

## **Ethicon Grant/Fellowship Report Form**

<b>Grant Holder Name</b>	Padraig Daly
Brief biography, including qualification and year of	Graduated from the Royal College of Surgeons in Ireland in 2000 and completed my Internship in Beaumont Hospital.
graduation (no more than 100 words)	Successfully gained acceptance to the South East Basic Surgical Training programme in 2001. During which time was awarded the Freyer medal for research and also passed the AFRCSI (now MRCSI). Subsequently did a year as a SHO in Urology in the CUH and the MUH in Cork. Attained a MCh after a year in the Conway institute. After two years as a middle grade registrar based in Beaumont hospital gained acceptance to the Higher Surgical Urology Training programme. Attained my FRCSI(Urol) in 2010.
Title of Project/Fellowship	Laparoscopic Renal Donor Fellowship
Year of Award:	2011
Commencement Date:	July 2011
Conclusion Date:	June 2012

Summary (no more than 250 words)	

My Fellowship was based in the Princess Alexandra Hospital, Brisbane, Queensland, Australia. I choose the PA hospital as they perform laparoscopic donor nephrectomy and tumour excised nephrectomy and transplantation. They have developed a very safe and producible technique. They have improved the learning curve of their operative skills by introducing an adult based learning structure: objective based learning. It breaks down operations into specific steps, allowing a trainee to concentrate on set objectives within the operation. This means the lead surgeon can operate up to the point of interest for the trainee and then continue on when that part of the procedure is done. This not only allows improved utilisation of scarce surgical operating time. It removes the pressure on the trainee to try and rush up to the point of interest but can concentrate on the specific technique of interest.

I was involved in all stages of the work up of potential donors, from the initial assessment for suitability through to their post-operative recovery and follow up.

They have also introduced the technique of using kidneys for transplantation that have a known renal tumour that the patient wants removed. These kidneys have the tumour removed on the back table and are then reconstructed for transplantation. This is a technique that has been developed in an attempt to increase the number of kidneys available to the recipient population. Individuals that receive these kidneys are normally marginal recipients.

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

Objectives of Project/Fellowship: To learn to be able to perform laparoscopic donor nephrectomy in a safe and reproducible manner. To be able to recognise the potential complications that may arise and be able to deal with them. Also I have learned ways to improve the way to teach surgical skills in the operating theatre. By changing the teaching ideal away from a pure numbers based learning style to a modular based technique of learning surgical skills. This is more suited to adult learning as is shown in the way that most university courses are moving towards modular based learning. Also a part of my objectives were to be able to assess what patients would be suitable as donors and how to counsel them appropriately. To identify potential complications that may arise from the surgery that would make them unsuitable as donors such as increased risk of developing renal failure in the future.

Their laparoscopic nephrectomy technique allows for excellent ergonomic positioning of the surgeon, this reduces surgeon fatigue and allows for excellent surgical technique throughout the procedure. It improves surgical operating times and therefore reduces warm ischaemic time at the time of retrieval of the kidney. Their technique for mobilisation of the kidney allows for maximum length of vessels to be retrieved with the kidney to facilitate transplantation of the kidney. This again allows for improvement in secondary warm ischaemic time.

Did you achieve these objectives? Yes through my time in the PA hospital I have successfully learned their technique of laparoscopic donor nephrectomy. They have a well-established fellowship programme which has been in place for more than ten years. They have a well-structured teaching technique to allow for maximum benefit for trainee time. Also I was able to learn about different

their gu	ues to increase kidneys for the recipient pool by using tumour kidneys. I was able to learn addelines and see them in motion. As well as learning the technique of reconstruction of the following excision of the tumour.
In your	opinion, what is the value of your award to:
(a)	Yourself: The value of the award to myself was invaluable. It allowed me travel to learn in a world renowned centre of excellence. Not only did it improve my operative ability but also it introduced me to new teaching techniques.
(b)	The institution in which you worked. The PA hospital has a long tradition of foreign trainees coming to learn their laparoscopic techniques. They feel this improves them as a unit as it allows them to not only teach but also to be introduced to new ideas from around the world of urology.
(c)	In the future for Irish patients: The techniques that I have learned during my fellowship will allow me to provide an improved skill set to Irish patients. It will mean I will be able to
	provide a purely laparoscopic donor nephrectomy. Also I have been introduced to new techniques for increasing the potential pool of kidneys for donation.