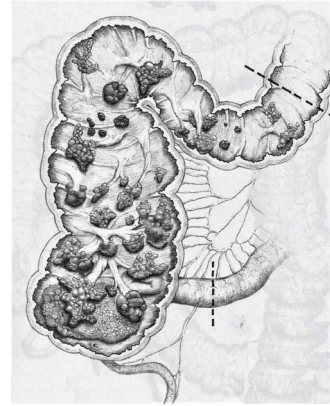


RECTAL CANCER



JUVENILE POLYPOSIS

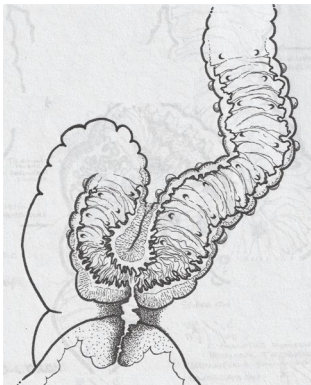
COLORECTAL SURGERY

AN AUSTRALIAN HISTORICAL PERSPECTIVE

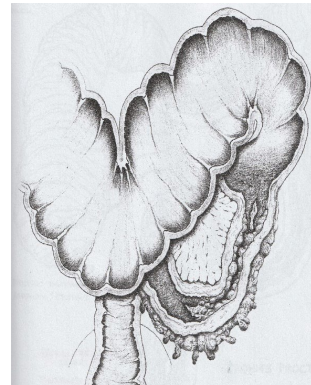
LABOR IMPROBUS

A TIMELINE HISTORY

1890s-2021



DIVERTICULITIS – FISTULA



CROHN'S COLITIS

MARK KILLINGBACK

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COLORECTAL SURGERY

AN AUSTRALIAN HISTORICAL PERSPECTIVE

A TIMELINE HISTORY

1890s-2021

PREFACE

This chronological account of the history of colorectal surgery in Australia begins in the 1890s when major changes in the practice of surgery were occurring. The antiseptic surgery of Lister (1867) was well established. Surgeons were becoming less apprehensive about intra-abdominal surgery and were aware that improved results of intestinal anastomosis were being achieved by European surgeons. There was, however, no accreditation process during this period and becoming a surgeon was achieved by apprenticeship. A significant proportion of surgery was performed by medical practitioners without training, in the belief that the university graduation qualification was a legitimate license to operate. This view was supported by the British Medical Association representing the medical profession in Australia. As the 20th century began trained surgeons were becoming increasingly concerned about the legitimacy of non-qualified surgical practice and such concerns would continue until the formation of an Australasian College of Surgeons in 1927. Professor Louis Barnett of Dunedin was the original motivating influence for such a college in Australia and New Zealand, ably supported by Hugh Devine in Melbourne and so the birth of a unique bi-national surgical college was initiated.

This document has confined itself to reporting practice and progress of colorectal surgery in Australia rather than the history of the Royal Australasian College of Surgeons or the Colorectal Surgical Society of Australia and New Zealand. The reason for this uni-national approach was to assess the Australian component in the development of colorectal surgery. However, the source of much material in this document emanates from the College and the Society. As the focus of this document is on Australian surgery, some important contributions to colorectal surgery by our New Zealand colleagues have not been included, such as the publications of I Bisset, F Frizelle and G Hill which have been acknowledged international contributions.

The administrative staff of both institutions have been of inestimable assistance in the search for data. Historically the RACS was initiated in New Zealand and was soon titled an Australasian college. The joint College has functioned effectively and harmoniously since that beginning. Both Australia and New Zealand are therefore conjointly responsible for standards in surgical practice, training, accreditation, research and continuing medical education.

In addition, specific co-operative bi-national studies have been productive such as the BCCA, ALCCaS, ILEAL POUCH STUDY, ADJUVANT THERAPY FOR CRCa, ACUTE DIVERTICULITIS and PELVIC EXENTERATION SURGERY.

An important aspect in this document is the increasing international activity of Australian colorectal surgeons. For this reason, the programs of most overseas colorectal meetings which have included Australian surgeons are recorded to highlight their contribution. The international activity of ESR Hughes in the 1960s was extraordinary and is not well known by most colorectal surgeons practicing currently. For this reason, Hughes' "surgical sorties" into various countries are included in detail. This information was obtained from Sir Edwards private records which he meticulously documented during these overseas trips.

Also included are program details of colorectal meetings in Australia which not only reveal the extent and variety of surgical activity and research but in addition demonstrate the ever-changing development of surgical practice.

The author's contact with colorectal surgery began in London in 1958-61 at the Central Middlesex and St Mark's Hospitals and continued at Sydney Hospital (1961) with an appointment to the Edward Wilson team in 1962. The most strategic development was in 1963 with the commencement of the Section of Proctology, RACS which was entirely due to the foresight of and the negotiation by ESR Hughes. Hughes felt strongly that colorectal surgery was underrepresented at the General Scientific Meetings of the College. Without doubt Hughes was the most dominant influence in colorectal surgery in Australia in the 20th century. He rapidly developed a huge practice, instituted detailed follow up and stomal therapy in private practice and published extensively, including three textbooks on colorectal surgery.

Other milestones in this journey were: the first colorectal unit in Australia, (Sydney Hospital 1970) and the first Australian general surgeon to practice CR surgery exclusively in 1976. By 1989 nine surgeons in Australia had made the same conversion. Metropolitan colorectal societies commenced in Sydney (1983) and Melbourne (1987), and the Colorectal Surgical Society of Australia in 1988. At the time there was some concern by the Council of the RACS that a separate society was a trend that could weaken the influence of the College. This concern had previously arisen in the Section of Orthopaedics. This proved not to be the case and co-operation between the Colorectal Society and the College has remained paramount. An important stage was reached when the Fellowship of the Colorectal Surgical Society was created (2004) and acknowledged as the accreditation for a specialist colorectal surgeon.

Training specifically directed to colorectal surgery in Australia in the 1950s-1960s was virtually non-existent and aspirants sought positions in UK and USA to obtain the necessary training and qualifications. Harry Cumberland (Royal North Shore 1960s), Des Hoffmann (Royal Adelaide Hospital) and Jack Mackay (St Vincent's Hospital Melbourne) were active in introducing training programs within their hospitals. Jack Mackay and Andrew McLeish negotiated with the RACS and CSSA which resulted in the creation of the highly successful Post Fellowship Training Program in colorectal

surgery which commenced in 1988 under the joint supervision of the RACS Section of Colon and Rectal surgery and the CSSA with Philip Douglas as the first trainee.

Prospective documentation and the creation of large hospital databases emerged in the early 1970s, led by Murray Pheils (Concord Hospital) and Neville Davis (Princess Alexandra Hospital). The Bi-national Colorectal Cancer Audit (BCCA) was an initiative of the CSSA (2007), under the direction of Andrew Hunter and by 2020 has recorded 35,000 treatment episodes. Coincident with these important research tools has been the introduction of randomized controlled trials to assess the validity of surgical practice and results. John Goligher in the UK, (Leeds General Infirmary) was one of the first colorectal surgeons to demonstrate the value of the RCT. Professor Michael Solomon (Department of Colorectal Surgery, Royal Prince Alfred Hospital) has extensively studied this mode of verifying theories and has initiated and mentored a number of these trials.

An important influence in the progress of colorectal surgery has been the special interest in colorectal surgery within university departments in Australia. During the period encompassed by this timeline twelve professors (Heads of Departments) have been appointed with a strong interest in colorectal surgery commencing with MT Pheils in 1973, ESR Hughes 1974 and EL Bokey 1991 - the latter occupying the first chair in colorectal surgery in Australia. Important research activities have been stimulated and supervised by these university departments while surgeons in non-academic clinical practice have also contributed significantly to surgical knowledge in the specialty.

Timeline histories are often a list of “one-liners” but in this document most of the entries are more detailed to provide at least a “postage stamp” account of the topics, with references. By recording podium presentations and publications the syllabus of colorectal surgery in Australia unfolds in addition to its significance internationally. This was most evident when scrolling through the ANZJS programs from 1931-2021. The same detailed search has not been attempted in other international colorectal journals. Selection of topics was necessary to minimise repetition and maintain the historical developmental aspect. This meant that some well-presented information was omitted. It is of interest to note how surgical literature has changed during the twentieth century. Case reports were gradually superseded by single surgeon series. Surgeons then combined with their own hospital colleagues to report on team experience. Multi-centre co-operative studies have subsequently become established and at the present time combined projects exist between nations.

Since the 1990s surgeons have experienced a revolution in the instrumentation of surgery. No longer do surgeons depend on the scalpel, scissors and forceps. Minimally-invasive colorectal surgery has proven to its sceptics that it is as oncologically effective as open surgery with the benefits of quicker recovery, less post-operative pain and shorter hospital stay. Currently similar questions are being asked of robotic surgery, which although it is a remarkable innovation in surgical technique the cost benefit question may still be unanswered.

A few non-colorectal and non-Australian events have been included if they have relevance to the theme of the document. These items appear in italics. The subtitle, **Labor Improbis** (“work conquers all”), was the subtitle of an Astley Giles lecture (Inflammatory Bowel Disease), given by ESR Hughes at a State Committee RACS meeting in Adelaide in 1963. The subtitle became a repeated focus of provoking conversations between Bill and myself during my stimulating visits to him in the 1960s. Its inclusion in this document reminds me of those special early days which greatly excited my interest in colorectal surgery.

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INTRODUCTION

- 1788** **FIRST FLEET** (12 ships) arrived in Botany Bay January 20, 1788. It had transported approximately 1420 persons for the 252 days sea journey. There were prisoners (750-780), marines and free people of whom 48 (40 convicts) died during the voyage. The low mortality (approximately 5%) was due to Captain Arthur Phillip's diligent management of convicts' wellbeing.
FIRST HOSPITAL "Sick Tents" at Dawes Point (Sydney Cove) for 60 patients.
- 1790** **SECOND FLEET** 267 (**26%**) of 1226 convicts died during the voyage due to less care with health needs.
SECOND HOSPITAL ("The Rocks") 90-100 tents.
- 1796** **THIRD HOSPITAL (prefabricated** in England) - located in the future Argyle Cut area of Sydney.
- 1804** **HOBART (Tent) HOSPITAL Established by the Convict Medical Dept.**
Brick building by the 1830s, free treatment for convicts and settlers.
(Royal title 1937)
- 1808** Rum Rebellion by the NSW Corps (26.1.1808) Governor Bligh arrested.
- 1809** Macquarie arrives in the colony.
- 1810** NSW Corps returned to England. Macquarie appointed Governor.
- 1816** **THE SYDNEY INFIRMARY AND DISPENSARY** opened in Macquarie Street, Sydney.
The patients were exclusively military personnel.

Payment for its construction was the sole right to import rum into the colony. (Gov. Macquarie). For many years it was known as the Rum Hospital. Some of the original building remains as Parliament House (L) and the Mint Building (R).

©Southeastern Local Health District Sydney

Fig: 1



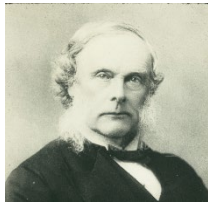
HOW SURGERY CAME TO AUSTRALIA

Surgery came to Australia from England, Scotland and Ireland. The earliest doctors were army surgeons. Quacks were soon rampant, operating without training.
Reference: Power D, ANZ J Surg. 1935, 4(4): 368-383

- 1829** **WESTERN AUSTRALIA Garden Island (Perth) Tent Hospital** established.

- 1833** **REYBARD (Lyon, France)** almost certainly performed the first one stage sigmoid colectomy with anastomosis (Ca). The patient recovered from the surgery but died of recurrent cancer. Surgeons remained sceptical that resection-anastomosis was a safe procedure.
References: Hardy KJ. Aust NJ. 1988, 58, 335-38
Reybard JF, 1827, Memoires sur des le traitement des anus artificiels, des plaies des intestins et des plaies penetrantes de poitrine. JB Bailliere, Paris
- 1840** **ADELAIDE HOSPITAL** admits patients (Royal title 1939)
- 1847** **FIRST ANAESTHETIC IN AUSTRALIA** by Dr Belisario for dental extraction June
- 1848** **THE MELBOURNE HOSPITAL** admits patients (Royal title 1935)
- 1849** **BRISBANE HOSPITAL (and WOMENS' HOSPITAL 2003)** (Royal title 1966)
- 1850s** **SURGICAL PRACTICE: NO ACCREDITATION (UNREGULATED)**
"No law exists to prevent any person whether educated for the medical profession or not from using any medical title that he may choose or from practising any branch of the healing art that he may find profitable".
Some of the earliest surgeons were from the army. **By the early 1850s, a few qualified surgeons (MRCS, FRCS, FRCS Ed) were practising in Victoria.**
Reference: Power D. How surgery came to Australasia. ANZ J Surg. 1935. 4(4): 368-83
- 1855** **"COLONIAL HOSPITAL"** established in **PERTH** (Royal Perth Hospital 1946)
- THE FIRST QUALIFIED SURGEON IN NSW** was AM A'Beckett FRCS
- 1856** **MEDICAL SCHOOL UNIVERSITY OF SYDNEY INAUGURATED**
- 1857** **ST VINCENT'S HOSPITAL Sydney** admits patients
- 1858** **SCHOOL OF MEDICINE MELBOURNE UNIVERSITY FOUNDED**
- 1859** **FIRST SURGERY TEXTBOOK IN THE COLONY** by JG Beany (harshly criticised).
Included a chapter on **Lumbar colostomy**
Reference: Beaney JG. 1859. Original Contribution to the Practice of Conservative Surgery. Melbourne
- 1865** **LISTER** introduces the **carbolic spray antiseptis** - operating theatre Edinburgh
- Edinburgh Royal Infirmary*
Glasgow Royal Infirmary
Kings College Hospital
Peerage 1897: Baron Lister

©Photograph from the Internet



Joseph Lister
1827-1912

Fig: 2
- 1868** **ANTISEPTIC SURGERY IN SYDNEY**
George Hogarth Pringle, in Parramatta, performs the first operation in Australia using the antiseptic regime of Lister.
References: Pringle GH. Sydney Morning Herald January 30, 1868
Hugh TB. The Beginning of Antiseptic Surgery in Australia. ANZ J Surg. 1995. 65: 887-89
- LAST CONVICT SHIP ARRIVES. 164000 convicts** were transported in 80 years.
Nurses from St Thomas' Hospital UK arrive at Sydney Hospital to establish the first nursing school in the colony. Head nurse: Lucy Osborne.

- 1871** **ALFRED HOSPITAL Melbourne** admits patients
- 1879** *LOUIS PASTEUR* introduces the “Germ” theory of disease
- 1882** **PRINCE ALFRED HOSPITAL**
 Named after Queen Victoria’s second son. (Royal title 1902)
 Alexander MacCormick appointed to the staff.
- 1885** **NORTH SHORE HOSPITAL SYDNEY** admits patients (Royal title 1903)
- 1888** **SEWERAGE FROM SYDNEY DIVERTED TO THE OCEAN INSTEAD OF SYDNEY HARBOUR**
- 1890s** **OPERATIONS: TB neck nodes, TB bone, Ca tongue, amputations, breast, lung operations, intra-cranial surgery, gynaecology, genito-urinary surgery, drainage of abdominal abscesses, gastric and biliary surgery.**

ANTISEPSIS DURING SURGERY WAS FAR FROM PERFECT

Many surgeons did not understand aseptic technique and practised “antiseptic” surgery dressed in their civilian clothes, as were any observers. A surgeon, operating in a large Melbourne Hospital in the 1890s, was known to diligently wash his hands before an abdominal operation and then during the procedure, repeatedly blow his nose in a handkerchief retrieved from his pocket.

Reference: Kilvington B. 1930. Recollections of the Melbourne Hospital in the nineties.

SURGICAL PRACTICE IN THE 1890s was described by NJ Dunlop in an address at a BMA meeting April 1920: “The abdomen was a region of mystery and surprises. In intestinal obstruction, the surgeons were more dangerous than the disease”. **There was no mention of surgery to the colon or rectum in Dunlop’s address.**

Reference: “Surgery as it was practiced thirty years ago”. Med J Aust. 1920. May 22, 482-86

- 1893** **FIRST APPENDICECTOMY** in the Colony by Dr Herbert Nolan (on a kitchen table)
 Reference: Volney Bulteau. 1985. Med J Aus. Vol 143 December 9/23

ST VINCENT’S HOSPITAL, Melbourne, admits its first patients.

- 1897** **STUDENTS - UNIVERSITY of SYDNEY**
 Formal attire for cycling
 Future surgeons?
 © University of Sydney archives



Fig: 3

- c1900** **OPERATING THEATRE, ROYAL MELBOURNE HOSPITAL**



Surgeon: Robert Stirling
(white dark moustache)
Medical officers (gallery) in civilian attire
 © Royal Melbourne Hospital Archives

Fig: 4

COLORECTAL SURGERY 1890s-2021

As the 20th century approached surgeons began cautiously to anastomose the colon after resection, but the death rate from anastomotic leak and peritonitis was of concern. These results contrasted with those of **Paul (1895)** in the UK who performed resection and second stage extra-peritoneal anastomosis, publishing a series of 17 patients only one of whom developed post-operative peritonitis. These results were of great interest to Hugh Devine. Reference: Paul FT. Liverpool Med Cher J. 1895. 15: 374

1896 First Australian Resident Surgical Officer appointed St Mark's Hospital London
John Edward Barrett Melbourne
Reference: Granshaw L. St Mark's Hospital, London. 1985. King's Fund Publishing Office London p.4931

ST VINCENT'S HOSPITAL, Sydney

Only 25 colorectal operations were recorded in the 20 years 1895-1914

| | | Patients | Deaths |
|-------------|---|----------|--------|
| 1895 | First Appendicectomy in St Vincent's | 1 | - |
| 1895 | Laparotomy - Colotomy | 1 | - |
| 1896 | Appendicectomy | 3 | |
| 1896 | Excision of the rectum | 2 | - |
| 1898 | Surgery for cancer of the colon | 2 | 1 |
| 1901 | Appendicectomy | 9 | 2 |
| 1912 | Resections of colon (Ca) | 4 | 2 |
| 1913 | Intestinal Anastomoses | 2 | 2 |
| 1914 | Sigmoid Resection + Anastomosis (1st) | 1 | - |

Surgeon: J Flynn

Comment: 9 Large Bowel Resections in 20 years

References: Miller D. 1969. Earlier days: a story of St. Vincent's Hospital, Sydney. Angus & Robertson, Sydney

Schafer R, Matthews Elle. Walter McGrath Library, St Vincent's Hospital Sydney

1902, 1906, 1908, 1909, 1910 (*Op. ledgers missing only 5 available*)

ROYAL PRINCE ALFRED HOSPITAL: C/R SURGERY

| | Patients | Deaths |
|--|----------|----------|
| Laparotomy for Intestinal Obstruction | 26 | 15 (58%) |
| Colotomy (indications not stated) | 52 | 3 |
| Colostomy (obstruction) | 14 | ? |
| Lumbar 6 Inguinal 8 | | |
| Resection Colon | 3 | 1 |
| Excision of Rectum | 21 | ? |
| Haemorrhoids | 154 | - |
| Fistula operations | 41 | 1 |

Comparison: Laparotomy for Hydatid Disease 45

Reference: Annual Reports Susman Library Royal Prince Alfred Hospital

Comment: 24 large bowel resections in 5 years. It is likely this dominance at RPAH was due to McCormick's appointment at RPAH (1882-1914)

1914 **ALEXANDER MACCORMICK** was appointed to Prince Alfred Hospital in **1882** . After resigning from Royal(1902)Prince Alfred Hospital in **1914** he was appointed to St Vincent’s Hospital Sydney.

Fig: 5

Sir Alexander MacCormick
1856-1947



© RACS 1969 ANZJS

In total MacCormick performed surgery for 49 years; he was a dour, thrifty, Scot, strong physically and mentally and a renowned anatomist, a shrewd diagnostician and a dextrous surgeon. He retired in **1931** at 75yr.

Douglas Miller, his assistant for many years, states that MacCormick pioneered many of the “**great resections of stomach and bowel**”. He may have performed the **first APE** in Australia in 1907 (for FAP). He introduced the wearing of a white coat in the operating theatre. **He strongly opposed any further specialisation of general surgery.** He was Knighted Kt in 1913 and further awarded KCMG (Knight Grand Cross of the Order of St Michael and St George) in 1926. MacCormick published 32 papers, three on gastrointestinal surgery:

| | |
|---|------|
| Intestinal obstruction | 1892 |
| Intestinal anastomosis | 1905 |
| Arrested development of the small bowel | 1914 |

Reference: Miller D. Sir Alexander MacCormick: Man and Surgeon. Aust NZ J Surg. 1969. 38 (3), 189-99

JOHN J FLYNN Honorary Assistant Surgeon at St Vincent’s Hospital, Sydney publishes a paper describing a sigmoid resection with **primary anastomosis**. At the time it was regarded as revolutionary.

Reference: First Lewisham Lecture by EG McMahon

AUSTRALIA DECLARES WAR ON GERMANY IN SUPPORT OF BRITAIN: AUGUST 4 1914

1915 **REPATRIATION HOSPITAL**, Randwick, NSW admits patients

1918-1919 **SPANISH FLU PANDEMIC**: Deaths worldwide estimated at **50 million**
(the **COVID 19 PANDEMIC** of 2019-2022 deaths worldwide est. 21/3/2022 **6+ million**: Wikipedia)

ST VINCENT’S HOSPITAL SYDNEY: Nine bowel resections were performed with no deaths.*

*Alexander MacCormick would have operated on some, or all, of these patients.

