

## Feedback to the Association of Surgeons of Great Britain and Ireland

### *Introduction*

My name is Rae Oranmore-Brown and I am a third year general surgery registrar at the University Teaching Hospital in Lusaka, Zambia.

### *Special thanks*

I would like to thank the Association of Surgeons of Great Britain and Ireland (ASGBI) for offering the scholarship to low income country surgical trainees, and of course the sponsors who make this scholarship possible.

Thanks also to Bhavnita Borkhatria, our contact person and chief organiser. This was a wonderful opportunity to attend a surgical conference that would have otherwise been out of reach to us.

### *Accommodation*

We were put up in a beautiful hotel in Bournemouth, within easy walking distance of the conference centre and beachfront. We were also within walking distance of the gala dinner venue. The amenities offered by the hotel were excellent, not to mention friendly and helpful staff.

### *Hospital visits*

We were all able to participate in 2 days of hospital visits: these were well organised with taxis booked and awaiting each group of students. I visited Portsmouth Hospital on the Monday: the staff were welcoming and friendly. We watched a carotid endarterectomy in the vascular theatre and an anterior resection in the colorectal theatre. Tuesday found me in Basingstoke, visiting North Hampshire Hospital where we were able to watch the specialised team resect a rare tumor (pseudomyxoma peritonei) from two patients in adjoining theatres. We found the team particularly accommodating.

It was a good exposure to the developed world environment with specialised equipment and amazing infrastructure. It was great to experience the wider surgical world and see how other places organise and do their surgery. Lessons to take home were what we should be aiming for and what the current evidence based approach and techniques are.

### *International Surgical Congress*

I think I can classify the conference into four types of experience (as any surgical trainee knows, one should classify or die when asked a question!). *Exciting*: learning about stem cell techniques in transplant surgery – quite another world and amazing what is achievable.

*Relevant*: coping strategies in emergency surgery, particularly laparotomies. Best management of a patient with a stabbed abdomen; the risk factors, how to avoid and manage anastomotic leak. I think the latter presentation will change my practice. Another series of presentations on nutrition has made me re-consider our current practice in the situation of sepsis in malnourished children and the question of giving iron supplementation. This scenario is frequently encountered in our paediatric burns population. Paper presentations: watching and learning from other trainees on their research and how they presented themselves and their work. I am currently working on a research project, so this experience was invaluable.

*Interesting*: laparoscopic surgical techniques and problems encountered with complications of bariatric surgery.

No conference would be complete without its share of possible controversy. The moment came for me whilst attending the Developing World presentations. Having worked in both worlds myself, I found myself squirming during one or two presentations where it was not what was said but an attitude that appeared to put the presenter in a good light at the expense of a developing world patient's misery. I was probably being oversensitive (too close to home perhaps?) but I do think there is a fine line between serving the less privileged and serving oneself at the expense of the less privileged (eg: gaining clinical experience, exotic travel, etc). It was unfortunate that MSF (Medicine Sans Frontiers) followed this up with a proposal to train Europe-based trainees in a special hospital they want to open in the developing world as they realized how worlds apart the surgical skills needed to serve the forgotten poor are from high resource countries. Something of an insult to those of us sitting there with all those skills in spades and not considered 'eligible' for MSF service. Surely there is enough need and interest for some sort of exchange programme – it would be so much cheaper and a 'win-win' outcome for those who would like to gain basic general surgical skill and those who would love to learn some laparoscopic skills.

### *In Summary*

It was a wonderful experience, I was looked after, challenged to think about and improve my clinical practice and I made friends with some fantastic people. Please keep up the good work, ASGBI.

THANK YOU.