



SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: scholarships@rcpsg.ac.uk

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow,
232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

SECTION 1 PERSONAL AND AWARD DETAILS			
Title	Mr	PID	
Surname	Bowey	Forename(s)	Andrew James
Scholarship/award awarded	Travelling Fellowship	Amount awarded	£2000

SECTION 2 PROJECT/VISIT DETAILS	
Name/Title	Thoroscopic and Navigated Spinal Surgery
Location	Lady Cilento Children's Hospital and Princess Alexandria Hospital, Brisbane , Australia.
Aims and objectives	To develop advance techniques in paediatric and adult spinal surgery, partially thoroscopic correction in the paediatric populations. For both the paediatric and adult practice I wanted to develop the skills of navigated spinal surgery. Secondary objectives included seeing how routine spinal surgery both in elective and emergency work is performed. I was also keen to see how the public and private healthcare systems integrated.
Summary <i>Include methodology, results and conclusions if applicable</i>	This was a three month travelling fellowship in Brisbane, Australia. I was working principally with two consultants. Mr. Geoff Askin, a paediatric and adult spinal surgeon who worked at the Lady Cilento Children's Hospital and Mater Private Hospital. Mr. Richard Williams, an adult spinal surgeon and current President of The Spine Society of Australia who worked at the Princess Alexandria Hospital and Brisbane Private Hospital.

Learning outcomes

Detail here how the aims and objectives were met

My week consisted of four full days in theatre either with Dr. Askin or Williams and a paediatric clinic which all paediatric scoliosis surgeons in Queensland attended. The case mix was varied and challenging. Most cases instrumented cases in Australia use navigation so I had ample opportunity to familiarise myself with the extensive kit and radiology equipment but also the new principle of not only operating looking at your patient but by cross referencing this with the navigation intra operative CT images on the screen.

Seeing and understanding the set up the thoroscopic work was invaluable. Positioning the patient along with the radiology equipment and camera stack made the thoracic disc releases and instrumentation of the spine appear very simple and user friendly. The learning curve for this technique is very steep and I was able to orientate myself around the procedure. (Figures 1-4)

I also had the opportunity to operate on a large cervical tumour(osteoblastoma), front and back surgery which potentially is a once in a career case. (Figures 5-8).

Another case, which made the international press, made me a minor celebratory for a short time. I was one of the surgical team involved in the reattaching the head of a 10 month old child after he was 'internally decapitated' in a traffic accident. It was not as dramatic as the press made out, but it was still a technically demanding case with an excellent outcome. (Figure 9). Ref

<http://www.independent.co.uk/news/world/australasia/decapitated-toddler-has-head-reattached-by-surgeons-after-car-accident-a6681151.html>

The scoliosis clinic was also invaluable. They worked this clinic very different to the UK model. All of the six paediatric scoliosis surgeons of Queensland attended. The patients were pooled and all final decisions were discussed in an open forum. Each clinic started by a review of the operated patients and the operations planned for the weeks ahead, this clinic ensures instant audit and multi-disciplinary work. I hope to integrate this mode into my practice.

Seeing the public and private healthcare systems working was very interesting. Excellent care is provided in both settings however the efficiency and autonomy in the private sector was remarkable. The public sector was very similar to our NHS although the waiting times are much longer across the board. Major trauma and tumour work tended to stay in the public sector but not exclusively. The elective practice in the private sector was very interesting. Patients were regularly anaesthetised and prepared ready of surgery before 8am and the turn over of patients was rapid yet safe. It was good to see that the consultant surgeon of the patient was the team leader and able to make changes adapt and make the list run efficiently. There was no external pressure to delay or halt the list. Also the consultants had full control of the clinic and theatre waiting lists allowing them to move things around due to clinical priority and the patient's needs. This is certainly not the case in the NHS.

