



# RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

## Ethicon Grant/Fellowship Report Form

<b>Grant Holder Name</b>	Kah Hoong Chang
<b>Brief biography, including qualification and year of graduation (no more than 100 words)</b>	I graduated from NUI Galway in 2004 with an honours degree. After completing Basic Surgical Training, I was awarded an MD degree (2011) based on laboratory research on the molecular biology of colorectal cancer. I am currently year 4 on the Higher Surgical Training programme. I have a keen interest in academic colorectal surgery and a subspecialty interest in pelvic exenteration for locally advanced or recurrent rectal cancer.
<b>Title of Project/Fellowship</b>	Short term clinical visit to the Department of Colorectal Surgery & Advanced Pelvic Malignancy Unit, Western General Hospital, Edinburgh
<b>Year of Award:</b> <b>Commencement Date:</b> <b>Conclusion Date:</b>	2016 11 <sup>th</sup> April 2016 22 <sup>nd</sup> April 2016

### Summary (no more than 250 words)

With my keen interest in pelvic exenteration, I have successfully applied for a fellowship programme at the Royal Prince Alfred Hospital (RPAH), Sydney, Australia with Professor Michael Solomon, a world renowned leader in pelvic exenteration. Ms. Ann Brannigan then kindly introduced me to Mr. Michael Duff in Edinburgh. Mr. Michael Duff, a consultant colorectal surgeon with a subspecialty interest in pelvic exenteration for locally advanced and recurrent rectal cancer, underwent his fellowship at the RPAH, Sydney, Australia with Professor Solomon. Since return, Mr. Duff had established a pelvic exenteration service, initially in Galsgow, now centralised to Edinburgh. Mr. Duff is now receiving referrals nationally and from Ireland. The practice of pelvic exenteration is multidisciplinary and complex requiring MDT discussion, evolving expertise of radiologists, oncologists and pathologists. Surgery is often of long duration, requiring sound anaesthetic input and resection/reconstruction input from urologists, gynaecologists and plastic surgeons.

Western General Hospital (WGH), Edinburgh is one the largest colorectal units in Western Europe. After the centralisation of services in Scotland approximately 10 years ago, there are now 13 consultant colorectal surgeons in WGH, serving a population of approximately 1.5 million. Whilst most surgical emergencies i.e. upper GI bleed, pancreatitis, head injury etc. are dealt with at the adjacent Royal Infirmary Hospital, the WGH receives triaged colorectal emergencies only, amounting to approximately 250 major procedures/laparotomies a year. WGH has 570 beds, and a dedicated HDU. The elective workload is approximately 750 major resections a year.

**Grant Report (in the region of but no more than 500 words)**

***Objectives of Project/Fellowship:***

The main objective of the clinical visit was to observe pelvic exenteration for locally advanced or recurrent rectal cancer. In addition to observing surgical techniques, I intended to learn about the set up of an advanced pelvic malignancy programme including patient selection, peri-operative management, theatre set up and surgical instruments, interpretation of radiology, MDT support system, etc.

***Did you achieve these objectives?***

Yes. During the 2-week visit, I participated in four exenteration cases including: one anterior resection & anterior exenteration (cystoprostatectomy), three posterior exenterations/radical resections which required excision of coccyx (two) and sacrum (one). One case also required pelvic side wall lymph node dissection. In addition to observing pelvic exenterations, I also observed many other procedures during this time. With two elective lists daily (three occasionally), an emergency theatre list, and an occasional day theatre list, there could be up to five colorectal lists a day. I observed close to 30 major or complex major resections during this time, including transanal TME, TEMs, thoracoabdominal resection of a recurrent liposarcoma, subtotal colectomy, rectopexy, laparoscopic and open colon and rectal cancer resections.

Mr. Duff was very kind to go through in detail with me his experience of establishing the service, patient selection criteria, peri-operative management etc. He also tirelessly went through many radiology images highlighting the salient features. His detailed knowledge of the pelvic anatomy was truly impressive. I also attended the colorectal MDT meeting on a Thursday morning, which discussed a high throughput of cancer patients.

***In your opinion, what is the value of your award to:***

***(a) Yourself***

It was great to experience a busy dedicated colorectal unit with streamlined emergency service, which is different to the general/colorectal surgery service delivery in Ireland. I gained invaluable insights into pelvic exenteration, both operatively and non-operatively. This has helped to prepare for my fellowship at the RPAH with Professor Solomon. Furthermore, I hope to continue the established relationship with WGH with a view to future collaborative work and research.

***(b) The institution in which you worked***

The WGH Edinburgh welcomes international trainees. In fact, they currently have post-CCST fellows from Denmark, the Netherlands and Malaysia. Overall, we had productive and interesting exchange of experience and opinions. I also shared my experience of HIPEC for peritoneal malignancy gained from my current job. With this newly established link, I hope that there will be increasing exchange of trainees between WGH and Ireland in the future.

***(c) In the future for Irish patients***

This visit, along with my fellowship at the RPAH will equip me with knowledge and skills in pelvic exenteration for advanced pelvic malignancy which will benefit Irish patients.