Issue 15
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the bulletin

Society for Cardiothoracic Surgery in Great Britain and Ireland

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Society for Cardiothoracic Surgery in Great Britain and Ireland
SCTS, 4th Floor, Royal College of Surgeons,
38-43 Lincoln's Inn Fields, London WC2A 3PE
T: 020 7869 6893
E: emma@scts.org
W: www.scts.org

Open Box Media & Communications
- **Director** Stuart.Walters@ob-mc.co.uk
- **Director** Sam.Skiller@ob-mc.co.uk
- **Studio Manager** Mark.Lamsdale@ob-mc.co.uk
- **Production** Matt.Hood@ob-mc.co.uk

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T: 0121 200 7820

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Farewell from the Editor

Indu Deglurkar, Publishing Secretary, SCTS

"When you have eliminated the impossible, whatever remains, however improbable, must be the truth."
– Sir Arthur Conan Doyle

I wish you all a very Happy New Year. This sixth new year editorial is a particularly poignant one as it is my last editorial. I thoughtfully reflect on my role as the Editor-in-Chief for the SCTS and despite several new themes such as invited articles, the candid column, letters to the editor introduced, I feel I could have done a lot more. I am pleased to welcome Dionisios Stavroulias, Consultant Thoracic Surgeon at Oxford who has been appointed as the Deputy Editor and will take charge of the next edition.

In the President's report, the BJS article on sexual harassment, sexual assault and rape witnessed and experienced by the surgical workforce is discussed. The SCTS in association with the FSSA and RCS are developing a national strategy that will focus on employee education, mandatory training, lobbying the GMC and developing a support network with resources on the SCTS website. Rana Sayeed describes how BHU harms victims and diminishes team performance. Moods, emotions, and kindness can be contagious.

We continue to face the rampant crisis of shortage of health care staff and a growing disenchantment due to burn out and attrition, generally poor working environment, and administrative support. As per the GMC Workforce report, the NHS is seeing an emerging trend and growing exodus of highly experienced senior doctors to other countries. Four in ten junior and senior doctors plan on leaving the NHS. This is amplified by a staggering 69% of the junior doctors taking a break from the NHS after two years of Foundation training. Resources, remuneration, infrastructure, organisational culture, working environment, bias and discrimination play a significant role.

> **"The NHS is seeing an emerging trend and growing exodus of highly experienced senior doctors to other countries. Four in ten junior and senior doctors plan on leaving the NHS. This is amplified by a staggering 69% of the junior doctors taking a break from the NHS after two years of Foundation training. Resources, remuneration, infrastructure, organisational culture, working environment, bias and discrimination play a significant role."**

The inexorable increase in health care expenditure in sharp contrast with the relatively stagnant economy is fundamentally unsustainable. Existing strategies of controlling NHS expenditure by restriction on activity, efficiency savings and freezing pay have been ineffective with undesirable effects on patients and the health care staff. The knock-on effect of the current NHS crisis on medical students, our future doctors, should not be underestimated. We must continue to attract the best and the brightest brains. Regulators, policy makers and leaders must act effectively to mitigate a potentially irreversible crisis for decades.

Uday Trivedi describes the Quality Assurance Projects and the "devolved" responsibility to the Units with quarterly monitoring of outcomes. Manoj Kuduvalli elaborates on a highly successful joint ACTAAC-SCTS annual meeting. Congratulations to Brianda & Nabil becoming the champs at the Cardiothoracic Resident showdown in Vienna. Sri Rathinam pays tribute to Marian Ionescu, who was a benefactor of the SCTS, an innovator of the pericardial valve and a philanthropist who awarded more than 150 Fellowships.

Thank you to all the members for the excellent contributions to the Bulletin & to Sam Nashef for the unwavering supply of crosswords and sudoku. It has been an absolute pleasure to be the Editor and work with our Presidents Richard Page, Simon Kendall and Narain Moorjani, the editorial team Aman Coonar, Rana Sayeed, Sri Rathinam, Isabelle Ferner, Emma Piotrowski, Tilly Mitchell & Maika Jiménez Blanco. I look forward to my role as a Trustee.

The Open Box Media and Communications team have been fantastic and I cannot thank Stuart, Sam, Mark & Matt enough for their expertise. And finally to Rachel Gold for her diligent proof reading. ■

From the President

Narain Moorjani, SCTS President, Consultant Cardiac Surgeon, Royal Papworth Hospital, Cambridge

As we enter 2024, there are many challenges ahead for the health service, including cardiothoracic surgery. The first challenge is how we treat our colleagues and the working environment around us. As I am sure most of you will have read, the British Journal of Surgery (BJS) recently published an article documenting the shockingly high incidence of sexual harassment, sexual assault and rape witnessed and experienced by the surgical workforce, in conjunction with the Working Party on Sexual Misconduct in Surgery (WPSMS) releasing their report on the subject. In parallel with this, the SCTS has been working with the Federation of Surgical Speciality Association (FSSA) and Royal Colleges of Surgeons to develop a national strategy. Firstly, this would focus on education of all NHS employees, through mandatory training and developing a code of conduct, to help change the culture. Secondly, lobbying the GMC to develop a national system for reporting and investigation of sexual misconduct to improve confidence in raising concerns and ensure investigations are fit for purpose and carried out by professionals with experience of dealing with such incidents. Finally, developing a support network with resources on the SCTS website, including signposting of help for all affected, including bystanders.

Whilst the BJS article and WPSMS report focused on the experiences of female surgeons, it is important that all members of the multidisciplinary surgical workforce are protected, including nurses and allied health professionals. Sexual assault and harassment have no place in surgery, healthcare in general, or broader society. Everyone should have a right to work in a safe and respectful environment without fear, and everyone should be responsible for challenging unacceptable behaviour. Sexual misconduct harms individual well-being, team performance and patient care. The SCTS has zero tolerance towards sexual misconduct and is dedicated to supporting any member of the cardiothoracic workforce who experiences this or any other unacceptable behaviour in the workplace. Further details can be found on the SCTS website.

> **"As well as the numerous travelling fellowships and training courses offered to all cardiothoracic surgical practitioners, the team are also developing a number of specialist post-CCT fellowships, in conjunction with the Royal College of Surgeons, to help bridge the gap from completion of training to commencing consultant practice."**

As regards other SCTS matters, work is ongoing with the development of the SCTS adult cardiac surgical database, which will allow the members to take back control of the data of all the operations that are performed around the country, in terms of monitoring both mortality and morbidity outcomes, benchmarking results and to develop nationally-driven audit projects to identify best practice and improve the care that we offer to patients undergoing surgery. Following communication with NHS England, the data sharing agreements and emails to units have been edited to make it clear that the data requested is anonymised and that the Trusts will need to comply with the data opt-out, if requested by patients. Over 50% of units have signed their data sharing agreements, and we hope to be able to share some of the results from the database with the membership soon. For those who have not yet signed up, we would encourage you to look at the potential benefits and join the project. Similar database projects are also being developed in thoracic surgery and congenital cardiac surgery.

As regards education, as well as the numerous travelling fellowships and training courses offered to all cardiothoracic surgical practitioners, the team are also developing a number of specialist post-CCT fellowships, in conjunction with the Royal College of Surgeons, to help bridge the gap from completion of training to commencing consultant practice.

The SCTS has also been working with NHS England regarding different strategies to help with surgical waiting lists on the background of on-going industrial action, staffing recruitment and retention issues, and post COVID backlog. Strategies being proposed include improving capacity through waiting lists initiatives, extended operating lists, elective surgical hubs, independent sector facilities, ring-fenced ITU beds and derogation from industrial action; and increasing efficiency through improved perioperative care (using ERAS and CPOC guidelines), day of surgery admission, virtual wards (remote monitoring), pooled waiting lists, regional mutual aid, enhanced theatre utilisation, reduced non-elective workload,

improved patient flow and adoption of best practice. In addition, the SCTS is developing best practice guidance on mitral valve surgery to help improve national repair rates, decision making for patients with aortic valve disease and post-cardiotomy mechanical circulatory support, through collaboration with other national societies.

By the time this edition of the Bulletin is published, the 2024 SCTS Annual Meeting will only be a few weeks away. We look forward to welcoming you all to Newport, Wales. The Meeting team have been developing what I am sure will be an amazing conference and we would encourage all that haven't yet booked tickets to attend and bring members of your extended multi-disciplinary team with you. Last year we had a record attendance of almost 1300 delegates and we are hoping to exceed that this year.

Following approval at the SCTS Annual Business Meeting, the SCTS is working with our charity lawyers to publish the new SCTS Constitution. This will increase representation of non-Consultant cardiothoracic surgical practitioners within the SCTS Executive, with appointment of a Nurse and Allied Health Professional (NAHP) Trustee (to be voted by NAHPs), Trust Appointed Doctor (TAD) Trustee (to be voted by TADs) and Nationally Appointed Trainee (NTN) Trustee (to be voted by NTNs), as well as the Communication Secretary becoming an Appointed Trustee.

As can be seen from this report and reading the other articles in the Bulletin, the SCTS is working very hard to improve patient outcomes and the working lives of cardiothoracic surgical practitioners caring for these patients. For this, I am truly grateful to the SCTS Executive, sub-committee members, BORS representatives, educational course directors and faculty, and especially the membership for delivering these fantastic projects. I am also eternally thankful to the SCTS administration staff who work tirelessly behind the scenes to make the SCTS run so efficiently. In addition, I wanted to thank Indu Deglurkar, as this will be her final SCTS Bulletin as Editor, for her fantastic contribution in transforming the Bulletin into a vibrant publication that is really appreciated by the membership and an integral part of SCTS Communications.

Finally, I'd like to say a few words about Marian Ionescu, who sadly passed away a few months ago in Monaco. Marian was a respected surgeon of his generation, who will always be remembered by the specialty for his contribution in developing the pericardial valve prosthesis. He also contributed so much to the SCTS as an extremely generous benefactor supporting the SCTS Ionescu University and the numerous Ionescu Travelling Fellowships. Through his kindness, over 200 consultants, nationally appointed trainees, trust appointed doctors, nurses and allied health professionals, and medical students have benefited from the opportunity to travel to international centres of excellence and bring their learned skills and knowledge back to the UK & Ireland. His legacy will always be remembered by the specialty and the Society. Our thoughts and prayers are with his family. May he rest in peace. ■

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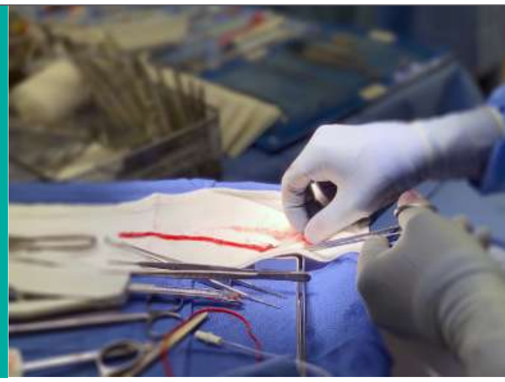

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TERUMO CARDIOVASCULAR

From the Honorary Secretary

Rana Sayeed, Honorary Secretary, Consultant Cardiac Surgeon, John Radcliffe Hospital, Oxford

Bullying, harassment, and undermining (BHU) within the workplace present a significant challenge to cardiothoracic surgery, the Health Service, and wider society. Within cardiothoracic surgery, we should all be aware of the detrimental effects of BHU, including the most extreme examples of sexual harassment, sexual assault, and rape documented in the British Journal of Surgery article and the allied Working Party on Sexual Misconduct in Surgery (SMS) report about which the President has written (p6). BHU harms victims and their team members, diminishes team performance, and lessens the quality of patient care. How can individual SCTS members promote civility, respect, and well-being?

Dr Helen Garr, Medical Director of NHS Practitioner Health[1], spoke at the ACTACC-SCTS Joint Study last November on *Calling it out – How to support and protect victims and witnesses of BHU*. Her talk was memorable for her brave description of an episode of bullying that she suffered as a junior doctor and the lack of response from her workplace colleagues who stood by. We have all learnt the proper response to this scenario, but how many of us would have spoken up and challenged that behaviour in a similar situation? Bystanders determine unacceptable or intolerable behaviours by their actions and words or inaction and silence.

Dr Garr also highlighted the contagiousness of kindness. Kindness, like COVID-19 or influenza, is contagious – when you are kind to someone, that person will be kind or kinder to someone else, and so on – and the R0 of kindness is about 5: if you are kind to a single colleague, that colleague will be kind(er) to five others. Moods and emotions are also contagious and spread within a work environment. We can all recall theatre lists that start on a positive note and continue brightly compared with others during which a low mood or negative emotions at the briefing seem to sour the whole day. A team with a culture of kindness will be a better-performing team.

In this era of robotics and other advanced techniques, is there a technological solution to improve team well-being? Two recent papers highlight the benefits of a labelled theatre cap. In these North American studies, theatre caps labelled by name and role were reported to improve teamwork and connections with team members. Named caps for surgical residents in a busy residency programme reduced role misidentification and 'microaggressions' experienced by all trainees but with the greatest benefits for females and members of ethnic minorities. In summary, 'labelled caps…fostered a climate of wellness, teamwork, inclusion, and patient safety.'

> **"Bullying, harassment, and undermining within the workplace present a significant challenge to cardiothoracic surgery, the Health Service, and wider society."**

One neglected aspect of kindness is kindness to oneself, which is essential for individual well-being. We will all have been touched or affected by a colleague's ill health. As individuals working within a challenging and pressured specialty, we need to prioritise our own health. There is much guidance on well-being and healthy living – diet, exercise, mindfulness – but I would add a sense of belonging and connection with others.

A sense of belonging and a connection with others also contribute to well-being. There are many groups outside surgery that fulfil this role for many members, e.g. religious, social, and sports. I would like to highlight the activities I have found beneficial. The Society itself, the Intercollegiate Specialty (exam) Board, and other organisations all provide the opportunity to develop a role and interest within cardiothoracic surgery, away from the primary workplace, and to meet and collaborate with like-minded colleagues with a shared purpose. These roles all demand hard work and commitment but are rewarding and enjoyable.

The two groups most closely involved in developing the Society's response to BHU are the Equality, Diversity & Inclusion sub-committee and Women in Cardiothoracic Surgery. Both groups welcome new leads: Ralitsa Baranowski is the new WiCTS Co-chair and Indu DeGlurkar's successor as ED&I Co-chair will be appointed soon.

I look forward to collaborating with both groups to implement our plans to address BHU and SMS and improve the culture of kindness and well-being in cardiothoracic surgery. ■

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[1] NHS Practitioner Health is a free, confidential NHS primary care mental health and addiction service with expertise in treating health & care professionals. It aims to improve the clinical health and mental well-being of the workforce and support them to remain in or return safely to work. (**https://www.practitionerhealth.nhs.uk/**)

SCTS Meetings Report

Cha Rajakaruna, SCTS Meeting Secretary, Consultant Cardiac Surgeon, Bristol Royal Infirmary

Nisha Bhudia, SCTS NAHP Meeting Lead, Lead Pharmacist, Critical Care and Anaesthesia, Royal Brompton and Harefield Hospitals, on behalf of meetings team

The old normal is the still the new normal! SCTS Birmingham 2023 saw a record number of delegates attend the first in person meeting since the covid pandemic. Building on this success, the meetings team would like to invite you all to SCTS 2024 annual meeting which is planned as an in-person meeting at the ICC Wales, Newport from 17th – 19th March 2024. By popular demand the team have introduced a daily rate to facilitate more flexible attendance. We hope all of you will consider making special arrangements to release as many colleagues as possible from your units to attend and contribute to SCTS 2024.

The University sessions will have two cardiac and one thoracic tracks. There will be two aortic surgery sessions delivered by faculty from UK aortic surgery society. This year's mitral session will start with anatomy, imaging, assessment, and graduate to a discussion trying to describe the current relationship between minimal access and percutaneous strategies. Aortic valve intervention session will be delivered by the British Heart Valve Society. The highlight for the coronary sessions will be revascularisation of the failing heart: *Does mechanical circulatory support have a place?* Thoracic surgery has seen an expansion in robotic surgery over the past few years in the UK, the Thoracic programme will reflect this exciting development along with sessions covering guidelines, surgery on the lung for benign and malignant pathologies and the innovations in oncological treatments.

Our industry partners are once again pledging their support to our society exhibition and various sponsored sessions, bringing the most up-to-date innovations to our patients. The President will host delegates at a welcome reception to mark the official opening of the meeting and exhibition on Sunday, 17th March at 5pm. The evening entertainment will see the return of the SCTS pub quiz!

The presidential main plenary will open the main meeting. This session starts with an inspirational talk on clinical leadership from an international guest and will bring focus to sexual misconduct and the need for our collective work to eradicate it from our specialty. The recipient of this year's Lifetime Achievement Award will be announced in due course.

The SCTS research committee will continue to showcase the success of its initiatives of the past few years and continue to push the importance of maintaining the momentum of UK multicentre/multi-professional research. The next plenary session will be on Novations in Cardiothoracic surgery. We expect to showcase some of the work of SCTS innovations and hear from a multi professional group making contributions to our speciality. The final plenary session will be delivered by Women in Cardiothoracic Surgery.

We have received over 500 high-quality abstracts for SCTS 2024. Most of the sessions on Monday and Tuesday will be oral abstract driven with a keynote lecture. We will be trialling electronic poster display system to progress our sustainability agenda.

The SCTS Meetings team at ICC Wales for their site visit in September 2023

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NAHP Update

Nursing and allied health care (NAHP) colleagues have plans to offer innovative and latest updates on trends in cardio-thoracic field over the three days at the annual meeting. The university day will provide great opportunities to share, learn and build on surgical skills with an all-day cardiothoracic Wetlab session. Parallel to this the NAHP university day will offer sessions on research methodologies for successful publications, Artificial Intelligence in cardiothoracic research, MDT perspectives to improve patient care pathways and shared innovative learning with ECMO and CPB machines.

The annual meeting will offer opportunities for all centres to share the excellent work being done both locally and nationally to improve patient care. It will give opportunities for all delegates to come forward to take part in national and international projects to include audits, quality improvement and research projects.

The meeting days will showcase all the exciting NAHP abstract presentations and discussions with amazing sessions delivered by excellent national and international keynote speakers. With all the unprecedented challenges the NHS is facing, we will be facilitating session by, 'Art of Brilliance', that will help raise moods, help teams work and perform together, build resilience, and help maintain a positive frame of mind now and in the future.

> **"We remain humbled by the generosity of all our members who volunteer their services and expertise at the SCTS Annual Meeting. We look forward to seeing you all in Newport, Wales."**

Popular team of the year award videos will be shared throughout the meeting giving opportunities for teams to showcase the amazing work. The winners for team of the year 2024 will be announced at the annual dinner to recognise and share their achievements. Applications are open for you to nominate fellow team members to celebrate excellence, build team cohesion, acknowledge, and appreciate the hard work, dedication, and exceptional efforts of your colleagues who consistently go above and beyond in their roles.

The Gala dinner is to be held on the evening of the 18th March 2024, at the Coal Exchange in Cardiff. This will be a black-tie extravaganza. The President will present the awards for the prize winners from SCTS 2023 and NAHP awards from SCTS 2024. There is high demand for this event, so please book early at registration to avoid disappointment.

Finally, to the Meeting's team news! We would like to thank Dr Daisy Sandeman for her work in the committee as NAHP Meeting Lead who stepped down in 2023. Mrs Nisha Bhudia will lead the NAHP section. We are delighted to announce the appointment of Ms Rosalie Magboo, from St Bartholomew's Hospital, as our new Associate NAHP Meetings Lead. We would like to thank Mr Sunil Bhudia and Ms Carol Tan for their ongoing hard work as Deputy and Associate Meeting Leads. We are very grateful to Emma Piotrowski and Maika Jiménez-Blanco and the wider SCTS admin team for their contributions to the success of our meetings. We have also welcomed Tilly Mitchell back from her maternity leave in November 2023.

We remain humbled by the generosity of all our members who volunteer their services and expertise at the SCTS Annual Meeting. We look forward to seeing you all in Newport, Wales.