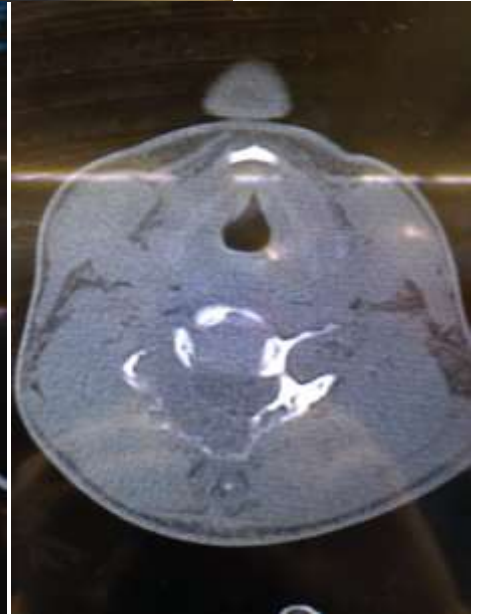
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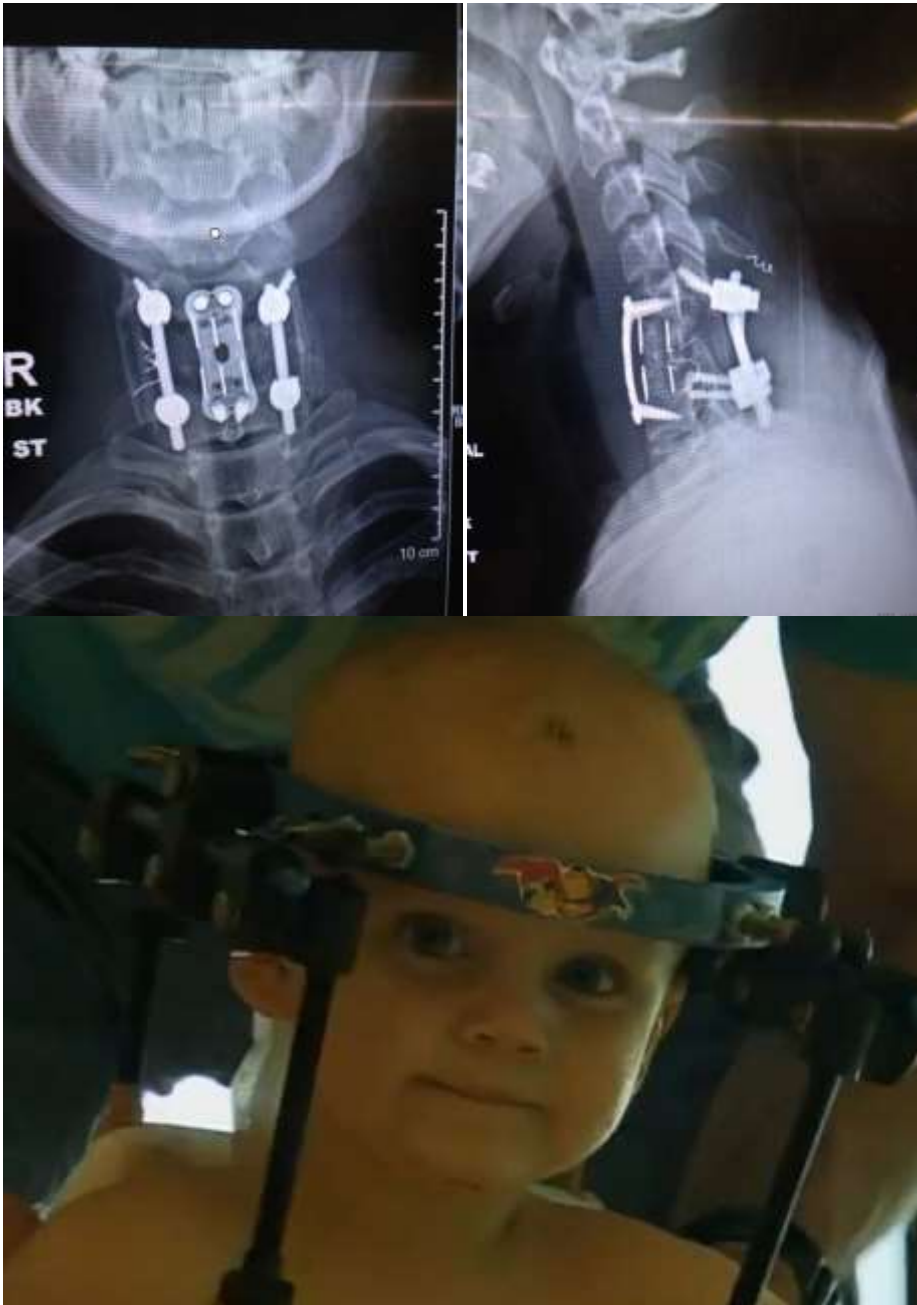
How has this scholarship/award impacted on your clinical/NHS practice or equivalent?

I feel confident in the set up and process of thoroscopic surgery. In my UK practice I do not feel that scoliosis correction will be appropriate due to the magnitude of the curve we face but I do feel a thoroscopic anterior release as part of a two stage procedure would be advantageous. This will avoid a thorocotomy which would reduce the size of a large painful wound which can lead to non-cosmetic scarring, reduction in lung function and a longer hospital stay and recovery.

Navigated spinal surgery will become the gold standard and I hope to develop this technique in my new unit to be one of the front runners with this new and exciting technology.

I have gained a lot from my time over in Brisbane and recommend this fellowship to any scoliosis surgeon. My thanks goes out to my two supervisors who I learnt a great deal from.





SECTION 4 | EXPENDITURE

Breakdown of expenditures

Please demonstrate how the scholarship/award funding was used to support your project/visit

Flights - £1200
Accommodation - £5000

SECTION 5 | PUBLICATION

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.

I give permission for my report to be published in College News

If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.

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