@sgbi THE PRESIDENT'S E-ZINE

Edition Number 37: 30th November 2018

Welcome to the November 2018 edition of @sgbi The President's Ezine. We've had a busy few days in Birmingham with our second Emergency Laparotomy meeting proving as successful as the first! We hope all who attended enjoyed the meeting and are grateful to our sponsors for their support. This was followed by the Presidential Inaugural Dinner with Council and Scientific Committee meetings the following day. Our attention now turns to the Winter Issue of JASGBI and the Congress.

ASSOCIATION NEWS

JASGBI Winter 2018 Edition - Last Call for Articles

If you have an article you'd like to submit, please send it to us by the **5th December.**

THE PRESIDENTIAL INAUGURAL DINNER

The Presidential Inaugural Dinner took place on Tuesday 20th November for Mr Iain Anderson at the Council House in Birmingham. Iain will take over as President at the start of 2019.

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ASGBI 2019 INTERNATIONAL SURGICAL CONGRESS

2019 INTERNATIONAL SURGICAL CONGRESS

Very Early Bird registration rates are available for ASGBI Members until **5th December**.

All current members have been emailed instructions on how to register at these exclusive rates. If you are planning to attend for all three days of the Congress we encourage you to register now and benefit from the significant discount offered.

Abstract submission information can be found here:

http://www.asgbi.org/telford2019/abstracts/

The submission deadline is **18th January 2019.**

We'll now be sending out regular congress updates and the Congress web site will be updated regularly.

Latest Speaker Update

Neil Smart will participate in our Opening Session on the Congress theme of Coping with Complictations.

Neil is an academic colorectal surgeon in Exeter whose clinical practice includes subspecialty interests in advanced pelvic malignancy, incisional hernias / complex abdominal wall reconstruction and parastomal hernias. Neil leads a number of studies (both clinical and translational) related to colorectal and hernia surgery in collaboration with colleagues from around the UK and internationally. He has published and presented extensively at national and international meetings on a range of colorectal and hernia topics. Neil is one of our special Invited Guest Lecturers who will be contributing throughout the Congress. Twitter: @Neil_J_Smart

NCEPOD

NCEPOD have published this useful summary, cross tabulating common clinical cases to the topics of their reports.

Worth a look through!

https://www.ncepod.org.uk/CommonThemes.pdf

JOIN THE JCIE PANEL OF QUESTION WRITERS

The Joint Committee on Intercollegiate Examinations has agreed that the ten Intercollegiate Specialty Boards would welcome applications to join the

Panels of Question Writers (Section 1)

from colleagues in the SAS Grade. This agreement has been approved by the four Presidents at the Joint Surgical Colleges meeting.

This is an important role, contributing to the assessment of future surgeons and to the setting of surgical standards in the UK and Ireland.

The Criteria for Appointment and the application form are available at
https://www.jcie.org.uk/content/content.aspx?ID=41

BJS OPEN: ASGBI MEMBERS' ACP DISCOUNT

BJS Open has now introduced an Article Publication Charge (APC) to publish articles. There are two routes to publication in BJS Open:

- If an article is submitted to BJS but doesn't quite reach the standard required for publication, some authors will be given the opportunity to transfer their article to be published in BJS Open

- Authors can also submit directly to BJS Open

If the first author or the corresponding author of the article is a member of the ASGBI, they are entitled to a **20% discount** in the APC.

Authors should contact ASGBI to obtain a special code that will apply the discount. Please contact Vicki Grant if you are submitting an article and require the discount code.

CONSENT PROCESS SURVEY

Liam Convie, a surgical registrar, and research fellow based at Queen's University Belfast, Centre for Public Health is currently undertaking research designed to determine how the effects of a consent process should be evaluated in adult patients with capacity, consenting for surgical procedures.

This short animated video briefly outlines the rationale of the study and what is involved for participants:

https://www.youtube.com/watch?v=65ntS8iTTIQ

Part of this process involves building consensus about which outcomes are most important to measure in order to determine if the consent process has been good quality or not.

Liam has asked if ASGBI members, as vital stakeholders in the process, would be willing to assist in completing the survery.

The study has ethical approval from the Office of Research Ethics Committees Northern Ireland (Committee A).

The survey can be completed by both trainees and consultant surgeons.

Round 1 of the Delphi survey will be open until 20th December.

The survey is accessed at:

https://delphimanager.liv.ac.uk/ICONS/Delphi

BHS MESH SAFETY LEAFLET FOR PATIENTS

The current issues with pelvic mesh have raised anxiety among our hernia patients.

Our friends at BHS have produced this leaflet to help.

http://www.britishherniasociety.org/wp-content/uploads/2018/11/BHS-mesh-safety-leaflet-for-patients-2018.pdf

VACANCIES

ASGBI Regional Representatives

The Association of Surgeons of Great Britain and Ireland is seeking nominations for the position of Elected Regional Representatives to sit on the ASGBI Council for the following regions:

- **West Midlands**
- **North West**
- **South East Coast**
- **East of England**

Posts to open to Fellows and the term is for 4 years. The newly elected representative will look after the interests of the ASGBI in their region and transmit members' views to Council.