Reference: Miller D. 1969. Earlier Days: a story of St Vincent’s Hospital Sydney. Angus & Roberson

THE EARLY DIAGNOSIS OF CANCER OF THE ALIMENTARY CANAL

Editorial MJA: “... little excuse to miss a cancer of the rectum if one has a good proctoscope”

Reference: McKillop LM. Med J Aust. 1919. 2: 305

ST VINCENT'S HOSPITAL MELBOURNE: SURGERY for RECTAL CANCER

12 patients treated by elective surgery by H Devine

Miles abdomino-perineal excision

Sigmoid-anal anastomoses (? Pull Through)

Posterior resection (? Kraske operation)

Laparotomy - colostomy

Post-operative mortality: 1/12

Reference: Devine HB. Med J Aust. 1919. 1: 120

1900-1920**SURGERY WAS PERFORMED BY SURGEONS AND GENERAL PRACTITIONERS**

There were now medical practitioners in the Australian community who had received training in surgery by "association and apprenticeship" and were acknowledged as specialist surgeons. They practiced surgery full time and usually had appointments at a city teaching hospital. A significant amount of surgery was nevertheless performed by medical graduates who were in general practice. Fee splitting commission for referring patients was rife. The BMA, dominated by general practitioners, was inactive in disciplining this malpractice, despite its officially documented opposition. The specialist surgeons believed there was an urgent need for accreditation and regulation of surgical practice.

Reference: Newton A. The History of the Royal Australasian College of Surgeons from Foundation to 1935.

Comment: Surgery performed by general practitioners was still quite common in the 1950s.

1920s**SPECIALIST PRACTICE EMERGES from GENERAL SURGERY**

D Glissan specialises in Orthopaedics Melbourne

Reaction from general surgeons:

"... orthopaedics is an invasion of general surgical privilege"

OPERATING THEATRE LIGHTS INTRODUCED (instead of daylight!)**1922**

RECTAL EXCISION FOR CANCER St Vincent's Hospital Melbourne

H Devine 18 patients

Mortality rate: 3 deaths (16.7%) aged: 63yr, 66yr, 77yr

Devine posed the question:

Should patients who are over 60yr be subjected to major surgery for rectal cancer?

Reference: Devine HB. Operations for carcinoma of the rectum. Med J Aust. 1922. 1: 115-22

COLON RESECTION FOR CANCER H Devine

Devine had already been employing the Paul-Mikulicz operation technique electively to cancers of the right colon with satisfactory results. He designed a large enterotome to crush the spur of the double-barrelled stoma to restore colon continuity. The technique was also applied to surgery of the left and distal colon. His methods attracted international attention. Some surgeons in the USA also adopted this approach, possibly as a result of Devine's publications.

Devine: Right hemicolectomy with a double-barrelled stoma which facilitated closure with an enterotome

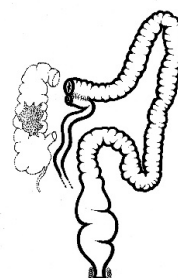


Fig: 6
©mk

ROYAL PRINCE ALFRED HOSPITAL - SURGERY FOR LARGE BOWEL CANCER

Colon Cancer 1912-1926

patients: 150

Surgery

Right lumbar colostomy stage I
(+ Pauls tube if obstructed)
Resection Stage II

Deaths: 59 (39.3%)

Rectal Cancer 1910-1926

patients: 150

Surgery

Ca palpable digitally
Left inguinal colostomy Stage: I
Perineal excision Stage II
Upper rectum - lower sigmoid Ca
Abdomino-perineal excision

Deaths: No information

Reference: Storey JC. Med J Aust. 1927. June 25 1: 917-22

1922-1926 SURGERY FOR COLORECTAL CANCER, PRINCE HENRY HOSPITAL, SYDNEY

Colon: 44 Rectum: 44 Bowel: 5

Post-op deaths: 42/93 (47.7%)

Reference: Quoted by Storey JC. Med J Aust. 1927. June 25 1: 917-922: p.921

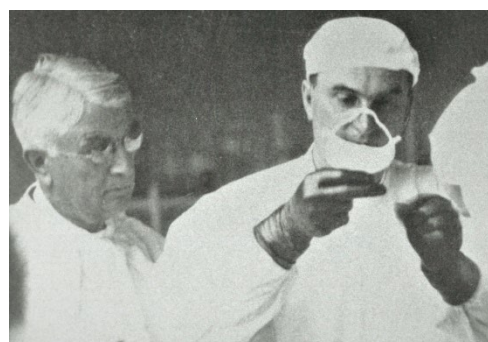
SURGICAL ASSOCIATION OF VICTORIA FORMED

A COLLEGE OF SURGEONS?

Professor L Barnett (Otago NZ) wrote to the 11th Australasian Medical Congress proposing that a national body of surgeons should be formed, representing surgeons in Australia and New Zealand. There was support from only three surgeons (included H Devine). Opposition from BMA and general practitioners, that this was **“a dagger in the heart of the BMA”**. The proposal was defeated. Further discussion occurred on the prospect of an Australasian College of Surgery.

William Mayo visits Hugh Devine
St Vincent's Hospital, Melbourne 1924

Fig: 7
© RACS 1924



- 1925** Hugh Devine visits the USA and receives strong advice from William Mayo: **“My boy, go home and found your own College”**. Devine takes an active role in lobbying his colleagues including the much-respected Sir George Syme.
- 1927** **THE COLLEGE OF SURGEONS OF AUSTRALASIA (CSA) IS FOUNDED** in Dunedin during The Australasian Medical Congress: President: Sir George Syme
Forty foundation members elected. A Constitution is produced August 26.
An Exordium is signed by 40 founders.

DR LILIAN VIOLET COOPER BECOMES AUSTRALIA’S FIRST FEMALE FRACS

(Foundation Fellow 1927) Emigrated to Queensland in 1891
 Appointed to Mater Misericordiae Hospital Brisbane 1905
 Served in WW1 1916-1917 and was a strong advocate for women in surgery.



Fig: 8
Dr Lilian Cooper 1861 - 1947

INFLAMMATIONS OF THE COLON

Bacillary Dysentery Ulcerative Colitis Tuberculosis
Treatment: Rest Open Air Sunlight Irrigation (Magnesium Sulphate)
 Reference: Hone FS. Med J Aust. 1927. 1: 426-41

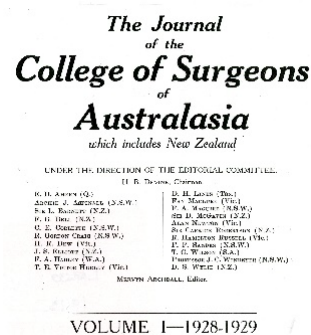
1928 NOTICE TO SURGEONS IN AUSTRALIA AND NEW ZEALAND TO ATTEND THE FIRST AGM OF CSA

“Fellows owe it as a most serious duty to themselves, to each other, and to their College to allow nothing to stand in the way of their attendance. Fellows are to write at once to the Honorary Secretary to notify him of their intention to be present. Fellows who have been delaying their decision must act promptly.” *Honorary Secretary*

COLLEGE OF SURGEONS OF AUSTRALASIA 1ST ANNUAL GENERAL MEETING Canberra
 SCIENTIFIC PROGRAMME (Colorectal topics) March 31
 H Devine St Vincent’s Hospital Melbourne
Case report illustrating partial colectomy in the debilitated

THE JOURNAL of the COLLEGE of SURGEONS OF AUSTRALASIA
VOLUME I 1928-1929
 COLORECTAL CONTENT

| | |
|-------------|--|
| FA Maguire | Repair of the pelvic floor |
| HB Devine | Colon surgery in the debilitated |
| JL McKelvey | Abnormalities of the hind end of the body |



1929 COLLEGE OF SURGEONS OF AUSTRALASIA 2nd AGM Sydney

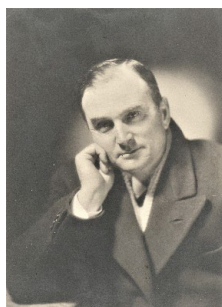
Fig: 9
 © RACS

THE JOURNAL of the COLLEGE of SURGEONS of AUSTRALASIA
VOLUME II 1929-1930
 COLORECTAL CONTENT
 F Gordon Bell **Diverticulitis**

1920s-1930s

HUGH DEVINE established a large practice in GIT surgery with emphasis on surgery of the colon and rectum. His techniques were acknowledged internationally. He was the author of two textbooks on colorectal surgery. (Appendix 1)

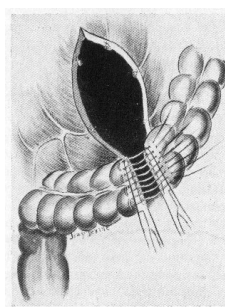
Reference: Vellar ID. Aust NZJ Surg. 2000. 70, 801-12



H Devine
A founding father of the RACS
First and long-standing editor
ANZ J Surg

ESR Hughes 1959 ©
 Frontis page
 Surgery of the Colon
 E&S Livingstone Ltd, Edinburgh

Fig: 10



H Devine
Sigmoid anastomosis
current in the USA (Minneapolis)
until stapling supervened

Sir Hugh Devine and John Devine
 1948 ©
 Surgery of the colon and rectum.
 John Wright and Sons, London

Fig: 11

1930 COLLEGE OF SURGEONS OF AUSTRALASIA 3rd AGM Melbourne March 24-27
THE JOURNAL of the COLLEGE of SURGEONS of AUSTRALASIA
VOLUME III 1930-1931

COLORECTAL CONTENT

- RB Wade **Congenitally-dilated colon or Hirschsprung's Disease**
- CJ Miller **A consideration of the mortality of acute appendicitis, with reference to 239 fatalities**

APPROVAL RECEIVED FOR THE AUSTRALASIAN COLLEGE TO USE THE ROYAL PREFIX
 December 23

1931 ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM Sydney March 30-April 2
 Royal Alexandra Hospital for Children
 HG Humphries **Congenital atresia of the rectum**
 Royal Prince Alfred Hospital

- Operating session**
- Sydney Hospital
- E Fisher **Closure of a colostomy**
- JG Edwards **Demonstration of radiology of the colon**

The AUSTRALIAN and NEW ZEALAND JOURNAL of SURGERY VOL I ISSUE I pub: June

- F Apperly **Spastic colon as a cause of abdominal pain**
- A Newton **Analysis of 995 cases of acute appendicitis at the Melbourne Hospital**
- C Gale **Endometriosis - bowel stricture**



Fig: 12
 © RACS

1932 ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM Melbourne February
No information on colorectal surgical topics

AUSTRALIAN and NEW ZEALAND JOURNAL OF SURGERY VOL II
 HB Devine **Colon surgery: sigmoidectomy, with preservation of natural function**

- 1936** **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM** Sydney March 18-23
No colorectal topics presented.
- 1937** **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM** Auckland January 19-22
R Officer and C Naunton Morgan
A sigmoidoscope with proximal lighting
- 1938** **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM** Sydney March 23-26
TM Furber **Case of diverticulitis caecum**
D McCredie **Demonstration of case of intussusception of the small intestine: extensive resection of the small bowel**
- 1939** **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM** Melbourne March 15-18
No colorectal topics presented

- 1930s** **HAEMORRHOIDECTOMY BY CAUTERY** Sydney Hospital
This treatment was administered under a general or spinal anaesthetic with the patient in the lithotomy position. A standard tradesman's soldering iron was heated in a small plumber's stove next to the operating theatre. The heated iron was then applied to the prolapsed haemorrhoids held (trapped) in position by a wooden clamp.



Fig: 14 © mk



Soldering iron haemorrhoidectomy
During one such operation the patient, under a spinal anaesthetic, stated with alarm that he could smell smoke. He was reassured by the surgeon that there no need for concern.

- ? FIRST APE IN SOUTH AUSTRALIA** by A Britten Jones and A Lendon (Adelaide)
Reference: Operating theatre conversation. *No documentation*

- 1939** **CELLULITIS OF THE COLON: A MANIFESTATION OF DIVERTICULITIS** pub: January
Reference: Hailes WA. ANZ J Surg. 1939. 8(3): 270-79

ENGLAND DECLARES WAR ON GERMANY - WORLD WAR II *September 1*
AUSTRALIA DECLARES WAR ON GERMANY - WORLD WAR II *September 3*

- 1940** **"THE SURGERY OF THE ALIMENTARY TRACT"** Textbook by H Devine
Published by Butterworth Sydney

THE EARLY HISTORY OF APPENDICECTOMY pub: April
Reference: Russel KF. ANZ J Surg. 1940. 9(4): 333-336

COLONIC DRAINAGE: A PLEA FOR CAECOSTOMY pub: April
Reference: Maxwell W. ANZ J Surg. 1940. 9(4): 342-44

- 1941 DIVERTICULOSIS AND DIVERTICULITIS**
 HR Poate Sydney pub: Oct
 Incidence Aetiology
 Acute diverticulitis due to faecolith erosion in diverticulum
 Surgery for complications (mortality up to **60%**)
 Reference: Poate HRG. ANZ J Surg. 1941. 11(2): 110-22
- 1942 REPATRIATION HOSPITAL moves from RANDWICK to CONCORD**
- 1944 DANGERS AND COMPLICATIONS OF HAEMORRHOIDS** pub: April
Phenol injection: Bleeding - penetration adjacent tissue - ulceration - tissue necrosis
Operation: Bleeding primary - secondary stricture (day 8)
 Reference: Ackland TH. ANZ J Surg. 1944. 13(4): 219-31
- 1945 STRICTURE OF THE COLON** pub: April
 Reference: Burnell GH. ANZ J Surg. 1945. 14(4): 271-72
- 1946 THE CLOSURE OF COLOSTOMY OPENINGS** February
 TH Ackland: review of 87 operations
Enterotome used to establish lumen continuity but complete closure rarely effected
 Significant complications: bleeding, peritonitis, faecal fistula, SB damage
Surgical closure:
 Intraperitoneal - "risk unjustifiable"
 Extraperitoneal - recommended
Results: (87) Deaths: 3 (3.5%) Faecal fistulae common
 Reference: Ackland TH. ANZ J Surg. 1946. 16(2): 128-41
- 1940-1946 (WW II)** No RACS AGM records located by RACS archivist
- 1947 EDWARD WILSON** appointed Resident Surgical Officer (RSO) St Mark's Hospital.
Naunton Morgan performed the first anterior resection at St Mark's Hospital in the 1940s. This first patient developed local recurrence in the pelvis which for a time delayed continuing with the operation. However, by 1951-52 there were 162 patients with rectal cancer who had been managed by restorative operation. Sixty five percent of these operations were anterior resections.
 Reference: Granshaw L. St Mark's Hospital London, Kings Fund Publishing 1985. p342
- ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM Melbourne** June 9-12
 SECTION OF GENERAL SURGERY
 FJ Colohan and R Hadley
Results of combined abdomino-perineal operation for carcinoma of the rectum
- CARCINOMA OF THE RECTUM** pub: October
 A retrospective study of records from three Melbourne teaching hospitals
 Improving operability and mortality - colostomy in inoperable cases
 Combined perineo-abdominal excision without preliminary colostomy
 Reference: Turner J. ANZ J Surg. 1947. 17(2): 115-136
- HIRSCHSPRUNG'S DISEASE** pub: October
 Reference: Jenkins JA, Nelson PD. Marquette Med Rev. 1947. 12(4): 193-96

CANCER OF THE ANUS

pub: October

Reference: Brown AE. ANZ J Surg. 1947. 17(2): 142-43

1948

“THE SURGERY OF THE COLON AND RECTUM”

Textbook by H Devine and J Devine: John Wright and Sons Ltd, Bristol

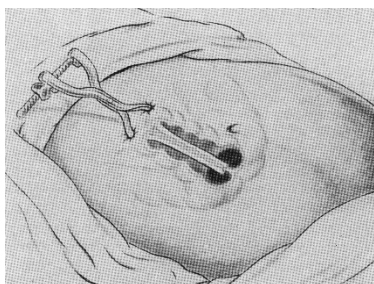
FIRST OUTPATIENT RECTAL CLINIC in Australia established by Edward Wilson at Sydney Hospital**ENTEROTOMES TO CLOSE COLOSTOMIES**

Fig: 15

Huge enterotome used by Devine to close separated ends of a double-barrelled colostomy

Surgery of the colon and rectum.

Sir Hugh Devine and John Devine

© Devine 1948

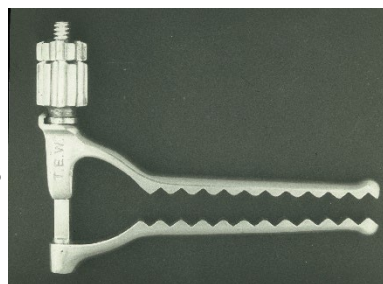


Fig: 16

Smaller enterotome Wilson had made to order. Used by Wilson to close colostomies in the 1950s

© mk

1949

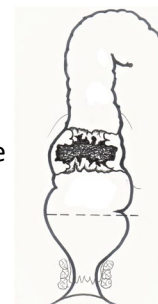
ESR HUGHES appointed RSO AT St Mark's Hospital**RESTORATIVE RESECTIONS FOR CARCINOMA OF THE RECTUM**

In Sydney, Wilson began establishing a reputation for restorative operations in the management of rectal cancer

Reference: Wilson E. Specific instruments for deep pelvic surgery.

ANZ J Surg. 1949. 18(3): 224-227

pub: January



© mk

Fig: 17

Anterior resection

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM Brisbane

June 7-10

D Yeates

Multiple polyposis of rectum and colon

J Devine

Surgery in Ulcerative Colitis

E Wilson

The place of restorative resections and other operations in the treatment of carcinoma of the rectum

1950

ESR HUGHES APPOINTED ROYAL MELBOURNE HOSPITAL as an **ASSISTANT SURGEON**

Commenced practice. After 10 months he volunteered for service with the Australian Military Forces involved in the Korean War, serving as a Lieutenant Colonel in charge of the military hospital in Kure, Japan. He returned to practice in Melbourne on completion of his military service.

ILEO-ANAL ANASTOMOSIS for FAP by J Devine and R Web.

Reference: Surg Gynecol Obstet. 1951. Apr; 92(4): 437-42

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM Adelaide

May 20-24

No colorectal topics presented

SINGLE LAYER ANASTOMOSIS FOR GIT SURGERY performed by Leo Doyle (Melbourne).

Doyle was an inpatient surgeon at St Vincent's Hospital Melbourne 1930-1951.

He was a general surgeon in the truest sense with an extensive surgical repertoire.

Technically, he was described as a "surgical virtuoso".

References: Doyle L. Technique of Gastrectomy. ANZ J Surg. 1951. 21: 20-26

Vellar I. Leo Doyle, Master Surgeon. ANZ J Surg. 2000. 70(10): 756-63

1951**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS AGM**

Sydney

June 2-6

Doyle L

Abdominal operative exposure**SPHINCTER-SAVING SURGERY AND THE DISTAL MARGIN 5cm MARGIN IS SAFE***Goligher et al reported on 105 patients with rectal cancer treated at St Mark's Hospital, London, by resection and anastomosis. Examination of distal spread within the original resected specimen was performed in the 23 cases of local recurrence (21.9%).**In average or low-grade tumours **Direct** distal spread was less than 1.0in (2.5cm), and distal lymphatic spread of 0.75in or more was present in 2%.**It was recommended that "it was always safer to aim for a **lower margin of 2in**".***This article initiated the 5cm rule for the distal clearance of rectal cancer and as a result, sphincter-saving surgery in the practice of Australian surgeons increased.**

Reference: Goligher JC, Dukes CE, Bussey HJR. Local recurrences after sphincter-saving excisions for carcinoma of the rectum and rectosigmoid. Brit J Surg. 1951. 39: 199-211

1952**PRIMARY SKIN GRAFT FOLLOWING EXCISION OF FISTULA-IN-ANO**

pub: February

ESR Hughes

Laying open of fistulae at this time could result in large wounds needing prolonged healing. This stimulated the introduction of skin grafting which Hughes even used in smaller wounds. While this technique was successful in Hughes' patients it had little appeal to most surgeons.

