

ESCP Travelling Fellowship Report: Bellvitge University Hospital, Barcelona
April – June 2018

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Bellvitge University Hospital



Colorectal Team

Background

I had the privilege of being selected to spend 3 months as travelling fellow under the supervision of Professor Sebastiano Biondo from April to June 2018 at Bellvitge University Hospital. Having completed my coloproctology surgical training in the United Kingdom in 2017, I was keen to complete some specialist fellowships in international centres before taking up my post as a Consultant Surgeon in Exeter. I had previously referenced Sebastiano's work many times in previous papers and read some of the excellent research that he and his colleagues have published over the years. I was therefore delighted to have the opportunity to spend 3 months working as a fellow in this unit.

Bellvitge University hospital is located in the city of Hospitalet de Llobregat in the greater metropolitan area of Barcelona. I chose to live in the city centre near Placa de Catalunya which was a short 15-minute metro ride to the hospital each morning. Bellvitge is a tertiary referral centre catering for a large population locally of over 300,000 and specialist services to a population of 2 million south of the city.

The benefit of working in international centres is being exposed to different healthcare systems. Bellvitge's structure has Prof Biondo as Chief of Surgery and Dr Esther Kreissler as Chief of coloproctology with a further 6 colorectal specialists: Dr Javier De Oca, Thomas Golda, Riccardo Frago, Domenico Fracalvieri, Loris Trenti and Ana Galvez. In addition, there were several residents going through their surgical training.

What struck me immediately and throughout the 3-month period was the discipline of the unit and structure. There was a daily ward meeting with all team members and nursing representation to discuss all surgical patients and the operations for the day at 8am. Every Tuesday was morbidity and mortality for the entire surgical department. Every resident presented the activity for the previous week including M&M with more 'interesting' cases discussed in more depth with the evidence base. Every Thursday morning was residents teaching again attended by all the surgical departments including specialists.

The other thing I had to get used to was wearing a white coat again. I have not worn a white coat since being a house officer in 2004, but this is completely normal in Bellvitge. Following the ward meeting, I spent most days in theatre not only as that's the place I most enjoy being but also sadly my Spanish is mostly reserved to being able to order a cerveza, and therefore ward rounds were a bit of a struggle. Thankfully between my pigeon Spanish and my hosts excellent English I understand most things being said. Also, due to the Latin derivations of most of our medical language a sigmoidectomy is a sigmoidectomie in Spanish. As for the Catalan language that will unfortunately forever remain a mystery to me.



Back to wearing a white coat

Theatre

There was theatre everyday with an excellent variety of coloproctology with an emphasis on colorectal cancers due to the understandable pressures on expediting these cases. Most of the cases were laparoscopic and I scrubbed and assisted many laparoscopic low anterior resections with splenic flexure mobilisations and other colonic resections. In addition, Drs Kreissler and Golda perform robotic cases using the Da Vinci Xi system which was good to see as there a limited amount of high volume robotic colorectal programmes in the UK. However, they do have the same struggles as other centres competing with our urology and gynaecology colleagues for time on the robot! I also spent time in the new hospital built adjacent to the old hospital with its 3 towers that impose themselves on the skyline. Currently only day surgery is performed there in purpose- built state of the art theatres. Being a university hospital with forward thinking surgeons the unit is involved with many

studies and new techniques including the use of autologous fat transplantation for perineal defects. Other procedures included combined endoscopic laparoscopic surgery (CELS) for large polyps.



Me and Prof Biondo rocking some very brightly coloured scrubs

I have a specialist interest in advanced disease and have been active member of the PelvEx Collaborative which held its first meeting in June 2018 in Dublin and now Bellvitge will be joining. During my training, I have only seen ileal conduits used for urinary diversion so it was really interesting to see an alternative technique being used: the wet colostomy. This is a different technique from the original wet colostomy described that fell out of favour. This uses a loop colostomy where the 2 ureters are anastomosed to the distal component of the loop colostomy. The Spanish local population culturally are stoma averse and much prefer the option of having one stoma over two. This is the standard technique for urinary diversion in Bellvitge and the report good outcomes and patient satisfaction. The other procedure that I have not seen being performed before is the Turnbull-Cutait procedure for

colo-anal anastomoses and Bellvitge is currently enrolled in a multi-centre international RCT for this procedure.

Some of the variations I witnessed in Bellvitge compared to my own practice in the UK was the use of stomas bridges, on-lay meshes for all laparotomies (including some emergency cases) and additional 2-0 sutures to circular stapled end-end anastomoses following anterior resection. I really enjoyed and appreciated the many conversations and debates I had with my Spanish colleagues and all things that we do the same and those that we do differently. For me this 3-month period gave me the opportunity not only to make new friends and see quality high volume surgery but also to have debate with colleagues who have had different experiences from my own. Being a surgeon who is half Irish and half Belgian living in England I thoroughly enjoyed my time with the colorectal department that boasts 1 German, 1 Peruvian, 3 Italian and 3 Spanish surgeons; truly an international team.

Courses

Prof Biondo and the colorectal team are involved with the running of many courses for international delegates and I was fortunate enough to help in the running of a THD course for surgeons from United Arab of Emirates. This was a 2-day course with lectures and live operating on 5 patients. I also helped deliver an excellent course on fistula management utilising laying open, seton placement, fistula plug and LIFT procedures to give the course delegates a wide variation of some of the techniques that are available.

Lectures and Academia

During my 3 months, I was invited to deliver 2 lectures on surgical topics of my choosing. I chose to talk about 2 areas that I have been involved with recently. The first was on genomics and its relevance to surgeons. I am just completing a Masters in Genomic Medicine from University of Exeter which was part of my role in the UK 100,000 genome project. My research concerns rectal cancer epigenetics and I delivered a talk on the background to genomics, the 100,000-genome project and my own research. I have to say I was concerned how this topic would go down to a mixed audience of general surgical specialist and trainees but was pleasantly surprised at how it was received. My second talk

was based around the recent ACPGBI parastomal hernia guidelines that I have written with several colleagues soon to be published in Colorectal Disease.

Bellvitge is a university hospital and the University of Barcelona is based adjacent to the hospital allowing for close collaboration with the clinicians in the surgical department. During my three-month period in Spain I joined in with the other academic activity such as randomising patients for RCTs, meeting with university colleagues and was able to contribute to a paper on stage 2 colorectal cancer.

Towards the end of my stay I was invited to a presentation in Hospital del Mar by Professor Miguel Pera to listen to a talk by Alvaro Garcia-Granero. This was an excellent presentation on the work they are doing with cadaveric dissection to improve surgical technique for example in complete mesocolic excisions and perianal fistula/ sepsis anatomy. Miguel took me out for a lovely lunch and very much enjoyed his hospitality and discussions about surgical academia.



Team Dinner

Summary

This was a very productive fellowship, and I must thank my lovely hosts especially Sebastiano and Esther who made me feel so welcome into their department. I really felt part of the team and my hosts took me out for several dinners during my stay to sample the excellent Spanish cuisine and hospitality. I also got to explore a wonderful and vibrant city. During my stay, I was able to scrub for over 60 varied coloproctology procedures including open, minimally invasive, benign proctology and advanced disease. In the spirit of international collaboration, I am delighted that one of the Spanish residents will be spending a fellowship with me and my colorectal colleagues next year. I would like to thank ESCP for this wonderful opportunity and wholeheartedly recommend this wonderful institution. I have made some collaborators and friends for life!