SAVE THE DATE – Please dedicate your study budget – support your NAHP to join – promote your work/unit at SCTS 2024! ■

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Vivek Srivastava

Research

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Eric Lim

Executive Co-Chair:
Cha Rajakaruna

Adult Cardiac Surgery:
Gianluca Lucchese

Thoracic Surgery:
Babu Naidu

Congenital Cardiac Surgery:
Massimo Caputo
Nigel Drury

NAHP Representatives:
Rosalie Magboo
Zainab Khanbhai
Hemangi Chavan
Nisha Bhudia

Trainee Representative:
TBC

Medical Student Leads:
Niraj Kumar
Gokul Raj Krishna

Co-opted Members:
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Serban Stoica (Congenital Audit)
Gavin Murphy (Cardiothoracic SSL)
Luke Rogers (aSSL)
Ricky Vaja (aSSL)
Akshay Patel (aSSL)
Jacie Law (aSSL)
Ann Cheng (aSSL)
Brianda Ripoll (aSSL)

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Executive Co-Chairs:
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Betsy Evans

NAHP Lead:
Bhuvaneswari Krishnamoorthy

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Sri Rathinam

Deputy Secretary:
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Associate Secretary:
Carol Tan

NAHP Meeting Leads:
Nisha Bhudia
Rosalie Magboo (Associate Lead)

Conference Organisers:
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Executive Co-Chair:
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Massimo Caputo
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Ranjit Deshpande
Joel Dunning
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Shyam Kolvekar
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Bassem Gadallah
Walid Mohamed

NAHP Representatives:
Una Ahearn
Bhuvana Krishnamoorthy

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Nikhil Sahdev
Shagorika Talukder
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Chiemezie Okorocha
Hanad Ahmed
Aswani Pillai
Ramanjit Kaur
Charlie Bailie
Adam Borrer
Samuel Burton
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Anoop Sumal

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Executive Co-Chair:
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Regional Tutors:
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Michael Martin
Namita Thomas
Yi Wang

Cardiac Lead: Kathryn Hewitt

Thoracic Lead: Xiaohui Liu

Audit Lead: Hemangi Chavan

Transplantation Lead:
Emma Matthews

Innovation Lead: Una Ahearn

Membership Lead:
Jane Dickson

Communication Lead:
Jeni Palima

Pharmacy Lead: Nisha Bhudia

Critical Care Lead:
Anna Gesicka

Perfusion Lead: Lisa Carson

Physiotherapist Lead:
Zoe Barrett-Brown

Research Leads:
Zainab Khanbhai
Rosalie Magboo

Physician Associate Lead:
Ramanjit Kaur

Surgical Care Practitioner Lead:
ACTSCP President – Nisha Nair

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Ralitsa Baranowski

Executive Co-Chair:
Narain Moorjani

Academic Cardiothoracic Rep:
Julie Sanders

Cardiac Surgery Reps:
Rashmi Yadav
Debbie Harrington

Trainee CT Surgery Reps:
Michelle Lee
Georgia Layton

Thoracic Surgery Reps:
Cecilia Pompili
Melanie Jenkins
Elizabeth Belcher

Congenital Surgery Rep:
Carin Van Doorn

CT Transplantation Rep:
Gillian Hardman

Specialty Doctor Rep:
Laura Viola

Executive invited member:
Betsy Evans

Theatre Surgical Care Practitioner Rep:
Esme Shone

Advanced Clinical Nurse Practitioner Rep:
Lorna Whitford

Clinical Perfusionist Rep:
Rosie Smith

Medical Student Rep:
Asmita Singhania

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Sri Rathinam

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Rana Sayeed

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Clinton Lloyd

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Indu Deglurkar

Deputy Bulletin Editor:
Dionisios Stavroulias

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Jeni Palima

Consultant Living Text Book Co-Leads:
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Jeremy Smelt

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Trainee Members:
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Sri Rathinam

Appointed Members:
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Ruhina Alam
Jane Dickson
Jody Stafford
Stephen Clark
Branko Mimic
Sarah Murray

Trainees

Trainee Rep (Senior):
Bassem Gadallah

Trainee Rep (Junior):
Walid Mohamed

Monday 18th March 2024
19.30 - 1.00
THE COAL EXCHANGE HOTEL

Ticket includes welcome drink, 3 course meal, wine, entertainment and music

Ticket £75 available online
when registering for the Annual Meeting

Dress Code: Gala

THE EXCHANGE BUILDING
Mount Stuart Square, Cardiff, CF10 5FQ

www.scts.org

Audit Sub-committee Report

Uday Trivedi, SCTS Audit Lead,
Consultant Cardiac Surgeon, University Hospitals Sussex NHS Foundation Trust

Since my last report, a number of developments have come to fruition with regards to the adult cardiac surgery Quality Assurance Programme (QAP). The first thing to note is that we now have a formal agreement with NICOR that the SCTS will only publish unit level outcomes on the website. NICOR will continue to monitor individual performance and outliers will be informed as per the SOP agreed with NICOR. A copy of this SOP and the outlier methodology are available from the SCTS and NICOR websites.

To reiterate the vison of the QAP, it is that units will be responsible for their outcomes, and these will be regularly reviewed internally. Any negative variance should be addressed so that as time moves forwards there should be no surprises if a unit or individual receives an outlier letter. The ultimate goal is that with constant monitoring of outcomes and measure put in place by the unit, alarm (Red) level outliers should be a thing of the past.

> **"To reiterate the vison of the QAP, it is that units will be responsible for their outcomes, and these will be regularly reviewed internally. Any negative variance should be addressed so that as time moves forwards there should be no surprises if a unit or individual receives an outlier letter."**

This means that we have to have a layer of trust between the units and the SCTS and in turn between the SCTS and the public/NHS stakeholders. To provide this assurance we have asked the Cardiac BORS representative of each unit to complete an online form every quarter. One of the fundamental questions to be answered is that the unit confirms it has undertaken a quarterly review of outcome (mortality, bleeding rate, new renal replacement rate, stroke, and deep wound infection rates. Please ensure that the SCTS has the correct details of your cardiac BORS representative so that the request to complete the form every quarterly goes to the right person.

The QAP has been in place since April 2019 and given the length of time the SCTS has allowed for it to bed in, from April 2024 units will receive completion rates for the quarterly forms. Where the completion rates are below 75%, the letters will be copied to clinical leads and for repeat offenders it will be copied to the medical director. The reason for this is that the SCTS must have oversight that units are undertaking reviews and keeping patients safe. In event of a unit or individual being an outlier, it will be impossible for the SCTS to support them if there is no audit trail of good clinical governance.

In order to support the local governance processes, the SCTS has collaborated with University Hospitals Bristol & Weston NHS Trust and Dendrite to develop a dashboard of outcomes. This has been piloted and demonstrated at the BORS and annual meetings. The dashboard will allow units to compare their own outcomes with a 'national' picture. The data is an anonymised dataset of the NACSA data. All units have been sent a Data Sharing Agreement to sign and return. To date we have agreements from 15 units and the dashboard will go live at the start of next year. The dashboard is only accessible to those units that contribute data to it. Units will only see their own outcome and the national picture. They will to be able to look at any other unit's outcomes.

Dimitrios Pousios and I will be in contact with units that have not yet returned the data sharing agreements to see how we can assist. It would be a great achievement for the SCTS to have access to the whole national dataset, including all the devolved nations.

Similar to the issues faced by the adult cardiac surgeons the congenital surgeons have also found it difficult to get access to their data. Carin van Doorn and Serban Stoica have worked with the congenital surgeons and other stakeholders agreed to start collecting data of their own. Plans are progressing to establish a national data warehouse to improve access to data for development of relevant quality improvement measurements and for research. The congenital cardiac audit is unique as it reports on cardiac surgery, as well as catheter intervention and electrophysiology, and has professional input from both SCTS as well as the British Congenital Cardiac Association. The latter has now been approached for their support of the data warehouse initiative. The Blue Book in congenital surgery continues to make progress.

With the loss of funding for LCCOP, thoracic surgery faces challenges in measuring lung cancer outcomes. Rammohan Kandadai and Nathan Burnside are seeking the views of the thoracic surgeons with regard to data collection and establishing a new dataset for national data collection. We understand that prior to LCCOP there was a dataset in existence and if anyone does have a digital copy of that, it would certainly help to get the ball rolling. ■

SAC Chair Report

Timothy Jones, Chair of the Cardiothoracic Specialty Advisory Committee, Consultant Paediatric Cardiac Surgeon, Birmingham Children's Hospital

The findings of the recent survey conducted by the ***'Working Party on Sexual Misconduct in Surgery'***, published are truly shocking. Working with the four surgical royal colleges, the JCST and the SCTS are committed to a zero-tolerance approach to sexual misconduct.

No trainee should be made to feel their career prospects would be put in jeopardy by reporting incidents of harassment and assault. JCST welcomes the recommendations made in the working party's report, ***'Breaking the Silence: Addressing Sexual Misconduct in Healthcare'***. We will do our part to implement the solutions put forward so that surgery is the safe and welcoming profession it should be.

If you experience or witness sexual harassment or assault in the workplace, which includes training events and meetings, if you feel able, please report it through your hospital procedures and, if appropriate, to the police. In addition, we are working with the SCTS to provide safe spaces for reporting and support. We are actively working to eradicate this behaviour in surgery and healthcare.

The current curriculum is now in its third year. To ensure the curriculum remains contemporary with practice and based on feedback from trainees and trainers we are in the process of submitting a collection of curriculum updates to the GMC focussing on syllabus content and supervision levels. If you have any areas for consideration, please contact our curriculum leads, Elizabeth Belcher, Mahmoud Loubani or me.

In the meantime, we have been working on updating the list and content of PBAs to better reflect the current curriculum and trainees' requirements. Once approved some of the existing PBAs will be archived so they will not be accessible for new assessments however, previously completed versions will remain in a trainee's ISCP portfolio.

There have also been several updates to elogbook, including a new interface which is now live and working well. In addition, the platform will now generate updates and reports to better understand training experience and operative numbers. A new Peer Review Report is currently under development to help trainees better assess and understand their training metrics and progress.

The transition point between the 3 Phases of training are significant times in a trainee's progression. To help clarify the requirements at the end of each Phase, and to achieve a consistent ARCP process, we have produced a ***'Summary of Critical Progression Points for End of Phase ARCPs'***. This has been sent to all trainees and TPDs.

A recent analysis of Multiple Consultant Reports (MCR) assessments has demonstrated 90% of trainees have a completed end of placement MCR but the number remains lower (76%) for a completed midpoint MCRs despite 93% of trainees completing the self-assessment component. There was a good correlation between trainee and trainer assessment for levels of competence and areas for development for Generic Professional Capabilities (GPCs) and a moderate correlation for Capabilities in Practices (CiPs) with no significant differences in reporting between females and males. There was an improvement in correlation between a trainee's self-assessment and the MCR assessment when a mid-point MCR had been completed with evidence that trainees with development needs could be identified early in the training process, allowing appropriate formative action to be taken at an early stage.

The MCR is an important part of a trainee's assessment and feedback enabling the development of a more personalised training plan. It is important it is completed both at the midpoint and at the end of a placement by at least 2 and preferably more consultants. ISCP will no longer allow completion of the MCR unless at least two consultants have completed the assessment. To help support the process, the 48-hour window for assessors to provide feedback now only includes weekdays and excludes bank holidays.

Despite the collaborative efforts of the SAC, SCTS and other surgical specialities lobbying and with the support of the JCST and the Royal Colleges, the Medical and Dental Recruitment Agency (MDRA) has decided the national selection process will remain online with no return to face-to-face selection for the foreseeable future. This is a disappointment and against all our feedback and advice. We will continue to work for a return to a face-to-face selection process. For 2024 the MDRA has approved some changes to the matrix but otherwise the process will be the same as for 2023. We anticipate there will be eight vacancies at ST1 and six vacancies for ST4 Thoracic entry. To support the national selection process, we have a created a Cardiothoracic Surgery National Selection Board and we encourage people to get involved as assessors and Board members. For further information, please contact either Steven Tsui or Steve Wooley, our selection leads.

As of 30th November 2023, the pathway for the Certificate of Eligibility for Specialist Registration (CESR) has changed. New applications will now be assessed against the Speciality Specific Guidance based on the knowledge, skills and experience required to be a day one consultant. More information is available on the JCST and GMC websites.

There have been a few enquiries from trainees concerned about the impact of industrial action on training time. At the time of writing there have been 19 days of industrial action. The regulations state that loss of more than 14 days of training time for any reason should result in a review of trainee's progress and does not necessitate an extension of training unless the trainee is not meeting their required competencies. Targeted training or an extension of training time is then via the usual ARCP outcomes. There are no requirements or plans to reintroduce Outcome 10 or equivalent.

Finally, we are delighted to announce Ravi De Silva and Shakil Farid have joined the SAC as new members. We will be advertising for additional members later in the year.

If you require any further information or want to discuss any of the above, please do not hesitate to contact either me, Bassam Gadallah or Walid Mohamed, our trainee representatives on the SAC. ■

SCTS Annual Meeting 2024
17-19 March - ICC Wales

International Guests

Stephen Cassivi • Robert Cerfolio • Michael Borger • Patrick Klein • Marco Di Eusanio • Alaaddin Yilmaz

Oleksandr Babliak • Piotr Suwalski • Kari Hanne Gjeilo

SCTS University

Cardiac & Thoracic Surgery Educational Sessions by International and National Leading Experts • Robotic assisted Thoracic surgery • Pectus Surgery • New Technology in Mechanical Circulatory support for everyday cardiac surgery Innovations and evolutions in Complex aortic surgery • Minimally invasive valve surgery • Mesothelioma Update Promoting research in NAHP, Thoracic and Cardiac Skills stations and wetlabs. Inspiring the next generation of surgeons - medical student section

Main Meeting Programme

Plenary Sessions – Improving efficiency in a health system with limited resources • Tackling Sexual Misconduct in Cardiothoracic Surgery • Innovations in CT surgery: AI, bigdata and digital transformation Research: A Trial for Every Patient - Multidisciplinary and Inclusive Research

Scientific Abstracts & Keynote talks • Industry Exhibition & Symposiums • Late breaking trial launch announcements

CT Nurse & Allied Health Professional Forum

Clinical effectiveness and patient experience • Enhancing patient care • Improving CT surgical outcomes Creating innovative ways to enhance patient care • Improving patient safety by understanding human factors • Scientific Abstracts & Keynote talks • Mindfulness & Wellbeing

Social Events

Sunday 17th March - Welcome Reception in Exhibition Hall

Sunday 17th March - Women in CT Surgery (WiCTS) Networking Event - Flamenco Dance Workshop

Sunday 17th March - Pub Quiz

Monday 18th March - SCTS Gala Dinner at Coal Exchange Hotel Cardiff

Up to 18 CPD points

Registration is now open

Early bird discounted rates until 31st January 2024

To register or view the detailed programme

please visit www.scts.org

SCTS Virtual National Research Meeting 2023 (Volume VI)

Jacie Jiaqi Law, ST2 NTN, Royal Victoria Hospital, Belfast
Akshay Patel, ST6 NTN, University Hospitals Birmingham NHS Foundation Trust
Prof Mahmoud Loubani, Consultant Cardiothoracic Surgeon, Castle Hill Hospital, Hull

The 6th National Research Meeting (NRM) successfully took place on 3rd November 2023 with an impressive multidisciplinary audience convening on the SCTS virtual platform. The NRM could only be made possible with the unwavering organisational support from the Society of Cardiothoracic Surgery Executive Administration committee, SCTS Research Sub-committee and the Cardiothoracic Interdisciplinary Research Network. Special thanks to the hard work of the organising executive research sub-committee behind the scenes (including but not limited to) – Professor Mahmoud Loubani (organising chair of NRM 2023), Professor Eric Lim, Mr Edward Caruana, Mr Akshay Patel, Ms Jacie Jiaqi Law, Mr Luke J Rogers, Mr Ricky Vaja, Ms Ann Cheng, Ms Rosalie Magboo, Ms Nisha Bhudia and Ms Taet Chesterton.

The 2023 chapter encompassed a diverse and exciting line up of plenary and research think-tank sessions led by international field leaders which truly reshaped perspectives. In the thoracic surgery segment (chaired by Ms Jacie Jiaqi Law), honorary speaker and co-chair of the ESTS Patient-Centred Working Group Professor Cecilia Pompili explored the growing emphasis on Patient Reported Outcome Measures (PROM) in thoracic oncology research and aptly explains how objective clinical endpoints are unable to adequately capture patient subjective experiences and the quality of life of lung cancer survivorship. Other practical discussions revolved around the themes of PROM tools utilisation and training, patient engagement and feedback through qualitative research and prevention of PROM questionnaire fatigue. Under the Nurses and Allied Health Professionals (NAHP) plenary session entitled "Designing and Evaluating Interventions" (chaired by Ms Nisha Bhudia), the NRM saw an amazing delivery from Professor Suzanne Fredericks hailing from the Metropolitan University of Toronto and Toronto General Hospital leading on to an engaging discussion on the best methods to promote and drive NAHP research involvement.

Professor Rachel Vanderlann from the Toronto Hospital for Sick Children shares her passion in pulmonary vein stenosis (PVS) research (chaired by Ms Ann Cheng) and referenced it as a prime example to highlight key considerations in rare disease research and sheds insights into innovative solutions to address these challenges. Considerations include etiological heterogeneity, small patient sample size, methodology selection (difficulty to perform randomisation) and a strong emphasis on cross disciplinary research collaboration, for example embracing computational flow dynamics to understand mechano-transduction in PVS.

Another highlight of the day was the excellent line-up of abstract presentations divided into congenital/NAHP, general thoracic and cardiac. We express our sincerest gratitude to our panel of enthusiastic moderators – Mr Serban Stoica, Mr Mark Danton, Mr Michael Gooseman, Mr Edward Caruana, Mr Luke J Rogers, and Mr Ricky Vaja - generating insightful discussions with the presenters and audience members. In addition, we relay massive congratulations to the three winners of NRM 2023 under the three respective categories – Dr Jeevan Francis for his work on "Patient-reported outcome measures in congenital heart surgery: a systematic review"; Dr Jonathan Byers for his work on "Radiological Assessment of Costal Margin Injuries: a single centre approach using Agfa Enterprise Imaging PACS system and 3D rendering of the costal cartilage" and finally Dr Mark Boyle for his work on "Sex differences in surgical site infections following Coronary Artery Bypass Grafting. A retrospective observational study".

> **"The meeting encompassed a diverse and exciting line up of plenary and research think-tank sessions led by international field leaders which truly reshaped perspectives."**

The day ended with a highly poignant talk by Mr Graham Cooper and Miss Ionna Gkertso on behalf of the Aortic Dissection Charitable Trust aimed at raising awareness of this life-threatening condition. They also showcased the charity's commitment to leverage on the power of research to advance therapeutics, innovation and patient outcomes by supporting several aortic dissection projects through the charities' yearly funding calls.

As we close the final pages of NRM 2023, this meeting emphasises the importance of engaging in high quality collaborative research to answer cardiothoracic surgery's most pressing questions. We also hope to have evoked greater research interest and inspired the next-generation of clinician scientist. ■

SCTS Education Tutors' Report

Michael Shackcloth, SCTS Thoracic Tutor,
Consultant Thoracic Surgeon, Liverpool Heart & Chest Hospital

Prof Mahmoud Loubani, SCTS Cardiac Tutor,
Consultant Cardiothoracic Surgeon, Castle Hill Hospital, Hull

It is over 10 years now since the first SCTS courses took place at the J&J Institute in Hamburg. We were sad to hear the news that the Institute is closing at the end of the 2023. Most members of the SCTS will have attended courses there as faculty or trainees. We would like to thank all the staff for their support over the years and wish them well for the future. We are currently looking for alternative venues for the courses and will hopefully have news in the near future.

In June we ran the ST3.1 Operative Cardiothoracic Surgery Course, in what will turn out to be our last Hamburg course. In July the ST2.2 Introduction to Specialty Training in Cardiothoracic Surgery Course was held in Ashorne Hill. As in previous years the trainees found both courses extremely beneficial and thoroughly enjoyable.

In September the ST2.1 Phase 1: Essential Skills in Cardiothoracic Surgery Course took place at Nottingham City Hospital. The venue and organisation of the course were excellent. It provided trainees with an opportunity to learn and practice cardiac and thoracic surgical skills on animal and cadaveric models, as well as use of the increasingly life-like VATS and bronchoscopic simulators.

In February next year we will be running our first robotic thoracic surgery course at Intuitive Surgical's UK headquarters in Oxford. The course will give trainees an introduction to robotic surgery with the aims of speeding up their transition from the simulator to performing real life cases.

A polite reminder to trainees, if you could please reply to course invites as early as possible to assist in course planning. If you think you should have been invited to a course but have not received an email, please contact SCTS Education (**education@scts.org**). Below are all of the 2024 course dates so that study leave can be booked at the earliest opportunity.