Reference: Hughes ESR. ANZ J Surg. 1952. 21(3): 212-213



John of Arderne 1300s

Fig: 18

© ESR Hughes 1957 p69
Surgery of the anus, anal canal and rectum
E&S Livingstone Pty Ltd, London

Manuscript of John of Arderne



Edward of Melbourne 1950s

Fig: 19

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne

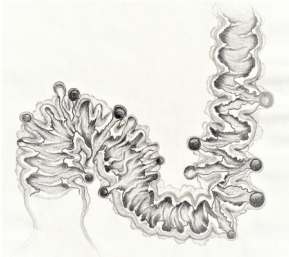
August 18-21

KC Bradley

The pelvic autonomic system of nerves

WR Griffiths

Rectal prolapse

- 1953** **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Sydney** August 17-20
 TE Wilson **Resection for diverticulitis**
(the only C/R topic in the programme)
- SURGERY FOR INTERNAL HAEMORRHOIDS** pub: November
 ESR Hughes Melbourne
Operation: Ligation - Excision (St Mark's Hospital technique)
 Reference: Hughes ESR. ANZ J Surg. 1953. 23(2): 116-26
- THE REPATRIATION HOSPITAL** at Randwick renamed as
THE PRINCE OF WALES HOSPITAL and converted to a General Hospital
- AMERICAN PROCTOLOGIC SOCIETY MEETING** Hot Springs, Virginia, USA
 Invited speaker: ESR Hughes Melbourne December 10
Combined abdomino-perineal herniorrhaphy for massive rectal prolapse
- 1954** **QUEEN ELIZABETH HOSPITAL**, Adelaide admits patients
- ESR HUGHES appointed Outpatient Surgeon** at Royal Melbourne Hospital
- ILEO-RECTAL ANASTOMOSIS FOR CHRONIC ULCERATIVE COLITIS** pub: February
 E Dunlop Melbourne
 Case reports (4); ileostomy may be stage 1
Risk of cancer if rectum retained, IRA is a compromise
 Proctocolectomy is the better operation
 Reference: Dunlop EE. ANZ J Surg. 1954. 23(3): 184-89
- ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne** August 17-20
 FD Stephens **Hirschsprung's disease**
 A Lawrence Abel London **Cancer of the rectum**
- COLONIC RESECTION FOR DIVERTICULAR DISEASE** pub: August
 TE Wilson Sydney
 Significant symptomatic diverticular disease can be well managed
 by **surgical treatment in the pre-complication phase of the disease**
 before complex pathology occurs. Non-inflammatory diverticular
 disease may be symptomatic.
 Reference: Wilson E. ANZ J Surg. 1954. 24(1): 36-44
- © mk **Fig: 20**
Diverticular disease
- 
- 1955** **FIRST TOTAL PELVIC EXENTERATION** (in Australia) was performed for cervical
 cancer by gynaecologist, J Cameron Loxton at RPAH.
 (Personal communication M Solomon)
 Reports by Loxton were published in the Medical Journal of Australia in which
 Loxton commented on the medical community's lack of support for the operation.
 Reference: Loxton JC. Med J Aust. 1956. 43(25): 1045-48

THE LATERAL SPREAD OF CARCINOMA OF THE RECTUM pub: May
 Earliest referral to this mode of spread in Australian surgical literature:
 104 specimens from APEs examined by pathologist.
 Lateral spread at various tumour levels assessed.
 Reference: Freidin J. ANZ J Surg. 1955. 24(4): 283-94

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Sydney August 16-19
 PANEL DISCUSSION: **Treatment of Ulcerative Colitis**
 A Coates Surgeon
 ESR Hughes Surgeon
 AW Morrow Physician
 C Swanton Psychiatrist

PRIMARY ONE STAGE PROCTOCOLECTOMY IN ULCERATIVE COLITIS pub: November
 ESR Hughes
 Six patients treated. Two with acute (fulminating) disease and one patient
 with a malignant stricture; no mortality
 Reference: Hughes ESR. ANZ J Surg. 1955. 25(2): 124-33

1956 **ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM** Christchurch
 GUEST SPEAKER: G Pack New York USA January 31-February 3
Right or left total hepatic lobectomy for primary or metastatic carcinoma

THE MANAGEMENT OF ENDOMETRIOSIS OF THE LARGE INTESTINE pub: February
 It may be localised (mimics cancer) or widespread. Extensive pelvic endometriosis
 usually requires hysterectomy and bilateral oophorectomy.
 Reference: Fleming WB. ANZ J Surg. 1956. 26(2): 144-53

1957 **"SURGERY OF THE ANUS, ANAL CANAL AND RECTUM"** Textbook by ESR Hughes
 E&S Livingstone Ltd. Edinburgh and London 1957

TREATMENT OF ISCHIORECTAL (ANO-RECTAL) FISTULA pub: May
 ESR Hughes
 24 pts 2/3 of sphincter often divided Laying open of fistula -> large wound
Immediate skin graft to defect Patient immobilised in **lithotomy posture for 5-6 days**
 Skin graft: 20 pts 90-100% success 4 pts 50-85% success
 With time the deformity improves Contenance surprisingly satisfactory
 Recurrence: 1 patient
 Reference: Hughes ESR. ANZ J Surg. 1957. 26(4): 281-88

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS MEETING Melbourne
 INVITED PRESENTATIONS: August 20-23
 EG Muir Kings College Hospital London *Titles not available*
 A Dickson Wright St Mary's Hospital London
 C Wells University of Liverpool
 GS Yeoh Pan-Malayan University Singapore
 SUBMITTED PRESENTATION:
 JS Guest, OW Deacon Melbourne
Anatomy of the rectum and anal canal

AUCKLAND POSTGRADUATE COMMITTEE NZ SURGICAL MEETING November 27
 INVITED SPEAKER: ESR Hughes Melbourne
Constipation*: BMA Lecture*
Ulcerative colitis
Large bowel carcinoma
Large bowel obstruction
Cholelithiasis
Operating session December 2

1958 SURGICAL MEETING Palmerston North NZ
 VISITING SPEAKER : ESR Hughes Melbourne *Date, topics not available*

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Perth August 19-22
 GIT PRESENTATIONS:
 A Gild Perth
Post-operative obstruction
 B Jones Adelaide
Post-operative abdominal conditions (non-obstructive)
 R Webb Melbourne
Necrotising enteritis
 ESR Hughes Melbourne
Fatal complications after colectomy*
 Discussion opened by CFW Illingworth Glasgow UK*

STOMA ASSOCIATIONS Charity - (self-help societies) initiated in two states
Ileostomy Association of Victoria commences as the **QT Association of Victoria**.
 Assisted and advised by ESR Hughes
Ileostomy Association of NSW
 Assisted and advised by TE Wilson

FAP REGISTER established by Sol Levitt in Perth

1959 FATAL COMPLICATIONS FOLLOWING COLECTOMY pub: May
 ESR Hughes personal series 602 large bowel resections
 Mortality rates: Combined excision of rectum (Miles) 2.6%
 Synchronous excision of rectum 4.8%
 Colon resections 4.7%
Higher mortality after operations for very low rectal tumours, Ulcerative Colitis and Diverticulitis. Most frequent causes of death: pulmonary embolism, peritonitis, small bowel obstruction
 Reference: Hughes ESR. Fatal complications following colectomy. ANZ J Surg. 1959. February; 202-14

SMALL BOWEL OBSTRUCTION FOLLOWING ABDOMINOPERINEAL RESECTION
 ESR Hughes: operations for carcinoma of the rectum pub. February
 11 patients of 287 Ca of rectum (3.8%)
 In six patients the cause was herniation through the new pelvic floor suture line which had dehiscd. The complication occurred early in the post-operative period, presentation was often atypical. Death occurred in 3/6 patients, delay in diagnosis was a significant factor.

Recommendation: Repair of pelvic floor with a continuous suture supported by interrupted sutures.

References: Hughes ESR. Small bowel obstruction following abdominoperineal resection of the rectum. ANZ J Surg. 1959. February 1, 202-14

DEATH OF SIR HUGH DEVINE

July 18

Reference: Vellar ID. Hugh Berchmans Devine: Surgical Visionary and Great Australian. Aust NZ J Surg. 2000. 70: 801-812 (Appendix 1)



Fig: 21

© Courtesy of the Australian National University
Published by Wiley and Sons

**Hugh Devine 1927
1878-1959**

“SURGERY OF THE COLON” Textbook by ESR Hughes
E&S Livingstone Ltd. Edinburgh. 1959

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne August 12-21

GIT PRESENTATION: E Allcock UK

Bacteriology of the small intestine in intestinal obstruction

HUGH BERCHMANS DEVINE: AN APPRECIATION Douglas Miller August

MEMOIRS OF SIR DOUGLAS MILLER Raymond Hennessy

SURGICAL JUDGEMENT Hugh Devine

Reference: ANZ J Surg. 1959. August 29(1): 1-8 (3 articles)

ESR HUGHES OVERSEAS TOUR

August 24-September 18

University of Washington School of Medicine Seattle

Professors Nihus and Harkins -

Visiting Surgeon lecture: ESR Hughes *Topic not available*

Minneapolis: Observed O Wangenstein operating

Visiting Surgeon lecture: *Topic not available*

Rochester Charles Mayo

Cleveland Ohio Rupert Turnbull

New York Memorial Hospital

Boston Lahey Clinic

London Avery Jones, C Naunton Morgan, Edward Muir

Birmingham Bryan Brooke

A first meeting with ESR HUGHES.

Central Middlesex Hospital London

September

Hughes came to the hospital to meet with Dr Avery Jones and by chance met with MK (surgical registrar). In conversation Hughes complained that he was having difficulty generating enthusiasm for colorectal surgery among the trainee surgeons.

POSTGRADUATE LECTURE Melbourne

October 5

ESR Hughes: **Treatment of carcinoma of the rectum**

“ALL ABOUT AN ILEOSTOMY” Booklet by ESR Hughes
PRINCESS ALEXANDRA HOSPITAL Brisbane admits first patients

1960 HEALING OF END-END ANASTOMOSES pub: February
 Changes studied in rat’s ileum. Mucosal continuity established by healing on peritoneal surface.

Reference: Cuthbertson AM. ANZ J Surg. 1960. 29(3): 246-249

FIRST AUSTRALIAN COLORECTAL FELLOW - DEPT. COLORECTAL SURGERY
CLEVELAND CLINIC: Alan Cuthbertson

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Adelaide August 15-19

INVITED SPEAKER*:

| | | |
|--------------|-----------|---|
| JC Goligher | Leeds UK | Crohn’s disease * |
| TP Nash | Sydney | Surgical small bowel insufficiency |
| GWG Sinclair | Melbourne | Non-specific ulceration of the small bowel |

INTERNAT. SOCIETY. UNIVERSITY. C/ R SURGEONS (ISUCRS) Sao Paulo, Brazil
 ESR Hughes attended this meeting travelling via New York (Columbus Hospital) and Rio de Janeiro. In the Rio hotel room, his jet lag was exacerbated by finding a huge spider on the wall and a mouse under his pillow.

Registrants at the meeting: 400 and a “magnificent” cocktail party.

Next day ESR’s paper “went well”

September 11-18

Conference banquet enormous, finished 3.00 am.

R Turnbull and E Hughes “exhausted” next day.

THE ESR HUGHES PRACTICE

INSPIRATION FOR VISITORS

By the early 1960s Bill Hughes was consulting in a large suite of rooms at 14 Parliament Place Melbourne, supported by what must have been the largest staff for a surgeon in the city. There were two secretaries, a stomal therapist, and a nurse, who was his scrub nurse when operating in private hospitals. Importantly, another staff member managed what became a large follow up project. There were three examination rooms, each of which were occupied simultaneously during consulting sessions. It was a very busy practice, frequently made more so by attending visiting surgeons. MK was fortunate to experience three, week-long visits there in the early 1960s.

A senior trainee from St Vincent’s Hospital Sydney, Vic Fazio, also visited Hughes in the 1960s. Vic Fazio maintained that these visits inspired him to become a colorectal surgeon.

The ESRH team 1962

14 Parliament Place, Melbourne

Jean Lister Margaret Brown ESRH

Alan Cuthbertson

Thea Hedley Eli Kyte

absent: **June Botica** head secretary



© mk

Fig: 22

FIRST STOMAL THERAPIST IN AUSTRALIA: Eli Kyte (ESR Hughes’ private practice)

STATE COMMITTEE RACS Meeting Hobart
 Invited speaker: ESR Hughes Lecture topics not available

1961 THE TREATMENT OF PROLAPSED GANGRENOUS HAEMORRHOIDS pub: February

The pros and cons of immediate haemorrhoidectomy discussed.

Deaths have been recorded.

Reference: Ackland TH. ANZ J Surg. 1961. 30(3): 201-203

NECROTISING COLITIS

Case report : M Killingback: First publication in the literature of the colonic form of disease was from the UK. A report of six patients suffering a fulminant colitis characterised by areas of necrosis in the colon.

All patients were treated by emergency surgery, three patients died.

There was no evidence of vascular disease at laparotomy or on histological examination of the resected colon. In the mucosa and submucosa extensive colonies of gram positive bacteria were identified.

Surgeons: M Killingback, K Lloyd Williams, HE Lockhart Mummery, G Westbury

Reference: Killingback MJ, Lloyd Williams K. Necrotising Colitis. Brit J Surg. 1961. 49: 175-85

Webb R. Necrotising Enteritis. ANZ J Surg. 1961. 30(4): 275-8

Fig: 23



Necrotising Colitis
 © Artist: M Barber

Fig: 24



Gram positive bacterial colony in submucosa

© Central Middlesex Hospital 1961

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Brisbane May 23-26

G Brockis Perth

Local vascular arrangements in the normal and diseased colon

N Davis Brisbane

Mechanical intestinal obstruction in the early post-operative period

COMPLICATIONS AND DANGERS OF SIDE-END ANASTOMOSES pub: May

With time the blind end can "balloon" into a large, blind pouch in which ulceration and stricture may occur. This may cause haemorrhage, chronic bleeding or perforation. First reported in 1888. Management is resection.

Reference: Ackland TH. Complications and dangers of side-to-side intestinal anastomosis. ANZ J Surg. 1961. 30(4): 265-26

Example (mk) **Female aged 68yr**
Colectomy IRA for bleeding diverticular disease
Profuse bleeding 7 and 10 years after IRA
Resection with end-end IRA (mk)
Stricture and ulceration at anastomosis



Fig: 25

© mk

RACP STATE COMMITTEE Meeting Box Hill

October 29

INVITED SPEAKER: ESR Hughes Melbourne

Surgery in Ulcerative Colitis

1962

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Wellington NZ

COLORECTAL PRESENTATIONS:

January 29-February 2

EE Dunlop Melbourne

Late results of ileo-rectal anastomosis in Ulcerative Colitis

F Hutter Wellington

The Gracilis Sling operation in anal incontinence

E Wilson Sydney

Film: Preparation and care of ileostomy

EC Watson Wellington

Film: Submucous haemorrhoidectomy**ESR HUGHES OVERSEAS TOUR**

May 10-June 30

Hong Kong Queen Mary Hospital

Singapore Guest Lecture : Singapore Medical Association

Bangkok Lecture

Operations

Cairo Lectures

Operations

Gothenburg Lecture

Operations

Stockholm Meetings with surgeons

London Basil Morson and Neville Davis

Birmingham Bryan Brooke

Lecture: **Rectal Prolapse**

London Royal Society Medicine Section Proctology

Received Honorary Membership of the Section

Lecture: **Rectal Prolapse**

St Mark's Hospital

C Naunton Morgan

Leeds Leeds General Infirmary

John Goligher

London Gordon Hospital

Stanley Aylett

Guys Hospital

Edinburgh

Glasgow

Toronto

Charles Rob

New York

Philadelphia

Cleveland

Rupert Turnbull

New Orleans Guest lecturer: Tulane University

Lecture *title not available*

Chicago Guest Speaker: GE section AMA

Lecture: **Recurrence after curative excision of Ca of the large bowel**

Portland

Returns to Melbourne

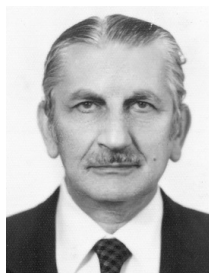
June 30

ABDOMINO-ANAL PULL-THROUGH OPERATION introduced in Australia by ESR Hughes and A Cuthbertson. The operation was devised in 1953 by **Cutait** (Brazil), then taken up by Turnbull (USA) while Cuthbertson was a Fellow at the Cleveland Clinic.

Hughes reported a series of **30 patients.** pub: December
 Tumour levels: **27** pts 7.0-9.0cm; **3** pts 10,11,13cm. Mortality: 1
 Continence varied from "normal to difficult adjustment"

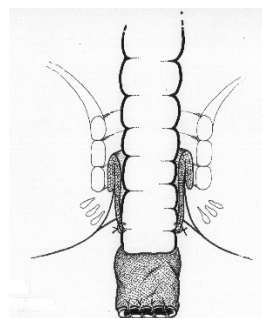
Reference: Hughes ESR, Cuthbertson AM, Carden ABG. Pull-Through Operations for Carcinoma of the Rectum. MJA. 1962. December 8 pp 907-909

Fig: 26



D Cutait
1913-2001

Fig: 27



Abdomino-anal-pull through
(AAPT)

© mk

1963

ESR HUGHES Appointed Inpatient Surgeon at Royal Melbourne Hospital. By this time he had developed a large practice which was predominately colorectal. He also continued to operate on significant numbers of breast, gastroduodenal, gallbladder and hernia cases. In addition to his clinical responsibilities at RMH he would have up to 30 patients in private hospitals.

ILEOSTOMY FOR ULCERATIVE COLITIS

pub: February

ESR Hughes personal series 135 patients Brooke ileostomy construction
 Mortality due to ileostomy: 2 (1.3%) SB obstruction Overall mortality: 12 (8.9%)
 Follow up: SB obstruction 8 Lateral space 4; adhesions 4; laparotomy 8
 Fistula from ileum 1 Pelvic abscess 1
 Retraction 5
 Prolapse 5

Quality of life study: "normal" social life 47/50 patients

References: Hughes ESR, Russel IS, Cuthbertson AM, Carden ABG. ANZ J Surg. 1963. 32(3): 215-20
 Brooke BN. Ulcerative colitis and its treatment. 1954. E&S Livingstone Ltd, Edinburgh.

FAMILIAL POLYPOSIS OF THE COLON-DESMOID TUMOUR - GARDNER'S SYNDROME

Case report: TE Wilson *Syndrome described by Gardner 1951* pub: February

1958 Colectomy IRA

1959 Mass in abdominal wall (8cm x 5cm) biopsy: desmoid tumour
 Endoxan therapy minimal effect

1960 Radical excision leaves defect in abdominal wall (24cmx18cm)
 Tatalum repair; Follow up: no recurrence

References: Wilson E, Fowler N. ANZ J Surg. 1963. 32(3): 247-9
 Gardner EJ. Amer J Hum Genet. 1951. Vol 3: 167

EMERGENCY RADICAL RESECTION FOR OBSTRUCTING CARCINOMA OF THE COLON

Surgeon: P Ryan Melbourne pub: May

In the 1960s most patients would be treated with a proximal stoma or Hartmann's operation for obstruction in the left colon. Peter Ryan proposed there was a place for immediate resection and anastomosis.

Reference: Ryan P. ANZ J Surg. 1963. 32(4): 284-91

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne May 27-31

COLORECTAL PRESENTATIONS:

LBM Joseph Vellore India

Anal and rectal valves

RC Bennett Melbourne

Relation of sensation to sphincter pressure in the human anal canal

J Buntine Melbourne

Effect of extrinsic factors on intrarectal pressure**SECTION OF PROCTOLOGY OF THE RACS - FORMATION May 28**

Formed during the GSM of the RACS in Melbourne, at the Southern Cross Hotel. The convening and organisation of this meeting was by ESR Hughes who believed there should be more colorectal papers at the annual RACS College meetings.

Chairman of the meeting: A Lendon (SA), member of RACS Council. Elected chairman of the Section. There were 91 Fellows attending. Presentations: 25 (Appendix 5)

Dr Harry Bacon was elected an Honorary member of the Section. Mr Edward Muir (London) elected an Honorary member, to be guest speaker September 14 1963.

A decorated gavel was presented to the Section by the staff of St Mark's Hospital.

Logo decorations on the Section Gavel

St Mark's Hospital

Royal Australasian College of Surgeons

Royal Society of Medicine

Royal College of Surgeons England

© Royal Australasian College of Surgeons. 1963



Fig: 28

THE RACS COUNCIL FORMALLY ADMITS THE SECTION TO THE COLLEGE

June 28

SYDNEY HOSPITAL REUNION WEEK

July 17

VISITING SPEAKER: ESR Hughes Melbourne

Ulcerative Colitis and its variants**SA RACS STATE COMMITTEE MEETING : ANSTEY GILES LECTURE: August 15**

INVITED SPEAKER: ESR Hughes

Labor Improbis - surgery in ulcerative colitis

Reference: Med J Aust. May 16.1964. 20: 743-48

LARGE BOWEL OBSTRUCTION RPAH September 14

Second meeting of the Section of Proctology

GUEST SPEAKER:

Edward Muir London (presented with Honorary Membership of the Section)

INVITED SPEAKERS:

H Dudley **Technique of colostomy in large bowel obstruction**M Shellshear **Radiology of large bowel obstruction**

SUBMITTED PRESENTATIONS:

ABG Carden, AM Cuthbertson, Dudley H, EE Dunlop, DG Failes, RM Hollings, ESR Hughes, M Killingback, D Lane, P Ryan, M Shellshear, M Smith, J Smyth, E Wilson.

Fourteen topics were presented.

