

The Minutes of the Derby Medical Society

3rd March 2015

Held in the Derby Medical School

Apologies were received from Mr Stephen Milner and Dr Ian Shand.

Welcome: Mr Iftikhar, President.

Before the meeting started Dr Rashid (consultant anaesthetist) and his wife Dr Mufaza Rashid took the opportunity to congratulate Mr Iftikhar on the occasion of his 60th Birthday. They presented him with a picture of the hospital. Mr Iftikhar was very grateful.

The minutes of the meeting 24th February 2015: read by Dr S Archer, Senior Secretary, and approved.

Elective Bursary Awards: Tonight was to have been the presentation of the elective bursary awards. We have two winners but unfortunately they were unable to attend this evening. Samuel Quarton is going to Lusaka Zambia to do emergency medicine and paediatrics. And Ben Turner is going to Brunei and Sarawak in Malaysia. They are both grateful for the bursaries and will report back to the Society next season.

Dr S Archer reminded everyone that the AGM was to be held on 24th March and that items of AOB should be forwarded to her directly or via Frances Dean. A provisional agenda will be emailed to all members this week. The agenda and minutes of the previous AGM will be emailed out w/c 9th March, for members to bring to the meeting.

New Members: Mr Sam Tou, Consultant Colorectal Surgeon.

Mr Sadmeet Singh, Consultant Urologist.

Guest Lecture: 'current status of robotic surgery and the future direction'.

Mr Iftikhar then introduced an old classmate of his, Mr Muhammed Shamim Khan OBE. He is currently Consultant and Reader in Urology at Guy's and Thomas' Hospitals & Kings College School of Medicine, London.

The robotic cystectomy programme at Guy's Hospital is the first of its kind in UK and Europe and the team has national and international recognition for pioneering work. Mr Khan carries out one of the highest numbers of this procedure in the country, and has helped establish the robotic cystectomy programme both nationally and internationally. He is also

a major contributor to the national and international database of the outcomes of robotic assisted radical cystectomy.

He was awarded the OBE in 2007 for humanitarian work.

Robotic surgery was pioneered by Guys in 2003. Mr Khan emphasised the fact that it was team work which helped him to advance in this skill. Surgical evolution is only possible due to technological advances. Robots are electromechanical devices performing a variety of tasks on command or by being pre programmed.

25 years ago was the first report of robotic surgery. We saw a video of a TURP being performed by a robot, having first been pre programmed by a surgeon based on u/s information. The robot performs accurate repetitive actions. This is a very safe procedure.

Presently Mr Khan's team is served by Da Vinci Systems robotic surgery.



The surgeon sits remotely from the patient at a 3D image console connected to 4 robotic arms. In fact a surgeon in New York has performed cholecystectomy on a patient in Belgium! The patient has 4 portals with interchangeable instruments inserted to the surgical site. The surgeon gives a stream of information to the robotic arms and has an amazingly clear 3d view of the area. There is improved surgical precision and control which filters out hand tremor.

48 systems are currently operating in the UK now. UK numbers for robotic surgery are: 4416 prostatectomy, 500 kidney operations and >350 bladder operations.

The outcomes of robotic surgery are surgeon dependant.

Mr Khan then showed us a video of him operating, a bladder cystectomy, set to Tchaikovsky's piano concerto. The surgeons in the audience were impressed with the bloodless views, cut and cautery at the same time and great dexterity of the robotic arm. Dissecting planes were clearly seen. There is less post op pain, incontinence, bleeding and ED in patients operated on in this fashion.

Mr Khan foresees less laparoscopic procedures which he considers tricky and tiring for a surgeon, and more robotic procedures. However there are disadvantages. There are long set up times, the arms are bulky. There is little haptic feedback .i.e. the surgeon cannot feel how much pressure he is applying and has to rely on visual feedback only. There is a costly outlay and maintenance cost (the instruments can only be used 10 times) and the robot may malfunction.

Micro robots and nano robots were also briefly mentioned. These may be important in the future, fighting disease in a targeted fashion at cellular and molecular level, in the future.

There were many questions – related to skill, risks, costs and training.

Mr Peracha gave a vote of thanks, and we all applauded what had been a most stimulating talk.

Registers: 36 members and 5 students signed the registers.

Next meeting: AGM 24th March 2015

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Date

SY Iftikhar, Prsident