Thank-you to Mara Banuta, SCTS Education Administrator, without the enormous amount of hard work she puts in behind the scenes the courses would not run as smoothly and efficiently as they do. Finally, we would like to express our gratitude to all faculty and course directors for their hard work in preparing and delivering the courses. ■

Upcoming SCTS Education Courses 2024	Location	Date
Intuitive Robotics Course	TBC	22nd February 2024
ST3.2 Phase 1: Non operative technical skills for surgeons (NOTSS)	Bristol Simulation Centre	26th – 27th February 2024
ST6 Phase 3: Revision & Viva Course for FRCS CTh (ST7A)	Ashorne Hill	4th – 8th March 2024
ST7.1 Phase 3: Cardiothoracic pre-consultant course practical	Keele Anatomy & Surgical Training Centre	17th – 18th April 2024
ST5.2 Phase 2: Cardiothoracic Intensive Care and Critical Conditions Course	Ashorne Hill	22nd – 23rd April 2024
ST5.1 Phase 2: Cardiothoracic Surgery Sub-specialty Course	Keele Anatomy & Surgical Training Centre	8th – 9th May 2024
SCTS Harefield Core Thoracic Organ Transplantation Course	STaR Centre	23rd – 24th May 2024
ST3.1 Phase 1: Operative cardiothoracic surgery course (ST3B)	TBC	TBC
ST4.2 Phase 2: Core Thoracic Surgery course	Ashorne Hill	10th – 12th June 2024
ST2.2 Phase 1: Introduction to specialty training course (ST3A)	Ashorne Hill	18th – 19th July 2024
Cardiothoracic Surgery Update and Wetlab for Trust Appointed Doctors	Ashorne Hil	11th – 12th September 2024
ST2.1 Phase 1: Essential Skills in Cardiothoracic Surgery Course	Nottingham City Hospital	16th – 17th September 2024
Congenital Heart Disease Course	Ashorne Hill	TBC
CESR Application Course	Ashorne Hill	8th November 2024
ST1: Introduction to Cardiothoracic Surgery Course	Ashorne Hill	15th November 2024
ST4.1 Phase 2: core cardiac surgery course	Ashorne Hill	18th – 20th November 2024
ST7.2 Phase 3: Leadership and Professionalism Course	Ashorne Hill	2nd – 3rd December 2024

SCTS Education Secretaries Report

Debbie Harrington, SCTS Co-Education Secretary,
Consultant Cardiac Surgeon, Liverpool Heart & Chest Hospital

Elizabeth Belcher, SCTS Co-Education Secretary,
Consultant Thoracic Surgeon, Oxford University Hospitals NHS Foundation Trust

SCTS Education was saddened to learn of the death of Marian Ionescu. His donations over many years to SCTS Education were invaluable to the careers of many surgeons, trainees, and NAHPs practising today via their provision of educational opportunities not previously available to members. The experience gained by those who undertook his Fellowships, in particular, has benefited many patients around the country and the world. SCTS Education is grateful for his many years of support and extends our condolences to his family and friends.

The SCTS Meetings team at ICC Wales for their site visit in September 2023

The Education Subcommittee is pleased to welcome more new members. Jason Ali, Locum Consultant Cardiac Surgeon at Royal Papworth Hospital, has been appointed as co-lead for Medical Student education and will work alongside Farah Bhatti to deliver the ever-expanding undergraduate portfolio. Our NAHP lead, Bhuvana Bibleraaj, is coming to the end of her term and will be succeeded by Kathryn Hewitt, Cardiac ACP from Birmingham and Xiaohui Liu, Thoracic ACP from Southampton. They will shadow Bhuvana over the next few months before taking over officially in Spring 2024. It is a testament to all of Bhuvana's hard work over the past few years that she will be succeeded by two people! On behalf of everyone at SCTS Education, we would like to express our huge thanks to Bhuvana for her fantastic contribution to NAHP education over the past few years. We welcome Kathryn and Winnie to the team.

We remain grateful to our Subcommittee members, Course Directors, and Faculty, in all our education streams for their ongoing efforts to provide education for our speciality.

Industrial Partnerships

SCTS Education would like to thank our industrial partners for their generosity and support in these challenging financial times. SCTS Brand Partnerships are held with Abbott, Acumed, Ambu, AstraZeneca, BD, CMR Surgical, Corcym, Corza, Edwards, Ethicon, Getinge, Intuitive, Medtronic, Pulmonx, Serb, Storz and Terumo Aortic. We look forward to announcing more exciting new partnerships in the coming months.

Fellowships

SCTS Education is delighted to announce further rounds of Heart Research UK Fellowships and Aortic Centre Trust Michael Warburg Fellowship for 2024. We will announce further details early in 2024, encouraging potential applicants to start planning Fellowships as soon as possible. Applications for all Fellowships must give as much detail as possible of the proposed project plan, including support from the home and planned visiting centres. Details of projected costs and the subsequent benefit to the NHS are also vital to a successful application.

NTN Portfolio

An Intuitive sponsored trainee Robotic Thoracic Surgery Course in Oxford for NTNs and TADS is planned for 22nd February 2024. Sadly, we have recently heard from Ethicon that the Johnson & Johnson Institute in Hamburg will be closing permanently at the end of 2023. We were devastated to hear this

news for our many friends and colleagues in Hamburg who will sadly be made redundant and our trainees who have benefited from 10 years of unsurpassed high-fidelity live operating training at the Institute. We would like to take this opportunity to thank everyone at Johnson & Johnson for the fantastic partnership with SCTS Education since 2014, and we wish all the team in Hamburg our very best wishes for the future. Going forward, the SCTS Education team are urgently seeking alternative options for the three courses due to take place in Hamburg next year. We will update all those involved as soon as possible.

We continue to ask that trainees update us with their contact details and current year of training, including examination status, so that we can ensure they are invited to the correct course, at the appropriate time. This is particularly important for those trainees who have had time out of training for any reason. Early response to invitations to attend courses will ensure places are secured.

We now expect all trainees to attend courses appropriate to their year of training aligned with the current curriculum.

TAD Education

Zahid Mahmood and Mohammad Hawari continue to lead the TAD Portfolio, which goes from strength to strength. In line with the SCTS strategy of increasing equality of opportunity, we aim to continue to improve access to education for our Trust Appointed Doctors. In September, the TAD wetlab course was once again run at Ashorne Hill, this time aimed at senior TAD trainees and, for the first time, split into cardiac and thoracic subspecialties. Feedback was excellent, and we expect this course to continue complementing our new Ethicon Pinewood Curriculum Review and CESR courses. We will continue offering TAD trainees places in as many of our courses as possible in 2024.

Congenital Portfolio

The Congenital Heart Disease Wetlab Course ran on the 27th-28th September at Ashorne Hill and was once again well received. We are grateful to LeMaitre for their sponsorship of this course and look forward to continuing to partner with them.

The SCTS Meetings team at ICC Wales for their site visit in September 2023

The SCTS Meetings team at ICC Wales for their site visit in September 2023

NAHP Education

The NAHP portfolio has gone from strength to strength under the excellent stewardship of Bhuvana Krishnamoorthy with a combination of face-to-face and online courses. We look forward to continuing this strong collaboration with Kathryn and Winnie into 2024 and will announce more events soon.

Lastly, we would like to reiterate our grateful thanks to our fantastic administration team Mara Banuta, aided by Taet Chesterton, without whom SCTS Education would not exist. Please do let them know if your contact details or level of training change, so that we can update our records accordingly, and you are appropriately invited to SCTS Education events. (**Education@scts.org**).

We wish everyone a healthy and happy 2024 and look forward to welcoming as many of you as possible to SCTS Education events. ■

Adult Cardiac Sub-Committee Report

Manoj Kuduvalli, Co-Chair, SCTS Adult Cardiac Surgery, Consultant Cardiac Surgeon, Liverpool Heart & Chest Hospital

Since the last report in the Summer Bulletin 2023, SCTS Adult Cardiac Surgery Sub-Committee has been involved in several projects and meetings, and I am pleased to provide a summary update.

- British Heart Valve Society Annual Meeting – BHVS requested SCTS contributions in organizing this multispecialty meeting. SCTS ACSSC took the lead in organizing the SCTS session. This was held on 13th October in London and was well attended by surgeons and cardiologists from across the country. Contributions were there from BISMICS and BCIS also. There was excellent discussion points on multidisciplinary care for valvular heart disease. It was felt by many that this multidisciplinary format meeting would bring great value in improving care for our patients.

- The ACSSC Chair and Co-Chair attended several meetings with NHS England, focused on managing the long waiting times for elective cardiac surgery since COVID. These meetings were organized by the National Clinical Director for Heart Disease and Chair, Cardiac Services CRG, NHS England. Various streams of work are undergoing and SCTS is actively involved in a Cardiac Surgery Think Tank arranged by NHS England.

  It was through these meetings that the ACSSC was able to contribute towards drafting the guidance for the new P-Code classification for cardiac surgery patients awaiting their operations. There are other evolving streams of work which will be updated in the future.

- A meeting jointly organized by ACTACC (Association for Cardio-Thoracic Anaesthesia and Critical Care) and SCTS took place on 6th November 2023 at the Royal Society of Medicine, London. The ACSSC took the lead in organizing the cardiac surgery stream of this meeting.

- In response to the interim position statement from NHS England (published 1st February 2023) on the use of transcatheter aortic valve implantation (TAVI) for intermediate- and low- surgical risk patients as an interim measure to alleviate the pressures on local systems, SCTS membership received a letter drafted and co-signed by the ACSSC. There was a survey designed by the ACSSC which has been sent to all BORS members to complete regarding volume of sAVR and TAVI and current waiting times for both procedures. The response to this survey has been lukewarm in spite of several reminders sent to the BORS members and only 10 centres have completed it so far, hence we have insufficient data to present to NHS England. The initial responses suggest that practices, recovery and waiting times differ significantly amongst units and TAVI waiting times are quite long in several of these. The Chair and the Co-Chair of the ACSSC will be sending out personal reminders to those units who have not responded so far.

- Including the narrative from the survey above once completed, a response document is being drafted by Prof Giovanni Mariscalco, which will also summarise the current state of evidence for sAVR / TAVI in low and intermediate risk cases. This will not only inform NHS England, but also will serve as a guide to MDMs

- Repair rates of mitral valves are variable in the UK. The UK Mini Mitral trial at 96% repair rates for degenerative disease in expert hands. Increasing repair rates for this pathology is of vital importance for obvious reasons. The ACSSC has requested Mr Hunaid Vohra to lead on writing a 'Best Practice' document on MV Repair

- The ACSSC would like to produce a guideline / position statement on the provision of post-cardiotomy ECMO at cardiac surgical units in the UK. This often poses difficult challenges, particularly for units that are not commissioned ECMO units due to significant resource implications and opportunity costs. It was felt that such a document might be useful to the SCTS membership. Mr George Krasopoulos and Mr Hari Doshi have jointly agreed to take this forward on behalf of the ACSSC. ■

"There was excellent discussion points on multidisciplinary care for valvular heart disease. This multidisciplinary format meeting brings great value in improving care for our patients."

Report of the transplant sub-committee of SCTS

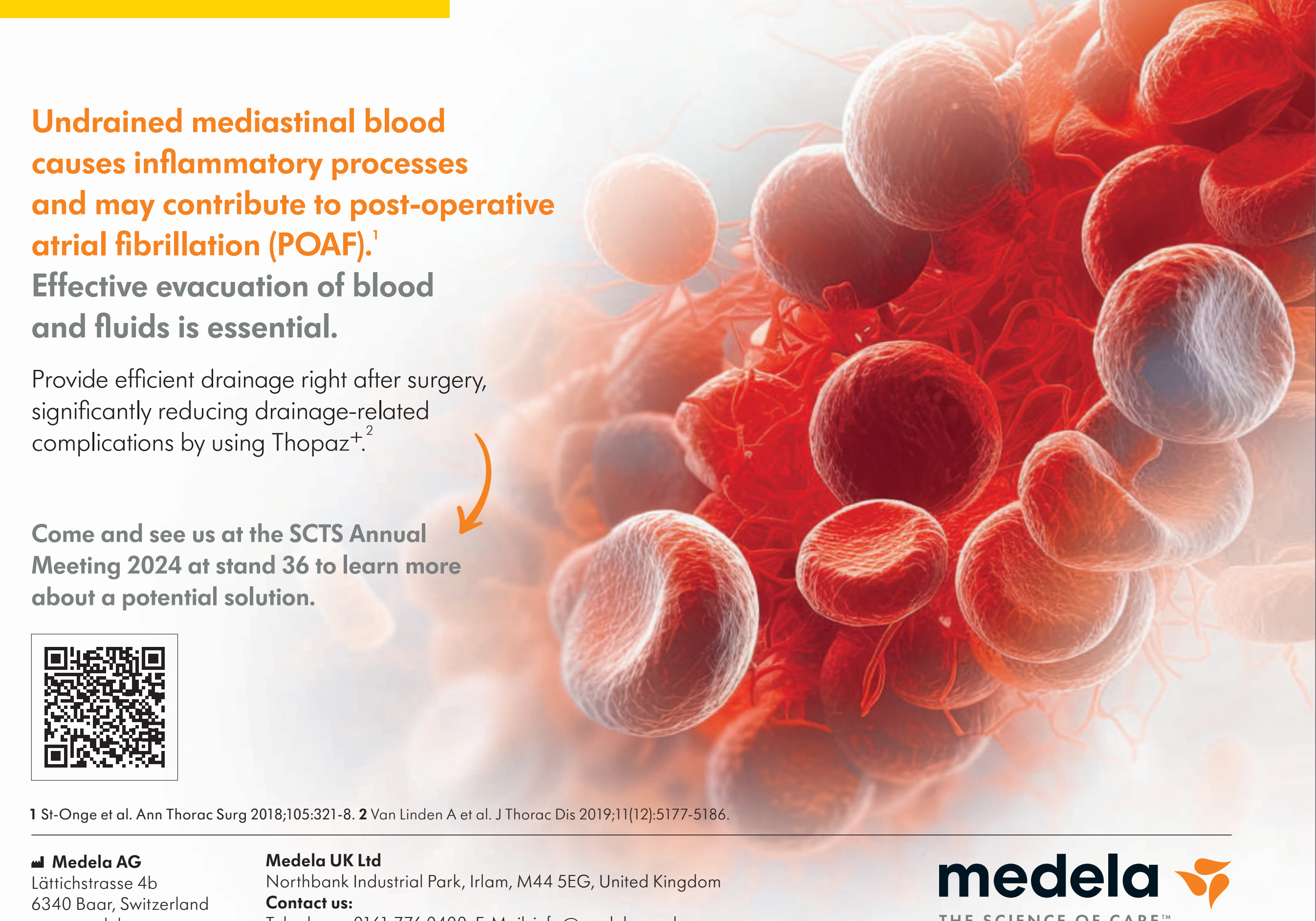
Prof Rajamiyer Venkateswaran, Consultant Transplant Surgeon & Adult Cardiothoracic Surgeon, Manchester
Aman Coonar, SCTS Executive Co-Chair

Of late, the transplant sub-committee of SCTS has been the quietest member of the various committees of SCTS. This has been because of the extremely demanding time commitments of those cardiothoracic surgeons who undertake transplant over and above their regular jobs and because a large part of the activities of the transplant committee is covered by other organisations, such as NHSBT committees and the Cardiothoracic Transplant Advisory Group (CTAG).

Notwithstanding that, we remember the reason the SCTS transplant sub-committee was set up was to allow an independent professional forum for the development of cardiothoracic transplant and the mutual support of cardiothoracic teams. We would like to thank our previous co-chair Mr Steven Tsui, at Royal Papworth Hospital, for steering the committee during his tenure. We welcome Prof Rajamiyer Venkateswaran, well known as Venkat from Manchester University NHS foundation trust, Wythenshawe Hospital as the new chair of the committee.

There are important issues within cardiothoracic transplantation, and central to that is the provision of an effective and sustainable workforce to deliver cardiothoracic transplantation with manageable job plans. There is also the issue of addressing the competing and different needs of cardiac and lung transplantation. With respect to lung transplantation, it is widely known that the numbers of cases done in Great Britain are lower than what might be the case if we were to index ourselves against a health care system such as Canada. The issues are complex, and it is the aim that the committee will address these.

We know that NHSBT and NHS specialised commissioning also have their concerns about cardiothoracic transplantation and we look forward to working collaboratively to improve patients outcomes and support our teams. ■



SCTS Nurses and Allied Health Professional Update

Prof Bhuvaneswari Krishnamoorthy, SCTS NAHP chair and Education NAHP lead

I would like to wish everyone happiness and good health. This year we have been hard hit by fire disasters, flooding and war crises across the world. Let us pray for all those who have lost their loved ones and homes. I hope that year 2024 will bring some calm and peace to the world. I would conclude that we had an amazing year with lots of educational activities, new research multicentre studies, leadership and more evidence based clinical practice within our NAHPs CT surgery communities. Some of the achievements are ...

NAHP Trustee:

One of the amazing icebreakers of the year 2023 is a NAHP trustee inclusion in our SCTS. This is a new post which has been created by the SCTS executive committee to have representation of NAHPs within the trustee board and provide a voice for our NAHP members. The new trustee will be involved in strategic decision making on behalf of our NAHP members, alongside other cardiothoracic consultant trustees. The trustee will be elected by the NAHP members.

New Educational NAHP leads appointment and activities:

We have successfully conducted cardiac, thoracic core surgical courses, a surgical innovation fair, research/audit webinars and many more one day courses. As part of our ongoing developments and increasing workload of educational activities and in addition, my term as an educational NAHP lead will come to an end March of 2024. We have appointed two NAHP educational leads to take over the NAHP educational portfolio. Miss X Liu, Thoracic ACP from Southampton University Hospital and Miss Kathryn Hewitt, cardiac ACP from Birmingham NHS trust were appointed in September 2023.

1. Xiaohui Liu is an Advanced Thoracic Care Practitioner working in University Hospital Southampton NHS Foundation Trust. She has been in the current role for over 10 years and has been qualified since 1986. She has worked in China for 17 years prior to settling in the UK in 2003. She gained her MSc degree in Advanced Nurse Practice at Southampton University in 2020. Currently, she leads our thoracic ACP NAHP committee and designs education focused for thoracic ACP groups. She is passionate about education, innovation and leading projects, which benefits patients' care and their experience.
2. Kathryn Hewitt is an Advanced Cardiac Care Practitioner working in Birmingham Heartlands Hospital. She has worked as a nurse for 12 years and ACP for past 8 years. She has engaged in teaching for our Society University Day since 2015. She strongly believes that there is great potential to develop our NAHP education, which focuses on patient education and outcomes.

I am very happy with the appointments because these two individuals will steer us towards a great future for SCTS NAHP education.

Research awareness course 2023:

We have successfully conducted research awareness one-day courses in Manchester, London, Leicester, and Birmingham. In addition to this, we have conducted six online one-day courses to create an awareness among NAHPs about research funding, opportunities and resources. I would like to thank our Research/Audit Lead Dr Rosalie Magboo for bringing like-minded researchers in London and Mr Sridhar Rathinam from Leicester.

EACTS presentation:

As part of our promoting mental health and wellbeing working group strategy, we conducted a small-scale national survey last year at the SCTS annual meeting using virtual reality. This was accepted at EACTS and presented in Vienna 2023. Delegates from University of Western Australia and University of Malaysia are interested in collaborating with us and conducting a prospective RCT. In addition, we have been successful in the Europe Horizon prime fund, where we will be carrying out a RCT to gauge the impact of VR mindfulness session to reduce the pre-operative anxiety and stress on cardiac patients. I would like to thank Mr Cha Rajakaruna, Dr. Daisy Sandeman, Mrs Nisha Bhudia for their support on behalf of our Mental Health and Wellbeing SCTS working group.

Postdoctoral researchers NIHR colloquium:

Another amazing nurses' and AHPs' postdoctoral colloquium was held on the 29th September 2023. More than 100 nurses, AHPs and managers attended the session face to face-to-discuss the future of clinical academics within the NHS. The National Institute for Health and Care Research announced an extra £30m annual fund to boost research careers for healthcare professionals in England. This was announced by Prof Ruth Endacott, NIHR N&M director on the day to create awareness among the researchers. In addition, she emphasised how "It is crucial that more healthcare professionals develop their academic skills and build careers that balance their clinical work with conducting research. Undertaking research has been a really exciting and satisfying aspect of my career so I'm really pleased that we're able to offer more opportunities to healthcare professionals, and ultimately deliver better care for our patients and the public."

To access more information, please click the link: **https://www.nihr.ac.uk/news/extra-30m-a-year-to-boost-research-careers-for-healthcare-professionals/34213**

Association of Cardiothoracic Surgical Care Practitioner President-elect:

Miss Nisha Nair, Lead Surgical Care Practitioner (SCP) with more than 20 years' experience in cardiothoracic surgery from London was elected as the next President of ACT-SCP organisation. Nisha has many years' experiences as a leader, and she will be working on strategic development of the SCPs in the UK. She will be working very closely with the SCTS NAHP leads to develop educational programmes and national polices for the SCPs.

What is new in the next 6 months?

- More face-to-face educational courses across GB. If you want us to support your local courses, please get in touch with us.
- Webinars and podcasts on current evidence-based practice in the CT surgery.
- Research study day in Leicester.
- Non-medical prescribing course online.
- Nominate your team for the NAHP team award 2023. Advert is out now. ■

Communications Sub-Committee Report

Sri Rathinam, SCTS Communication Secretary,
Consultant Thoracic Surgeon, Glenfield Hospital, Leicester

It is always nice to report good things in the communications update of how things are evolving and improving. But on this occasion, we start with a new feature of recognition and remembrance of our departed valued colleagues. SCTS for the first time has created a tribute board for two of our esteemed friends who sadly passed away from the time the last Bulletin was released.

As surgeons and humans, we touch a lot of lives during our careers. As much as it is sad that our colleagues have departed from us, it is so gratifying to see their life celebrated. The thoughtful tributes offer a new dimension and meaning of their life to their family and beloved. We first created a tribute board to recognise and remember Mr Mubarak Chaudhry, Consultant Cardiac surgeon and SCTS Tutor, and later for Mr Marian Ionescu, retired cardiac surgeon, innovator, creator of the pericardial valve and the largest benefactor to SCTS education. The tribute board has allowed various people who have been touched by these to publicly state their opinions and pay tribute.

> "As surgeons and humans, we touch a lot of lives during our careers. As much as it is sad that our colleagues have departed from us, but it is so gratifying to see their life celebrated."