LEADING DISCUSSION: Edward Muir

1964 ESR HUGHES OVERSEAS TOUR January 16-February 5

Singapore "worked at the hospital"

Kandy (Colombo) Lectures *Dates, topics not available***Operating**

Colombo Lecture

Lecture

Madras (Chennai 1998)

Vellore **FIRST ASIAN CONGRESS OF GASTROENTEROLOGY** Vellore January 20-21

Edward "Weary" Dunlop attended this meeting

Operating

Chandigarh (Punjab) Lecture

Report on current results in the treatment of large bowel carcinomaDelhi Lecture *Dates, topics not available***ESR HUGHES OVERSEAS TOUR** May 5-11Seattle Lecture *Dates, topics not available*

Lecture

Rochester Lecture

Lecture

Philadelphia **COMBINED PROCTOLOGY Meeting** May 9**AMERICAN PROCTOLOGIC SOCIETY - SECT. PROCTOLOGY ROYAL SOC. MEDICINE**

ESR Hughes elected Honorary Fellow Am. Proctologic Society

Registrants: 713 Podium presentations: 128 Aus: 4 (submitted)

ESR Hughes **Anatomy of the anal and rectal valves**ABG Carden **Malignant polyps of the rectum**D Lane **Problems in the management of ulcerative colitis**G Grove **Refinements in the management of the permanent ileostomy and colostomy****TASMANIA RACS STATE COMMITTEE Meeting** Hobart May 14

INVITED SPEAKER: ESR Hughes Melbourne

Diverticulitis - vesicocolic fistula

SECT. PROCTOLOGY ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Hobart

No Section visitor

May 19

| | | |
|---------------------------|------------|--|
| JL Connell | Melbourne | Villous papilloma of the rectum |
| NA Myers | Melbourne | Unusual sacrococcygeal teratoma |
| EE Dunlop | Melbourne | Congenital haemangioma of colon |
| AM Cuthbertson | Melbourne | Irradiation damage of bowel |
| DG McLeish | Melbourne | Role of rectal arteries as collaterals |
| F Huber | Sydney | Marsupialization of pilonidal sinus |
| R Bennett | Adelaide | Anal fistula |
| M Smith | Adelaide | Early treatment for acute haemorrhoids |
| CJ Windsor | Brisbane | Whitehead's operation |
| FD Stephens | Melbourne | Bloodless technique of anal biopsy for Hirschsprung's disease |
| FW Connaughton | Melbourne | Technique of ligature of polyps via a sigmoidoscope |
| WW Woodward | Launceston | A man with green urine |
| SYMPOSIUM: DIVERTICULITIS | | |
| DD Beard | Adelaide | Pathology |
| M Killingback | Sydney | Diverticulitis and cancer of the sigmoid colon |
| JH Pryor | Ballarat | Unusual clinical presentations |
| PJ Ryan | Melbourne | Perforated diverticulitis |
| JS Guest | Melbourne | Acute diverticulitis |
| IL McVey | Melbourne | Acute diverticulitis |
| TH Ackland | Melbourne | Massive bleeding in diverticulitis |
| AB Vivian | Perth | Massive bleeding in diverticulitis |
| ESR Hughes | Melbourne | Vesicocolic fistula |
| TE Wilson | Sydney | Early surgery in the absence of complications |
| NT Hamilton | Melbourne | Place of resection of solitary diverticulum |
| DG Failes | Sydney | Diverticulitis and perforation |

Comment: Hughes aim for a role in a C/R Section achieved in 1 year!Colorectal presentations : GSM 1963: **3** GSM: 1964: **25****COLOSTOMY ASSOCIATION of NSW established****SIR ARTHUR SIMS COMMONWEALTH TRAVELLING PROFESSOR – ESR Hughes**

The travelling fellowship was instigated by Sir Arthur Sims (a New Zealand industrialist). Its purpose was to maintain closer ties within the Commonwealth, and to advance medical science through teaching, lecturing and research. It was an ambassadorial as well as an academic role. The appointment was made by the Royal College of Surgeons of England.

Itinerary

November 1964-March 1965

Manila*, Hong Kong, South Vietnam*, Singapore, Kuala Lumpur, Penang, Colombo*, Kandy, Delhi, Madras*, Madurai*, Vellore*, Salisbury, Pretoria, Johannesburg, Cape Town, Port Elizabeth, East London, Durban, Johannesburg, Bloemfontein, Salisbury, Djakarta*; visiting **22** surgical departments. Presentations **20**, operative demonstrations **77** (**40** major cases) *unofficial visits

1965

ANAL METASTASES FROM CARCINOMA OF THE RECTUM AND COLON

Four patients presented with anal or perianal malignancy which appeared to have metastasised from proximal rectal or sigmoid cancer by **implantation**. In one case free cancer cells were identified in a fistula track.

Case 1 **Fig: 29 -31** The surgical treatment was APE.

The team decision for APE was not unanimous.

pub: February

Reference: Killingback M, Wilson E, Hughes ESR. ANZ J Surg.1965; 34(3): 178-87

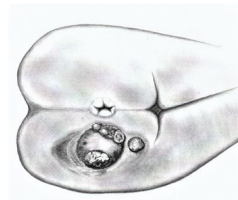


Fig: 29
Implanted malignancy L buttock

©mk



Fig: 30
No intervening Ca
Sigmoid Primary

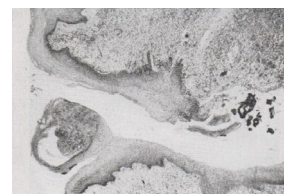


Fig: 31
Malignant cells in fistula track
©Southeast Local Health District Sydney

DIVERTICULITIS WITH VESICO-COLIC FISTULA

pub: February

ESR Hughes 14 patients; surgery in 12

One stage operation 10 Death: 1 Fistula: 1

Two stage operation 2 Prox stoma with resection

Reference: Hughes ESR. ANZ J Surg. 1965. 34(3): 178-187

BOWEL RESECTION IN THE PRE- COMPLICATION PHASE OF DIVERTICULITIS

pub: February

Reference: Wilson E. ANZ J Surg. 1965. 34(3): 190-193

MOYNIHAN LECTURE: Royal Coll. Surgeons London

March 11

ESR Hughes Melbourne

Treatment of Ulcerative Colitis**TOTAL AND SUBTOTAL COLECTOMY FOR COLONIC OBSTRUCTION**

ESR Hughes advocated this management, 1965-1985

References: Hughes ESR, Cuthbertson AM. Subtotal colectomy for obstructing carcinoma of the upper left colon. Dis Colon Rectum. 1965. 8: 411-12

Hughes ESR, McDermott FT, Polglase AL, Nottle P. Total and subtotal colectomy for colonic obstruction. Dis Colon Rectum. 1985. 28: 162-63

SECT. PROCTOLOGY ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM

Sydney May 17

INVITED SPEAKERS:

B Billington Sydney

Cineradiography of the normal colon

B Phillip Melbourne

Technique of an Investigation of the levator ani and the reasons for review

N Sherson Melbourne

A review of the origin of the levator ani

SUBMITTED PRESENTATIONS:

J Nayman Melbourne

An anal retractor

D Leslie Melbourne

A new light on haemorrhoids

DG Failes Sydney

Primary closure after haemorrhoidectomy

W Stern Melbourne

Primary suture after excision of haemorrhoids

R Fowler Melbourne

Prolapse of the rectum in children

| | | |
|---------------|------------|---|
| G Grove | Melbourne | Management of colostomy /ileostomy |
| L Sisley | Melbourne | Traumatic transverse colostomy |
| DG McLeish | Melbourne | Ascaris perforation |
| RM Hollings | Sydney | Gangrene of the caecum |
| D Lane | Brisbane | Infarction of the transverse colon |
| S Levitt | Subiaco WA | Post haemorrhoidectomy haemorrhage |
| AC McEachern | Adelaide | Present management of perianal suppuration |
| D Green | Sydney | Carcinoma of the anus |
| ESR Hughes | Melbourne | Colotomy and coloscopy for polyps |
| AB Carden | Melbourne | Malignant polyps of the rectum |
| M Killingback | Sydney | Excision of villous papilloma of the rectum: technique |
| P Grant | Brisbane | Duhamel operation for Hirschsprung's disease |
| AB Vivian | Perth | Spontaneous perforation of the colon |
| PJ Ryan | Melbourne | Internal drainage for anal fistula |
| JH Pryor | Ballarat | Emergency right hemicolectomy. Its place and technique |
| F Huber | Sydney | Marsupialisation of pilonidal sinuses |
| WJ McCann | Melbourne | Cysts of the rectum |

ULCERATIVE COLITIS MEETING SECT. PROCTOLOGY RACS - GESA Canberra

Conveners: ESR Hughes, P Parsons

October 30-31

**Dr Burrill Crohn
in Canberra**

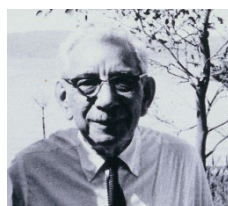


Fig: 32

© mk

INTERNATIONAL GUEST SPEAKERS:

B Brooke, B Crohn, B Morson, H Thompson

B Crohn Mt Sinai Hospital New York USA

Historical aspects of granulomatous diseases of the small bowel and colon Pathology

B Morson St Mark's Hospital London

V McGovern RPAH Sydney

PANEL: Ileorectal anastomosis

B Brooke, Albert Coates, EE Dunlop, H Thompson

INVITED SPEAKERS:

RA Joske Perth

S Mistilis Sydney

N Gallagher Sydney

R Packard Sydney

Current role of drug therapy in Ulcerative Colitis

The liver in Ulcerative Colitis

Metabolic complications in Ulcerative Colitis

Ulcerative Colitis in childhood

PANEL: Fulminant Ulcerative Colitis

B Brooke, SJM Goulston, A Kerr Grant, N Wyndham

1966

CARCINOMA OF THE SIGMOID COLON

Reference: Hughes ESR. ANZ J Surg. 1966. 35(3): 182-86

pub: February

CARCINOMA OF THE RIGHT COLON

Reference: Hughes ESR. ANZ J Surg. 1966. 35(3): 187-90

pub: February

CARCINOMA OF THE UPPER LEFT COLON

Reference: Hughes ESR. ANZ J Surg. 1966. 35(3) 191-205

pub: February

SECT. PROCTOLOGY ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Perth

GUEST SPEAKER:

May 30-June 3

J Bruce

Edinburgh

Commenting on presentations:

I Russell

Melbourne

Carcinoma of the large bowel in young and old

F Gray

Melbourne

Retrograde advancement and plication of the colon for sigmoid volvulus

FD Stephens

Melbourne

The function of the levator ani

I Russell

Melbourne

Wound infection in surgery of the colon

M Killingback

Sydney

The pathology of acute diverticulitis and its management**PANEL DISCUSSION: Acute Diverticulitis**

J Bruce, EE Dunlop, M Killingback, P Ryan, AB Vivian

Comment: Although many aspects were discussed there was no prospective data.

This was the stimulus for a subsequent prospective survey of acute diverticulitis + laparotomy 1967-1970.

PANEL DISCUSSION: John Bruce, G Grove, S Levitt, M Smith

Colostomy and its management**THORACO-ABDOMINAL SURGERY FOR COLORECTAL CANCER**

pub: June 10

Male 31yr with extensive local spread apparent before operation. Thoraco-abdominal incision.

Resection en bloc, included spleen, tail of pancreas, lateral third of diaphragm, chest wall (lateral parts of ribs 9, 10, 11), distal transverse and upper descending colon - both ends of colon as stomas.**Histology:** average grade extended to periosteum of ribs. One positive lymph node.

Completion colectomy and IRA 5 months later.

Follow up: patient alive and well 2008 (38yr).

Ref: Killingback M. Extended resection for carcinoma of the splenic flexure. Proc Royal Soc. Med Supp. 1970. Vol 63; 136-37

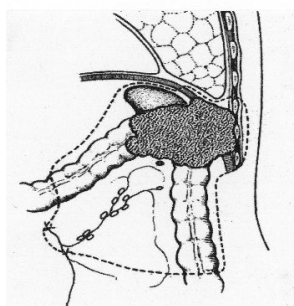
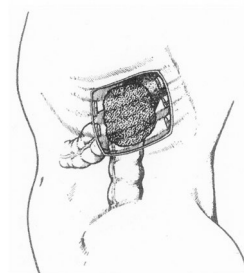


Fig: 33
Extended resection
of splenic flexure

Medical artist: J Collins
 ©Southeast Local Health



Extent of
chest wall
excision

ESR HUGHES OVERSEAS TOUR

June 3-28

Singapore General Hospital: Yahya Cohen

Operating session

Ward rounds

Cairo: Kasr-Ani Hospital Professor A Sani

Lectures: **Ulcerative colitis**
Carcinoma of the rectum

Alexandria: Professor Sadek

Lecture: **Carcinoma of the rectum**

Warsaw: Biolanski Hospital Dr Dziczkowski

Operating session

Wojewodaki Hospital A Kawaiski

Lecture: **Carcinoma of the rectum**

London: visits to S Aylett, B Morson, B Brooke, Clifford Naunton Morgan, R Smith

Cleveland USA : **AMERICAN PROCTOLOGIC SOCIETY** meeting June 20-22Registrants 420 *No other Australian podium presentations*Lecture: **Ileorectal anastomosis** (Cleveland Clinic)

Observed surgery by R Turnbull

Chicago: Billings Hospital Observed surgery by M Ravitch

Attended meeting of **THE SOCIETY FOR SURGERY OF THE ALIMENTARY TRACT**

San Francisco: Moffet Hospital JE Dunphy June 24

Lecture: **Ulcerative Colitis****SURGICAL IMPLICATIONS OF IRRADIATION DAMAGE TO THE BOWEL** pub: August

A Cuthbertson: Thirty patients treated with pelvic irradiation for neoplasm were followed with sigmoidoscopy and biopsy.

Evidence of damage to the mucosa found in 15/30.

Reference: Cuthbertson AM. ANZ J Surg. 1966. 36(1): 33-39

PRIMARY SUTURE OF OPERATIVE WOUNDS AFTER HAEMORRHOIDECTOMY

D Failes pub: August

RCT: 24 patients: Primary suture vs Milligan-Morgan operation

Results: Primary suture -> quicker healing, shorter convalescence.

No difference in p/op pain

Reference: Failes D. ANZ J Surg. 1966. (361): 63-65

ASSOCIATE PROFESSOR OF SURGERY Concord Hospital

MT Pheils appointed

ESR HUGHES OVERSEAS TOUR

September 11-19

South Vietnam* Hong Kong

(ESRH supervising the organisation of medical teams, 1964-66)*

Tokyo **INTERNATIONAL SOC. OF UNIVERSITY C/R SURGEONS (ISUCRS) Meeting**

September 15-18

POSTGRADUATE COURSE CHRISTCHURCH NZ

September 27-30

INVITED (C/R) SPEAKERS:

ESR Hughes: Melbourne

Ileorectal anastomosis**Carcinoma of the rectum****Carcinoma of the stomach**

M Killingback: Sydney

Large bowel obstruction

Diverticulitis

1967

COLORECTAL SEMINAR: VESICO-COLIC FISTULA Sydney Hospital

April 1

INVITED SPEAKERS:

J Provan **Sydney Hospital series**

I Potts **Urological aspects**

ESR Hughes **Surgery**

COLORECTAL SURGERY MEETING

ROYAL BRISBANE HOSPITAL CENTENARY CELEBRATIONS

INVITED SPEAKERS:

April 2-7

L Hughes Royal Brisbane Hospital

Diverticulitis of the colon

ESR Hughes Royal Melbourne Hospital

Chronic diarrhoea

Sigmoidoscopy demonstration

Polyps of the large bowel

Ulcerative Colitis

Steroids in surgery

Infection in the anal region

ESR HUGHES OVERSEAS TOUR USA-MEXICO

April 12-24

USA: Minneapolis, New York, Cleveland, Cincinnati

Cincinnati:

INVITED SPEAKER:

Ileorectal anastomosis

Polyps: resection or colotomy

MEXICO: Acapulco

April 20-22

AMERICAN PROCTOLOGIC SOCIETY – MEXICAN SOCIETY of PROCTOLOGY meeting

INVITED SPEAKER:

ESR Hughes Melbourne

Colotomy or resection for polyps of the colon

SOUTH AUSTRALIAN AMA meeting

April 27

GUEST SPEAKER: ESR Hughes

LISTERIAN ORATION: **Asepsis in large bowel surgery**

SECT. PROCTOLOGY ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne

SYMPOSIUM: LARGE BOWEL POLYPS

May 29-June 2

INVITED SPEAKERS:

AM Veale New Zealand

Genetic aspects of polyps

VJ McGovern Sydney

Pathology and precancerous potential

WSC Hare Melbourne

Radiological diagnosis

E Hirst Sydney

Frozen section biopsy

SUBMITTED PRESENTATIONS:

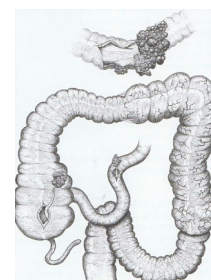
IS Russell **Incidence of polyps**

S Levitt **Familial Polyposis Coli**

M Killingback
R Hollings
AM Cuthbertson
ABG Carden
EC Watson
AF Hunter

Peutz Jegher and other Polyposis syndromes
Juvenile polyps of the rectum
Sigmoidoscopic appearances
Treatment of rectal polyps
Treatment of villous papillomas
Colotomy or resection

Fig: 34
© mk
Peutz Jegher
polyposis



INVITED PRESENTATIONS:

AM Clarke, GL Hill: Dunedin, NZ

Ileostomy maturation: Adaptation of small intestine to conserve electrolyte and water

D Lane Brisbane

Ulceration of small gut following ileostomy

PANEL DISCUSSION: ESR Hughes, TE Wilson

ESR HUGHES OVERSEAS TOUR USA

June 16-17

New York

Cleveland *Details not available*

SYDNEY HOSPITAL COLORECTAL SEMINARS commenced July 1

Convened by the SH Colorectal Unit, the meetings were held monthly on Saturday mornings (7-8 per year). They were small gatherings with Sydney, interstate and occasionally international guest speakers. The meetings continued for 17 years until the Colorectal Unit ceased functioning in 1983.

“**COLOSTOMY CARE**” booklet by B Hughes and TE Wilson

ESR HUGHES OVERSEAS OPERATING TOUR KUALA LUMPUR, SINGAPORE, PENANG

July 28-August 14

Kuala Lumpur General Hospital

Operation: Abdomino-anal-pull-through anastomosis

Singapore General Hospital

Operation: Abdomino-anal-pull-through anastomosis

Lecture: **Abdomino-anal-pull-through anastomosis**

Penang General Hospital

Case presentations, ward rounds

Operations: Ripstein Rectopexy
Haemorrhoidectomy
Palliative colostomy
Right hemicolectomy
hemi-pancreatectomy

Kuala Lumpur General Hospital

Operations: Fissure Fistula
Anterior resection
Colectomy
Abdomino-anal-pull-through anastomosis

Kuala Lumpur University Hospital

Operations: Fistula
APE
Laparotomy
Anterior resection

Fig: 35



Melbourne Operating Team for Asia
J Zwar Assist, J Tucker Anaes,
B Moynihan Scrub N, ESR Hughes
© ESR Hughes 1967

THIRD MALAYSIAN MEDICAL CONGRESS University Medical Centre KL August 11

INVITED SPEAKER: ESR Hughes

Abdomino-anal-pull-through anastomosis

NECROTISING COLITIS

pub: November

Surgeon: J Wright Newcastle

A distinct entity of obscure aetiology: Radical surgery is required for a very ill patient. Subtotal colectomy without anastomosis is usually necessary.

Vigorous pre-operative and post-operative resuscitation necessary.

Reference: Wright JE. ANZ J Surg. 1967. 37(2): 118-20

1968

ESR HUGHES OVERSEAS OPERATING TOUR, SINGAPORE

April 21

Patient Mrs L. Carcinoma upper rectum

Restorative Resection

ESRH and theatre nurse



Fig: 36

© ESR Hughes 1968

CAR CONVOY TO THE ADELAIDE RACS GSM

May 18-19

ESR Hughes organised a group of 10 in three cars for the road trip from Melbourne.

The group included two distinguished GSM visitors, R Wright (Glasgow)

and J Turcot (Canada). Also P Cotter, G Goodson, Alison Hughes, M Killingback, B Moynihan, J Russell, IS Russell.

SECT. PROCTOLOGY ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Adelaide

SYMPOSIUM: PROLAPSE OF THE RECTUM

May 20-24

INVITED SPEAKERS:

E Muir Kings College Hospital London

Anterior resection

NA Myers Melbourne

Prolapse of the rectum in children

TE Wilson Sydney

Thiersch operation

DG Failes Sydney

Recto sigmoidectomy

ESR Hughes for J Connell Melbourne

Abdominal repair (Goligher-Roscoe Graham)

This paper was read for J Connell at short notice, by ESR Hughes who presented it with such gusto and accuracy, one might have thought he had written the paper.

LW Gleadell (Hughes; Gleadell) Melbourne

Abdominoperineal repair

AM Cuthbertson Melbourne

Ripstein's operation

INVITED SPEAKER: M Ravitch Chicago

Surgery for Hirschsprung's disease

SUBMITTED PRESENTATIONS:

AW Middleton Sydney

ESR Hughes Melbourne

LE Hughes Brisbane

Soave operation for Hirschsprung's disease

Surgery for adult megacolon

Sigmoidform Polysiloxane Foam enema - diagnosis and research for the left colon

| | | |
|-------------|-----------|---|
| FD Stephens | Melbourne | The Uro-Rectal Septum: development. Significance in malformations of the rectum and anus |
| R Magnus | Melbourne | The Folds of Houston in infancy and childhood |
| J Kelly | Melbourne | Defaecography - assessment of rectal control |
| EE Dunlop | Melbourne | Volvulus of the colon |

RUBBER BAND LIGATION OF HAEMORRHOIDS was introduced at the GSM in Adelaide.

Demonstration of the technique was by ABG Carden. Hughes and Killingback were moderators at the session and hoped to introduce the term **Pile-ligator**, (as in Alligator). When announced at the meeting there was complete silence. The suggestion for an appropriate (catchy?) title for the procedure lapsed.

IS RUBBER BAND LIGATION OF HAEMORRHOIDS PAINFUL?

Case report from ESR Hughes

An elderly woman was treated with RBL in Mr Hughes consulting rooms. As she stepped off the examination couch, she complained of pain which became rapidly worse. The patient was not able to comply with the request to get back on the couch so that the RB could be removed. The woman could not keep still and continued to circle the room in pain until she departed with some difficulty and an awkward gait. No follow up is available - the patient did not return for further treatment.

