Editorial

Editor’s Perspectives - July 2012

Having just returned from the Caribbean College of Surgeons’ meeting in Tobago where I was honoured to deliver a Moynihan lecture on behalf of the Royal College of Surgeons of England, kindly awarded by Professor Norman Williams, PRCS, who attended with a number of his Council members, I thought I would start by mentioning the theme of my lecture. Having given a brief resume of the history of surgical training from Lord Moynihan’s time, I continued by exploring work force issues, a problem which no country to date has come to grips with or solved. First world countries are net importer of medical personnel when the reverse is what is needed. There are more Ethiopian Doctors in Chicago than in the whole of Ethiopia, a country of 80 million people.

The question we should ask ourselves is “how should we train doctors & especially surgeons if they are for “export”? Do we need different programmes for those who elect to remain in their own country, go to sophisticated health care facilities in the more developed world, or, indeed, intend to practice in underdeveloped countries? I also explored the idea of Common Stem Training for three years after the Foundation or intern years as specialties are merging. Surgeons today seldom practice palliative surgery as it is now carried out in developed countries by interventional radiologists or endoscopists. Vascular surgery is being taken over by radiologists with out in developed countries by interventional radiologists or endoscopists.

Much has been done to improve patient care by developing Multi Disciplinary Team meetings – noticeably in cancer care, obesity & cardiology. But nothing has been done to tailor training programmes. Surgical Oncologists should spend some time in radiotherapy & chemotherapy units during their training. Gastro-Intestinal surgeons should learn to perform abdominal ultrasounds, etc. It may be a step too far at present to discontinue training in surgery in “anatomical silos” & move to “disease-oriented” training, but I feel certain Common Stem Training will be the best way of training in the future.

We have two further editorials, five reviews, three original research papers as well as correspondence to the Editor in this issue. My introduction leads well into the next editorial on Simulation in Education & Training from the Association of Surgeons in Training, an Association of which I was a founder member. They point out the utility of simulation in surgical training is well established with proven validity & demonstrable transfer of skills to the clinical setting. It has been shown to improve patient safety & service efficiency. It has made surgical teams more aware of the non-technical skills needed in the operating theatre. Sadly they show that less than half of trainees in the UK had access to skills laboratories & of these only 16% had access outside working hours. They also point out simulation’s important role in assessment. The authors provide suggestions in the form of a plan for the future. I should like to add that we should all acknowledge the role Minimal Access Surgery has played in the introduction of simulated training.

The next editorial comes from Canada on Functional studies of the Gastro-intestinal Tract in adult clinics. In these articles the authors point out that gut motility & visceral sensation are two important components of normal GIT function. Disordered gut motility & visceral sensation can cause significant symptoms leading to an increasing health burden to patients but may mimic structural disease which may generate many surgical referrals from Primary Care. However diagnostic tests for these disorders fall well behind those for structural diseases. The authors review the common presentations of functional disorders & relevant testing modalities.

This is an extensive review showing how difficult it is to differentiate between motility & functional GI disorders from Achalasia to Solitary Rectal Ulcer.

Turning to three best evidence reviews, the first asking whether Acupuncture is beneficial for the Treatment of Bell’s Palsy shows the efficacy is unproven but a level 2 Randomized Controlled Trial did show improvement. The next shows no difference in outcomes between Laparoscopic & Open Rectal Cancer Operations whilst the third addressing the addition of a fundoplication when performing a Heller’s procedure for Achalasia shows there is a decrease in reflux symptoms with a fundoplication & that there is less post-operative dysphagia with a partial wrap.

Stopping Tamoxifen pre-operatively to reduce VTEs is a superb review demonstrating Tamoxifen should be stopped prior to some surgical procedures. Guidelines are provided with an excellent, very clear flow chart. The last review is from Turkey, entitled “A Search for the Ideal Hernia Repair- Meshes & Materials”. An excellent review on the different meshes without any real conclusions; they suggest the type of mesh should be tailored to the patient.

Of our three original research papers, the first is from Imperial College in London on a high fidelity model for training surgeons in SILS procedures using a porcine model. The next from Italy shows there are minimal differences in outcomes between Totally Laparoscopic & Laparoscopic Assisted right hemicolectomy. Finally from Denmark there is some important data on D & L Lactate Biomarkers of Arterial-induced Intestinal Ischaemia which the authors confirm is difficult to diagnose. There has been much interest in v-Lactate from bacterial fermentation in the GIT. The authors concluded the SMA in pigs & found an increase in _v_-Lactate in those pigs with ischaemia compared to the controls in both the systemic & portal circulations. There was no significant difference in _v_-Lactate at either site.
I do not intend to comment on the correspondence but would remind you all that we welcome critiques & comments on our published articles. Once again we have put together a wonderful mix of reviews & research papers from different countries spanning most of what, in the old days, was classified as General Surgery.

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