Bulletin and From the Chest

We are delighted to inform you that we have appointed Dionisios Stavroulias, Consultant Thoracic Surgeon in Oxford as the new Deputy ***Bulletin*** Editor. Dio will shadow Indu Deglurkar as she completes the final assignments in her role as the Editor in Chief of the Bulletin. Indu has delivered a great vision and superb editions of the Bulletin over the last six years.

As much as we wanted to have **From the Chest** as a monthly monologue, the lack of articles to date means we were only able to bring four issues in 2023.

We will decide whether it will be bi-monthly or quarterly going forward, depending on the appetite of the membership with the articles which have been received. We aim to showcase the various faces and facets of the membership, the passions, the units where they work to bring all new meaning to the work and life of the cardiothoracic fraternity.

Website

The website is evolving as ever with new features. It has a patient and professional portal for pectus surgery, which includes various information such as the pathways to treatment from the four nations and Ireland. We are in the process of updating the patient information leaflet for the various cardiac and thoracic conditions and the leadership of our various colleagues within the committee.

BORS report and Unit Engagement

A big thank you to all the contributors to the BORS Report which showcased good practice in addition to updates on unit staffing. We are grateful to units who shared their practice on sustainability in cardiothoracic surgery. We will commence **Unit engagements** from January to gain insight from various units and to the challenges and how SCTS can help and support them.

Social Media

SCTS' Social media policy has been approved and various social media accounts have been streamlined with responsible individuals. We have a pool of keen members within the communications committee, who will be the SCTS Ambassadors in social media increasing our web presence. Please follow us and tag us on any valuable posts on social media:

Facebook: Society for Cardiothoracic Surgery

Instagram: s_c_t_s

LinkedIn: SOCIETY FOR CARDIOTHORACIC SURGERY IN GREAT BRITAIN AND IRELAND

X: @SCTSUK

Collaboration with other Organisations:

The **ACTAAC and SCTS Joint Study Day** was held in November 2023, at the Royal Society for Medicine with great feedback with further collaborations on the horizon.

SCTS are supporting the **Egyptian Society for Cardiothoracic Surgery** Meeting in April 2024 with speakers and scientific content. We are also supporting **the Indian Association of Cardiothoracic Surgeons**' 70th Annual Meeting to be held in February 2024.

As always, we welcome any suggestions and feedback on how we can improve communication from SCTS to the members, patients and the public. ■

The National Trainee Committee for Cardiothoracic Surgery (NTCCTS)

Bassem Gadallah, ST6 Northwest Deanary, Wythenshawe Hospital, Manchester
Walid Mohamed, Cardiac Surgery Registrar (StR), University Hospital Southampton

The National Trainee Committee for Cardiothoracic Surgery (NTCCTS) is an SCTS committee, led by two NTN Representatives, that represents the views and interests of all doctors pursuing a career in cardiothoracic surgery; from foundation doctors to senior specialty registrars. The committee was formed a few years ago to support the NTN Representatives in their role and provide a wider network of trainees for feedback and reporting training-related issues. We have been in the process of formalising the role responsibilities and terms for this relatively new committee and aim to communicate vacancies nationally for expressions of interest.

> "The committee was formed a few years ago to support the NTN Representatives in their role and provide a wider network of trainees for feedback and reporting training-related issues."

We would like to share a brief update on the committee's work and annual events that we organise:

Guide to Deaneries:

We have worked to compile a "Guide to Cardiothoracic Surgery Deaneries" that will be published very soon on the Oriel, Wessex and SCTS websites. This includes a prospectus from each deanery/region with an overview of the training programme to help guide NTN recruitment applicants and ST1 starters.

The NTC had also developed an "ST1 Welcome Guide" for those starting their training programme. The guide is currently being updated and will be available soon on the relevant websites and WhatsApp.

Communication:

We now have NTN WhatsApp groups for every year in training (ST1-ST7) and are working on a system to regularly update these groups (not only annually with changeover but to also consider any change in trainee status). The groups have proven useful in advertising educational opportunities, communicating news/information from the SCTS and SAC and generally allowing trainees to communicate more effectively, and we will contact all NTNs at the start of their training to encourage them join their relevant group.

The SCTS Annual Trainee Meeting

This takes place on the first day of the SCTS Annual Meeting and all NTNs, TPDs and several members of the SCTS SAC and Executive Committees are invited. The inaugural meeting was in 2021 and the 2022 meeting saw the first SCTS Annual Trainer Awards, awarded to cardiac consultant, thoracic consultant and NTN trainers who are voted on by the committee. Nominations will open shortly so please keep an eye out for the announcement via WhatsApp and SCTS communication.

The event also includes updates from SAC and Executive, discussions on pertinent training-related matters with an opportunity to ask questions and a session where trainees share their fellowship experiences and resources.

The next meeting will be held at the SCTS Annual Meeting in March 2024 and we are planning an exciting agenda which includes a moderated debate/Q&A session. We hope to see you all there!

The SCTS Annual Trainee Dinner

The inaugural dinner was held in 2022 and has been held since then, with over 60 people attending last year's fabulous dinner, generously funded by AtriCure. We are planning next year's event on the first day of the SCTS Annual Meeting 2024 and will announce the venue as soon as possible. We look forward to seeing all NTNs there for a very fun night somewhere in Newport (or Cardiff!)

The ASiT Basic Skills in Cardiothoracic Surgery Course

This is an annual course organised by the two NTN Representatives with some NTC members, held on the first day of the Association of Surgeons in Training (ASiT) Annual Conference. The next course will be held in March 2024 and is aimed at senior medical students to junior core trainees with an interest in cardiothoracic surgery.

This popular course features a portfolio review station, detailed advice on NTN applications/recruitment and simulation stations for coronary anastomosis, valve replacement, bronchoscopy, chest drain insertion and VATS, with an excellent faculty to feedback ratio. Spaces are limited and the course very quickly becomes fully booked, so please keep an eye on the ASiT website for the advert to avoid disappointment.

The NTC is working on other projects to bring exciting opportunities to trainees, including fellowship grants, exploring recommendations and action plans to maximise theatre opportunities, and ways to gather more regular feedback from trainees. We are keen to hear from all trainees about any training-related matters (that can then be discussed at the relevant SCTS committee) or any ideas or suggestions about any of the above projects. Please get in touch via WhatsApp or email **ntccts@gmail.com**

We look forward to seeing you all at the next SCTS Annual Meeting! ■

Joint Focus Session on Drainology at the SCTS Annual Meeting in Birmingham, 2023

Francesco Di Chiara, Consultant Thoracic Surgeon, Oxford University Hospitals

In a session at the 2023 Society for Cardiothoracic Surgery (SCTS) conference, attention was directed towards Drainology – a developing scientific discipline examining the complexities of drain management in cardiac and thoracic surgery. The inclusion of this joint focus session marked a notable moment in the ongoing effort to establish consensus among surgeons dealing with optimal strategies for drain management.

Mr Francesco Di Chiara, serving as the session's chair, discussed the origin of Drainology in response to the ongoing debate regarding elements such as the ideal number, size, suction levels, and type of drainage systems. The session aimed to address the need to establish best practices, minimising drains' impact on patient outcomes, including pain, recovery, and complications.

Central to Drainology is the understanding that a collaborative, multidisciplinary approach, supported by evidence-based data, is essential to reach a consensus on best practices. Challenges in drain management were recognised between cardiac and thoracic surgery, with thoracic teams focusing on air leaks and cardiac teams handling blood drainage.

Mr Hazem Fallouh presented evidence on the effectiveness of digital drain systems in both cardiac and thoracic surgeries. Rigorous randomised controlled trials showed favourable outcomes with digital drains using constant, regulated low suction compared to analogue counterparts in thoracic surgery. Data from the National Institute for Health and Care Excellence (NICE) indicated the potential cost-effectiveness of digital suction in thoracic surgery, suggesting its adoption. Additionally, the benefits of low suction in reducing air leaks and drainage duration were discussed, with digital drainage seen as an advanced air leak monitoring device.

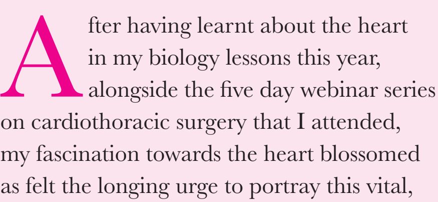
Professor Juriq Kalisnik delved into drainage challenges in cardiac surgery, shedding light on Retained Blood Syndrome (RBS). This condition, resulting from inadequate blood evacuation around the heart, poses a significant risk post-cardiac surgery. The session highlighted a US study linking two-thirds of cardiac arrests in intensive care to tamponade, emphasising the gravity of RBS. Prof Kalisnik presented evidence connecting RBS to postoperative atrial fibrillation (POAF) and showcased a randomised controlled trial illustrating the efficacy of posterior pericardial chest drain placement in reducing POAF.

The debate over optimal drain sizes for recovery and complications in thoracic surgery lacks consensus. Andrea Bille's presentation of real-world prospective data on hydrogel-coated drains suggested potential benefits in reducing postoperative complications without compromising drainage efficiency.

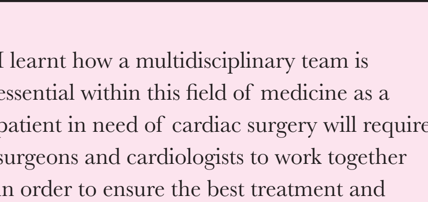
Professor Eric Lim offered insights into chest drain size selection, cautioning that larger drains might not necessarily improve drainage rates in the majority of thoracic operations. He emphasised the role of drain size in specific scenarios, where incorrect choices could have implications.

In the concluding talk, Ashiq Abdul Khadern outlined the Royal Brompton Hospital's chest drain removal strategy post-thoracic surgery. The shift from fluid-based to air leak criteria facilitated earlier drain removal, resulting in reduced hospital stays and acceptable complication rates. The use of digital drains allowed real-time assessment of air leaks, contributing to a move towards day-case thoracic surgery.

Summing up the session, the chairs highlighted the NICE recommendation for adopting digital systems in drainage management, citing potential clinical benefits and cost savings in thoracic surgery. They underscored the need to identify patients in thoracic surgery who do not require large-bore chest drains, emphasising the potential for improved outcomes and enhanced recovery. The unresolved impact of digital chest drains on postoperative retained blood in cardiac surgery was acknowledged, calling for further exploration of this critical aspect. ■



INSINC INSIGHT Reflection Competition – First Place



Mahira Purna, Year 13, Woodford County High School

After having learnt about the heart in my biology lessons this year, alongside the five day webinar series on cardiothoracic surgery that I attended, my fascination towards the heart blossomed as felt the longing urge to portray this vital, yet beautiful organ with an explosion of fluorescent colours, combining my love for both anatomy and painting. Not only this but also the biology behind it all is so captivating to learn about! How the heart pumps blood around our bodies, how the atria and ventricles contract, and how the coronary arteries are essential in supplying oxygen for muscle contraction and more!

The arteries and veins are connected by small capillaries allowing each to deliver oxygenated blood from the heart to the rest of the body and to retain deoxygenated blood from the body back into the heart, respectively. The right atrium is the one that receives deoxygenated blood that has returned from the body which then pumps this blood into the right ventricle, which then pumps it into the lungs to pick up a fresh supply of oxygen. The left atrium receives this oxygenated blood from the lungs and pumps it to the left ventricle, which then pumps this blood to the rest of the body. This is a one way system and valves are the ones that regulate the direction of blood flow. They act like doors that open and close with every heartbeat! The pulmonary valve being on the right and the aortic valve being on the left side of your heart.

After attending the five day lecture series, I gained valuable knowledge about the procedures undergone during cardiothoracic surgery. I was privileged enough to hear a consultant speak about her regime and I learnt how a multidisciplinary team is essential within this field of medicine as a patient in need of cardiac surgery will require surgeons and cardiologists to work together in order to ensure the best treatment and outcome possible for the patient.

Moreover, I find it enthralling how an organ that can often represent love, sadness or joy and other strong emotions in literature and music, is the same organ that keeps us alive. I wanted my painting to show the heart like how my eyes see it, a vibrant and attractive entity that is not only multifunctional, but can have several connotations, representing certain aspects in the bigger picture of human life on paper and through the use of rhythm, melodies and words. In my personal life, I have experienced these strong emotions multiple times, however the one that stands out to me the most is when I went through grief due to the loss of a loved one. Such overwhelming sadness can even cause physical pain in the chest, when our heart palpitations increase and the heartbeats begin to sound like a song of worry, suggesting that the heart is possibly more than just a blood pumper and is without a doubt, one of the most unique organs in the human body! ■

An outstanding experience in Leipzig Heart Centre

Anupama Barua, Post CCT fellow, Royal Stoke University Hospital

In July 2023, I attended the Leipzig Heart Centre for aortic programme, complex mitral repair and minimitral surgery. I decided to visit this place as Leipzig is a high-volume cardiac unit performing more than 3000 major cardiac procedures per year. The complex has nine theatres: five adult cardiac theatres, one congenital cardiac theatre and three theatres dedicated to hybrid procedure.

I was welcomed by Prof Michael Borger, his secretary Miss Mandy Kraft and the entire team. I had freedom to spend my time exploring all aspects of cardiac surgery including mini mitral, complex mitral repair, aortic valve replacement with right anterior thoracotomy, partial sternotomy for complex aortic surgery and MitraClip.

During this period, I was able to appreciate the efficiency of the German health care system. The proficiency of all theatre staff including the anaesthetists and scrub nurses is praiseworthy. The knife to skin is at 8:00 am. The first case was finished by 10:30 -11:00 am. The second case started at 11:30 am and finished by 2:30 -3:00 pm. I observed this timing in almost every theatre, irrespective of the surgeon and the complexity of the case. I was fascinated to see that the average cross-clamp time was 114 min and the average total bypass time was 135 min for David 6 procedure with Hemiarch replacement. It seems to me that the German surgeons run a TGV, we are on British Rail in the NHS.

View of the Leipzig Heart Centre as seen on my walk to the hospital everyday

Prof Borger and I on the very last day at Leipzig Theatre premises after completion of complex mitral repair

During this period, I had the opportunity to observe redo aortic dissection which required hemiarch replacement, David 6 procedure, hemiarch with SACP, aortic valve with ascending aorta replacement with partial sternotomy, aortic valve replacement with right anterior thoracotomy, mini mitral, complex mitral repair, combined valve procedure with AF surgery and mitraclip deployments. Though this unit has performed more than 100 commando procedures, I was not lucky enough to observe one.

It was notable that the total cross clamp-time is reduced, one reason might be using Del Nido solution as cardioplegia. But this might not be the only reason for the fast surgery. Another striking feature was the weight of the patients; average weight was 80kg-90kg.

While in Leipzig, I also made the most of the opportunity to visit this historic city with its many museums, lakes and historic sites. My favourite place was the Bach museum (Johann Sebastian Bach, father of modern classical music) and his workplaces – St Nicholas Church and St Thomas Church which are examples of elaborate architecture from the 12th century.

My experience in the Leipzig Heart Centre was very stimulating. I have learned a lot and will take this forward with me in my practice. I will recommend the cardiac surgeons and cardiac anaesthetists to visit this place to improve our service.

I would like to thank Mr Kasra Shaikhrezai, Consultant Cardiac Surgeon, Golden Jubilee National Hospital, Glasgow, for encouraging me to attend the Leipzig Heart Centre and for introducing me to Professor Michael Borger, to whom I extend my special thanks for giving me the opportunity to have the incredible experience. I am also indebted to Mr Lognathen Balacumaraswami, Consultant Cardiac Surgeon, Royal Stoke University Hospital, for granting me leave of absence and thus affording me the opportunity to encounter at first hand this world-class expertise. ■

Statue of Johann Sebastian Bach in front of St Thomas Church, Leipzig

The progress of surgical units in Somaliland

Abdiasis Hassan, 6th year medical student

Somaliland has emerged from a recent conflict that caused the vast majority of skilled surgeons to flee to neighbouring countries. This is not the only problem that Somaliland is facing. Naturally the country shares many characteristics with other post conflict zones, suffering from inadequate infrastructure, shortage of healthcare workforce, insufficient supply of equipment and health facilities, and finally the lack of an overall health care system that adequately regulates the service delivery.

Somaliland thus faces many challenges in the surgical field. Surgeries are costly, and incredibly difficult to access. The poor often cannot afford the procedures and even if they can, the risk of grave complications as a result from the surgical procedures is especially high among them. However, many a time even the rich have no access to an adequate quality of surgical care.

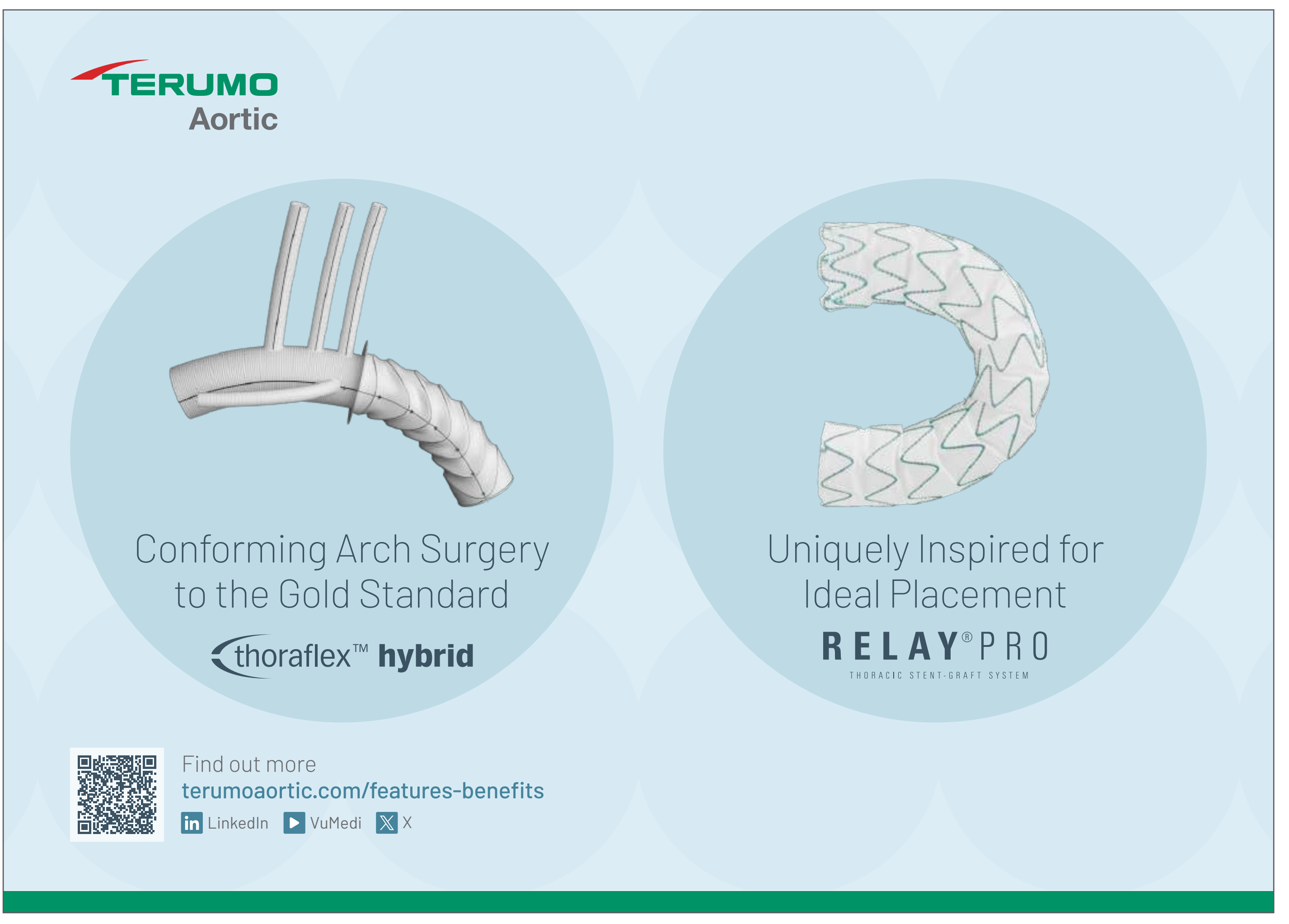
For the past 27 years, the larger part of surgical procedures has been performed without the presence of any certified surgeon. The only available practicing surgeons are in fact general practitioners taking up the heavy task. Clearly, the term 'neglected stepchild of global health' used to refer to global surgery by many experts the global health society, is especially applicable in Somaliland.

With the growing population, the development of sophisticated diagnostic imaging and the establishment of more and more hospitals, the need for qualified surgical personnel including certified surgeons, anaesthesiologists and OR nurses are extremely high. Somaliland is a young country and the first medical graduate only obtained his degree in 2007, however the field of medical professionals (also consisting of OT nurses and nurse anaesthetists) is growing.

There is some improvement in terms of knowledge, equipment, anaesthesia, presence of few Intensive Care Units. In 1990s, there were no officially trained anaesthetists, but the first group of nurse anaesthetists were trained in 2013. Still we are missing trained OT nurses, enough operating rooms, some of the basic equipment's like bronchoscopy, cystoscopy, and other diagnostic modalities. Anaesthesia machines are available, in most of the regional public hospitals, but the anaesthesia team are lacking the knowledge of how to use them.