NAME CHANGE: SECTION OF PROCTOLOGY RACS October
to
SECTION OF COLONIC AND RECTAL SURGERY RACS

ASIAN PACIFIC CONGRESS IN GASTROENTEROLOGY Melbourne October 7-8

Conveners/organisers: A Cuthbertson, D Fone, ESR Hughes, P Parsons

There were a significant number of attendees from Japan for the first time at a medical meeting. No simultaneous interpretation was available.

One Japanese Professor **mimed** his presentation as his recorded text was broadcast. The lip-sync was not perfect.

ST VINCENT'S HOSPITAL MELBOURNE? CONVERSION OF GENERAL SURGERY TO SPECIALISED UNITS

Recommended by a subcommittee (P Ryan and B Collopy).

Rejected by the General Surgeons Committee.

1969 **"ALL ABOUT COLOSTOMY"** Booklet by ESR Hughes

SECT. C\R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Auckland, NZ

INVITED SPEAKERS: February 24-28

ES Judd Mayo Clinic USA

Surgical progress in the management of chronic Ulcerative Colitis

PAEDIATRIC AND ADULT COLORECTAL SURGERY

SK Burcher Auckland

Diagnostic assessment of anorectal malformations

AC Bowring Sydney

Neonatal Hirschsprung's disease

CH MacLaurin Auckland

Late problems in surgically-treated Hirschsprung's disease

D Lane Brisbane

Juvenile Polyposis

JC Gillman Auckland

Necrotising colitis in the neonatal period

SUBMITTED PRESENTATIONS:

| | | |
|--------------------------|------------|---|
| AM Cuthbertson | Melbourne | Incidence of IBD in Melbourne and Cleveland Ileo-rectal anastomosis (UC) - early results |
| J McK Watts | Adelaide | Ileo-rectal anastomosis (UC) - late re |
| TE Wilson | Sydney | Treatment of granular proctitis with salazopyrin |
| AM Clarke and R McKenzie | Dunedin | Urinary calculi in Ulcerative Colitis |
| MT Pheils | Sydney | Ischaemic colitis |
| RM Hollings | Sydney | Diagnostic problems in rectal tumours |
| AFG Anderson | Wellington | Rectal prolapse: Trans-sacro-coccygeal pelvic floor repair |

THIERSCH'S OPERATION FOR RECTAL PROLAPSE (Karl Thiersch 1891) pub: March
Originally an encircling wire was inserted around the external sphincter with a special needle, (other materials, nylon, sialastic), have been used. The optimum anal canal diameter was difficult to judge. Local complications and recurrence have rendered the operation obsolete.

Reference: Wilson E. ANZ J Surg. 1969. 38(3): 239-43

Fig: 37
Thiersch needle used by TE Wilson
©Southeast Local Health District Sydney



SQUAMOUS CELL CARCINOMA OF THE ANAL CANAL and ANAL MARGIN

pub: May

Royal Melbourne Hospital

Anal canal Ca: 23 Surgery: APE LN +ve 50% 5yr survival: 27%
Anal verge Ca: 18 Surgery: Wide local excision

Reference: Hardy KJ, Hughes ESR, Cuthbertson AM. ANZ J Surg. 1969. 38(4): 301-305

ESR HUGHES OVERSEAS TOUR: USA and UK

June 11

This trip was focussed on stomal therapy. E Kyte and R Debney with ESRH

| | | |
|-------------|---|------------|
| Los Angeles | Stomal therapy | |
| Minneapolis | Visit to 3M (Steridrapes) | |
| Mayo Clinic | Observed surgery and outpatient clinics | |
| New York | Discussion with Ileostomy Association | |
| Boston | AMERICAN PROCTOLOGIC SOCIETY MEETING | |
| | visit to Lahey Clinic | |
| London | COMBINED MEETING APS - RSM - RACS | June 23-26 |

SECT. C\R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS WORLD TRIP

Twenty-five members of the Section (Appendix 8) travelled to USA and UK, visiting centres in San Francisco (H Dunphy), Cleveland (R Turnbull) and New York (C Ripstein) June 4-July 7

Boston: **AMERICAN PROCT. SOCIETY** Meeting June 16-18

Leeds UK: (J Goligher) and **London** (St Mark's Hospital)

COMBINED COLORECTAL Meeting at the **ROYAL SOCIETY of MEDICINE**

SECTION PROCT. RSM - AMERICAN. PROCT. SOCIETY - SECT. C/R RACS

The Section C/R RACS had requested permission for the group to attend the meeting which had been Anglo-American, held five yearly, since 1924. The organisers of the meeting generously included the 25 Australasians as an official third society which continued for future meetings. June 23-26

Registrations: 112 Aus/NZ: 28 (Included ESR Hughes, K Cox, T Rose)

Podium Presentations: 79 Aus/NZ: 8

MOYNIHAN LECTURE: R Turnbull USA

Cancer of the colon. The five- and ten-year survival rates following resection utilizing the No Touch Isolation technique

SUBMITTED PAPERS : Aus and NZ: 8

D Beard, A Carden, R Hollings, AF Hunter, M Killingback, D Lane, B Morgan, P Ryan

A social highlight was the banquet at the Guildhall in the City of London in the presence of the Lord Mayor. Neil Swinton (President ASCRS) stunned the diners during his toast in reply speech by asking the audience of >500 to stand and toast Queen Elizabeth for a second time. For a moment confusion reigned as some stood with glass in hand and others sat wondering what to do. The Lord Mayor's Sheriff, sitting nearby, was clearly perplexed.

As surgical meetings were finished the travellers indulged in R&R mode on the trip back to Australia with brief stopovers in Athens, Bangkok and Hong Kong.

The Australasian group trip was irreverently named "Proctorama".

The Three Society meeting subsequently re-convened every 5 years and named the **Tripartite Meeting** in 1989.

FLEXIBLE ENDOSCOPY OF THE COLON-RECTUM

June 1969

At the Beth Israel Medical Center, New York, W Wolff (cardiothoracic surgeon) and H Shinya (general surgeon) established a fiberoptic endoscopy laboratory.

This teamwork produced the flexible sigmoidoscope which was probably first exhibited at the ASCRS annual meeting in Boston June 16-18. The development of the colonoscope soon followed. It was first used by Wolff and Shinya at the Beth Israel Hospital. Shinya produced a polypectomy snare 3 months later.

Reference: Church JM. Endoscopy of the colon, rectum and anus. 1995. Igaku-shoin Medical Publishers, Inc. New York.

COLONOSCOPY BY SURGEONS

Gabriel Nagy (Royal North Shore Hospital GE physician) had performed the first colonoscopy in Sydney after attending colonoscopy demonstrations in Japan. Brian Morgan was the first surgeon in Sydney to perform a colonoscopy (1969). W Isbister performed the first colonoscopy in Queensland at the Royal Brisbane Hospital. As surgeons took up the challenge the learning curve was self-taught and difficult until international experts visited Australia as guest lecturers (C Williams, H Shinya).

COLOANAL ANASTOMOSIS

December 23

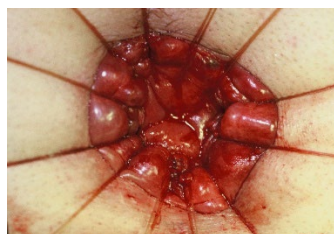
Commenced in Australia 1969 - M Killingback, Sydney Hospital

The first patient, a 29yr male, was poor case selection as the patient succumbed to metastases (linitis plastica) before closure of the proximal stoma.

Early results were a concern as suture line integrity was disappointing until a simple technique was employed to “anchor” the coloanal anastomosis within the anal canal (1978).

A completed coloanal anastomosis

Fig: 38



©Southeast Local Health District Sydney 1969

1970

COLORECTAL UNIT SYDNEY HOSPITAL

January 12

Surgeons: TE Wilson, DG Failes, M Killingback

MK proposed the concept to TEW and DGF who agreed to negotiate with the general surgical staff. Wilson’s reputation in colorectal surgery greatly assisted in the establishment of the first hospital colorectal unit in Australia.

Professor G Milton gave the proposal strong support.

[Comment from HE Lockhart Mummery, May 1971 in Sydney “*How on earth did you manage to form a colorectal unit? I have been trying unsuccessfully for years at St Thomas.*”]

A COMPARISON OF INFLAMMATORY DISEASE OF THE COLON IN AUSTRALIA AND THE USA

At the Cleveland Clinic over 60% of patients coming to colectomy for inflammatory disease of the colon were found to have Crohn’s disease. Using the same criteria for diagnosis on similarly selected patients from Melbourne, the incidence of Crohn’s disease was only 13%.

Reference: Cuthbertson AM, Hawk WA, Turnbull RB, Hughes ESR. ANZ J Surg. 1970. 39(3): 273-74

SECT. C\R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Brisbane

No Section C/R Visitors.

May 18 -22

SYMPOSIUM: CARCINOMA of the RECTUM

N Davis Brisbane

Historical background

A Burry Brisbane

Pathological aspects of carcinoma of the rectum

M Killingback Sydney

Suture line integrity after low anterior resection

There were complaints concerning the Brisbane GSM that concurrent sessions at this GSM meant that for the first time it was not possible for Fellows to attend all presentations.

QUEENSLAND AMA MEETING Toowoomba

June 5

ROCHE LECTURER: ESR Hughes

Colitis**Haemorrhoids****Modern management of stomas**

COLORECTAL SURGERY COURSE Sydney Hospital

October 24-30

INVITED SPEAKER: Rupert Turnbull Cleveland, USA

Lectures:

No-touch isolation resection for cancer of the right colon**The Ripstein operation for procidentia of the rectum****Resection of the rectum with low anastomosis for cancer**

Operative demonstrations:

Right hemicolectomy**Abdomino-perineal resection****Anterior resection**

Turnbull in SH
Fig: 39



Turnbull Operating
Fig: 40



Turnbull's audience
Fig: 41

© Southeast Local Health District Sydney 1970

STAGING OF COLORECTAL CANCER

Rupert Turnbull visited Ron Newland at Concord Hospital to discuss stricter definitions for the staging of colorectal cancer

TURNBULL COLORECTAL SURGERY COURSE Prince Henry Hospital, Melbourne

Lectures (as in Sydney)

November 2-6

Operative demonstration Royal Melbourne Hospital (ESRH patient)

Abdomino-perineal resection

ESR Hughes was disappointed, hoping the operation would be an AAPT

ACUTE DIVERTICULITIS REQUIRING LAPAROTOMY RACS SURVEY 1967-1970M Killingback Prospective study of **248** patients Australia and New Zealand

PATHOLOGY CLASSIFICATION: (modification of 1970 version)

Non-perforated: phlegmon or concealed perforation
in pericolic fat/ mesentery)

+/- peritonitis (serous or purulent) +/- abscess

Free-perforation:peritonitis (purulent or **faecal**) +/- abscess

Fig: 42 Free-perforation © mk

Surgery: Nine different procedures performed, Most frequent ops:

Drain +/- suture 100 Proximal colostomy +/- suture 72

Mikulicz or Hartmann's resection 25 Resection - anastomosis 36

Value of study: Accurate disease profile, spectrum current surgical treatment**Optimal surgical management remained debatable**

Reference: Surg Clin North America. 1983 vol 63: 1: 97-115

1971 **GIT MEETING – COLITIS** **SECT. C/R RACS** **GESA** Sydney May 1
 GUEST SPEAKER:
 HE Lockhart-Mummery London *Presented topics not available*

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Sydney

GUEST SPEAKER:
 HE Lockhart-Mummery St Mark's Hospital London May 3-7

Diverticulitis: The indications for elective surgery

LE Hughes Brisbane

Pathology of diverticular disease of the colon

P Ryan Melbourne

Hypothesis: Perforation is not due to inflammation (ie. diverticulitis)

M Killingback Sydney

RACS survey - Acute diverticulitis requiring laparotomy

DG Failes Sydney

Profuse bleeding from the colon

MT Pheils Sydney

Vesico-colic fistula due to diverticulitis

M Smith Adelaide

Ischaemic colitis

B Collopy Melbourne

Varemoid: The results of a trial

ABG Carden Melbourne

Anal dilatation for haemorrhoids and fissures

J McCaffrey Brisbane

The Lord treatment of piles

ESR HUGHES awarded Commander of the British Empire (CBE)

“TRAINING” IN COLONOSCOPY Sydney in the early 1970s
 When the instrument became available at Prince of Wales Hospital, G Newstead (Registrar), was encouraged to commence using it, without any instruction available. This was not an unusual beginning for this new investigation in various hospitals.

BRUCE HALL MEMORIAL LECTURE: *Date not available*

ESR Hughes Melbourne
Mortality associated with ulcerative colitis

CONCORD HOSPITAL DATABASE FOR COLORECTAL CANCER

Professor Pheils major interest in Coloproctology provided the impetus for the establishment of the prospective colorectal cancer database at Concord Hospital. Members of the study group initially were R Newland and M Pheils. Principal surgeons were EL Bokey, W Hughes and S Koorey. Until 1981 patients with colorectal cancer were operated on by all general surgeons. Thereafter only patients treated by members of the Colorectal Unit were entered into the database. From 1979 to date (43yrs) **Pierre Chapuis** acted as both manager and co-ordinator.

PRINCESS ALEXANDRA HOSPITAL, BRISBANE: PROSPECTIVE STUDY OF COLORECTAL CANCER

Initiated by N Davis after his success with the Queensland melanoma prospective study. Principal surgeon/investigators: J Cohen, N Davis, D Theile

VISITING LECTURER: NEW ZEALAND M Killingback September 11-20

Presentations at Timaru, Invercargill, Christchurch:*

Diverticular disease Haemorrhoids

Ca proximal colon Unusual anal diseases Sphincter division for access to rectum

WALTON BREMNER MEMORIAL LECTURE:* **Acute diverticulitis** September 20

FIRST STOMAL THERAPIST NSW: Nurse Bunty Oldmeadow.

Employed by Sydney Home Nursing with visiting access for hospital patients. Negotiated by TE Wilson.



**Sister Bunty Oldmeadow RN
with patient aged 16 years (rectal cancer)**

©Southeast Local Health District Sydney

Fig: 43

Stomal therapist and patient

1972

VESICO-COLIC FISTULA DUE TO DIVERTICULITIS pub: February

Concord Hospital series 55 patients

Fistula only demonstrated in 1/3 of patients pre-operatively

Resection: **43**

1 stage: 23 (2 deaths) **2** stage: 9 **3** stage: 11

Colostomy only: 8

Coexistent cancer: 4

If an abscess is present a staged operation is recommended

Reference: Pheils MT. ANZ J Surg. 1972. 41(3): 237-40

Fig: 44

© mk



Vesico-colic fistula

HUNTERIAN LECTURE: Royal College of Surgeons London

ESR Hughes Melbourne

Asepsis in large bowel surgery

April 12

SECT. C\R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Hobart May 8-12

SECTION GUEST: B Brooke (Birmingham, UK)

Presentations not available

FD Stephens Melbourne

An ano-manometer to assess continence in the diagnosis of Hirschsprung's disease

J R Cohen Brisbane

Review of colorectal cancer: Princess Alexandra Hospital 1956-1970

M Stuart Sydney

Cancer of the rectum - The results of radical resection and the role of lesser procedures

M Killingback Sydney

Trans-sphincteric excision of rectal pathology

SURGEONS OVERSEAS “REFRESHER” TOURS

In 1911, Hugh Devine undertook an extensive solo tour of leading surgical centres in USA, UK and Europe. The tour was very successful and convinced Devine that his surgical future would be in surgery of the alimentary tract. Periodically a number of surgeons in Australia undertook these solo postgraduate tours, which in some cases would take months rather than weeks. For example, in June 1972 Jim Pryor (Ballarat) and MK toured the USA together for four weeks attending the American Proctologic Society meeting in New York and then visits to the Lahey, Cleveland and Mayo Clinics. Such tours were no comparison with the extent of the tours undertaken by ESR Hughes.

A TEACHING HOSPITAL’S SPECIAL INVITATION FOR A SPECIAL PATIENT

One of the most admired senior surgeons on the staff of St Vincent’s Hospital Sydney was diagnosed with rectal cancer. The esteem and affection held for the surgeon persuaded his colleagues to seek assistance beyond their own staff. Ted Wilson from Sydney Hospital accepted the invitation and with John Graham and Tom Hugh, performed an abdomino-perineal resection at St Vincent’s Private Hospital. Sadly, one year later it became apparent the operation was in fact, palliative.

July

DEATH OF DAN LANE (aged 48)

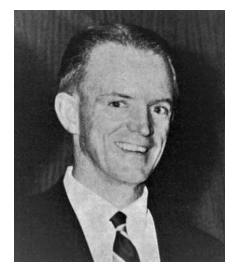
July 28

Dan was named by some of his colleagues “the man with the golden voice” because of the penetration and vigour of his speech at the lectern. A great enthusiast for colorectal surgery. Dan was a fitness fanatic and his sudden death at 48yr, while exercising, was great shock to his family (8 children) friends and colleagues.

Reference: Lane DG. Medical Journal of Australia. 1972. 2: 1436-38

©1972 Medical Journal of Australia

Fig: 45



**Dan Lane
1924-1972**

CAECAL PULL-THROUGH OPERATIONS FOR DISTAL ULCERATIVE COLITIS pub: August
Preliminary Report: ESR Hughes Six patients. Early results encouraging? Future place in selected patients. Interest in this procedure did not continue.

Reference: Hughes ESR, Bennett RC. ANZ J Surg. 1972. 42(1): 26-30

DEATH OF EDWARD (TED) WILSON 59yr October 30

Wilson’s MRACP made him confident that he could manage his own medical problems. He was not under the care of a specialist physician at the time of his death. Like a number of surgeons with a busy practice, operating in multiple different hospitals (8-10 per year), his working week could be hectic.

(Appendix 2)

Obituary: Killingback M. Med J Aust. 1973. 1:1062

Fig: 46

©Southeast Local Health District Sydney



**Edward Wilson
1913-1972**

KOCK POUCH: A NO COLLECTING BAG ILEOSTOMY

David Failes (Sydney and Westmead Hospitals) was the first surgeon in Australia to perform this operation. H Cumberland (RNSH) also performed a number of these procedures. Revision operations were required in a significant number of patients. Surgeons needed to be available for management difficulties with intubation. Very few surgeons adopted the operation into their practice.

“ANORECTAL SURGERY” Textbook by ESR Hughes and AM Cuthbertson

© Chapman Hall London

LOOP ILEOSTOMY in preference to transverse colostomy to defunction distal large bowel became standard practice in the 1970s in the Colorectal Unit at Sydney Hospital

LAHEY CLINIC BOSTON APPOINTMENT: Australian Resident in general surgery **Victor Fazio** was the first appointment to the Clinic sponsored by NSW state committee RACS, negotiated by Justin Fleming, St Vincent’s Hospital.

STOMAL THERAPY at Royal Adelaide Hospital established by D Hoffmann

A NEW START IN THE ANTIPODES BY W ISBISTER

Bill Isbister (Dept Surgery, Manchester Royal Infirmary) was appointed as Senior Lecturer to the Department of Surgery University of Queensland in 1972. His commitment to colorectal surgery was evident early during this tenure as he was permitted to practice elective colorectal surgery exclusively. During this appointment he was the first surgeon in Queensland to undertake a colonoscopy. Isbister was subsequently appointed Foundation Professor and Head of the Department of Surgery at Wellington Hospital New Zealand in 1975. He became President of the Surgical Research Society in 1984 and worked hard to advance clinical research. His inclusion in this document is related to his more than 60 peer reviewed articles published in the Australian and New Zealand Journal of Surgery in which he was most often the sole author. In 1990 he was appointed chairman of the Department of Surgery and Research Centre in Riyadh, Saudi Arabia where he created a new Department of Colorectal Surgery, from which he retired in 2001.

1973

A RADIOLOGIST ADVISES ON THE SURGERY OF CROHN’S DISEASE January 4

Dr R Marshak Clinical Professor of Radiology, Mt Sinai Hospital, New York, visited Australia specifically for a **one-day meeting** at Sydney Hospital. His hospital was the “birthplace” of Crohn’s Disease, as described in the classic paper by Crohn, Ginzburg and Oppenheimer in 1932. Not surprisingly, Mt Sinai developed a large number of attending patients with the disease and Marshak stated he had reported on the x-rays of thousands of Dr Crohn’s patients. Marshak was a clinical physician and radiologist who had no hesitation telling surgeons how they should manage their patients. Marshak’s visit was a result of a visit to Mt Sinai Hospital by D Failes, M Killingback and J Pryor in 1972, when the surgeons were given a didactic lesson in the **radiology** and **surgery** of Crohn’s disease.

During his visit to Sydney Hospital, he gave very successful lectures, but would not agree to case presentation sessions which was a disappointment. Before he left Sydney it was apparent, he had significantly poor vision and while he knew his lecture slides well enough to speak about them, unfamiliar x-rays for comment would have been an embarrassment for him.

Reference: Crohn B; Ginzburg L, Oppenheimer GD. Regional Ileitis. JAMA. 1932. 299: 1323-28

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM. Singapore
May 6-10

C/R SECTION VISITOR: J Remington Rochester, USA *Presentations not available*

9 papers were presented by the attending Australasian surgeons. *4 only available*

Hunt PS et al **Premalignant characteristics in Ulcerative Colitis**

Hollings RM **Polyps including the Peutz-Jegher syndrome**

Cuthbertson AM **Surgery for recto-vesical-vaginal fistula**

Shepherd JJ **Recurrent volvulus of the sigmoid colon**

CHRONIC PHLEGMONOUS DIVERTICULITIS

pub: May

Concord Hospital: Thirteen cases of chronic fibroblastic inflammatory reaction surrounding diverticular disease without abscess formation are described. In 8 patients the pathology developed insidiously. Resection and primary anastomosis with a covering transverse colostomy was the recommended surgical management.