Please email Bhavnita Patel for further information.

MEMBER FEEDBACK

We are always delighted to hear the views of our members, so please free to contact me at: president@asgbi.org.uk

Also, please feel free to forward the ezine to any of your colleagues that may be interested in joining the Association.

Best wishes,

Professor Rowan Parks
ASGBI President
2017-2018

EVENTS

ALSGBI Annual Scientific Meeting
4-6 December, Manchester
For more information, click here

National Research Collaborative Meeting 2018
7th December, Manchester
For more information, click here

Abdominal Wall Reconstruction Europe 2019
31st January - 2 February 2019
For more information, click here.
ASGBI members receive a 20% discount by quoting the code: AWRE20

Alpine Liver and Pancreatic Surgery Meeting
6- 10 February 2019, Madonna di Campiglio, Italy
For more information, click here

Informed Consent: Sharing the Decision (ICONS)
28 February 2019, Birmingham
For more information click here

Glasgow Emergency Surgery and Trauma Symposium
21- 22 February 2019, Glasgow
For more information click here.

Surgeons in Difficulty
21 March, RCSED Birmingham

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ASGBI 2019 INTERNATIONAL SURGICAL CONGRESS

7TH - 9TH MAY 2019
http://www.asgbi.org/telford2019/

Bruce Ramshaw, BJS Travelling Fellow gave several excellent presentations at the 2018 International Surgical Congress in Liverpool. The article below is a summary of his Education Session.

More articles can be found in the Summer JASGBI, access via the link.

Mesh Explant Analysis: What Have We Learned?

Bruce Ramshaw MD, BJS Travelling Fellow

The modern day permanent synthetic hernia mesh comes from the invention of petrochemicals in the early 20th century. The first patent applying these plastics to hernia mesh in the US was filed by Benjamin F. Pease, Jr. on December 8, 1951 and awarded on March 9, 1954. Since that time, hundreds of hernia meshes have been designed and used in patients for both inguinal and ventral/incisional hernia repair. Many studies have demonstrated the advantage of mesh hernia repair in adults with the primary advantage being a decrease in recurrence rate. However, there are patients and techniques that have shown that a non-mesh repair can have good outcomes and low recurrence rates for some patient populations when the repair is performed by surgeons experienced in non-mesh hernia repair. This is demonstrated most commonly for inguinal hernia repair, although using a variety of component separation techniques there may also be successful non-mesh hernia repairs for ventral/incisional hernias as well. Mesh related complications can include erosion, contraction and/or migration leading to recurrence, chronic foreign body response contributing to neuropathic and/or inflammatory types of chronic pain, and rare examples of other types of allergic and other systemic types of reactions. These mesh related complications occur in a minority of patients however they can sometimes have a significant negative impact on a patient's quality of life. In some severe cases, the impact of chronic pain after hernia repair can lead to severe disability and an inability to work or do any significant physical activity. It should be noted that severe chronic pain after a non-mesh hernia repair can also occur and severe chronic pain after other types of surgical procedures not related to hernia repair and without the implantation of a permanent foreign body also do occur.

Because of the complex issue of mesh related complications, we began to study the changes that occur in hernia mesh after it has been implanted in the body. Our hernia program developed a materials characterization laboratory to analyze what happened to the mesh after it was explanted from patients who had operations for chronic pain, recurrence and/or infection. Figure 1 demonstrates several different examples of explanted permanent synthetic plastic meshes after the cleaning process. These explanted meshes were first cleaned to remove all human tissue. Tests of the cleaned mesh included mechanical, chemical, density, histopathologic and scanning electromicroscopy (SEM) testing. After testing hundreds of meshes, we have seen that the meshes undergo a complex biologic interaction with the body that results in significant variability in the changes that occur in the mesh. These variable results might help explain the variability in clinical outcomes that are seen even when the same mesh using the same technique is used in different patients. For example, Figure 2 demonstrates some results in several patients of a mechanical test to measure the compliance of the mesh after explantation and cleaning. The cleaned mesh is placed on a metal surface with a central slot through which the mesh is pushed using a metal bar with a constant force. The work required to bend the mesh through the slot was recorded as a measurement of compliance. The first recorded measurement was a pristine mesh used as a baseline. All the meshes was classified as heavyweight polypropylene. Despite the similarity of the type of mesh, the work required to bend the mesh was thousands of times higher for some explanted meshes when compared to the pristine mesh. But for some patient explanted meshes, the work required to bend the mesh was similar to the pristine mesh.

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This complex biologic variability is an example of the differences between different patient sub-populations. Because people are complex adaptive systems and not mechanical systems, we can't expect to get the same outcomes from a one-size-fits-all treatment option. This more complete understanding of our complex biologic reality will need to be addressed to achieve a sustainable global healthcare system.