However, for the past five years Somaliland is finally able to have cardiac surgeons who perform highly demanded surgeries like CABG and PCI which were previously difficult to perform, as the future surgeons, we are so optimistic to develop the surgical procedures in Somaliland and to advocate a costly effective surgery to every one!

In conclusion, although there is some progress in the surgical departments of Somaliland, this progress is happening very slowly due to insufficient planning of infrastructure, lack of a health work force plan and poor prioritizing of training. Despite all these limitations, there are some tangible improvements in the surgical field, and maybe in the next five years Somaliland will finally have CT surgeons who will serve their community effortlessly. ■



Aortic Dissection: From Treatment to Home Aortic Dissection Awareness Day 2023 at Royal Papworth Hospital

Ismail Vokshi, Post CCT Trainee in Aortic Surgery, Royal Papworth Hospital, Cambridge
Gareth Owens, Chair of the National Patient Charity for Aortic Dissection, Royal Papworth Hospital, Cambridge
Bobby Agrawal, Consultant Radiologist, Royal Papworth Hospital, Cambridge
Narian Moorjani, Consultant Cardiac Surgeon, Royal Papworth Hospital, Cambridge
Ravi De Silva, Consultant Cardiothoracic Surgeon, Royal Papworth Hospital, Cambridge
Shakil Farid, Consultant Cardiothoracic Surgeon,Royal Papworth Hospital, Cambridge

Royal Papworth Hospital had the privilege to host the Aortic Dissection Awareness Day, 2023, an event that had patients, healthcare professionals, and community members coming together to learn from each other and spread awareness about aortic dissection, a critical medical condition that often goes undiagnosed until it's too late.

Despite its severity, many people remain unaware of its existence until they themselves, family or friends experience symptoms and get diagnosed with it. As we are all too aware of the consequences of missed diagnoses and delayed presentation of patient suffering from aortic dissection.

The awareness day began with a series of educational sessions conducted by professionals who are involved in all aspects of managing the care of patients with aortic dissections. From presentation at local hospitals, diagnosis, critical transfer, surgery, critical care management and post-operative rehabilitation.

Perhaps the most impactful segment of the event was when aortic dissection survivors and their relatives shared their personal stories. These brave individuals recounted their experiences, emphasizing the importance of early detection and treatment. Their testimonies left a lasting impression on attendees, underscoring the critical need for awareness and education surrounding aortic dissection.

The Aortic Dissection Awareness Day at Royal Papworth Hospital in 2023 was a resounding success in its mission to spread awareness, educate patients, staff and the public, with an aim to save lives.

Faculty at the aortic dissection awareness day

"The Aortic Dissection Awareness Day at Royal Papworth Hospital in 2023 was a resounding success in its mission to spread awareness, educate patients, staff and the public, with an aim to save lives."

Mind-map of the day's discussions

The success of this event sets a promising precedent for future efforts in raising awareness and promoting cardiovascular health.

As the day drew to a close, attendees left with a renewed sense of purpose, armed with knowledge to make a difference. Hearing the stories of survivors and their families underscored the profound impact of this event. It was an incredibly humbling experience.

Aortic Dissection Awareness Day is a testament to what can be achieved when patients and the medical community unite and work together to save lives through awareness and education.

This event is just the beginning of Royal Papworth Hospital's efforts to raise awareness of aortic dissection and its management. The hospital holds an annual Acute Aortic Syndrome Study Day scheduled on 3rd November 2023 and the Annual Cambridge Aorta Symposium: Aortic Isthmus II scheduled on 24-25th November this year.

We are grateful for this enlightening experience, as we work together to raise awareness and save lives. ■

Patient presence at aortic dissection awareness day

Patients, family and the faculty at the aortic dissection awareness day

The STS/EACTS Cardiothoracic Resident's Showdown: A Trainee's Perspective

Brianda Ripoll, ST4 NTN Run-through Cardiothoracic Surgery, Yorkshire and Humber Deanary
Nabil Hussein, ST6 NTN Run-through Cardiothoracic Surgery, Castle Hill Hospital, Hull

Last October in the beautiful city of Vienna, almost 5000 delegates from 103 countries came together at EACTS Annual Meeting 2023, home for the global cardiothoracic surgical community. Packed with fascinating abstracts, discussion sessions, guidelines, and trials updates, learning labs, this year's meeting was extraordinary for its cutting-edge program filled with sessions moderated by giants of our specialty, countless hands-on opportunities such as the Techno college and industry wet labs, and the historical announcement of the first female president of EACTS, Professor Franca Melfi.

The Cardiothoracic Resident's Showdown is a jeopardy – style competition, which is well established and cherished by its entertainment with knowledge value among the EACTS delegates each year. The competition is a stepwise process. To be eligible to compete, teams of two residents from the same department or deanery are formed and register for the event via the STS or EACTS websites. Each member of the team must pass the qualifying exam for the showdown. This is a FRCS Part 1 style MCQ online exam where individuals attempt to answer up to 60 questions in 20 minutes. The top six European teams from the qualifying exam are invited to compete against each other during the live CT Showdown at the EACTS Annual meeting to determine the European winners. This is split into a semifinal round (2 x 3 teams), with the winner from each semi-final competing in the final round.

The format of the Showdown consists of a Jeopardy-style question grid where the columns represent a category (i.e. thoracic, cardiac, congenital, physiology, historical events) and the rows represent money values. As each column descends the money value increases, and the corresponding question increases in difficulty. The quiz master, who was the charismatic Mr Richard Milton (Thoracic Consultant, St James's Hospital, Leeds), reads out a question from one of the categories and the first team to buzz gets the opportunity to answer. If they answer the question correctly, they get the money value of the question, however if answered wrong they lose the money value and the other teams have the opportunity to answer or pass. The team who answers the question correctly then gets to select the next category and money value, where all teams compete again on the buzzer. The winning team is the one that accumulates the most money by the time all the questions on the board are answered.

The final is in a similar format however once the question board is complete there is a final 'Jeopardy' question where teams must first wager how much money they would like to play with before the question is read out. The maximum wager can be upto the total money a team has or a pre-determined value by the judges if a team is in negative equity. Both teams must answer the final question and if answered correctly they will receive their wagered amount, but if incorrect they lose this value!

We were delighted to compete against such remarkable residents, whose in-depth knowledge of the cardiothoracic syllabus was impressive. The competition tested not only your knowledge, but also your ability to play strategically under time pressure. We thoroughly enjoyed the challenge and fortunately ended up in the final following very tightly contested semi-final against teams from Switzerland and Italy. In the final, we played against a team from the University of Padova (Italy). In an exciting final, it came down to the final questions where we fortunately came out on top to win the competition.

Mr Nabil Hussein, Miss Brianda Ripoll, Mr Mubarak Chaudhry, Professor Mahmoud Loubani

We will now go on to compete against the winning North American team at the STS Annual Meeting in 2024, where the Cardiothoracic Surgery Masters World Champions will be held in San Antonio, Texas in January. To us, jeopardy is a competition of knowledge, strategy, and most importantly, teamwork.

We are trainees of the Yorkshire and Humber deanery. Among the many things that makes our deanery special, is the unwavering support, optimistic and fun-approach to this amazing career by our TPD Professor Mahmoud Loubani, and our beloved mentor the late Mr Mubarak Chaudhry. It was their encouragement and outstanding teaching that prepared us for the competition. We were inspired by our former Yorkshire trainees and the 2017 EACTS CT Showdown European winners Mr Joshil Lodhia (now Thoracic consultant, St James's Hospital) and Mr Priyad Ariyaratnam (now Thoracic consultant, Derriford Hospital) who also guided us in the build up to the competition.

It was a great experience, and we would encourage fellow trainees to consider entering and participating in this fantastic competition! We'd like to thank all our trainers, colleagues, and both SCTS and EACTS for this journey.

Mr Chaudhry, you are dearly missed. We will do our best to represent the SCTS and bring the trophy home! ■

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The future is here: Towards an elective aortic dissection toolkit

Catherine Fowler, Trustee, The Aortic Dissection Charitable Trust
Graham Cooper, Trustee, The Aortic Dissection Charitable Trust

NHS England's Acute Aortic Dissection Toolkit is making great progress, with implementation ongoing in all regions. Building on the great engagement and momentum that the Acute Toolkit has developed, at the SCTS University in Birmingham, The Aortic Dissection Charitable Trust took a broad look at what an Elective Toolkit for Aortic Dissection might look like.

The feedback from this event, along with input from our Research Panel of experts-by-experience and healthcare professionals, enabled us to draw up a deliverable plan for an Elective Toolkit. In April of this year, we presented this to the Secretary of State for Health and Social Care. We were delighted that it received a very positive welcome and as a direct result NHS England have established a working group to implement the Elective Toolkit. This is a landmark moment that will redefine aortic dissection care in the UK. A future in which dedicated, specialist teams not only guide patients every step of the way but also provide comprehensive genetic screening and psychological support to help manage the

"The feedback from this event, along with input from our Research Panel of experts-by-experience and healthcare professionals, enabled us to draw up a deliverable plan for an Elective Toolkit."

emotional toll of living with aortic dissection. This is a monumental shift that promises to improve survival rates, reduce disability, and enhance the quality of life for patients and their families. We look forward to putting our shoulders behind the delivery of this.

To further the advocacy for aortic dissection patients and their families, our Trustee Catherine Fowler has represented the Aortic Dissection Charitable Trust at two major political venues – the Conservative Party Conference and Labour Party Conference. Both events had the shared objective of improving healthcare for individuals with long-term health conditions.

As well as extending our work in the field of policy change our research agenda has also expanded. Our Research Advisory Group drives our research agenda, and this year has recruited another eight members. On September 19th we announced the recipients of our second annual research grant awards. Both successful applications concerned diagnosis of aortic dissection. There is a proliferation of research studies in the field of aortic dissection at present. The DAShED and CAASP studies, for which TADCT has provided the PPV input, are about to publish and the ASES study is underway and is expected to publish next year.

The DAShED and CAASP studies have a unique data set between them and one of the research projects that we have supported in 2023 is AORTA-AI which will combine these data sets in a diagnostic retrospective observational study. This aims to develop a machine learning model for identifying radiologically confirmed aortic dissection in a two-gate cohort study with separate cohorts of suspected AD (DAShED) augmented with cases of confirmed AD (CAASP). This is an exciting study that holds the prospect of significantly improving diagnosis of aortic dissection.

As always, your support and that of our fund raisers continues to drive The Aortic Dissection Charitable Trust forward and will change the future landscape for AD patients in the UK & Ireland. ■

The Aortic Dissection Charitable Trust Lunchbox Session was sponsored by Terumo Aortic.

THE AORTIC DISSECTION CHARITABLE TRUST

The Aortic Dissection Charitable Trust is a UK based charity whose aims are exclusively focussed on aortic dissection. We aim to improve the diagnosis of aortic dissection and bring consistency of treatment across the whole patient pathway. We accomplish this through:

- Increased access to education for healthcare professionals and those affected by aortic dissection.
- Influencing healthcare policy to bring consistency across the whole patient pathway.
- Promoting research into the detection, prevention and treatment of aortic dissection.

In the last year we have:

- Designed and delivered 23 education events at local, regional, national and international levels. These have reached an audience of over 2000, including coroners, paramedics, Emergency Department Healthcare Professionals as well as surgeons.
- Released our unique and engaging animation explaining the complexities of the presentation of aortic dissection, 'Could it be Aortic Dissection?' This has now had over 300,000 views including 3000 in hospitals in the UK.
- Held a unique out-reach event in collaboration with The University of Liverpool and Everton Football club inspiring under-represented students to explore the world of biomedical science and discover the career opportunities in this field – Biomedical Outreach Event | My Aorta My Future (aorticdissectioncharitabletrust.org)
- Held the first debate in Westminster on Aortic Dissection.
- Supported the development and implementation of NHS England's Toolkit for Acute Aortic Dissection.
- Made successful representation to the Secretary of State for Health and Social Care for an Elective Aortic Dissection Toolkit.
- Awarded our second round of research grants.

Take a look at our website for more news and educational materials, including our unique resource for patients and relatives, Living with Aortic Dissection and our animation 'Could it be Aortic Dissection?'
www.tadct.org @AorticDissectCT ■

SCTS Partnership with national patient charity influences aortic dissection care worldwide

Christina Bannister, Nurse Case Manager, Southampton General Hospital

The partnership between SCTS and the national patient charity Aortic Dissection Awareness UK & Ireland is now influencing Aortic Dissection patient care around the world.

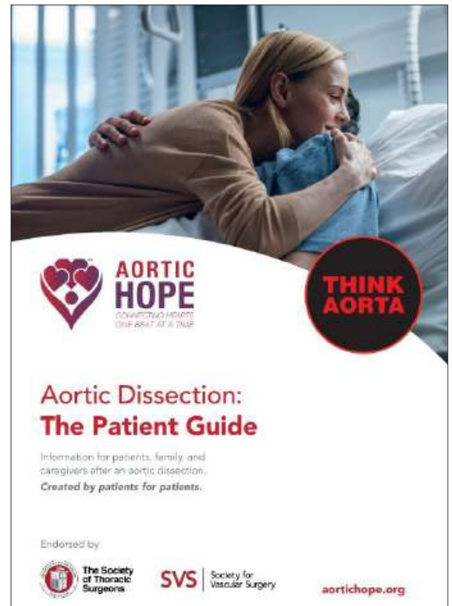
No less than four of the initiatives in which SCTS is partnered with the patient charity have taken on a global dimension. As a result, the UK's innovation and patient-centred leadership in Aortic Dissection is increasingly recognised and embraced by senior clinicians and leading professional societies in North & South America, Europe and Asia. The Society's partnership with the national patient charity is helping the UK to 'punch above its weight' on the world stage and demonstrate patient-centred leadership in improving Aortic Dissection care.

The first UK Aortic Dissection initiative to go global was THINK AORTA – the patient-led campaign focused on implementing an improved diagnostic strategy in acute dissection. Together with the Royal College of Emergency Medicine, SCTS provides vital credibility by endorsing the clinical content of the campaign and its central diagnostic message "THINK AORTA – CT scan to confirm". When, in 2020, a request was received to use the UK materials to create the THINK AORTA US campaign, the existing support from SCTS helped in securing the endorsement of the Society for Thoracic Surgery (STS). Since then, THINK AORTA has been adopted and translated for campaigns on four continents. For example, PENSE AORTA is a vibrant campaign in Brazil, which this year held its own symposium at which Brazilian aortic dissection patients shared their stories and worked with leading clinicians to improve diagnosis. THINK AORTA Malaysia launched in December 2022, when SCTS members Mr Geoff Tsang and Mr Amit Modi, together with global campaign lead & AD survivor Mr Gareth Owens, visited Kuching and joined Malaysian dissection patients in speaking at the 21st Century Healthcare Challenges Conference. The life-saving THINK AORTA poster is now available in the native language of over 50% of the world's population, including Chinese.

THINK AORTA at the STS 2023 Annual Meeting in San Diego, CA

Secondly, the DECIDE-TAD research programme, which was the subject of a keynote presentation titled "Toward the Prevention of Acute Aortic Dissection" at the 2023 SCTS Annual Meeting, was set-up from the outset to include key global collaborators from the US, Canada and Europe. The team's first research paper, "Evaluating the Feasibility of Screening Relatives of Patients Affected by Nonsyndromic Thoracic Aortic Diseases: The REST Study" was published in JAHA in 2022. DECIDE-TAD researcher and SCTS member Dr Riccardo Abbasciano also recently completed a month-long fellowship with Prof John Elefteriades at Yale. SCTS member Prof Gavin Murphy, co-leads the programme with the Chair of the national patient charity Mr Gareth Owens. The team was recently shortlisted and invited by NIHR to submit a Phase 2 PGfAR application for their research.

SCTS members Mr Geoff Tsang and Mr Amit Modi travelled to Kuching with Chair of the national patient charity Gareth Owens for the launch of Aortic Dissection Awareness & THINK AORTA Malaysia



SCTS member and RCSEd Vice President Prof. Tim Graham accepted the patient charity's award of the hosting of Aortic Dissection Awareness Day UK 2024 to the Royal College of Surgeons of Edinburgh

Thirdly, following its successful launch at the SCTS 2022 Annual Meeting, the patient charity's excellent handbook "Aortic Dissection: The Patient Guide" came to the attention of US patient organisations, Aortic Hope. As a result, a US edition of the publication was released in September 2023. Following the UK model pioneered by Aortic Dissection Awareness UK & Ireland, the US Patient Guide has been made available free of charge for every US Aortic Centre to give to their aortic dissection patients. Once again, the backing of SCTS (together with the Vascular Society and the Intensive Care Society) for the UK edition provided the clinical credentials that helped secure endorsement from the Society for Thoracic Surgery for the US edition. The patient charity is now in discussion with European partners about potential translations of Aortic Dissection: The Patient Guide into German, French, Spanish and Italian.

Finally, SCTS is always well-represented, often by the President, at the national patient charity's flagship annual event on 19th September – Aortic Dissection Awareness Day UK. The charity has now extended the reach of this event and holds AD Awareness Day Ireland on the same day, which this year was hosted by SCTS member Mr Saleem Jahangeer at St. James's Hospital, Dublin. The impressive size and capability of the patient charity now enables it to run a second very successful face-to-face event in Dublin, while the UK national event was taking place at Royal Papworth Hospital in Cambridge, hosted by SCTS members Mr Shakil Farid and Mr Ravi da Silva.

Building on this theme of the UK influencing global Aortic Dissection patient care, the charity has announced that the theme for Aortic Dissection Awareness Day UK 2024, hosted by the Royal College of Surgeons of Edinburgh on Thursday 19th September, will be "Aortic Dissection Surgery Around the World". SCTS member and RCSEd VP Prof Tim Graham accepted the award during the 2023 event at Royal Papworth Hospital. The organising committee plans a very special event to showcase the best of UK Aortic Dissection surgery and research, while providing opportunities for delegates to learn from visiting global experts and their patients. SCTS members with an interest in Aortic Dissection should save the date for this unique event, attend and play a part in the Society's partnership with the national patient charity.

The partnership between SCTS and Aortic Dissection Awareness UK & Ireland is a credit to the patient-centred leadership of both organisations and is delivering significant benefits to clinicians and patients around the world. ■

SCTS member Mr Saleem Jahangeer hosted AD Awareness Day Ireland 2023 at St. James's Hospital in Dublin

The importance of Thoracic Research. The National Thoracic Research Improvement Initiative

Prof Eric Lim, Consultant Thoracic Surgeon and Professor of Thoracic Surgery, Royal Brompton Hospital, and Imperial College London (NTRII Co-Chair)
Paulo De Sousa, Senior Research Nurse, Royal Brompton Hospital (NTRII Co-Chair)
Mark Boyle, Senior Clinical Fellow, Royal Brompton Hospital (NTRII Secretary)

Should all healthcare professionals be involved in research? A common interview question, but perhaps one that needs a more considered response.

The majority of research is done for career advancement, but unless you are a career academic [most of us are not], we are missing the point. Research is the foundation of evidence-based medicine and is key to understanding clinical practice. It tells us why and how decisions are made in the formation of guidelines, but fundamentally, undertaking research is the best way to learn. However, many budding researchers are frustrated by lack of knowledge, of prior exposure and not knowing where to start.

The National Thoracic Research Improvement Initiative (NTRII) is a non-obligation platform that permits juniors to develop a skill set they will take with them in their future careers and projects. NTRII provides a forum for future researchers to discuss their proposals with Professor Lim and Paulo De Sousa. Trainees get personalised feedback on their presentations and are provided with "Step by Step" guides on how to ensure their research methodology is robust and reproducible.

The impact NTRII has delivered since 2018 in training juniors across the country is demonstrated by the eleven international presentations, seven peer reviewed publications and an international prize awarded to our delegates.

Ultimately, well supervised and conducted research translated directly to changes in practice and improvements in patient care. If you are interested, please don't hesitate to contact us at **ntrii@rbht.nhs.uk**, and together, let's begin your research journey. ■

SCTS & ACTACC joint meeting report

Navid Ahmadi, NHS Service Improvement Fellow, Royal Papworth Hospital, Cambridge

Well, that went well! SCTS and ACTACC held a joint meeting at the Royal Society of Medicine on Monday 6th November 2023 attended by approximately 300 delegates and faculty and 19 companies as sponsors.

There were two streams: cardiac and thoracic with ample joint networking and team-building time. Delegates came from all branches of the wider cardiothoracic surgery team.

The fundamental themes of this meeting were: 1) to foster the culture of team working between surgery and anaesthesia teams and, 2) to encourage face-to-face meetings after the pandemic. The themes were based on member suggestions.

The last joint meeting was in 2015. SCTS past-president Simon Kendall, along with Mark Steven president-elect of ACTACC, were the drivers bringing back this joint initiative. On this occasion, we were able to have approximately equal numbers to both the cardiac and thoracic groups.

The successful November 2023 meeting had been delayed due to COVID and suffered from a late cancellation in 2022 due to a rail strike. Despite these past challenges, the organising team and meeting secretariat 'Event Management Direct', was able to pull it all together and the feedback has been tremendously positive.