Reference: Pheils MT, Duraiappait B, Newland RC. ANZ J Surg. 1973. 42(4): 337-41

CHAIR IN SURGERY University of Sydney and Concord Hospital

Associate Professor Murray Pheils appointed

American Proctologic Society (APS) name change to:

AMERICAN SOCIETY OF COLON AND RECTAL SURGEONS (ASCRS)

Rupert Turnbull was a vigorous negotiator for this change.

COLONOSCOPY commenced at Royal Adelaide Hospital: D Hoffmann

RECTOVESICOVAGINAL FISTULA

pub: July

A Cuthbertson

The fistula occurred following irradiation for cervical cancer. Operation was performed by a colorectal surgeon and a gynaecologist.

The surgery included vaginocystoplasty.

Reference: Cuthbertson AM, Buzzard AJ. ANZ J Surg. 1973. 43(1): 72-74

ANSTEY GILES LECTURE:

August 9

RC Bennett Adelaide

Restorative operations on the rectum

Reference: Med J Aust. 1974. 2: 83-89

ROYAL NORTH SHORE HOSPITAL WEEK

GUEST SPEAKER:

ESR Hughes Melbourne

October 10

Current management of Ulcerative Colitis

1974 RESECTION AND ANASTOMOSIS FOR PERFORATED DIVERTICULITIS pub: February
Case reports P Ryan: A report of three consecutive cases. St Vincent's Hospital, Melbourne. On the basis of this small successful series Ryan suggested immediate resection with anastomosis is the "treatment of choice".

Reference: ANZ J Surg. 1974. 44(1): 16-20

Comment (MK): Although Ryan's view is based on meagre evidence, the current surgical literature (2021) reveals strong support for primary resection-anastomosis where possible. The "gold standard" in 1974 was the Hartmann's procedure.

ESR HUGHES OVERSEAS TOUR: SINGAPORE, KUALA LUMPUR April 15
Operated on "several" patients *No details available*

COLONOSCOPY: EXPERIENCE WITH THE FIRST 100 EXAMINATIONS pub: May
 W Isbister Royal Brisbane Hospital
 Colonoscopy provided useful clinical information in more than half the patients examined. It was of particular value in patients with doubtful appearances in x-rays.
 Reference: Isbister WH, Campbell CB. ANZ J Surg. 1974. 44(2): 89-95

SECT. C/R ROYAL AUSTRALASIAN COLLEGE of SURGEONS GSM Perth May 6-10
 SECTION VISITOR:

I Todd St Mark's Hospital London

EDWARD WILSON - DANIEL LANE MEMORIAL LECTURE:

The aetiology, diagnosis and management of adult megacolon

SUBMITTED PRESENTATIONS: 6

RC Bennett, DG Failes, G Fell, M Killingback, BP Morgan, MT Pheils

COMBINED COLORECTAL MEETING Washington, DC May 22-25

SECTION PROCT.RSM - ASCRS (75TH) - SECTION C/R RACS

J Remington Pres. ASCRS, J Heslop Chair Sect. C/R RACS

Medical Registrations: 649 Aus/NZ: 24

Podium presentations: 64 Aus: 5 NZ: 1

SUBMITTED PRESENTATIONS:

D Failes **Choice of surgery for carcinoma of the rectum**

AK House **Macrophage migration studies following resection of large bowel tumours**

M Killingback **Malignant potential of villous tumours**

B Morgan **Ripstein operation for procidentia of the rectum**

M Pheils **Vesico-colic fistula due to diverticulitis**

PROFESSOR OF SURGERY Monash University, The Alfred Hospital.

ESR Hughes Appointed

Hughes successfully negotiated with the University to take his large private practice with him to the Alfred Hospital. The private practice records were maintained and researched from a small, prefabricated building in the grounds of the hospital known as the “white house”.



The White House
Fig: 47



The White House
Fig: 48 © mk



“Sheriff Hughes”
Fig: 49

by one of his students

COLORECTAL MEETING Royal Prince Alfred Hospital, Sydney

June 10-11

VISITING PROFESSOR:

ESR Hughes Melbourne

Program: Ward rounds, Student and Registrar tutorials; operating session

Lecture: **The current management of Ulcerative Colitis**

1975

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Melbourne March 15
“COLOSTOMY TODAY”

Presentations not available

COLONOSCOPY DEMONSTRATIONS Sydney

Convener: B Morgan

April

C Williams St Mark’s Hospital London

Demonstrations: RPAH, Sydney and Concord Hospitals

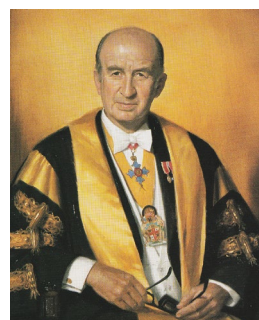
Lecture Sydney Hospital: **Polyps**

ESR HUGHES ELECTED PRESIDENT of RACS

July

Edward Hughes CBE
President Royal Australasian College of Surgeons
1975-1978 Fig: 50

Portrait by Paul Fitzgerald ©RACS. 1978



Edward Hughes Kt CBE
1919-1998

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Queenstown, NZ
SECTION VISITOR : August 15-22

B Morson St Mark's Hospital London

Precancer in Ulcerative Colitis

SUBMITTED PRESENTATIONS: Aus: 4

BG Carden, A Cuthbertson, D Hoffmann, RC Newland

QUEENSLAND AMA meeting August

VISITING SPEAKER & BANCROFT MEMORIAL LECTURE:

ESR Hughes Melbourne

Long term study of large bowel cancer

CONTACT RADIOTHERAPY FOR CARCINOMA OF THE RECTUM September

J Papillon Lyon, France

VISITING SPEAKER: Royal Brisbane and Princess Alexandra Hospitals Brisbane

Local treatment of rectal cancer by contact radiotherapy

PAPILLON IN SYDNEY September 8

Professor Papillon visits the Colorectal Unit at Sydney Hospital

VISITING SPEAKER: **Contact radiotherapy for rectal cancer**

In Australia this technique did not become established as a routine treatment for early rectal cancer.

PULL-THROUGH RESECTIONS FOR CARCINOMA OF THE RECTUM pub: November

ESR Hughes: 1960-1970; unique personal series of **223** patients

Mean level of the tumours was 8cm Operative mortality: 4 (6.8%).

Main morbidity related to the blood supply of the exteriorised distal colon.

5-year follow up survival (Dukes) were:

A (11) 100% **B** (105) 73% **C** (164) 22% **"D"** (48) nil

References: Cutait DE, Figliani FJ. Dis Colon Rectum. 1961. 4: 335-42

Cuthbertson AM, Hughes ESR. ANZ J Surg. 1975. 45(4): 337-39

LARGE BOWEL POLYPECTOMY - COLONOSCOPY: EXPERIENCE WITH 80 POLYPS

JCB Penfold pub: November

88 patients referred with 114 suspected polyps

Results: Artefacts <25% Polyps confirmed 80 Polyps snared 70 Malignant 5

Colonoscopic polypectomy is the optimum management of colonic polyps

Reference: Penfold JCB. ANZ J Surg. 1975. 45(4): 364-67

A MAJOR ADVANCE IN THE MANAGEMENT OF PNEUMATOSIS COLI pub: November

Two patients with incapacitating symptoms treated with a high concentration of oxygen for 5 days. Symptoms and cysts resolved completely.

Reference: Britten-Jones R. ANZ J Surg. 1975.45(4): 367-71

PRINCESS ALEXANDRA HOSPITAL BRISBANE November 20

Visiting speaker: M Killingback Sydney

Sphincter saving resections for carcinoma of the rectum 1965-1975

GASTROINTESTINAL SURGICAL UNITS initiated **ST VINCENT'S HOSPITAL**, Sydney

Two GI Units were formed in 1975

Upper GIT Surgery P Kenny - T Hugh - emphasis on **UGITS**

Colorectal Surgery R Condon - F Collins - emphasis on **CRS**

1976 THE KOCK CONTINENT ILEOSTOMY: A PRELIMINARY REPORT pub: May

DG Failes, Sydney Hospital

Seven patients. No mortality

Function may be difficult requiring re-operation: 2

No patient wears an external appliance

Fully continent: 6 patients; Operation has great potential

Reference: Failes D. ANZ J Surg. 1976. 46(2): 125-30

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Adelaide

SECTION VISITOR: MC Veidenheimer Lahey Clinic Boston

May 14-20

Lecture:

Surgical considerations in the management of Diverticular disease of the colon

INVITED SPEAKER: Y Mason

UK

The Importance of pre-operative clinical staging in carcinoma of the rectum

SYMPOSIUM: RECTAL CANCER

DC Hoffmann

Pathological and prognostic considerations

JH Heslop

Abdominoperineal excision

MJ Killingback

Anterior resection

AM Cuthbertson

The Pull-Through operation

A York Mason

Trans-sphincteric procedures

GENERAL SURGEON CONVERTS PRACTICE TO

June 1

COLORECTAL SURGERY

M Killingback Sydney

Letter to the Section of Colorectal Surgery RACS informing them of his intention to convert his practice solely to colon and rectal surgery.

ESR Hughes comment to MK on this conversion (during GSM, May 1976)

"I don't think this is a good idea"

FELLOW IN COLORECTAL SURGERY Colorectal Unit, Sydney Hospital: 6 mths

EL Bokey

ADVANCED COURSE IN COLORECTAL SURGERY Sydney Hospital

September 20-23

GUEST LECTURER:

VW Fazio Cleveland Clinic USA

Head department Colorectal Surgery CCF 1975

Lectures:

Colon carcinoma: Resection and anastomosis
Clinical patterns and the surgical treatment of
Crohn's disease

Management of enterocutaneous fistula by
hyperalimentation and surgery



Fig: 51

David Failes and Vic Fazio

©Southeast Local Health District Sydney

Operative demonstrations by Fazio
Proctocolectomy for Crohn's disease
Sigmoid colectomy

Comment: This course was V Fazio's first invitation as an international visiting lecturer.

ST VINCENT'S HOSPITAL Melbourne commences Annual Colorectal Meetings

Convener: P Ryan

Guest Speaker at initial meeting: V Fazio, Cleveland Clinic, USA

**SIR HUGH DEVINE MEDAL AWARDED TO
 EDWARD STUART REGINALD HUGHES**

October

Hughes was the first recipient of this medal
 which is the highest award that the College
 can bestow on a Fellow during their life.

Fig: 52



© Reproduced with permission of the RACS

ESR Hughes Devine medal

DIVISION OF COLON AND RECTAL SURGERY UNIVERSITY OF MINNESOTA COURSE

GUEST LECTURER: ESR Hughes

Melbourne

October

Lecture titles not available

CHANGING CONCEPTS IN THE SELECTION OF OPERATION FOR RECTAL CANCER

Editorial: AM Cuthbertson

pub: November

Operation mortality reduced to <5%

Increase in sphincter-saving surgery. Most patients: no colostomy if Ca mid-upper third

Careful selection for local excision

The aim is for least morbidity without compromise of survival

Reference: Cuthbertson AM. ANZ J Surg. 1976; 46(4): 292

ISMAL ORATION: Kuala Lumpur, Malaysia

GUEST SPEAKER: ESR Hughes

Melbourne

Title/date not available

1977

RECENT ADVANCES IN COLORECTAL SURGERY MT Pheils

pub: April

Reference: Pheils MT. ANZ J Surg. 1977. 47(4): 442-45

**SEQUENTIAL ANTITUMOUR IMMUNOACTIVITY AND CARCINOEMBRYONIC
 ANTIGEN LEVELS AS A GUIDE TO PROGNOSIS IN COLORECTAL CARCINOMA**

Six patients with recurrent cancer showed positive **blood lymphocyte antitumour
 cytotoxicity and elevated CEA levels** well before the recurrence was clinically
 detectable.

Reference: Nairn RC, Nind APP, Pihl E et al. ANZ J Surg. 1977. 47(5): 637-41

pub: May

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM, Melbourne

RACS 50th JUBILEE anniversary celebrations

May 16-21

SECTION VISITOR: BN Brooke

St George's Hospital, London

Anal manifestations of Inflammatory Bowel Disease

Management of enteric Crohn's disease

DISTINGUISHED VISITOR:

AG Parks

St Mark's Hospital London

Overview on presentations

INVITED SPEAKER:

ESR Hughes Melbourne

Perianal infection

SUBMITTED PRESENTATIONS: Aus: 4

TRAINING IN COLORECTAL SURGERY IN THE UK AND USA

Many Australian surgeons have been trained in the UK and USA since the 1950s, but the need for a co-ordinated colorectal surgery training scheme in Australia was apparent in the 1970s.

EL Bokey and Sister Mary Walker
Colorectal Surgery Registrar
St Bartholomew's Hospital London June 8 1977



©mk.1977

Fig: 53

ABRAHAM COLLES LECTURE: Dublin

ESR Hughes

Melbourne

Title/date not available

VISITING SENIOR ANZAC FELLOW TO NEW ZEALAND

ESR Hughes Melbourne

August 6-23

LECTURE and OPERATING PROGRAM:

AUCKLAND HOSPITAL

The anal canal

Ca middle third of rectum

ROTORUA JUBILEE SCIENTIFIC MEETING

Ileorectal anastomosis - a second look

CHRISTCHURCH HOSPITAL

Bowel cancer - a public health problem

DUNEDIN

Road trauma

Anal fistulae WELLINGTON HOSPITAL

Operating session

VISITS - MEETINGS

Governor General of New Zealand, Australian High Commissioner, Vice-Chancellor Christchurch University, Director - General of Health.

KNIGHTHOOD CONFERRED on ESR Hughes CBE PRACS

Investiture in Canberra by
The Governor General
Sir John Kerr August 31

Fig: 54

Citation: For distinguished service to medicine in the field of surgery

© Australian Honours and Awards Secretariat Government House 1977



1978 INT. SOCIETY UNI. COLON AND RECTAL SURGEONS (ISUCRS) meeting Kyoto Japan

GUEST LECTURER: ESR Hughes Melbourne
 THE ALTON OCHSNER LECTURE: *Title not available*

SECT. C/R. RACSROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Kuala Lumpur
May7-12

SECTION VISITOR: R Turnbull Cleveland Clinic, USA
 Records do not mention any lectures by R Turnbull. His role may have been that of a distinguished commentator.
 Turnbull was awarded an honorary RACS fellowship during this meeting



**President Hughes presenting FRACS (Hon) to Rupert Turnbull
 GSM Kuala Lumpur 1978**

Fig: 55 © RACS

INVITED SPEAKERS: May 7-12

O Beahrs Mayo Clinic USA
The continent ileostomy rather than ileostomy alone
 D Smith Melbourne
Reconstruction in ano-rectal abnormalities
 NA Myers Melbourne
Treatment of Hirschprung's disease
 M Ravitch Pittsburgh USA
Stapling in surgery

SUBMITTED PRESENTATIONS: 27 Aus: 19 KL: 3 UK: 2 USA: 2 NZ: 1

STOMAL THERAPY COURSE NSW First national course, Sydney Hospital April

COLORECTAL CLINIC established St Vincent's Hospital, Melbourne May 22
 Attending Surgeons: P Ryan (Head), J Buls, B Collopy, R Fink, J Mackay

R TURNBULL Visiting Lecturer: Princess **Alexandria Hospital** Brisbane July
Turnbull's programme at PA Hospital not available

COLORECTAL SURGERY MEETING Royal Prince Alfred Hospital July 28-29

Convener: Brian Morgan
 GUEST SPEAKERS: JC Goligher, ESR Hughes, R Turnbull
 McIlrath Guest Lecturer: JC Goligher Leeds, UK
The Russian SPTU suture gun in anterior resection
 This presentation of Goligher's series of patients legitimatised circular stapling.
Modern management of haemorrhoids
Abdominal wound closure
Current status of the continent ileostomy
Results of surgical treatment of Crohn's disease
The role of sphincter-saving excision - rectal cancer



Colorectal royalty at RPAH

R Turnbull, E Hughes, J Goligher

© RPAH Photography Dept 1978

ESR Hughes Melbourne

Ileorectal Anastomosis in colitis

R Turnbull Cleveland USA

Have we advanced in colorectal surgery?

SYMPOSIUM: INTESTINAL STOMAS

R Turnbull **Construction**

JC Goligher **Complications, revision and care**

ESR Hughes **Stomal therapy: history and current status**

SPEAKERS: RC Bennett, R Britten Jones, ABG Carden, JR Cohen, AM Cuthbertson, DG Failes, RM Fox, DC Glenn, DC Hoffmann, M Killingback, BC McCaughan, AR McLeish, JCB Penfold

Comment: Both Sir Edward Hughes and Rupert Turnbull were coping with significant health problems at the time of the meeting.

THE MECHANICAL PHASE OF COLORECTAL SURGERY BEGINS

The circular anastomotic stapler rapidly proved its worth in low pelvic surgery. Instrument companies were now liaising with colorectal surgeons as never before. In the next few years new models of the circular stapler appeared almost overnight. In addition, a new range of sophisticated linear staplers were developed. This was the beginning of a closer co-operation between surgical companies and abdominal surgeons which would eventually lead to minimally invasive and robotic surgery. Surgery in the operating theatre was soon to change forever.

SPTU CIRCULAR STAPLER: *SF Fain presented the first paper in USA on the SPTU stapler at the ASCRS meeting New Orleans May 1-5 1976.*

Its first use in Australia was in 1978 at the Royal Adelaide Hospital by D Hoffmann who, had been a surgical registrar on Goligher's Unit in Leeds where the SPTU stapler was introduced in the UK. (Appendix 9)

EEA CIRCULAR STAPLER: This instrument arrived in Australia after the SPTU. Unlike the SPTU, it had a disposable cartridge already loaded with staples. Tom Hugh, at St Vincent's Hospital Sydney, was probably the first to use the EEA stapler in Sydney followed soon after by David Failes. During this period Adrian Polglase also commenced using the stapler. Hospital administrators were not enthused with the relatively untried instrument and surgeons had to purchase their own, costing \$1,200. Its efficacy was soon realised. An MS Thesis on the EEA Stapler was awarded to A Polglase 1980.

Fig: 57
SPTU Stapler
(Russian)



Fig: 58
EEA and ILS Staplers
(USA)



©Southeast Local Health District Sydney

Fig: 59
IRA anastomosis

©mk

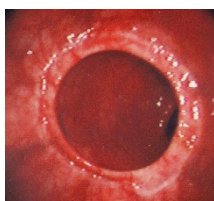
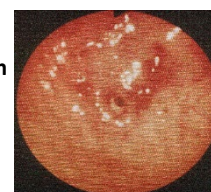


Fig: 60
Stenosis can be a problem

©mk



CARCINOMA OF THE LARGE BOWEL IN PATIENTS AGED 70 YEARS AND OVER

Princess Alexandra Hospital Colorectal Cancer Project Brisbane pub: August
Prospective series of 443 CRCa; 192 pts; 70 years+

| | 70-79yr | 80-89yr |
|----------------------|----------------|----------------|
| Resectability | 84.9% | 74.6% |
| Mortality | 7.3% | 19.0% |

Reference: Cohen JR, Theile DE, Holt J, Davis NC. ANZ J Surg. 1978. 48(4): 405-408

RESULTS OF COLONIC and COLORECTAL ANASTOMOSES AT THE ROYAL MELBOURNE HOSPITAL

pub: August

100 consecutive large bowel anastomoses July 1974-July 1977 reviewed.

Operative mortality: 5%

Wound infection: 27%

Faecal fistula: 15%

Reference: Collins JP, Butterfield D. ANZ J Surg. 1978. 48(4): 409-11

LOCAL EXCISION OF CARCINOMAS OF THE RECTUM, ANUS AND ANAL CANAL

AM Cuthbertson 18 highly selected patients transanal excision. pub: August

Exclusions: lesions clinically diagnosed as benign and later found to have histological malignancy. **Recurrences:** 2 (11.1%) Further local excision: 1 APE: 1

Selection depends on accurate assessment of tumour stage.

Favourable lesions are those which are small, exophytic and mobile.

Reference: Cuthbertson AM, Kaye AH. ANZ J Surg. 1978. 48(4): 412-15

COLORECTAL SEMINAR: CANCER of the RECTUM The Alfred Hospital Melbourne

GUEST SPEAKER: S Goldberg

Minneapolis USA

August 31

Trans-anal excision of large villous tumours of the rectum**Complications related to the use of the EEA circular stapler****ST VINCENT'S HOSPITAL** Sydney

WILLIAM ARNOLD CONNELLY ORATION:

GUEST SPEAKER: Sir Edward Hughes Kt CBE

Title and date not available

PROCTOCLECTOMY AND PELVIC POUCH-ANAL ANASTOMOSIS (IPAA)

*AG Parks developed the concept of an ileal reservoir at St Mark's Hospital. Eight patients with ulcerative colitis underwent an operation with the formation of a **triplicate (S)***

*In 1980, Utsunomiya reported 11 patients treated by proctocolectomy with a **J pouch**.² Various modifications subsequently appeared constructing a larger reservoir in the belief that function would be improved.*

The J configuration remains the procedure of choice.

