

RCoA Research, Education & Travel Grants 2012
Award: The Stanley Rowbotham Fund

Applicant: Dr Matthew Dickinson

Project Title: An observership of anaesthesia for oesophageal and hepatic cancer surgery at Memorial Sloan-Kettering Cancer Centre, New York, USA.

Project Description

I have arranged a placement as a clinical observer at New York's Memorial Sloan-Kettering Cancer Centre (MSKCC), from the 27th – 31st August 2012, under the sponsorship of Dr Mary Fischer, Attending Anesthesiologist. MSKCC is acknowledged as a leading international centre for cancer treatment. I am a consultant anaesthetist with a subspecialty interest in anaesthesia for HPB and oesophagogastric cancer and during my week at the hospital I will be able to observe liver and oesophagogastric surgery and anaesthesia. The anaesthetic department at the Royal Surrey County Hospital (RSCH) has recently closed a randomised control trial studying the effects of the introduction of an enhanced recovery package combined with goal directed fluid therapy for patients undergoing liver resection surgery. We have been able to significantly reduce the length of stay for these patients without causing any increase in morbidity or mortality. We have also introduced an enhanced recovery programme for our oesophagectomy patients reducing both length of stay, by approximately half to 8 days, and post-operative complications. During my observership I will be able to compare how the patient pathways differ in the USA from the NHS, as enhanced recovery and goal directed fluid therapy have, as yet, not become mainstream, although MSKCC outcomes remain amongst the best in the world. From personal communication with John Barry, Sales & Marketing Director, LiDCO Ltd, I have been made aware that MSKCC is one of the first UK hospitals to trial LiDCO Rapid in theatre. This form of monitoring is widely used at RSCH and it will be interesting to exchange views on how we use this for our goal directed fluid therapy.

I have recently been invited to sit on the NHS Enhanced Recovery Partnership's National Task and Finish Group. The objectives of this group include exploring how to improve adoption of the principles of enhanced recovery in the surgical subspecialties, including liver, upper GI surgery and emergency colorectal surgery. On my return I plan to use the experience gained in New York to inform my input into the National Task and Finish group, illustrating best practice from the UK, but also highlighting any areas where I feel UK practice is leading.

I have been asked to run a workshop at the UK ERAS conference and to repeat a lecture I gave at the AAGBI, both in November, on the topics of enhanced recovery in new specialties and enhanced recovery for emergency laparotomies respectively. Both of these events will allow me to disseminate my experiences in New York.