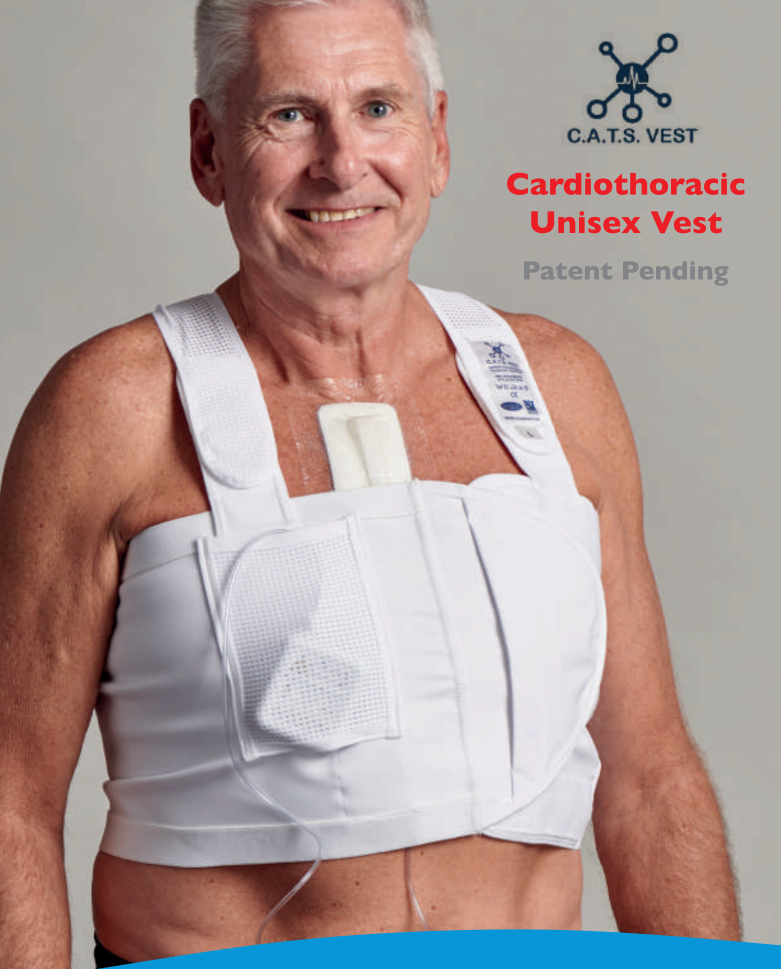
Along with informative and interactive talks, notable learning was that plenty of networking time makes for good networking!

We built upon the strength of RSM as a medical conference venue and are very grateful to the cardiothoracic section of the Royal Society of Medicine, currently chaired by Mark Jones, who stood down their winter meeting to allow us to have this collaborative event. The medical focus of the venue was commented upon as an asset.

We very much hope to hold future joint meetings around this time as it fits into the meeting schedule and the time of year lends itself to a festive atmosphere.

The educational programme is freely available on YouTube via: **https://www.youtube.com/playlist?list=PLH7WG3xAzpZ1ksetjueT1lSsS7CiPAdMP**

Organising committee
Mark Steven; Aman Coonar; Manoj Kuduvalli; Karen Redmond ■



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- Lateral side support panels designed to protect the cardiac incision.
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Product training and support material provided by CUI International.

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Cardiothoracic Interdisciplinary Research Network: Objective, Structure and the collaboratives future

Luke Rogers, NTN Trainee, Bristol Royal Infirmary
Ricky Vaja, Cardiothoracic Registrar, Royal Brompton Hospital, London
Akshay Patel, ST6 NTN, University Hospitals Birmingham NHS Foundation Trust
Ann Cheng, Cardiothoracic Surgery SpR, Sheffield Teaching Hospitals NHS Foundation Trust
Brianda Ripoll, ST4 NTN Run-through Cardiothoracic Surgery, Yorkshire and Humber Deanary
Jacie Jiaqi Law, ST2 NTN, Royal Victoria Hospital, Belfast
Rosalie Magboo, SCTS NAHP Research Committee Lead, Clinical Doctoral Research Fellow, Senior Sister, St Bartholomews Hospital, London
Gavin Murphy, Consultant Cardiac Surgeon, Glenfield Hospital
Eric Lim, Consultant Thoracic Surgeon and Professor of Thoracic Surgery, Royal Brompton Hospital
Prof Mahmoud Loubani, Consultant Cardiothoracic Surgeon, Castle Hill Hospital, Hull

The CIRN was setup to develop the infrastructure for motivated healthcare professionals interested in Cardiothoracic Surgery research to collaboratively, design and deliver high quality, high impact, multicentre clinical trials that change practise.

Simultaneously, the National Priority Setting Partnership in Adult Cardiac Surgery coordinated by Professor Gavin Murphy provided 10 unanswered research questions forming the focus of clinical study groups (CSGs) that have subsequently developed numerous programs of work to answer some of these questions. Furthermore, it has catalysed similar research priority setting partnerships in Congenital Cardiac Surgery which is concluding. This concerted effort from the SCTS Research Committee has been towards the endeavour of ensuring there is "a patient for every trial, a trial for every patient" a maxim coined at last years SCTS Annual Conference in Birmingham.

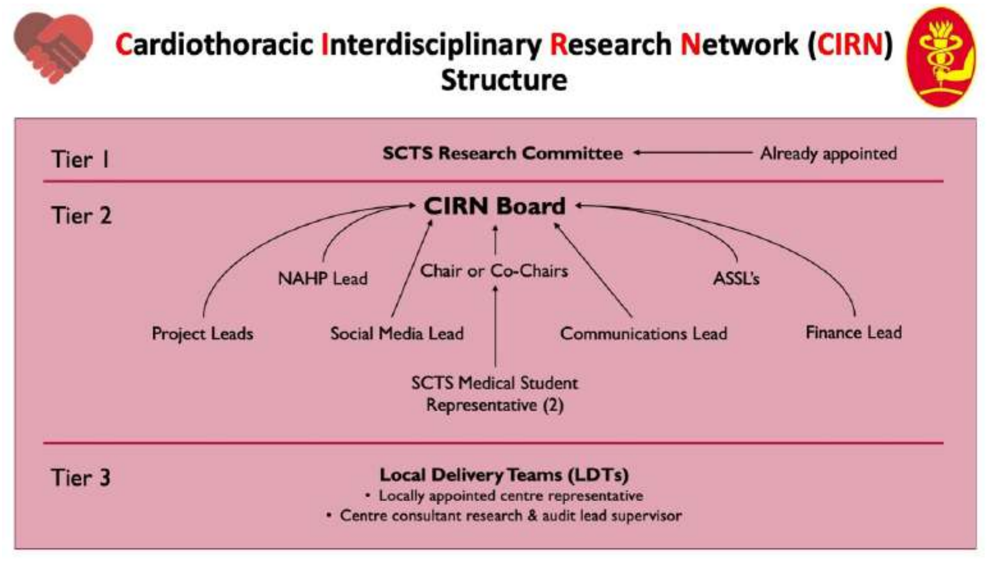
To that end, the CIRN has always worked towards trying to establish a core of interdisciplinary professionals across the UK and Ireland that can:

- Drive trial recruitment locally,
- Support the development of early career researchers,
- Deliver trainee-led clinical trials,
- Raise awareness of cardiothoracic surgery research and,
- Provide a supportive mentorship network for all those involved

This has so far been fruitful, with a series of publications, even more in writing currently, and several successful grant applications. Unsurprisingly though this has required a persistent and constant presence at all times from key individuals. Consequently, it has become quite apparent that when the everyday rigors of clinical work, training and life more generally impact these key individuals the effectiveness of the CIRN to deliver on these aims has been diminished.

To ensure the sustainability and continued growth of this program it is therefore necessary to formalise the CIRNs structure and appoint a CIRN Board responsible for the collaboratives ongoing activities well into the future ...

Figure 1: CIRN structure



The maximum tenure will be two consecutive terms (4 years). The only exception to this will be Project Leads who will be able to remain leads of their respective studies until completion, unless they wish to resign this responsibility at which point the position will be re-advertised.

CIRN Trial Adoption

Trial Chief Investigators (CIs) or trial managers seeking CIRN assistance will be required to complete a simple CIRN Support Form and liaise with a CIRN member that can then present the proposal to the CIRN Board. Preference will be given to trials that have approached the CIRN at the earlier stages of project development i.e. during conception/grant writing and, even more so those, that invite CIRN members as co-applicants on any grant submissions.

CIRN Board

An overview demonstrating who will make up the CIRN Board is illustrated in Figure 1. CIRN Structure. The CIRN Board will report to the SCTS Research Committee and be made up of the appointed Associate Surgical Specialty Leads (ASSLs), Nursing and Allied Health Professional (NAHP) Lead, SCTS Medical Student Research Representatives and Finance, Communication, Social Media and Project Leads.

CIRN Co-Chairs will be appointed by vote from the SCTS Research Committee following a minimum of 2 years' experience as an ASSL for a term of 2 years after which point the position will be re-advertised to all eligible candidates. The maximum duration of back to back terms by the same individual will be 2 terms (4 years). The CIRN Co-Chairs, NAHP Lead and ASSLs will be responsible for appointing the roles in Figure 2.

Tenure

All positions (included the Chair and Co-Chair as already mentioned above) will be held for a period of **two years** after which point the positions will be re-advertised to the membership. Individuals will be able to re-apply for the same position or others but a preference will be shown to the development of early career researches looking to enhance their research experience and academic portfolio who have not already held a committee position.

Figure 2

Role	Task	Term
Communications Lead	• Maintain CIRN membership database • Organise 3 monthly virtual meetings • Coordinate SCTS Bulletin & SCTS newspaper articles	2 years
Finance Lead	• Maintain CIRN budget • Appeal to industry & charities to maximise funding streams • Coordinate bursaries to members presenting CIRN work	
Social Media Lead	• Advertise and disseminate CIRN projects, publications and events on Twitter • Ensure persistent CIRN presence at all SCTS events with a focus on trial recruitment, new studies and sign posting how to get involved. • Expand Twitter followers to in excess 1,000	
Project Lead(s)	• Coordinate project specific meeting with a local delivery teams and Associate PI's • Attend trial steering group meeting to disseminate information to wider audience	Project duration

Corporate Authorship

Collaborative research projects involve hard work from a large number of people and listing all contributors on a publication in the traditional way may not always be feasible. To overcome this the CIRN continues to support **corporate authorship** in the first instance wherever possible, meaning all publications from the network will be published under one author: **Cardiothoracic Interdisciplinary Research Network (CIRN)**.

For those programs of work in which the CIRN is simply a supporting party, discussions with CIs and trial managers will be made and decisions made on a case by case basis and agreed by the CIRN Board.

Opportunity

With this CIRN re-structuring the opportunity to apply for roles opens to you all!

We are looking to appoint a Communications Lead, a Finance Lead and a Social Media Lead as soon as possible.

So, if on reading this you are interested in applying please email: **CIRNetwork@outlook.com** with a short statement (< 200 words) about why you would like one of the outlined positions.

These roles will be available to all professionals and will likely involve a virtual interview prior to appointment.

We look forward to hearing from you! ■

Cardiac Surgery: Paving the path as a Medical Student

Kathryn Fisher, Medical Student, Cardiff University

Before starting medical school, I knew I wanted a career which would challenge me and have consistent opportunities for further development. Cardiothoracic surgery is a highly competitive field with rapidly developing technologies and innovation; however, it can sometimes be difficult for individuals to gain exposure and access to the specialty.

I am a Cardiff University Medical Student currently intercalating in Translational Cardiovascular Medicine (MSc) at the University of Bristol. In this article, I will reflect on my experience as a medical student interested in cardiothoracic surgery and offer insight into widening participation amongst students.

I am both the first person in my family to attend university and the first to pursue medicine; therefore, I did not have much insight into life as a doctor or medical career options. My A-Level tutor at college signposted us to an organised work experience scheme at a local hospital where I was randomly allocated cardiothoracic theatre for my half-day placement. Subsequently, I observed my first aortic valve replacement at age 16 and was fascinated by both the surgical environment and the technicalities of open heart surgery, and knew from then that I was set on a career in surgery.

SSC project tutor, Professor Indu Deglurkar (Consultant Cardiac Surgeon)

During my second year at Cardiff Medical School, we had the option to self-arrange a Student Selected Component (SSC) experience week. My university tutor directed me to Professor Indu Deglurkar who has since been instrumental in helping me gain experience and confidence within the field. I followed patients through pre-operative assessment, observed complex aortic arch surgery, and later followed them through intensive care and post-operative recovery. I returned to the department during my third year and completed a 6-week project titled ‘Long Term Survival After Urgent and Elective Aortic Root, Ascending and Aortic Arch Surgery’. I was granted the opportunity to scrub-in in theatre where I began to develop surgical skills outside the standard medical curriculum, benefitting from working with a range of surgical staff.

Oral poster presentation at SCTS Annual Meeting 2023 in ICC Birmingham

I have since presented this project as both a poster and oral presentation, where I was awarded the first-place oral presentation prize at the All-Wales Cardiology and Cardiothoracics Conference 2023 and third-place WT Edwards Student Prize 2022 from the Cardiff Medical Society. I have also presented at national conferences including the Aortic Surgery Symposium 2022 in Liverpool, the Royal College of Surgeons of Edinburgh 2022, and the Society for Cardiothoracic Surgery in Great Britain and Ireland Annual Meeting 2023

in Birmingham. I have recently completed another elective attachment and produced a paper titled 'Early Outcomes of the Inspiris Resilia Valve for Aortic Valve Replacement' which I hope to present and publish soon.

Attending and presenting at conferences as a medical student can be incredibly daunting as you are surrounded by subject experts, which can lead to 'imposter syndrome' as students feel underqualified to present work. It can take a lot of determination to approach people and attempt to network. Mentorship has been crucial in building my confidence on elective clinical placements as I have felt like 'part of the team' and been encouraged to pursue my ambitions. Mentorship and networking at events has also highlighted that it is possible to overcome perceived barriers to undertaking a career in surgery, and I have been inspired by the stories of current surgeons who have faced adversity but still are incredibly successful in achieving their goals. I have a passion for widening access and am especially interested in the women in surgery network as connecting with like-minded individuals can help create some perspective and inspire future ambitions.

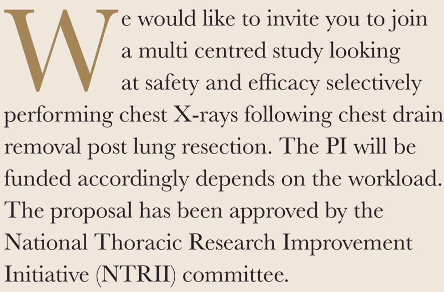
I decided to intercalate to delve deeper into cardiovascular science and learn how to generate and produce original research. I look forward to undertaking my dissertation and hope to gain as much experience as possible within cardiovascular research and surgery during my time at the Bristol Heart Institute. I continue to seek out opportunities to gain new experiences both in surgery and in the wider research community.

My advice for other medical students who are interested in more specific areas of surgery is to seek experience early to increase chances of gaining mentorship and starting to build a rounded CV. Ask university tutors and don't be afraid to reach out to doctors or their secretaries to enquire about shadowing or project opportunities; I have found that most doctors and surgeons are happy to support you if you show an interest and commitment to their field, as many have previously benefitted from mentorship themselves.

To conclude, despite my own motivations, the support and mentorship of senior surgeons including Professor Deglurkar has encouraged me to aspire to a career in cardiothoracic surgery. My experience on elective attachments has consolidated this and I am privileged to have the guidance of the surgical team in Cardiff and Vale University Health Board to allow me to develop both professional and surgical skills. Presenting at conferences has grown my self-confidence as a medical student and allowed me to gain a balanced insight into both life as a surgeon and emerging areas of research within the field. This has inspired me to undertake an intercalated masters where I hope to gain further exposure in preparation to apply to cardiothoracic training. ■

Calling for principal investigators (PI) to join us for a multi centred study

Xiaohui Liu, Thoracic surgery lead of NAHP committee, University Hospital Southampton NHS foundation Trust



We would like to invite you to join a multi centred study looking at safety and efficacy selectively performing chest X-rays following chest drain removal post lung resection. The PI will be funded accordingly depends on the workload. The proposal has been approved by the National Thoracic Research Improvement Initiative (NTRII) committee.

According to the literature and pilot a study single centre data collection over five years (Jan 2013 – Dec 2018 in Southampton), it is unnecessary to perform routine chest X-ray after the chest drain removal for most of the patients who underwent lung surgery. Carrying out a routine chest X-ray does not only have a financial impact for the NHS but also a burden for nurses, doctors, porters, ward clerks, radiographers ... etc, on top of their busy workload. In addition to this, patients were exposed to radiation which may have been unnecessary if they do did not develop any signs and symptoms of respiratory distress following chest drain removal.

The purpose of this expended study is to determine the safety and efficacy of selectively performing a chest X-ray post chest drain removal following lung resection.

Please see the following for some information of the study.

Objectives:

- To identify the effectiveness of a chest X-ray post Chest Drain (CD) removal
- To explore the probability of needing a medical intervention (chest drain reinsertion) post chest drain removal
- To evaluate the financial impact for carrying out a routine chest X-ray in the thoracic department of the hospital
- To formulate recommendations for the future management of thoracic patients, such as whether to carry out routine chest X-ray after the chest drain removal.

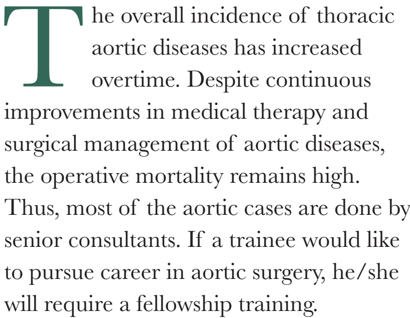
Method:

1. Principal investigator (PI) from each centre.
2. Prospective data collection. Data will be divided into two groups: usual practice group (routinely perform chest X-ray), and alternative group (selectively performing CXR group).
3. Inclusion criteria: lobectomy, bullectomy and wedge resection. Management of the CD.
4. Exclusion criteria: prolonged air leak, trauma, empyema, pneumonectomy, mediastinotomy, lung biopsy, pleural biopsy and lung volume reduction surgery, diaphragm placation, rib fixation, pleurodesis without bullectomy.

Please email **Xiaohui.liu@uhs.nhs.uk** for further information or express your interest to participate in the study. ■

International Aortic Fellowship at Derriford Hospital, Plymouth: Memorable Training Experience

Lok Yuh Ing, Aortic Fellow, Derriford Hospital, Plymouth



The overall incidence of thoracic aortic diseases has increased overtime. Despite continuous improvements in medical therapy and surgical management of aortic diseases, the operative mortality remains high. Thus, most of the aortic cases are done by senior consultants. If a trainee would like to pursue career in aortic surgery, he/she will require a fellowship training.

I underwent Cardiothoracic surgical training in Malaysia and I have a subspecialty interest in aortic surgery. Besides that, I always wanted to work in UK. Therefore, as I approached my final-year training, I was searching for UK institutions which offered international aortic fellowship. Hence, when the Department of Cardiothoracic Surgery at Derriford Hospital advertised the Aortic Fellow post on NHS website, I submitted my application.

The Aortic Fellowship program at Derriford Hospital has been in place for five years. This fellowship has trained cardiac trainees both in UK and abroad in which majority of these trainees have successfully been appointed as consultants after completing the fellowship. This training program provides extensive surgical experience in open thoracic aortic surgery. It is a 12-month training program. The fellow is allocated to at least two out of four aortic surgeons with the aim to allow them to learn different surgical approaches, operating techniques and, more importantly, surgical decision-making.

During my one-year aortic fellowship at Derriford Hospital, I was assigned to two senior consultant aortic surgeons, Mr Unsworth-White and Mr James Kuo. I was involved in an average of 2-3 operating sessions per week, either as the operating surgeon or first assistant depending on the complexity of cases. The operating lists include not only thoracic aortic surgeries but also a high volume of general and high-risk cardiac cases such as coronary artery bypass grafting, aortic valve replacement, mitral valve repair or replacement, multivalvular procedures, combined graft and valve procedures and redo cases. These surgical experiences have helped me to build up my confidence for independent practice.

In addition to that, the flexibility of work environment has allowed me to participate in aortic surgery out of my scheduled theatre days. In order to gain more experience in handling acute aortic syndrome cases, I also participated in emergency aortic surgery out of office hours. Therefore, even in a relatively short period of time, the volume of aortic cases has allowed me to observe different surgical approaches for complex aortic cases, to understand the principles of thoracic aortic surgery, and to acquire the basic surgical skills of open aortic surgery. During my 1-year training in Derriford Hospital, I have been given the opportunities to perform a variety of aortic surgical procedures which include ascending aortic replacement, aortic root replacement and Frozen Elephant Trunk Procedure.

Every month, I attended the Aortic Multidisciplinary Team discussion which is represented by cardiac surgeons, interventional radiologists and nurse practitioners. The discussion involves disease surveillance and also optimal treatment strategies (e.g. open surgery, endovascular procedure, hybrid procedure, or conservative treatment) which include optimal timing and order of interventions should be carried out for complex aortic disease based on latest international guidelines.