Reference: 1. Parks AG, Nicholls RJ. Proctocolectomy without ileostomy for ulcerative colitis. Br Med J. 1978. 2: 85-88

2. Utsunomiya AJ et al. Total colectomy, mucosal proctectomy and ileoanal anastomosis. Dis Colon Rectum. 1980. 23: 459-66

© Courtesy of the Royal College Surgeons of England

Fig: 61



Sir Alan Parks
1920-1982

FELLOW IN COLORECTAL SURGERY Colorectal Unit Sydney Hospital 6 months
Pierre Chapuis

1979 LOW ANTERIOR RESECTION - CONTRAST X-RAY OF ANASTOMOSES pub: February
M Killingback: **Case study** 93 consecutive patients: Ca: 87 Benign: 6
Extraperitoneal anastomoses

| | 1966-76 | 1976-78 | Total |
|--|----------------|----------------|------------------|
| Anastomosis: | 2 layer: (45) | 1 layer: (48) | 93 |
| Proximal stoma | 41 | 5 | 46 |
| Leak clinical (incl digit exam) | 6 14.6% | 2 4.2% | 8 8.6%* |
| Leak clinical + contrast x-ray | 0 22.2% | 5 10.4% | 15 16.1%* |
| Post op death | 1 | 1 | 2 2.2% |

Contrast X-ray of anastomosis doubles the incidence of anastomotic leak.*

Reduced use of proximal stoma in single layer anastomosis group

Reference: Killingback M. ANZ J Surg. 1979. 49(1): 52-61

RECTAL PROLAPSE

pub: February

Colorectal Unit Sydney Hospital: Case study

Complete rectal prolapse 127 pts Females 105; Males 22

Since 1971 all cases managed by the Ripstein procedure (102)

2-year FU available in 102 patients

Recurrence: 3/53 (5.7%) Incontinence: 7 (13%)

Reference: Failes D, Killingback M, Stuart M, Deluca C. ANZ J Surg. 1979. 49(1): 72-75

UNIVERSITY of HONG KONG

DIGBY MEMORIAL LECTURE:

Sir Edward Hughes Kt CBE

Title, date not available

SECT. C\R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Surfers Paradise

SECTION C/R VISITOR: M Adson

Mayo Clinic USA

May 15-18

Stomal ileitis

Rectal cancer following colectomy for polyposis

Cancer and chronic Ulcerative Colitis

Local vs radical treatment of rectal carcinoma

INVITED SPEAKERS:

M Cockburn **Rectovaginal fistula**

R Strong **Colonic trauma**

G Coupland **Prevention of thrombo-embolism**

M Stephen **Peritoneal dialysis in faecal peritonitis**

SUBMITTED PRESENTATIONS: Aus: 7

COMBINED COLORECTAL MEETING Kensington Town Hall London June 18-20

SECT. PROCT. RSM - ASCRS - SECT. C/R SURGERY RACS

Registrations: 398 Aus: 42 NZ: 8

Presentations: 84 UK: 25 USA: 28 Aus: 7

SYMPOSIUMS: 5

ANAL PROLAPSE AND INCONTINENCE

ANAL DISEASE

MISCELLANEOUS

CARCINOMA OF THE COLON AND RECTUM

INFLAMMATORY BOWEL DISEASE

SUBMITTED PAPERS: Aus: 8

I Cunningham, Sir Edward Hughes, BP Morgan, M Notaris, JCB Penfold, A Polglase, P Ryan, M Stuart.

The social highlight of the meeting was the banquet at the Guildhall of London, presided over by Lord Smith of Marlow (Rodney Smith). The guest speaker, the Right Hon. Lord Elwyn-Jones (ex Chancellor of the Exchequer), mesmerised the diners with a memorable after dinner speech.

DELAYED DIAGNOSIS OF CARCINOMA OF THE RECTUM AND SIGMOID pub: August
ESR Hughes

In a series of 1,565 patients with carcinoma of the sigmoid colon and rectum there was a delay in diagnosis in 36 (2.3%). A study of the survival of these patients shows that it was most unlikely that the delay adversely affected the prognosis in these patients.

Reference: Hughes ESR, McDermott FT, Masterton JP. 1979; 49(4): 432-3

COLORECTAL SEMINAR: ANORECTAL SURGERY The Alfred Hospital Melbourne
GUEST SPEAKER: C Mann St Mark's Hospital London September 7-8
Benign anorectal disease

St GEORGE HOSPITAL KOGARAH *Dates not available*
VISITING SPEAKER

O Beahrs Mayo Clinic USA

During this visit he performed a **Kock Operation** on a female patient (Mrs GH), who has remained well (2021).

ST VINCENT'S HOSPITAL MELBOURNE COLORECTAL MEETING November 9-10
DEBATE: **To be or not to be a colorectal surgeon**
For: M Killingback Against: D Hurley

A PATTERN OF RECURRENCE FOLLOWING RESECTION OF COLORECTAL CANCER
Concord Hospital pub: December
Following 200 consecutive, curative resections for colorectal cancer, 20 (10%) developed local recurrence. Analysis of the primary tumour specimen suggests that **invasion of adjacent tissue and lymph node involvement** were more important predisposing factors for the development of local recurrence than the distal margin.
Reference: Pheils MT, Chapuis PH, Thomson AAG. ANZ J Surg. 1979. 49(6): 663-68

1980 THE MANAGEMENT OF PERFORATED DIVERTICULITIS WITH DIFFUSE PERITONITIS
Princess Alexandra Hospital Brisbane pub: February
In a ten-year period 53 patients presented with perforated diverticular disease with diffuse peritonitis. Twelve patients were managed by immediate resection (no deaths). Of 41 patients treated with other procedures there were 8 (19.5%) deaths.
Hartmann's Procedure is supported as the treatment of choice.
Reference: Theile DA. ANZ J Surg. 1980. 50(1): 47-49

SECT. C/R RACS GSM - ROYAL CANAD. COLL. OF PHYS. SURG. Sydney February 24-29
GUEST SPEAKER: P Hawley St Mark's Hospital London
Ulcerative Colitis – management
Changing concepts in GIT polyposis

INVITED SPEAKER: G Newstead Sydney

Intestinal complications of pelvic irradiation

SUBMITTED PRESENTATIONS: Aus: 24 USA: 1 Canada: 2

SEMINAR RECTAL CANCER Martindale Hall Mintaro SA

March 8-9

Convener: Adelaide University Oncology Group

VISITING SPEAKERS:

G Giles St James Hospital UK

Presentations not available

M Killingback Sydney

Surgical options for cancer mid 1/3 of rectum

Local treatment of rectal cancer

AUSTRALIAN ASSOC. STOMAL THERAPISTS Annual Conference

March 28

INVITED SPEAKER: ESR Hughes Melbourne

Unsolved stoma problems

RECTAL PROLAPSE

"a falling out of the fundament" (Thomas Vicary 1626)



Fig: 62 © mk

SYNCHRONOUS COMBINED ABDOMINO-PERINEAL REPAIR OF RECTAL PROLAPSE

(2 Surgeons): **Technique:** Repair of the pelvic floor (above and below) pub: April

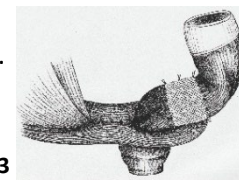
Posterior puborectalis sutures to increase the forward angulation of the ano-rectal junction. Subsequently a mesh sling was sutured to the rectum.

Reference: Hughes ESR, Johnson WR. ANZ J Surg. 1980. 50(2): 117-20 © RACS.1980

Comment: Surgeon USA

"It may be a good operation, but only Mr Hughes understands it!" Fig: 63

© RACS 1980 ANZJS



Hughes Operation

TEFLON SLING OPERATION (RIPSTEIN) FOR REPAIR OF COMPLETE RECTAL PROLAPSE

B Morgan RPAH Sydney Case study pub: April

In sixty-four patients, since 1969, a Teflon sling has been used to fix the rectum following complete rectal prolapse. No sepsis has occurred. Recurrence has affected one patient and approximately 80% of patients followed up are totally continent.

Reference: Morgan B. ANZ J Surg. 1980. 50(2): 121-23.



©mk

Fig: 64

Charles Ripstein 1969
Rectopexy 1952



Fig: 65

Teflon sling (Ripstein)
Courtesy of BP Morgan
© RPAH Photo Dept. 1980

CONCEALED RECTAL PROLAPSE

pub: April

AM Cuthbertson Melbourne

In a series of 97 patients with rectal prolapse, 36 were unaware of its presence.

Reference: Cuthbertson AM. ANZ J Surg. 1980. 50(2): 109-15

Comment (MK): In many of these patients the anal area has a characteristic appearance also seen in patients with overt prolapse. Examination of the patient (straining in the squatting position) will often reveal the prolapse.

MELBOURNE UNIVERSITY COLORECTAL GROUP

Initiated by A Cuthbertson (First chairman)

THE TREATMENT OF FISTULAS FOLLOWING IRRADIATION DAMAGE pub: April

AM Cuthbertson Royal Melbourne Hospital

Direct repair can seldom be performed because of the depressed response of connective tissue. For rectovaginal fistulas a defunctioning colostomy is the usual first stage. Non-irradiated tissue is used to close the defect.

Reference: Cuthbertson AM. ANZ J Surg. 1980. 50(2): 124-25

CONCORD REPATRIATION GENERAL HOSPITAL COLORECTAL UNIT

With encouragement from Murray Pheils, Les Bokey became the driving force in establishing the Colorectal Unit in 1980.

Surgeons (1980): M Pheils (H/unit), EL Bokey, P Chapuis, W Hughes, S Koorey

CONCORD REPATRIATION GENERAL HOSPITAL Colorectal meeting April

INVITED SPEAKER: G Newstead Sydney

Intestinal complications of pelvic irradiation**MATER HOSPITAL** Brisbane

September

INVITED SPEAKER: G Newstead Sydney

Surgical infection**AUSTIN HOSPITAL**

Melbourne

COLORECTAL UNIT

Surgeon: A McLeish

INTERNATIONAL SOCIETY OF UNIVERSITY**COLON AND RECTAL SURGEONS (ISUCS) Meeting** Melbourne

September 8-11

HARRY BACON MEMORIAL LECTURE: ESR Hughes

The development of a restorative operation for carcinoma of the rectum

Reference: Hughes ESR. ANZ J Surg. 1981. 51(2): 117-19

AN AUSTRALIAN EXPERIENCE OF CROHN'S DISEASE

pub: October

ESR Hughes Melbourne

Patients: **89** Hughes: **50** (1950-1978) Alfred Hospital staff: **39** (1959-1978)

Site of disease: SB: 24 LB: 21 SB + LB: 44

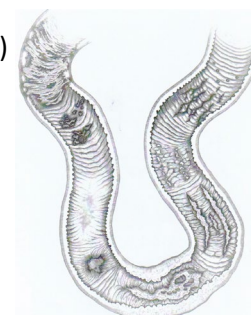
Definitive operation with curative intention: 88 (53 patients) Deaths: 4

Recurrence: 34 patients (ten of whom had two or more recurrences)

Reference: McDermott FT, Hughes ESR, Pihl EA, Milne BJ. ANZ J Surg. 1980. 50(5): 470-76

Ulceration in Crohn's Disease

© mk

Fig: 66

DIVISION C/R SURGERY UNIVERSITY OF MINNESOTA COURSE October 29-November 1

VISITING SPEAKER: M Killingback Sydney

HOWARD FRYKMAN LECTURE*:

Sling repair for procidentia of the rectum***Haemorrhoidectomy****Ileostomy function IBD****Ca Rectum - local excision****Coloanal anastomosis****1981****DEATH OF RUPERT TURNBULL** Honolulu

February 18

Australian Fellows during Turnbull's later tenure as head of the department of C/R Surgery CCF.

A Cuthbertson 1960

M Stuart 1971

M Goldsmith 1973

I Cunningham 1974

Obituary: Fazio VW. Dis. Colon and Rectum, 1982. 25: 219-21

©Southeast Local Health District Sydney

Rupert Turnbull 1970**Fig: 67****ST GEORGE HOSPITAL** Colorectal meeting

March

INVITED SPEAKER: G Newstead Sydney

Management of the presacral space**SECT. C\R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM** Hobart

March 29

VISITING SPEAKER: V Fazio Cleveland Clinic USA

The pull-through operation for rectal cancer: its role versus the EEA Stapler

SYMPOSIUM: EEA STAPLED ANASTOMOSIS - RECTAL SURGERY

IG Cunningham **Report of 94 cases**J Mackay **Colorectal anastomoses at St Vincent's Hospital**A Polglase **Improved techniques for ultra-low colorectal and coloanal anastomosis**R Fink **Comparison of 1 and 2 layer stapled anastomoses**

SYMPOSIUM: DIVERTICULAR DISEASE

A Anderson, V Fazio, R Macleod, M Pheils, P Ryan, D Theile

SYMPOSIUM: THE CONTINENT ILEOSTOMY

EL Bokey, DG Failes, VW Fazio, MJ Myburgh (Johannesburg, South Africa)

HUNTERIAN LECTURE: Royal Coll. Surg. London

April 1

M Killingback Sydney

Restorative resection for carcinoma of the large bowel 208 patients

A consecutive series 1966-1980 data collected prospectively

| Operation: | HAR | LAR | CAA | Total |
|---------------------------------------|-----|------|--------------|-------|
| N: | 24 | 138 | 46 | 208 |
| Anast leak %: clinical + X-ray | 4.3 | 14.3 | 35.9* | 17.3 |
| Operative mortality 6/208 (2.9%) | | | | |

*CAA technique modified 1978 and anastomotic leak rate reduced to **3.2%**

DISTRIBUTION OF CRCa - RELATIONSHIP OF SITE TO SURVIVAL pub: April
 Concord Colorectal Cancer Study 1971-1978; 532 patients
 Right colon cancers were at a more advanced stage than rectal cancers and patient survival was significantly worse.
 Reference: Chapuis PH, Newland RC, MacPherson J et al. ANZ J Surg. 1981. 51(2): 127-31

DEPARTMENT of SURGERY UNIVERSITY of WALES Cardiff, UK April 8
 INVITED SPEAKER: M Killingback Sydney
Anterior resection

DEPARTMENT of SURGERY UNIVERSITY of LYON France April 13
 INVITED SPEAKER: M Killingback Sydney
The EEA stapler in colorectal surgery

ANGLO-GERMAN PROCTOLOGY meeting, Munich Germany May 14-15
 INVITED SPEAKER: ESR Hughes Melbourne *Title not available*

GASTROINTESTINAL CANCER: WORKSHOP ON PATHOLOGY AND STAGING
 Convener: Neville Davis Brisbane July 14-17
 Purpose of the meeting was to review staging of CRCa
An Australian Clinicopathological classification was introduced at this meeting.
 SPEAKERS: L Hughes, J Goligher*, B Morson*
 *Stressed the benefits of **preserving the Dukes' classification**

DIVERTICULAR COLO-ENTERIC FISTULAE August 1
 Concord Hospital Sydney
 Incidence: 4/80 (5%) of patients treated by resection
 Diagnosis: at laparotomy - not detected on barium enema
 Reference: Hool GJ, Bokey EL, Pheils MT. ANZ J Surg. 1981. 51(4): 358-59

LOCAL EXCISION via PROCTOTOMY +/- COMPLETE SPHINCTER DIVISION
 M Killingback Sydney Hospital 11 patients 1974-1981 *not published*

| | Polyp | Polyp/Ca | Cancer | Fig: 68 © mk |
|---|-------|----------|--------|-----------------|
| Posterior proctotomy + complete division of sphincter | 4 | 2 | 1 | |
| Posterior proctotomy only (Kraske) | - | 2 | 2 | |

 Prox stoma 8/11
 Results: Fistula 4 (2 required repair), stricture 2, continence satisfactory
Comment: Operation discontinued due risk to sphincter and improved restorative techniques

Reference: Mason AY. Trans-sphincteric approach to rectal lesions. Surg Ann. 1977. 9: 171-94

SURGICAL RESEARCH SOCIETY OF AUSTRALIA Sydney September
 INVITED SPEAKER: G Newstead Sydney
Fibrinolysis and circulating cancer cells

TURNBULL MEMORIAL LECTURE Cleveland Clinic September
 EL Bokey Sydney
Alternatives to a conventional ileostomy



Posterior proctotomy

MAYO CLINIC Rochester, Minnesota September
 INVITED SPEAKER: EL Bokey Sydney
The continent ileostomy

SYDNEY HOSPITAL COURSE COLORECTAL SURGERY September 23-25
 GUEST LECTURER: John Ray Head/Dept C/R Surgery, Ochsner Clinic, New Orleans
 PROGRAM: Symposia, case presentations, videos
 Lectures: Operation Demonstrations:
Massive colonic bleeding Proctocolectomy (IBD)
The EEA stapler Anterior resection (Ca)

GIT EMERGENCIES GE SOCIETY OF AUSTRALIA

G Newstead Sydney
Colonic haemorrhage

INFLAMMATORY BOWEL DISEASE The Alfred Hospital Melbourne October 16
 INVITED SPEAKERS: *Topics not available*
 J Lennard Jones St Mark's Hospital
 J Dawson Kings College Hospital

MATER HOSPITAL BRISBANE Colorectal Meeting November
 INVITED SPEAKER: G Newstead Sydney
Management of colonic haemorrhage
Repair of rectal prolapse
Post-operative peritoneal lavage

1982 **SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM** Christchurch, NZ
 SECTION C/R VISITOR: S Goldberg Minneapolis USA January 25-29
Early experience with Ileal reservoirs
 SUBMITTED PRESENTATIONS: Aus/NZ 4 +
 PG Alley Auckland
Faecal mutagens and genetics
 AK House Auckland
Clinical and immune response to adjuvant chemotherapy and immunotherapy (rat model)
 MV Agrez Minnesota
Patterns of sensitivity to chemotherapeutic agents in human stem colony assay
 JF Young Adelaide
Elective colectomy

ROYAL MELBOURNE HOSPITAL COLORECTAL UNIT
 Surgeons (1982): A Cuthbertson (H/unit), JC Penfold

CARCINOMA OF THE RECTUM: RESULTS FOLLOWING RESECTION pub: February
 Concord Hospital
 Resection results compared: **APE (122) vs Anterior Resection (118)**
 No significant difference in survival
 Conclusion: **The more conservative operation has no effect on survival**
 Reference: Chapuis PH, Pheils MT, Newland RC et al. ANZ J Surg. 1982. 52(1): 16-23

DIVERTICULAR DISEASE: A RETROSPECTIVE STUDY OF SURGICAL MANAGEMENT

Concord Hospital 1970-1980 pub: February
 Operations: 129 Elective: 80 Emergency: 49 Operative MR for peritonitis: 14%
 Reference: Pheils MT, Chapuis PH, Bokey EL, Hayward P. ANZ J Surg. 1982. 52(1): 53-56

AUSTRALIAN COLONOSCOPY WORKSHOP Melbourne

March 31-April 2

Royal Melbourne Hospital Convener: C Penfold
 Guest Lecturers/Demonstrators: H Shinya Beth Israel Hospital, New York
 C Williams St Mark's Hospital

ASCRS ANNUAL MEETING San Francisco

May 6

HARRY BACON LECTURE: M Killingback Sydney

Restorative resection**PELVIC RECURRENCE AFTER CURATIVE RESECTION FOR CARCINOMA OF THE RECTUM**

Princess Alexandra Hospital Brisbane Colorectal project pub: August
 25 of 210 curative operations developed pelvic recurrence

11.9% with or without distant metastases (ie total local recurrence mk)

Reference: Theile DE, Cohen JR, Evans EB, Quinn RL, Davis NC. ANZ J Surg. 1982. 52(4): 39

DIVISION C/R SURGERY UNIVERSITY of MINNESOTA COURSE

October

INVITED SPEAKER: EL Bokey Sydney

New concepts in sphincter preservation**RECTAL CANCER AND DISTAL SPREAD: THE HEALD HYPOTHESIS**

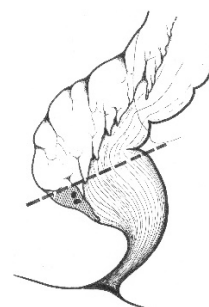
October

Five patients with resection of rectal cancer had distal mesorectal spread without distal metastases. Heald introduced the concept of Total Mesorectal Excision (TME). He advocated complete excision of the mesorectum for cancers of the mid and lower thirds of the rectum.

Reference: Heald RJ, Husband EM, Ryall RD. The mesorectum in rectal cancer surgery: the clue to pelvic recurrence. Br J Surg. 1982. (10): 613-6

The Heald thesis
 Potential distal spread requires TME
 Heald 1982

Fig: 69
 © mk

**THE MESORECTUM AND LOCAL RECURRENCE**

*In support of the TME recommendation Heald quoted very low LR figures (5yr FU: 3.7%) for **Local recurrence (excluding patients with distant metastases)**. By contrast much higher LR rates were reported in the surgical literature.*

Heald was invited to centres in Europe and beyond where he gave erudite lectures and many skilled operative workshop demonstrations. TME was accepted as the optimal technique for rectal cancer surgery as many reports described rates of local recurrence which were very high and unacceptable.

