



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Grant/Fellowship Report Form

Fellowship/Grant Holder Name	Ailín C Rogers
Brief biography, including qualification and year of graduation (no more than 100 words)	<p>Ms Rogers graduated from UCD in 2007 and completed MRCS before pursuing a PhD with UCD and Yale university, which she was awarded in 2013. With RCSI, she then completed higher surgical training in general surgery, achieving FRCS in 2019.</p> <p>She has postgraduate qualifications in statistics, leadership and healthcare economics, over 50 peer-reviewed publications, three book chapters, has presented nationally and internationally on more than 60 occasions, and has been awarded over €150,000 in grant and prize funding.</p> <p>She is has recently completed fellowship training in robotic colorectal surgery and multivisceral resection for advanced pelvic malignancy in the Royal Marsden Hospital and returns to Ireland to commence consultancy in the Mater hospital and Our Lady's Hospital Navan.</p>
Title of Project/Fellowship	Colles fellowship bursary: Fellowship in robotic and exenterative surgery for advanced pelvic cancer in the Royal Marsden Hospital, London
Year of Award: Commencement Date: Conclusion Date:	2020 August 2020 August 2021

Summary (no more than 250 words)

The RMH is a high volume quaternary referral centre which delivers multidisciplinary cancer care to patients with advanced pelvic malignancies, with particular focus on multivisceral and complex pelvic cancers. The high volume case load allows for intense exposure to open, laparoscopic and robotic techniques. This unique fellowship focused on the open and robotic approaches to the pelvis, working in the TME, beyond TME and urogynaecological planes. I trained in open and robotic pelvic exenterations, sacrectomies, as well as sentinel and side wall node dissection, RPLND and with the opportunity to operate both with colorectal surgeons, as well as urologists and gynaecologists, in order to train for these multidisciplinary cases at the interface of surgical specialties. I was an active participant in departmental research and the multidisciplinary meetings where I learned key decision making strategies.

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

Objectives of Project/Fellowship:

The aim of this fellowship was to gain the invaluable experience operating as primary surgeon on a range of advanced pelvic pathologies in a specialised unit. The additional benefit was access to high-volume robotic surgery, with two dual console Da Vinci Xi robots with simulators, in use 5 days a week. The range of urological and gynaecological surgeries much increased my access to robotic surgery, under the supervision of a team of fellowship trained consultants. Over the year, I was involved with over 400 cancer operations, spending dedicated time gaining proficiency in robotic urological and gynaecology procedures as index cases (prostatectomy, cystectomy, pelvic lymph node dissection, TAH/BSO and sentinel and side wall lymph node dissection). I also learned RPLND and ileal conduit formation – more great skills useful for advanced and recurrent pelvic cancer surgery. This approach of multidisciplinary training is unique, and I really feel it offered me access to training volume, techniques, and a greater assurance of anatomical understanding than purely colorectal training has previously afforded me.

The colorectal unit at RMH offers a high standard of cancer care for a wide variety of CRC, but predominantly advanced cancer. Within the unit, we performed over 40 pelvic exenterations during the year and 5 sacrectomies, with many multivisceral resections. This provided invaluable experience in operating with multiple subspecialties on complex cases, often pushing the boundaries on the resectability of complex tumours, with the benefit of a world class MDT.

Did you achieve these objectives?

During the 12-month fellowship, I was involved with >400 cancer operations, including >120 robotic surgeries, >40 pelvic exenterations, >70 pelvic side wall or sentinel lymph node dissections, >25 ileal conduits, became proficient at robotic urogynaecologic procedures such as ureterolysis, bladder mobilisation, BSO, uterine mobilisation, vaginal vault and bladder neck reconstruction. This provided me with the invaluable operating experience I hoped to achieve and bring forward with me into a busy consultant career.

I also learned many non-operative management skills during the 12-month fellowship which will prove invaluable in my consultant career. The challenges of Covid-19 meant that many teams from other hospitals came to RMH to operate (it was shielded from covid so that cancer surgeries in London could continue), and I had opportunity to work with colorectal surgeons from a variety of institutions. I learned from my RMH colleagues how to navigate and organise the complexities associated with Covid-era surgery. Furthermore, I remained involved in the supervision and training of trainees, management of resources and time, audit activities and had time for self-reflection on performance as well as achieving a work life balance.

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

(a) Yourself

This fellowship was undoubtedly the best professional year of my career to date, with the opportunity to hone my technical skills and truly focus on studying the art of surgery. Most importantly, I hugely enjoyed working with the RMH team and others in London. I now hold many new but enduring professional and personal relationships which have already yielded important personal and professional supports to me as I embark on my consultant career. I know that there are a variety of highly skilled professionals that I can seek advice from and collaborate with in the future. The award allowed me to live in a safe and comfortable area near the hospital and to travel to see my family within Covid-19 regulations.

(b) The institution in which you worked

I integrated within multiple teams in RMH as the senior fellow, and thankfully my work availability was unaffected by Covid-19, despite my family being in another country. The quality of my Irish surgical training was quickly recognised and I became a highly valued member of the surgical teams early on during my fellowship. Many of the intended fellows at RMH this year were unable to travel to the UK due to C-19 and so I was able to step in in theatre at a much increased rate due to fellow shortages. (This was of course also advantageous for me!). I introduced new ideas and surgical methods from my HST training in Ireland to my teams and enjoyed working with them through the complexities of advanced cancer cases. I worked tirelessly and with great enthusiasm to a high standard throughout the 12-month period, and engaged in departmental research and began collaborations which I hope to maintain in the future.

(c) In the future for Irish patients

The skills, maturity and experience I have gained in RMH have undoubtedly made me a better surgeon in my new role in MMUH/OLHN. I now feel I am a competent robotic surgeon and have increased my skillset for managing advanced pelvic cancers substantially, which will be a bonus for my patients. I also have created contacts within quaternary referral centres, whom I know I can pick up the phone to at any time should I wish to refer or seek advice from them in difficult cases. I hope to provide registrar and fellowship training to surgical trainees (both Irish and international), so that they might benefit as I did. I really so much enjoyed the collaborative and multidisciplinary nature of my fellowship, and will endeavour to promote a similar model of fellowship in Ireland.