As soon as I started my training in Derriford Hospital, I took part in 1:10 on-call registrar roster. During on-call, the registrars are required to manage both cardiac and also thoracic emergencies. This allowed me to keep my thoracic skills and knowledge up to date. This is crucial for me as I am performing both cardiac and thoracic surgeries when working in my home country.

The other advantage of training in Derriford Hospital is its proximity to the European countries. Hence, it gave me the opportunity to attend conferences and courses in UK and also Europe. Apart from that, the Cardiothoracic Department in Derriford Hospital provides ample opportunity and support for trainee to conduct research. For trainees who have a keen interest in TAVI procedure, he/she can choose to participate in active high-volume TAVI program in Derriford Hospital which is run by Cardiothoracic Surgeons and Interventional Cardiologists.

Nevertheless, there were a few challenges to this training program. Firstly, elective surgery cancellations occur occasionally due to staff shortages in Cardiac Intensive Care Unit. Secondly, limited exposure to TEVAR procedure, and hence, this fellowship may not be the best option for those who are searching for training in minimally invasive endovascular procedure.

I really enjoyed my time working at Derriford Hospital. The Cardiothoracic team is very friendly. We often met outside work for drinks or dinner. Besides, the team is very kind and helpful. Even though I was pregnant during my fellowship, I received good support from my consultants and colleagues. Therefore, I was able to complete my training without any hurdles. I came to Plymouth with my husband. Plymouth is a beautiful port city with fascinating maritime history. It is surrounded by wonderful Devon and Cornwall scenery. We enjoyed living here.

After completing my fellowship at Derriford Hospital, I am now back in Malaysia and work as a Cardiac Surgeon. The fellowship has significantly improved my knowledge and surgical skills in aortic surgery and general cardiac cases. This training program has built up my confidence to function as an independent surgeon. I would highly recommend this fellowship to anyone who is approaching the end of training and has an interest in aortic surgery. Lastly, I would like to extend my gratitude to my consultants for their outstanding mentorship and also to everyone I met at Derriford Hospital who made my fellowship amazing and memorable. ■

Waikato Cardiothoracic Surgery Unit Fellowship

Duncan Steele, Advanced Cardiac Surgery Fellow, Waikato Cardiothoracic Unit, Hamilton, New Zealand

'If you are going to start, then go all the way. Otherwise don't even start'. The Vivien Thomas quote seems fitting after embarking on a fellowship 18000 KM from home with three children under four. In the Waikato unit, the path of the fellow is well trodden and has delivered exactly what I hoped for, and more.

Unlike many fellowships, where focus is on a sub-specialty area, the Waikato experience is much more-broad, focusing on developing the overall surgeon. The opportunity to work on a consultant rota, select case mix and gain experience in more complex and high-risk operating, is a relatively unique benefit of the placement. The flexible and evolving level of supervision, allows technical and non-technical skills to be cultivated consistently. The close-knit team have been there and done it, always willing to be called and help. Previous graduates of the advanced cardiac surgery fellowship in Waikato have all successfully gained consultant appointments, which was very attractive given the workforce surplus in cardiac surgery graduates of the NTN programme in our specialty.

Duncan Steele with Dr Francesco Pirone, Head of Department and Supervisor for the year

Given the geography of the Midland region of New Zealand, the patient mix socio-economically and culturally is quite diverse. Compared to the UK, many overly stoical patients present late with advanced disease. This results in a disproportionate amount of 'high risk' operating. Combined with the high prevalence of rheumatic and aortic disease, there is a lot of learning to be done. Developing my decision making, working with the patient, their Whanau (family) and the wider MDT, has particularly improved.

To give a snap-shot of the experience I've gained operatively, I have completed more than 120 cases in the first 10 months including multiple redos, lots of endocarditis, triple valve procedure, dissections, combined procedures and high risk coronaries. The most important skill I have fine-tuned is leading theatre, especially in challenging cases. Gathering expertise (AKA asking for help at the right time) and ensuring the team is brought together in difficulties rather than any hostility developing from the stress, are two of the most important things I have established.

All in all, inside and outside of theatre, the fellowship has provided exactly what I needed and wanted. The harder to define approach of supporting my learning the consultant team at Waikato have provided me, has set an example for me to use in the future, benefitting not just the patients I look after but the colleagues I'll work with.

Outside of work, New Zealand has a huge amount to offer. Beaches, mountains, parks, forest, rivers – all spectacular. The thing that strikes you about many of the sights is how empty they are.

Breaking the snow on the Tasman glacier

Waireinga (Bridal veil falls), the stunning 55m waterfall over Basalt rock, was empty apart from us on our visit. The same happened at the top of a short walk in the Hooker valley, where my son and I witnessed a thunderous avalanche on the hills of Mount Cook.

It is of course not all perfect. Hurricanes, earthquakes and overly aggressive flies, are less pleasing memories. Flying round the world for consultant interviews is cripplingly expensive. Cost of living here is quite steep with fresh food being particularly expensive. £4 for a pepper was an especially painful shopping visit. The lack of close family support with three small children means little slack. It has nevertheless, been completely worth it.

I would particularly like to extend an enthusiastic thanks to the colleagues who I worked with in Waikato along with SCTS and Heart Research UK for their support undertaking the fellowship. The year has provided me a priceless experience that will, without question, enhance the care I deliver my future patients.

For enquires about the fellowship please contact either myself on **duncansteele@nhs.net** or the head of department in Waikato: **Francesco.Pirone@waikatodhb.health.nz** ■

Haemostasis with antimicrobial action and protection[1]

Collatamp® G is a gentamicin-collagen implant used during cardiac[2,3,4], vascular[5], orthopaedic[6,7] and gastro-intestinal[8] surgery.

<table>
<tr><th colspan="5">Dimension & Composition of Collatamp®G</th></tr>
<tr><th rowspan="2">Size (cm)</th><th colspan="2">Bovine collagen</th><th colspan="2">Gentamicin sulfate (base)</th></tr>
<tr><th>mg/implant</th><th>mg/cm²</th><th>mg/implant</th><th>mg/cm²</th></tr>
<tr><td>5 x 5 x 0.5</td><td>70</td><td rowspan="2">2.8</td><td>50 (32.5)</td><td rowspan="2">2.0 (1.3)</td></tr>
<tr><td>10 x 10 x 0.5
5 x 20 x 0.5</td><td>280</td><td>200 (130)</td></tr>
</table>

Collatamp® G is used for local haemostasis of capillary, parenchymatous and seeping haemorrhages in areas with a high risk of infection (determined by the surgeon on a case-by-case basis, including patient-related, surgery-related, and physiological factors).

After implantation of Collatamp® G, systemic gentamicin plasma amounts may temporarily reach therapeutic levels.

CE 0123 **Class III medical device** CE marking and identification number of the notified body.
Product conforms to the essential requirements of the Council Directive 93/42/EEC concerning medical devices.

References: 1. Instruction for use, Collatamp G, May 2021. 2. Friberg, Ö. et al., 2005. Local gentamicin reduces sternal wound infections after cardiac surgery: a randomized controlled trial. The Annals of thoracic surgery, 79(1), pp.153-161. 3. Friberg, Ö. et al., 2009. Collagen gentamicin implant for prevention of sternal wound infection; long-term follow-up of effectiveness. Interactive cardiovascular and thoracic surgery, 9(3), pp.454-458. 4. Kowalewski, M. et al., 2015. Gentamicin-collagen sponge reduces the risk of sternal wound infections after heart surgery: meta-analysis. The Journal of Thoracic and Cardiovascular Surgery, 149(6), pp.1631-1640. 5. Almeida, C.E.P.C. et al., 2014. Collagen implant with gentamicin sulphate reduces surgical site infection in vascular surgery: a prospective cohort study. International Journal of Surgery, 12(10), pp.1100-1104. 6. Han, J.S. et al., 2016. The use of gentamicin-impregnated collagen sponge for reducing surgical site infection after spine surgery. Korean Journal of Spine, 13(3), p.129. 7. Varga, M. et al., 2014. Application of gentamicin-collagen sponge shortened wound healing time after minor amputations in diabetic patients–a prospective, randomised trial. Archives of Medical Science, 10(2), pp.283-287.7. 8. Rutkowski, A. et al., 2018. The gentamicin-collagen implant and the risk of distant metastases of rectal cancer following short-course radiotherapy and curative resection: the long-term outcomes of a randomized study. International journal of colorectal disease, 33(8), pp.1087-1096.

1 Introduction: Collatamp G is a sterile fully absorbable haemostatic device for implantation. It is composed of bovine collagen incorporating gentamicin sulfate at a locally effective dose. The product is available in three different sizes. Dimensions and composition of Collatamp G Size (cm) Bovine collagen Gentamicin sulfate (base) mg/implant mg/cm2 mg/implant mg/cm2 5 × 5 × 0.5 70 2.8 50 (32.5) 10 × 10 × 0.5 2.0 (1.3) 5 × 20 × 0.5 280 200 (130). **2 Intended use:** Collatamp G is intended to achieve haemostasis when blood comes into contact with the released tissue factors and exposed collagen fibrils. The adhesion and aggregation of platelets is induced on the collagen fibrils at the surface of Collatamp G. **3 Indications:** Collatamp G is used for local haemostasis of capillary, parenchymatous and seeping haemorrhages in areas with a high risk of infection (determined by the surgeon on a case-by-case basis, including patient-related, surgery-related, and physiological factors). After implantation of Collatamp G, systemic gentamicin plasma amounts may temporarily reach therapeutic levels. **4 Contraindications:** Do not use Collatamp G if: - a protein allergy is known; - any signs of hypersensitivity (severe allergy) to gentamicin have been observed or the patient is allergic to other aminoglycosides; - the patient is suffering from myasthenia gravis. Collatamp G should not be used in the paediatric population due to a lack of data on safety. 4.1 Pregnancy and lactation There is no adequate data from the use of gentamicin in pregnant women. Studies in animals have shown reproductive toxicity. Because of the potential risk of inner ear and renal damage to the foetus, gentamicin should not be used in pregnancy unless in case of a life-threatening indication and if no other therapeutics option is available. Gentamicin is excreted in breastmilk and was detected in low concentrations in serum of breastfed children. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from gentamicin therapy. **5 Precautions for use:** Use Collatamp G with caution in case of: - Impaired renal function - Vestibular or hearing disorders - Neuromuscular disease - Immune disease - Connective tissue disease - Advanced age - Dehydration - Electrolyte imbalance Collatamp G should be used with extreme caution if used in combination with other gentamicin-containing products. In case of combined therapy, gentamicin serum levels should be measured, and should not exceed 12 mg/L. If required, serum aminoglycoside levels may be determined during implant treatment and renal function monitored by measuring serum creatinine concentrations (particularly in patients who are elderly, diabetic, have renal/hepatic impairment, or have a history of ear infections or hearing impaired). Special caution is advised in patients with reduced renal function and patients taking other medication such as: - antibiotics that also affect kidneys or hearing (such as aminoglycosides, cephalosporins, methicillin) - anticoagulants (e.g. warfarin and phenindione) - antifungal medication (e.g. amphotericin B) - medicines used to treat muscle weakness conditions (e.g. neostigmine, pyridostigmine, botulinum toxin) - immunosuppressants (e.g. cyclosporin) - anti-cancer medicines (e.g. cisplatin) - some diuretics, such as ethacrynic acid and furosemide - non-steroidal anti-inflammatory agents to treat pain and inflammation (e.g. indomethacin) - medicines used to treat osteoporosis (e.g. bisphosphonates) If several implants are used, use of an overflow drain is recommended. Long-term continuous therapy with gentamicin should be avoided. Prolonged use may lead to the emergence of resistant organisms. There is no evidence that single use Collatamp G administration in patients promotes or induces the formation of resistance against gentamicin. Do not use the implant alone to treat a suspected or confirmed infection, appropriate systemic antibiotics must be administered. **6 Interaction with other substances:** No interactions have been reported to date. If adjuvant systemic treatment with gentamicin, other aminoglycoside antibiotics or other ototoxic or nephrotoxic drugs is necessary, the cumulative effects should be taken into account. **7 Properties:** Haemostasis is triggered when blood comes into contact with released tissue factors and exposed endogenous collagen fibrils or renatured collagen fibrils like those in Collatamp G. The adhesion and aggregation of platelets is induced on the renatured collagen fibrils of Collatamp G and the plasmatic coagulation process is accelerated. The sponge-like structure of Collatamp G stabilises the wound clot, and takes up a certain amount of blood. Collagen also promotes granulation and epithelialisation. Collatamp G is completely absorbed (estimated that in the overwhelming majority of cases, Collatamp G is completely or predominantly degraded within 4-8 weeks, regardless of the site of implantation). The gentamicin included in Collatamp G helps to prevent infections that might occur at the site of implantation caused by gentamicin-sensitive bacteria. The administration of Collatamp G might not prevent an infection with gentamicin-resistant bacteria. The risk of infection is based on individual/combination of factors. **8 Dosage and method of administration:** The implant procedure should be performed by an appropriately trained surgeon under aseptic conditions. Avoid any unsterile handling of the product before or during application to avoid contamination. Collatamp G is administrated as follows: a) Before surgery - Read the instruction for use carefully. - Check the integrity of packaging. - The product must be used as soon as the sterile package component has been opened. - Do not use if the packaging is damaged. b) During surgery - Gloves and instruments should be wetted to prevent Collatamp G from adhering to them. Collatamp G can be cut to size to fit the area to be treated. - Place a dry Collatamp G on the area to be treated, which should be as dry as possible, and light pressure applied for about a few minutes to achieve better adhesion. - Up to 3 large Collatamp G sponges (10 × 10 × 0.5 or 5 × 20 × 0.5 cm) can be used, depending on the size of the area requiring haemostasis. However, the patient's body weight should be taken into account. The number and size of the implants should be selected so that a total dose of 9 mg gentamicin sulfate per kg body weight is not exceeded. c) After surgery - Collatamp G is completely absorbed. - Timelines for complete absorption depend on the site of surgical implantation. **9 Undesirable effects:** Serious adverse reactions including neurotoxicity (vertigo, tinnitus), ototoxicity (potential hearing loss, deafness, balance loss) and nephrotoxicity have occurred primarily in patients receiving systemic gentamicin therapy. However, systemic absorption following implantation of Collatamp G is unlikely to constitute a comparable risk. Rare / very rare incidents (maximum 1 incident by sales volume of 10,000 qty.) potentially associated with Collatamp G use include delayed/impaired wound healing, local infection / secretion, haematoma, seroma, elevated creatinine levels, sensitisation/hypersensitivity reactions, and thrombosis. Categories and ranges have been calculated based on `probability of occurrence' estimates using the manufacturer's risk management rating system. As a reference parameter, the probability of occurrence of an ´event per patient´ is used, which is based on product sales numbers. **10 Information/warnings:** Implants are for single use only and are delivered sterile. Implants are supplied in unit packages allowing sterile presentation. If any aspect of the packaging is damaged, sterility cannot be guaranteed. Use of the implant is then under the total responsibility of the user. Wetting Collatamp G prior to implantation may result in loss of efficacy through premature elution of the water-soluble gentamicin sulfate. Re-sterilisation of an implant by any method is prohibited. There is a risk of deterioration of the material during a second sterilisation and this risk is not controlled. Once the outer package is opened, the implant must be used or discarded. Once opened, single packs of Collatamp G may not be kept for later use. Any implant which has been implanted cannot be reused. In case of an error in use, the implant is not designed for cleaning without risk of deterioration. If Collatamp G requires surgical removal or replacement, the procedure should be performed under aseptic conditions. **11 Storage conditions:** Store in original package. Store between +4°C and +25°C. Store in a clean, dry place. Verify the integrity of all aspects of the sterile packaging. DO NOT use if open or damaged Do not use after the expiry date. 12 Disposal: Any unused or discarded product must be disposed of in accordance with local regulations in force Detailed prescribing information: Information about this product including: adverse reactions, precautions, contraindications, and method of use can be obtained by contacting SERB SA at medinfo.uk1@serb.eu. Legal category: Class III Medical Device. Distributor and legal manufacturer: SERB SA, Avenue Louise 480, 1050 Brussels, Belgium.

Intended for UK Healthcare Professionals Only.
Job Code: UK087
Date of Preparation: December 2022

Adverse reactions should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard, or Search for MHRA Yellow Card in the Google Play or Apple App Store Adverse reactions should also be reported to SERB SA via email at medinfo.uk1@serb.eu

The SCTS Ionescu Fellowship Leadership for Senior Executives, Harvard Business School, Boston

Indu Deglurkar, Consultant Cardiothoracic Surgeon, University Hospital of Wales

I was absolutely delighted to hear that I was awarded the Ionescu Fellowship to attend the Senior Leadership Fellowship at Harvard Business School.

Nevertheless, my application had to go through a selection process as the advanced difficulty course is designed for C-suite and C-1 Executives. A very difficult concept indeed if you are a surgeon in the National Health Service. Nine years of board experience amongst other leadership roles proved handy. I think I perform best when I am truly out of my comfort zone but looking at the assignments, I began to doubt my own convictions. 87 Executives from 30 countries and as the lone medic, I braced myself for the seven-day bootcamp and surrounded myself with the famous Harvard case files.

The Programme

The Leadership Programme which is eligible for the Certificate of Management Excellence sought to address the relentless challenges of uncertainty and change with five different roles: leader as beacon, leader as coach, leader as innovator, leader as change agent, and leader as an architect. Our world-famous faculty, Profs Anthony Mayo, Joshua Margolis, Alan McCormack, and Assistant Prof Emily Truelove delivered dynamic lectures, facilitated discussions, and exercises throughout the week.

The key concept was that as a leader one needs to build their "contextual intelligence" and understand the macro- and micro-level forces influencing an organization's success. Leaders need to respond to change, identify factors that hinder innovation, maximise talent, understand and leverage their leadership strengths.

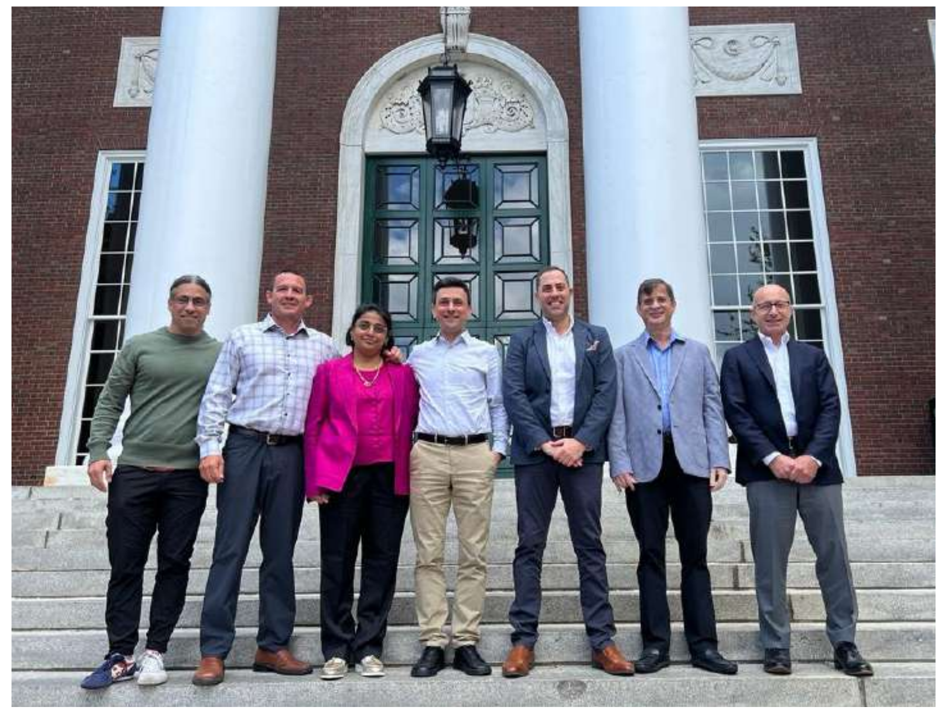
Case based discussions

Harvard Business School has used Case Based Discussions for 100 years based on real- life, multi-faceted situations faced by top companies. Interestingly, the case protagonists visit the class to share first hand insights. There were simulations, negotiations, interactive lectures, coaching, and a blended learning format that combines both in-person and virtual learning.

To enhance learning we were divided into small peer discussion groups to gain a better understanding of the case materials, test new ideas before class, and broaden our perspectives. I was assigned to be the leader of our group to facilitate the discussion, help the group remain focused on the questions at hand, and ensure every member shared their unique viewpoints. The objective of the case study was not to reach consensus, but to understand how different people use the same information to arrive at diverse conclusions. It was essential to understand the context to appreciate the reasons why those decisions were made.

The preparation for the discussions was deeply introspective as one had to assume the role of the protagonist taking tough decisions. The global content of the case studies was an immersive experience which gathered best practices from around the world. The discussion group became a critical component, working with seven highly accomplished Executives in diverse functions, industries, and geographies. Our living group of eight members stayed together in the Executive apartment in the HBS campus overlooking River Charles with stunning views. We met at 7.45AM every day and discussed the cases before attending class. We had to understand, critically analyse the issues faced and make our recommendations. Our team bonding was profound as we shared personal and professional experiences. The assignments forced us to become critical decision makers often with limited information drawing in our analytical skills.