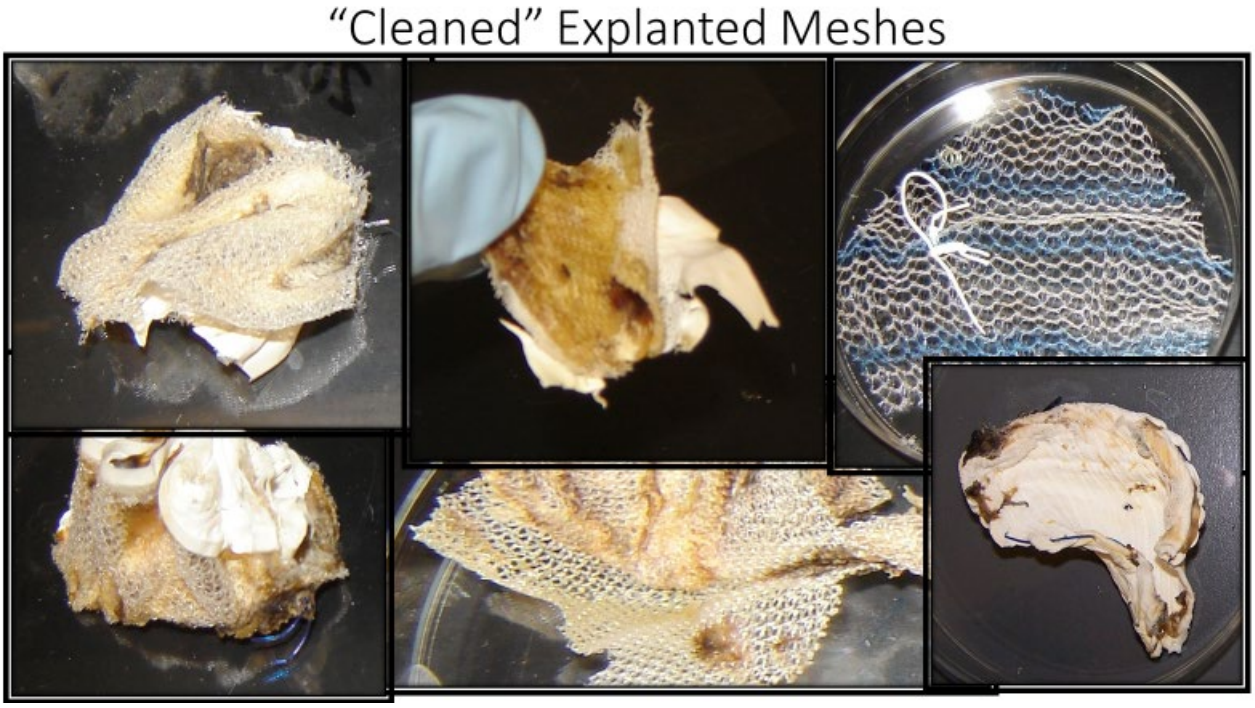

Figure 1. A variety of explanted pieces of permeant synthetic mesh after human tissue is removed through a cleaning process. It is common to observe physical and chemical alterations after being in the body. These alterations are variable between patients due to complex interactions between the body and the mesh.

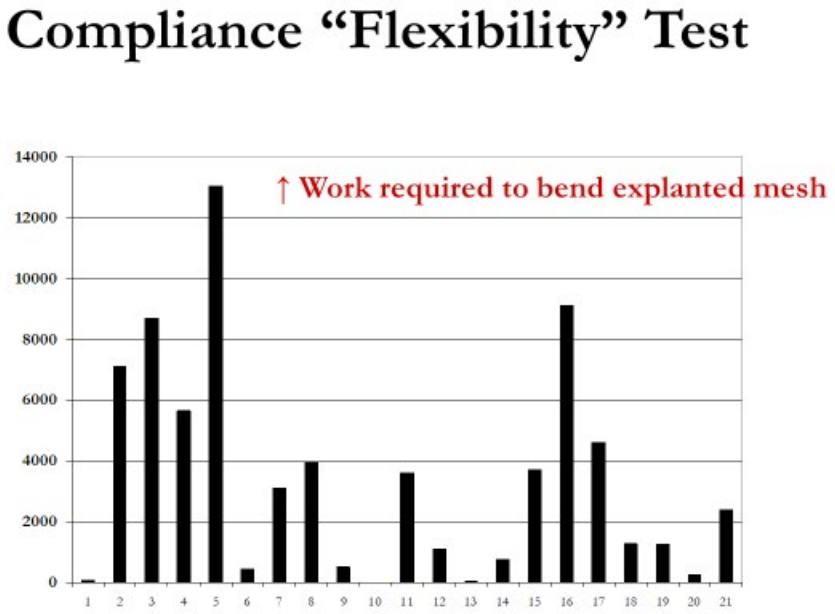

Figure 2. Results of a compliance test on explanted heavyweight polypropylene synthetic meshes after human tissue has been removed. The test pushed each mesh through a slot on a metal surface using a constant force to measure the work required to push the mesh through the slot. For comparison, the first measurement is a sample of pristine mesh. In some cases, the work required was thousands of times higher than for the pristine mesh. In others, the work required was similar to pristine mesh. This complex biologic variability may contribute to variability in outcomes despite use of similar mesh and similar techniques.