.

Mr Pieri sees and treats patients with breast cancer and harmless breast disorders. He provides services in breast reconstruction, advanced oncoplastic breast conservation and performs innovative axillary surgery using cutting-edge technology.

He has a keen interest in medical education and is the Newcastle Hospitals surgical lead for multiple medical student programmes in partnership with the medical school at Newcastle University. He is also the chief investigator for the PREVENA trial.



## Mike Jones

### President

Mike is a Specialist Trainee in General Surgery with an interest in HPB. He previously managed the NOSTRA website. Along with research, he is interested in Medical Education.



## Mr Sandip Nandhra

[sandip.nandhra@nhs.net](mailto:sandip.nandhra@nhs.net)

[@SandipNandhra](#)

I am a vascular surgeon and clinical lecturer in vascular surgery here at Newcastle's Freeman Hospital. My research is aimed at improving patient's quality of life and clinical outcomes following vascular intervention.

I am developing the national knowledge base around frailty, sarcopenia, anaemia and multi-morbidity in vascular disease in order to begin to develop interventions to improve care and outcomes. I work with a wide network of clinical and academic teams from surgery, anaesthesia, care of the elderly, cardiology and nutrition. I also chair the national Vascular and Endovascular research Network; VERN) and represent vascular research at the Royal College of Surgeons England. Research is a team sport so please get in touch with expressions of interest. It's great to see so many enthusiastic academic surgeons at NESTAC.



## Mr Richard Brady

[Richard.brady32@nhs.net](mailto:Richard.brady32@nhs.net)

The Newcastle Centre for Bowel Disease Research Hub undertakes research related to colorectal surgery and related specialities. We have active and fully funded research streams in microbiome research and digital surgery ( which would suit MSC students) or short research projects on virtual learning, social media, technology and surgical outcomes.

We are a busy and friendly unit who deliver services across the full range of colorectal subspecialty interests and are early adopters of emerging technology. We run a large number of national NIHR portfolio studies with a number of ongoing commercial trials evaluating developing technology in colorectal surgery. Please feel free to get in touch to discuss a project or idea that you would wish to pursue.



## Mr Shaj Wahed

Mr Wahed is a Consultant Surgeon in the Northern Oesophago-Gastric Unit (NOGU). He was awarded a Royal College of Surgeons of England Research Fellowship and his doctorate (MD) from Newcastle University for research in oesophageal cancer. He leads on NOGU's translational research, and is also co-PI on multi-centre trials in oncology and reflux.

He acts as a supervisor for trainees and postgraduates undertaking a PhD or MD. He has authored numerous book chapters and peer-reviewed publications. Mr Wahed is the Association of Upper GI Surgery Northern representative and sits on the Oesophago-Gastric Cancer subcommittee.



## Miss Susan Stevenson

[Susan.stevenson9@nhs.net](mailto:Susan.stevenson9@nhs.net)

I am a hand and plastic surgery consultant with an interest in hand surgery research.

I am PI for 2 national RCTs and as lead clinician, have supported trainees and medical studies get involved in projects via the Reconstructive Surgery Trials Network.



## Mr Sanjay Pandanaboyana

[s.pandanaboyana@nhs.net](mailto:s.pandanaboyana@nhs.net)

I have been a Consultant Surgeon at the Freeman for 2 years, having previously worked in Auckland, NZ as a consultant for 4 years.

My areas of research interest are acute and chronic pancreatic and pancreatic cancer with a particular emphasis on systematic reviews. I am keen to foster and support medical students do develop interest in research with a view to pursuing a career in academic surgery



## **Ms Karen Booth**

[Karen.booth16@nhs.net](mailto:Karen.booth16@nhs.net)

Ms Karen Booth MSc FRCS is an adult aortic and cardiothoracic transplant surgeon who was appointed in August 2017. Appointed Lead for Education in the North East for Cardiothoracic Surgery, she also is the SCTS Student Education and WICTS Co-Lead. Her research interests are in donor utilisation in lung transplantation and frailty in cardiac surgery.



## **Mr John Moir**

[John.moir1@nhs.net](mailto:John.moir1@nhs.net)

Having undertaken all my training in the North East I know what a brilliant place it is to thrive in both the clinical and academic aspects of all surgical specialties. Having helped set up NESTAC in 2017, with the invaluable support of HENE, NESS and NUSS, the organisation is going from strength to strength as we aim to facilitate student and trainee involvement in surgical research.

Please do look at our website ([www.nestac.org.uk](http://www.nestac.org.uk)) for local administrative and training resources, as well as contact details for NESTAC mentors who are more than happy to be emailed for research opportunities. Personally, my research interest is in pancreatic cancer, having undertaken a PhD and published extensively on the subject, as well as receiving a number of awards and research grants/fellowships.

I am actively involved in a number of steering committees for regional and national projects, and would be more than happy to be contacted ([John.moir1@nhs.net](mailto:John.moir1@nhs.net)) for current and future opportunities in HPB-related research, or simply advice on a career in academic surgery.

## 5.THE PYBUS LECTURE



# Prof Dave Deehan

## The Past, Present and Future of Robotics in Surgery

**NESTAC and NESS are delighted to welcome Prof Dave Deehan to give the 2021 Pybus Lecture.**

Professor David Deehan has been a consultant orthopaedic surgeon with a specialist interest in revision and complex knee disorders at Newcastle Hospitals since 2000.

He completed his training in Newcastle, with time spent in Australia and Germany. He holds degrees from Edinburgh (MBChB) Strathclyde (MSc) and Aberdeen (MD DSc) and is the chair of Orthopaedic Surgery at Newcastle University.

He is a co-founder and co-director of the NSTC (since 2007).

Additionally he has driven the creation of the Newcastle Retrieval Centre (2015). Interests are revision and robotic surgery, biomechanics of the knee and immunotribological aspects of host implant interaction.



[nestac.co.uk](http://nestac.co.uk)