Classroom rules were very strict with no electronic devices. The class was highly interactive, and the faculty facilitated in examining, debating, presenting new viewpoints, countering positions, and building on each other's ideas. Preparation, discussion, participation, application and above all, understanding and respecting differing viewpoints was essential. It was a fascinating



mix of intellect, power, diversity, serious but equally a jovial global class. I worked with an ex-NASA pilot for design innovation (our team came third) and had to give feedback to the Treasurer of Western Australia.

The experience and opportunity to interact with CEOs, VPs of multinational companies, US Special Legal Counsel, top ranking officials stretches one's mind like never before. As a group leader and facilitator, I was an active listener, questioning and contributing as we navigated through our assignments. I allocated one member to lead discussions for the day and in effect, everyone was a leader. It was a transformational experience and prepared us for the "onslaught" in class. My group insisted on seeing a heart operation and I showed them an operative video of a rare left ventricular sarcoma that I had presented in a scientific meeting. They were fascinated and one of the team dreamt about the heart all night!

Reflectively, in managing performance, we must not overestimate the value of formal evaluations and underestimate the value of daily feedback. We should be careful not to accrue a managerial debt by making short term management decisions with expensive long-term consequences. Postponing difficult decisions and avoiding negative feedback are also ways of accruing managerial debt. Hiring and promotions should consider the cultural fit of the organisation and every decision is a signal of the organisational culture. It was fascinating to learn how different organisations address the same challenges.

Clarity, conviction, and ability to connect are paramount. Intuitive intelligence and understanding the landscape with the ability to adapt defines a leader. We must not forget to develop others and ourselves to be more productive and effective. Self-awareness and the situation influence the leadership style. In my case, the pursuit of passion has been tiring and challenging to create a world class specialist service in Wales and it may never materialise, but higher strategic leadership skills will be used daily. The National Health Service needs a seismic shift in its design, organisational culture and more specifically how we take on and execute our roles and responsibilities.

My perspective has broadened, and my confidence has deepened. The application of the skills in my leadership roles at a strategic level needs to be more nuanced to specific upcoming tasks. Self-awareness, careful observation, and flexible agility are key elements in leading with impact and I have become a lot more reflective. I am unable to share specifics of the Fellowship due to declarations signed but I do hope this article will allow an insight for applicants in future.

I am deeply grateful to Mr Marian Ionescu and the SCTS for the scholarship and the priceless gift of learning and new friends across the globe. I would also like to thank my Co-chairs Dr Andrew Goodall and Prof Emmanuel Ogbonna for the pearls of wisdom in my approach to this Fellowship. ■

Obituary: Marian Ion Ionescu
21 August 1929 – 12 October 2023

Sri Rathinam, SCTS Communication Secretary, Consultant Thoracic Surgeon, Glenfield Hospital, Leicester

"One man in his time plays many parts."
William Shakespeare (As You Like It)

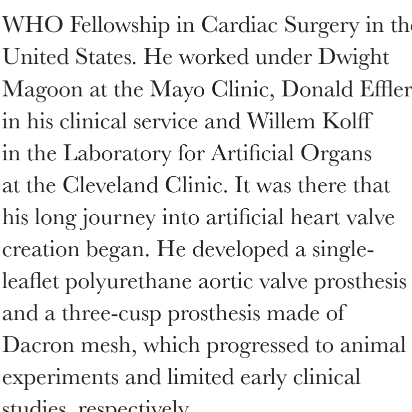
The surgeon

Marian Ionescu was one of the pioneers of cardiac surgery. Among his many achievements, the most important was the creation and development of the 'Bovine Pericardial Heart Valve', which established its dominance in the field of heart valve replacement over five decades.

Marian Ionescu was born on 21 August 1929 in Targoviste, a small medieval town in Romania in the shadow of the Carpathian mountains. He grew up weathering the storm of World War II as a young man with a thirst for knowledge. As well as a life long study of history, philosophy, art, literature, and science, he was also fluent in several foreign languages. Marian studied medicine at the University of Bucharest and graduated in 1954. During medical school, he met and married Christina Marinescu, a Cardiologist, who became his lifelong companion and support; they made a great team.

Marian's dynamic, diverse and adventurous career started with a position as a general practitioner in a village close to the mountains.

Once on the path of Cardiac Surgery, Marian worked hard to establish and build his career. In 1958, he won a two-year WHO Fellowship in Cardiac Surgery in the United States. He worked under Dwight Magoon at the Mayo Clinic, Donald Effler in his clinical service and Willem Kolff in the Laboratory for Artificial Organs at the Cleveland Clinic. It was there that his long journey into artificial heart valve creation began. He developed a single-leaflet polyurethane aortic valve prosthesis and a three-cusp prosthesis made of Dacron mesh, which progressed to animal experiments and limited early clinical studies, respectively.



Marian returned to Romania in 1960 to be appointed Consultant Cardiovascular Surgeon at Fundeni Hospital in Bucharest. One year later, he became Chief of the Department of Cardiovascular Surgery and Director of the Laboratory for Artificial Organs which he created as a purpose-built facility for experimental medicine and heart surgery. He established an Intensive Care Unit and transformed the clinical department to enable the start of open-heart surgery with extracorporeal circulation in 1962.

Before and after his visits to the USA, Marian laboured under the regime in Romania. After years of gaining trust from the authorities, in 1965, he and Christina were awarded permission for a holiday in nearby Yugoslavia. They escaped in their small Fiat 600, pushing their car for kilometres across the border into Italy in order not to arouse the guards. Only France would offer them refuge after they escaped from behind the Iron Curtain.

The inventor and innovator

Mr Wooler, Chief Surgeon in Leeds, heard of their escape via British Council representatives who had visited Marian's Department in Bucharest in 1964. Mr Wooler came to Paris to ask the Ionescus to join him in Leeds. Marian started work as a clinical and research assistant, and

in 1971, he was appointed a Consultant at Leeds General Infirmary and Killingbeck Hospital and Reader in Surgery at the University of Leeds.

Over the years, Marian Ionescu became a true pioneer of our specialty. In 1967, he implanted a porcine aortic valve in the mitral position. In 1969, he developed and implanted stented autologous fascia lata valves in all cardiac valvular positions. Following these successful early clinical experiences, he created a novel concept with the first clinical use of a stented glutaraldehyde-treated bovine pericardial valve in April 1971. Initially, these valves were prepared by his wife, Christina, in the hospital laboratory at Leeds Infirmary, but in 1976, Shiley Laboratories in California took over the project to manufacture and distribute worldwide the Ionescu-Shiley pericardial xenograft. Marian Ionescu is regarded as a pioneer of the bovine pericardial valve which continues to be in widespread use five decades later.

Though his clinical work and research were focused on tissue valves and, in particular, the pericardial valve, Marian made other significant contributions including the surgical repair of a mitral parachute valve, successful correction of a single ventricular circulation, reconstruction of the right ventricle to pulmonary artery continuity using a pericardial-valved conduit, and the design of new cardiac surgical instruments.

Marian had great enthusiasm for surgical education and training. He helped raise many trainees to the level of Professor or Head of Department in several countries worldwide including Spain, Italy, Hungary, Romania, Tunisia, Israel, India, and China. He also supported the introduction of open heart surgery in Spain and Tunisia.

Marian wrote and published ten books on cardiac surgery and edited many more. He wrote 242 original scientific articles and gave over 300 presentations at scientific meetings. Recognising his contribution to medical science, he became a member of 23 scientific societies, held six Fellowships, and obtained eleven Awards and Honorary titles, including the SCTS Lifetime Achievement Award in March 2015.

Marian was much appreciated and held the respect of his colleagues at Leeds infirmary through his numerous achievements, tireless energy, and perseverence. He glided effortlessly through the corridors of the Victorian masterpiece of the Leeds General Infirmary in his leather trousers, long black cape, and a great Basque beret.

"Though his clinical work and research were focused on tissue valves and, in particular, the pericardial valve, Marian made other significant contributions including the surgical repair of a mitral parachute valve and successful correction of a single ventricular circulation."

In 1987, coronary surgery made up more than 75% of his workload, and Marian heard more clearly and loudly the call of the mountains leading to his retirement from clinical practice.

The man from the mountains

Marian pursued his great passion for mountaineering since his youth and after retirement he embarked on a quest to climb most of the 4000-metre high peaks between the Mont Blanc massif and the Pennine Alps around the Matterhorn. During three Himalayan expeditions, he scaled five peaks of great difficulty all above 6000 m. He enjoyed climbing as far afield as Alaska and Patagonia. His passion for mountains is evident in the classical reverse 'panda eyes' tan from wearing mountain goggles.

Marian had wide and varied interests: poetry, philosophy, art, Ferraris, and mountains! He had a lifelong enthusiasm for education: his knowledge of diverse subjects from Roman history, Chinese porcelain, and the medieval masterpieces impressed those who knew him. His Monte Carlo apartment was full of books and his art and antique collection. His enthusiasm for fast cars, particularly Ferraris, was well known.

The philanthropist

During his later years, his 'improbable years' as he termed them, he devoted his energy and wealth to helping the 'others' – people, animals, and ideas. Marian and Christina built three ultra-modern People's Dispensary for Sick Animals (PDSA) hospitals in Cardiff, Birmingham, and Nottingham. They endowed Fellowships and Scholarships in Cardiac Surgery for young and less young surgeons through the University of Leeds and the BHF.

Marian was a most generous and supportive benefactor of the SCTS and our specialty. His substantial contribution to the SCTS began with the Marian and Christina Ionescu Travelling Fellowship for Consultants because he firmly believed in the value of visiting another unit to enhance a surgeon's knowledge and skills and gain insights into a new culture. The SCTS Ionescu University was first established at the 2010 Annual Meeting in Liverpool and was embedded in the programme for over a decade; the University proceedings were collated and published in the five-volume 'Perspectives in Cardiothoracic Surgery' series. In 2017, he opened SCTS Ionescu Fellowships to all members of the SCTS three times during the year. Over 150 SCTS Ionescu Fellowships have been awarded, enabling members (Consultants, Trainees, Trust doctors, AHPs, and medical students) and our specialty as a whole to advance practice through education and training.

Marian pushed himself to extremes beyond the normal levels of endurance in his pioneering surgical research, in the operating theatre, or on the Himalayan peaks.

For all those who knew him, Marian was a true giant. By his patients and colleagues he will be remembered as a surgeon, a scientist, and a scholar. To his friends, he was a man from the mountains.

He left us on 12th October 2023 with two candles to light the way to the Ghiberti doors of Brunelleschi's Duomo in Florence that Michelangelo called 'The Gates of Paradise'. ■

New appointments July 2023 to December 2023 ...

Name	Hospital	Specialty/Role	Starting Date
Mr Ishtiaq Rahman	Blackpool Victoria Hospital NHS Trust	Locum Consultant Cardiothoracic Surgeon	May 2023
Mr Aladdin Bashir	Derriford Hospital, Plymouth	Locum Consultant Cardiac Surgeon	August 2023
Mr Fabio Falconieri	Morriston Hospital, Swansea	Consultant Cardiac Surgeon	September 2023
Mr Bejoy Philip	Blackpool Teaching Hospitals NHS Foundation Trust	Consultant Thoracic Surgeon	October 2023
Mr Elsayed Abdelrahman	University Hospital Southampton	Locum Consultant Thoracic Surgeon	November 2023
Miss Laura Socci	Bristol Royal Infirmary	Consultant Thoracic Surgeon	December 2023
Mr Anthony Chambers	Royal Infirmary of Edinburgh	Consultant Thoracic Surgeon	December 2023

Demitted Roles

Thank you to the following for the time and commitment they gave to their roles ...

Role	Name
SCTS Transplantation Co-chair	Steven Tsui
SCTS NAHP Education Lead	Bhuvana Krishnamoorthy
SCTS Perfusion Rep	Chris Efthymiou

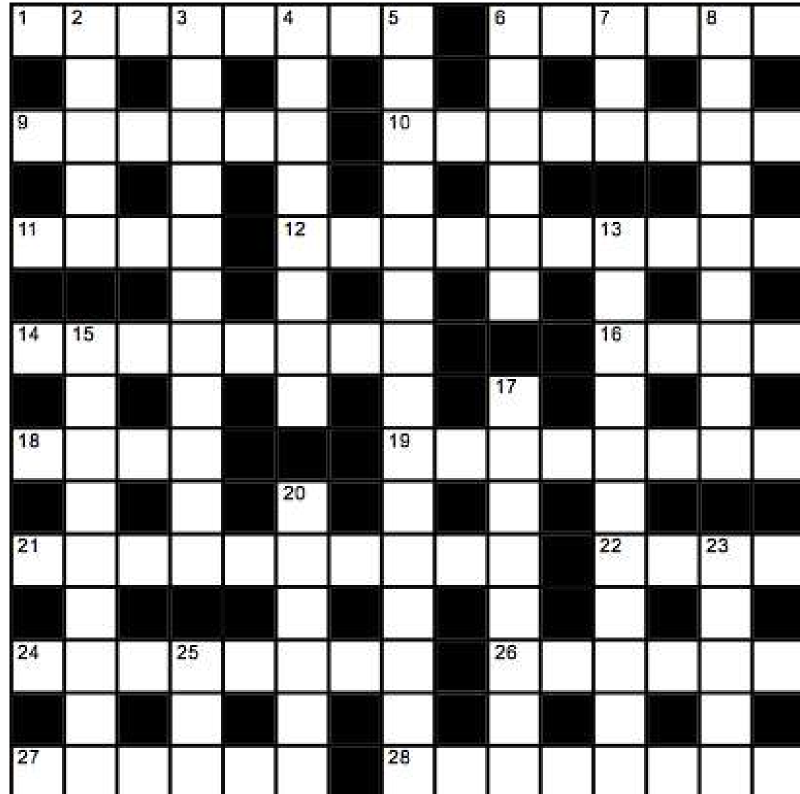
New Roles

Congratulations to the following ...

Role	Name
SCTS Women in Cardiothoracic Surgery Co-chair	Ralitsa Baranowski
SCTS Patient Safety & Quality Improvement Deputy Chair	Vanessa Rogers
SCTS Innovation Deputy Chair	Vasileios Tentzeris
SCTS Transplantation Co-chair	Rajamiyer Venkateswaran
SCTS NAHP Educational Co-Lead	Kathryn Hewitt
SCTS NAHP Educational Co-Lead	Xiaohui Liu
SCTS Deputy Bulletin Editor	Dionisios Stavroulias
SCTS Education Medical Student Co-Lead	Jason Ali

Crossword

Set by Samer Nashef



Across

1/6 Hellenic son, tad weak here? (8, 6)
6 See 1
9 Complain across the channel and criticise (6)
10 Before adjusting waist first, so to speak (2, 2, 4)
11 Prince in the mirror (4)
12 Desperately did shelter having broken mast in troubled area (6, 4)
14 Contempt of court as felon starts drinking beer with drug provider (4, 4)
16 Kitty goes round in a circle (4)
18 Some take pity on legionnaire's head? (4)
19 Water and fire grip endless spectators (8)
21 Means no trouble at 25 giving solo performance (3-3, 4)
22/26 Urban area that hurts clue? (4, 6)
24 Harridan's wish to move into region of Scotland (8)
26 See 22
27 Give small returns in place (6)
28 Not happy about squeeze having teeth (3, 5)

Down

2 After tea, the marines march off to capture a trinket (5)
3 One politician misused air miles seeking world dominance (11)
4 Invitation to get together and settle problem involving compiler (4, 4)
5 Remote nature of appropriate sales outlet on loch? (15)
6 Sweet little thing (6)
7 See 25
8 It's three times or otherwise a perfume ingredient (9)
13 Aware of broken leg in the end (11)
15 May be Julian, if famous, gets 20% (3, 2, 4)
17 See 25
20 Bulk discounting or causing antagonism (6)
23 Inferior living in a bungalow or semi (5)
25/7/17 The way present and past prime minister intimidate is an exercise in elocution (3, 3, 5, 3)

Please email solutions by 28/03/24 to:

emma@scts.org ***or send to Emma Piotrowski, SCTS, 38-43, Lincoln's Inn Fields, London WC2A 3PE***

The winner will be randomly selected from successful solutions and will win either a bottle of 'fizz' or fine olive oil.

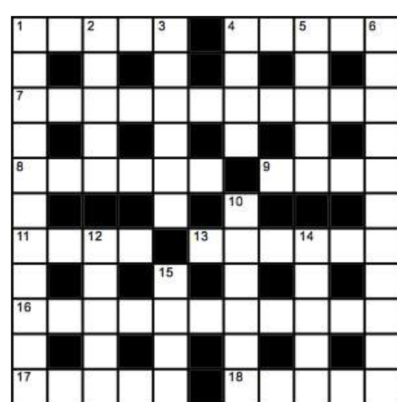
Congratulations to Jonathan Hyde for winning the August 2023 Bulletin crossword competition (right) who chose a bottle of fine oil as his prize.

C	A	R	B	O	N	■	M	O	N	O	X	I	D	E
E	■	E	■	G	■	L	■	F	■	V	■	N	■	V
L	E	G	A	L	L	Y	■	F	R	E	C	K	L	E
I	■	U	■	E	■	C	■	S	■	R	■	■	■	N
B	U	L	L	■	A	R	C	H	E	T	Y	P	A	L
A	■	A	■	F	■	A	■	O	■	H	■	H	■	Y
C	U	R	A	R	E	■	A	R	S	E	N	I	C	■
Y	■	V	■	O	■	S	■	E	■	T	■	L	■	P
■	H	E	M	L	O	C	K	■	M	O	J	I	T	O
N	■	R	■	I	■	U	■	S	■	P	■	S	■	L
I	M	B	E	C	I	L	I	T	Y	■	O	T	T	O
A	■	■	■	K	■	L	■	O	■	L	■	I	■	N
C	Y	A	N	I	D	E	■	C	H	I	A	N	T	I
I	■	S	■	N	■	R	■	K	■	D	■	E	■	U
N	O	S	E	G	A	Y	S	■	P	O	S	S	U	M

Sudoku

			2				3	
8			6			1		
				5				8
		4		9	2			
	8							
1		5		3	7			
	2	7		4	5			9
	5							3
	9		3					

Quick Crossword



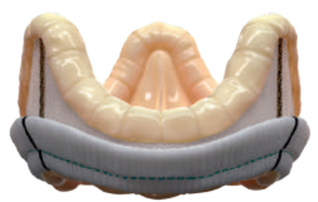
Across

1 Flex (5)
4 Bye (5)
7 Worthless (4, 3, 4)
8 Attacker (6)
9 One colouring material (4)
11 Affected (4)
13 Professional path (6)
16 Smart (11)
17 Unpleasant (5)
18 Indian instrument (5)

Down

1 Shrinkage (11)
2 Curry (5)
3 Coating (6)
4 Helper (4)
5 Twisted humour (5)
6 Insurer (11)
10 Very young people (6)
12 School subject (5)
14 What happens (5)
15 Have fun (4)

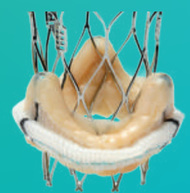
EPIC™ SUPRA
THE IDEAL VALVE OPTION FOR LIFETIME MANAGEMENT

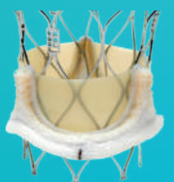


No other valve has been expertly engineered with non-curtaining leaflets,* a low overall profile, and fracture-friendly stent with future interventions in mind.

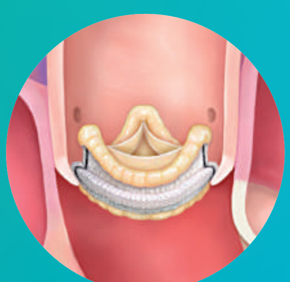
EPIC LEAFLETS DO NOT CURTAIN

Curtaining is a characteristic of pericardial leaflets where the leaflets form a curtain between stent posts that may present coronary obstruction risk (see right) or interaction with common suture affixation methods.[1] In contrast, the leaflets of the Epic Supra do not curtain and can mitigate coronary obstruction risk post-TAV-in-SAV.





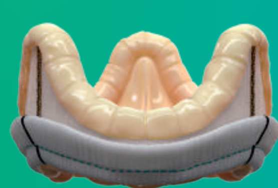
For illustrative purposes only.
TAVI frame used is not meant to depict any specific valve.



Epic Supra leaflet behavior vs. Inspiris‡

LOW 13 MM AORTIC PROTRUSION[3]

23 mm Epic Supra Valve



- Epic Supra fractures at low pressures (8 atm)[2]
- Low profile stent posts[3]

VALVE-IN-VALVE** SUCCESS[4]

Freedom From Valve Intervention 3-Years Post ViV

* Based on Abbott internal testing.
** The safety and effectiveness of valve-in-valve procedures in an Epic™ or and Epic™ Supra valve have not been established

REFERENCES: 1. Technical report. Data on file at Abbott. 2. Allen, KB., Chhatriwalla, A., Cohen, DJ., et al. Bioprosthetic valve fracture to facilitate transcatheter valve-in-valve implantation. Ann Thorac Surg. 2017;104:1501-1508. 3. Epic IFU 4. Fang, K. et al (2022, June) Three-year outcomes of Valve-in-valve intervention within the Epic™ Supra and Epic™ Mitral valves in a Medicare population. Poster presented at the TVT Annual meeting, Chicago.

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