During this period, specialist centres in Australia, staffed by well-trained colorectal surgeons, were achieving low rates of **total** local recurrence without adhering rigidly to Heald's TME dictum. For example, Australian reports of **total** local recurrence were:

| | |
|--------------------------------|--------------------------------------|
| Princess Alexandra Qld (1982): | 11.9% |
| Killingback (1996): | 7.7% |
| Concord (1999) | 11.1% |
| Polglase (2004) | 5.2% overall; 7.6% Cumulative |
| Pratell (2014) | 7.0% |

In 1998 Heald reported the Basingstoke experience 1978-1997 of 405 curative anterior resections, with a 5 yr FU. The local recurrence rate was 3% pelvic only, without distant metastases

Reference: Heald RJ, Moran BJ, Ryall DH. Rectal cancer: The Basingstoke Experience of Total Mesorectal Excision 1978-1997. Arch Surg. 1998. 133(8): 894-98

POSSIBLE SOURCES OF LOCAL RECURRENCE

Exfoliated cells: surface Ca, lumen, lateral dissection

Residual tumour: rectal wall, mesorectum, side wall

Lymph nodes: mesorectum, side wall

Adjacent viscera

Ca Rectum: local recurrence

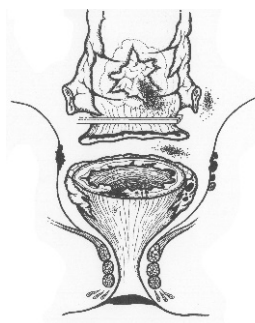


Fig: 70
© mk

GE SOCIETY OF AUSTRALIA Canberra

November

INVITED SPEAKER: G Newstead Sydney

Radiation enteritis: pathophysiology

COLOANAL ANASTOMOSIS ST MARK'S HOSPITAL

AG Parks series: 1973-1980; 76 patients

Tumour levels: 4-8cm: **29** 8-12cm: **36** >12cm: **11**

Post-op deaths: 3 Morbidity: Terminal colon necrosis 2; Pelvic abscess 8

Reference: Parks AG, Percy JP. Br J Surg. 1982. Vol 69: 301-304

EVALUATION OF AN IMMUNOLOGICAL TEST FOR OCCULT BLEEDING: CR NEOPLASIA

Royal Adelaide Hospital

pub: December

19 patients with known cancers: were all shown to have detectable blood in their stools by the faecal human haemoglobin test specific for human blood (FHH).

Reference: Williams JAR, Hunter R, Smith M et al. ANZ J Surg. 1982. 52(6): 617-21

1983

REAPPRAISAL OF THE DISTAL MARGIN IN ANTERIOR RESECTION

*In 1983, Williams et al published their study of 50 resected specimens. They concluded that transgression of the 5cm rule would **not** result in increased recurrence rates and that the distal margin "can safely be reduced to a **minimum of 2cm**".*

Reference: Williams NS, Dixon MF, Johnston D. Re-appraisal of the 5cm rule of distal excision for carcinoma of the rectum: a study of distal intramural spread and of patients' survival. Br J Surg. 1983. 70: 150-54

ROYAL PRINCE ALFRED HOSPITAL Colorectal meeting Sydney

February

INVITED SPEAKER: G Newstead Sydney

Adjuvant therapy of colorectal cancer

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Hong Kong

GUEST SPEAKER: J Alexander Williams Birmingham UK

March 19-23

HERBERT MORAN MEMORIAL LECTURE:*

Provincial pioneers in Pommie surgery***Strictureplasty for Crohn's disease****Recent advances in gastrointestinal surgery****Management of enteric fistulae in Crohn's disease****Overview: The place of adjuvant treatment for large bowel cancer**

JD Hardcastle Nottingham UK

Population screening for colorectal cancer**Radio-immuno-detection of human colorectal cancers using a monoclonal antibody****Adjuvant immunotherapy and new possibilities for treatment**

SUBMITTED/INVITED PRESENTATIONS: Aus: 21

ROYAL ADELAIDE HOSPITAL**COLORECTAL UNIT**

Surgeons: D Hoffmann (H/unit), DG Townsend, JF Young

First Unit accredited for training (Reference: D Hoffmann)

Post FRACS Training RAH: J Sweeney commences 2-year program**COLORECTAL UNIT SYDNEY HOSPITAL CEASES ACTIVITY (1970-1983)**

As a result of radical hospital changes by the NSW Labor Government in March 1983, public beds were reduced in **Sydney Hospital, Crown St Women's Hospital** and the **Mater Hospital**.

D Failes continued at Westmead Hospital where a Colorectal Unit began in 1996. M Killingback consolidated his practice at the Sydney Adventist Hospital and M Stuart joined the Colorectal Unit at St Vincent's Hospital.

The Colorectal Unit's main contribution was to initiate the concept of such a unit in hospital practice in Australia and demonstrate its viability for 13 years.

ST VINCENT'S HOSPITAL SYDNEY**COLORECTAL UNIT**

M Stuart from Sydney Hospital joins T O'Connor and F Collins to form a 3-surgeon colorectal unit.

CR CANCER AT THE PRINCESS ALEXANDRA HOSPITAL, BRISBANE pub: April**Prospective Study** 1971-1980; 729 cases

Presented with acute obstruction: 128 (17.6%)

Delay in diagnosis: 55.3% Resection rate: 87.4% Operative mortality: 2.7%

Stage corrected survival rates: **A:** 99.1% **B:** 78.3% **C:** 32.4%

Reference: Cohen JR, Theile DE, Evans EB et al. ANZ J Surg. 1983. 53(2): 113-19

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) FORMATION MEETING

Sydney Hospital

Purpose: To maintain the monthly colorectal meetings in Sydney.

Venues would now rotate in metropolitan hospitals.

COMBINED (AUSTRALIA-MALAYSIA) GE SOCIETIES MEETING Kuala Lumpur, Malaysia

INVITED SPEAKER: G Newstead Sydney

May

Pathophysiology of small intestinal injury**Perianal Crohn's disease**

THE AUSTRALIAN CLINICO-PATHOLOGICAL STAGING SYSTEM (ACPS) pub: June
NC Davis, RC Newland

A new system proposed for the reporting of cases of colorectal cancer. It uses clinical, operative and pathological information before a stage is allotted. This contrasts with the Dukes' classification which was based solely on the pathological examination of the resected specimen. ACPS has a special category for residual tumour or distant metastases.

The method requires co-operation between clinician and pathologist with strict adherence to definitions. Its validity has been tested by analysing the survival pattern of 709 patients according to the ACPS and Dukes' systems.

Reference: Davis NC, Newland RC. ANZ J Surg. 1983; 53(3): 211-21

"COLORECTAL SURGERY" textbook by ESR Hughes, AM Cuthbertson and M Killingback.
Churchill Livingstone Ltd. Melbourne

1984

COLONOSCOPY DEMONSTRATION COURSE St George Hospital
GUEST LECTURER/DEMONSTRATOR: H Shinya New York, USA

TRANSANAL ENDOSCOPIC MICROSURGERY (TEM/TAMIS) R BUESS

Large diameter rectal scope. Operates under insufflation via multiple portals.

Reference: Buess R, Theiss M, Gunther F et al. Endoscopic operative procedure for the removal of rectal polyps. *Coloproctology*. 1984. 84: 254-61

PAN-PACIFIC SURGICAL SOCIETY meeting Sydney March
INVITED SPEAKER: EL Bokey Sydney

Contience following surgery for inflammatory disease

DOCTOR OF SURGERY DEGREE AWARDED Queensland University March 9
Pierre Chapuis for his thesis: **A clinicopathological study of large bowel cancer**
The degree was based on the first 10 years of the Concord Hospital Colorectal Cancer Database.

ANAL CANAL CANCER: CHEMOTHERAPY AND RADIOTHERAPY (ALTERNATIVE TO APE)

Department of Radiology/Oncology Westmead Hospital: 5 patients pub: April

Treatment: Mitomycin C, 5FU, Radiation dose range 50Gy-70 Gy*

Five patients disease-free, with median FU of 14 months

References: Tiver KW, Langlands AO. ANZ J Surg. 1984. 54(2): 101-108

Nigro ND, Vaitkevicius VK, Considine BJ. Combined therapy for cancer of the anal canal: a preliminary report. *Dis Colon Rectum*. 1974. 68: 354-

*Management known as the **Nigro regime**

COMBINED COLORECTAL SURGICAL MEETING New Orleans May 6-11

ASCRS - RSM SECT. CP (New Title) - SECT. C/R RACS

Medical Registrations: 845

Podium presentations: 111 Aus: 8

INVITED SPEAKERS:

N Davis Brisbane

The Australian clinico-pathological staging of colorectal cancer

MATTHEWS ORATION:

D Gallagher San Francisco

Are we listening?

HARRY BACON LECTURE:

J Goligher Leeds

One surgeon's approach to Crohn's disease

ESR Hughes Melbourne (Final international presentations)

Ureteric damage in large bowel cancer surgery

Total and subtotal colectomy for colon obstruction

ALAN PARKS MEMORIAL LECTURE:

M Killingback Sydney

Surgical pathology and elective resection for Diverticular disease

DISTINGUISHED SPEAKER:

N Nigro Detroit, USA

An evaluation of combined therapy (1974) for cancer of the anal canal

VISITING LECTURESHIP:

I Todd London, UK

Unusual anal and perianal neoplasms

SUBMITTED PRESENTATIONS: Aus: 4 B Morgan, P Ryan, S Sakker, M Stuart

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne

GUEST SPEAKER: May 13-18

F Gall Erlangen Germany

INAUGURAL ESR HUGHES LECTURE:*

The evolution of surgery for cancer of the rectum*

Diverticular disease - a European view

PROFESSOR M PHEILS SYMPOSIUM: ON RECTAL CANCER:

Titles abbreviated

M Pheils Sydney

A lifetime of surgery for colorectal cancer

HAF Dudley England UK

**Surgeons influence on immediate and late results: St Mary's Hospital
large bowel cancer project**

J Cohen Brisbane

Brisbane Queensland colorectal project

NC Davis Brisbane

Australian clinico-pathological staging system

INVITED SPEAKERS:

H Abcarian Chicago USA

Advanced colonoscopy workshop

Diverticular disease - an American view

Major colorectal trauma

D Theile Brisbane

Diverticular disease - review and consensus

SUBMITTED PRESENTATIONS: Aus/NZ: 20 Germany: 4 USA: 3 England: 2 India: 1

SIR MORTIMER B DAVIS HOSPITAL C/R meeting Montreal, Canada May 14-15

VISITING SPEAKER: M Killingback Sydney

Diverticular disease: when to operate - what to do?

Local treatment Ca rectum - rationale - technique

Left colon blood supply - and the anastomosis

THE CONTINENT (KOCK) ILEOSTOMY – AN 11 YEAR EXPERIENCE pub: August

DG Failes Westmead Hospital Sydney

46 patients: 19-58yr UC: 41 FAP: 4 Ca rectum + polyps: 1

Primary op: 8 Secondary op: 41 Mortality: nil

Revisional surgery for pouch or ileostomy complications 17 (34%)

Reference: Failes DG. ANZ J Surg. 1984. 54(4): 345-52

ST BARTHOLOMEW'S HOSPITAL London September

INVITED SPEAKER: EL Bokey Sydney

Ileo-anal anastomosis: an experimental study with a reversed terminal ileum segment

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) 1st ASM meeting October 13

GUEST SPEAKER:

I Todd London St Mark's Hospital

Current concepts of motility disorders of the large bowel

The natural history of adolescent Crohn's disease

The conventional ileostomy and IRA

Local recurrence: rectal cancer

INVITED SPEAKER:

A Middleton Sydney

Paediatric Crohn's disease

SCSS Presentations: 12

CME MEETING - SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Adelaide

GUEST SPEAKER: October 25-26

A Li Hong Kong Chinese University

Techniques in colorectal surgery

This meeting, named **CME** retrospectively, was held near the end of the year with a distinguished overseas guest and was the first of such meetings which were to be held annually.

SIR EDWARD HUGHES VALEDICTORY meeting at RACS October 27

GUEST SPEAKER:

Ian Todd St Mark's Hospital UK

215 surgeons attended. There were 16 presentations on topics which had been of special interest to Sir Edward: **colon and rectum, stomach, biliary tract, pancreas, breast cancer, road trauma, military surgery.**

Evening Dinner: Camberwell Town Hall

Sir Brian Murray (Governor Victoria) and Mervyn Smith PRACS attending (Appendix 10)

“EARLY” COLORECTAL CANCER - METASTASES

pub: December

| Depth | LN metastasis |
|------------------------|---------------|
| Confined to submucosa | 13% |
| Confined to bowel wall | 21% |

Recommendation:

Colon cancer: resection advised in all good risk patients

Rectal cancer: local excision carefully selected

Reference: Cuthbertson AM, Hughes ESR, Pihl E. ANZ J Surg. 1984. 54(6): 549-51

COLORECTAL CANCER - RESULTS ESR HUGHES

ESR Hughes was the Australian pioneer of patient follow-up after surgery. Using his own financial and staff resources, he maintained a detailed follow up system which produced new information on the results of surgery of bowel cancer

References: Hughes ESR. Long-term study of large bowel cancer. 1976. Med J Aust. 11: 365-68

Hughes ESR et al Carcinoma of the rectum and rectosigmoid: cancer specific long-term survival. A series of 1061 patients treated by one surgeon. 1980. Cancer. 45 : 2902-2907

McDermott FT, Hughes ESR et al. Comparative results of surgical management of single carcinomas of the colon and rectum: a series of 1939 patients treated by one surgeon.

Br J Surg. 1981. 68: 850-55

McDermott FT, Hughes ESR et al. Local recurrence after potentially curative resection for rectal cancer in the series of 1008 patients. 1985. Br J Surg. 72: 34-37

ESR HUGHES LECTURE SLIDES

These were usually colourful and provocative.

The periphery of some slides would be decorated with images of fruit etc

© ESR Hughes 1984

Fig: 71



Provoking ESRH lecture slide

The Hughes' era was noted for surgeons' publications originating from their individual experience. Subsequently surgeons began to publish group results from their hospital units.

1985**SOME REFLECTIONS ON 30 YEARS EXPERIENCE IN THE MANAGEMENT OF LB CANCER**

Murray T Pheils

pub: February

Reference: Pheils MT. ANZ J Surg. 1985. 55(1): 1-2

**SECTION OF COLONIC AND RECTAL SURGERY:
THE FIRST TWO DECADES**

pub: February

Reference: Hughes ESR. ANZ J Surg. 1985. 55(1): 75-77

FELLOW IN COLORECTAL SURGERY established at St Vincent's Hospital Melbourne1st Fellow: H Kartowisastro 2nd Fellow: R Woods

Trial rotation in hospitals initiated by J MacKay

RACS STATE COMMITTEE MEETING

Sydney

March

INVITED SPEAKER: G Newstead

Intra-abdominal sepsis of colonic origin

SECT. C/R.**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - GSM Sydney**

April 28-May 3

GUEST SPEAKER:

R Beart Mayo Clinic USA

FOUNDATION LECTURES:

Which operation for which tumour (Rectal Cancer)**Ileo-anal anastomosis** (IBD)**Technique: deep pelvic dissection****Anal incontinence****Inflammatory Bowel Disease**

INVITED LECTURES:

M Irving UK

Fistulae in Crohn's disease

SYMPOSIUM:

Inflammatory Bowel Disease: R Beart, T Hugh, M Irving, M Stuart

SYMPOSIUM:

Abdominal sepsis of colonic origin: R Beart, A Evers, W Johnson, J Oakley, T O'Connor

SUBMITTED PRESENTATIONS: Aus: 16

**Fig: 72**

© RACS 1985

Ex RSOs, St Mark's Hospital attending RACS GSM Sydney 1985

Back row: PR Barnes, AK Polglase, AA Evers, RW Stitz, IR Fielding, GL Newstead, S Sakker, K Larkin, RLW Fink, RM Hollings
 Front row: JCB Penfold, R Magee, FW Connaughton, M Smith PRACS, AFG Anderson, MJ Killingback, BT Collopy



**"My apologies Mr President
 I'll attend to it immediately!"
 Mervyn Smith PRACS and Brian Collopy**

GSM 1985 © RACS 1985

Fig: 73

DIATHERMY DISSECTION FOR PELVIC SURGERY S Goldberg USA May 20-22

During a brief visit to Sydney Stan Goldberg demonstrated his technique of surgical dissection with **low voltage diathermy coagulation current**. SG had been using this technique for some years. It was particularly helpful in the pelvis permitting the surgeon to work in a bloodless field during the circumferential dissection of the rectum.

Comment MK: Technique adopted by MK after the SG visit. Theoretically this technique might contribute to a lower incidence of local recurrence, but this was never tested with an RCT.

ST GEORGE HOSPITAL St George Week, Kogarah, NSW

June

GUEST PROFESSOR: J Nicholls

St Mark's Hospital London

"STOMAL THERAPY" Booklet published by EL Bokey and R Shell RN

LOCAL EXCISION RECTAL CANCER 1969-1984

pub: September

M Killingback Clinical cancer: **41** Malignant polyps excluded

Technique: Transanal excision 34; Snare 3; Kraske 1

Prolapsed 1; Coagulation 2

Pathological stage of **32** low/av grade tumours:

T1: nil T2: 28 T3:4

Local recurrence in: 9 (23%) of 39 pts available for FU

Reference: Killingback M. Indications for local excision of rectal cancer

Br J Surg. 1985. 72, Suppl: S 54

Full thickness disc excision defect not sutured

Comment: In 11 pts the tumours not ideal for local excision. The operation was performed because of frailty or strong aversion to a stoma.



Fig: 74

© mk

CME SECT. COLORECTAL**ROYAL AUSTRALASIAN COLLEGE OF SURGEONS**

Brisbane

November 1

GUEST SPEAKER: I Lavery Cleveland Clinic USA

Controversies in colorectal surgery

Complete program not available

PRINCE CHARLES BECOMES PATRON OF THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

November



THE PRINCE MEETS THE PROCTOLOGIST
L-R: DG McLeish PRACS, HRH Prince Charles,
BJ Dooley, Sir Edward Hughes, SA Mellick

© RACS 1985

Fig: 75

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) ASM meeting November 2

GUEST SPEAKER:

M Veidenheimer Lahey Clinic USA

INAUGURAL EDWARD WILSON LECTURE:*

The results of J-Pouch with proctocolectomy and ileal anal anastomosis*

Technical aspects of stoma production and care

Present concepts in the management of colorectal cancer

Diverticular disease: Is conservatism too radical?

INVITED SPEAKER:

D Gillet Sydney

Liver resection for metastatic disease

SUBMITTED PRESENTATIONS: SCSS 9

A NATIONAL SOCIETY OF COLORECTAL SURGEONS?

In October 1985 Peter Ryan wrote to the Sydney Colorectal Surgical Society raising the subject of forming a National Society. Peter Ryan: "... **we should aim to form an**

Australian Association of colorectal surgeons"

The SCSS reply: "SCSS does not support the concept at the present time."

SHOULD LARGE BOWEL CANCER BE FOLLOWED UP?

pub: December

MT Pheils: **Follow up is advisable.**

Risk of metachronous cancer is significant; follow up colonoscopy should be considered

Survival statistics should be available.

Reference: Pheils MT. ANZ J Surg. 1985. 55(6): 533-34

1986

A TRIBUTE TO SIR EDWARD HUGHES John P Masterson

pub: January

Reference: Masterson JP. ANZ J Surg. 1986. 56(1): 1-2

ILEORECTAL ANASTOMOSIS FOR SURGERY of ULCERATIVE COLITIS ESR Hughes

Between 1950 and 1981 subtotal colectomy was performed on 286 patients for ulcerative colitis. The postoperative mortality was 8.7%. Rectal excision because of disease activity was required in 109 patients. Carcinoma of the rectum developed in 11 patients (3.8%). The cancers were advanced stage and high histologic grade.

Reference: Hughes ESR, Johnson WR, McDermott FT et al. The outcome of patients with Ulcerative Colitis managed by subtotal colectomy. Surg Gynec Obstet. 1986. 162: 421-25

ILEORECTAL ANASTOMOSIS - FRIEND OR FOE?

pub: January

In the ESR Hughes series of 364 colitis patients treated by resection,

43% were selected for IRA. At 27 years the probability of malignant change was **14%.**

If severe mucosal dysplasia was present, the probability of malignancy at 13 years was **42%.**

Reference: Cunningham IGE. ANZ J Surg. 1986. 56(1): 25-30

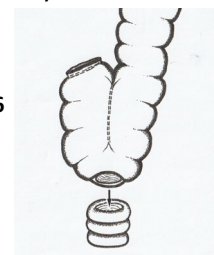
Between 1956-1986 **Hughes** published 29 papers on Ulcerative Colitis. **He advocated IRA whenever possible after colectomy.**

THE COLON POUCH - COLOANAL ANASTOMOSIS

pub: February

The first descriptions of this operation to create a Pelvic Colonic Reservoir were published in 1986 in the same issue of the British Journal of Surgery by R Parc (31 pts) and F Lazorthes (20pts).

Fig: 76
© mk

**SUBSEQUENT EVALUATION OF THE COLON POUCH**

1996: Holbook (RCT): **Anast leak: Straight CAA 15% Colon J Pouch 2%**

2001: Fazio: 20 pts at 1yr **Function: C Plasty = Colon J Pouch**

2002: Ho (RCT): **Anast Leak: C Plasty 15.9% Colon J Pouch nil**

Currently: Colonic J Pouch is the procedure of choice

- References: Lazorthes F et al. Resection of the rectum with construction of a colonic reservoir and colo-anal anastomosis for carcinoma of the rectum. Br J Surg. 1986. Vol 73: 136-38
- Parc R et al. Resection and colo-anal anastomosis with colonic reservoir for rectal carcinoma. Br J Surg. 1986. Vol 73: 139-41
- Hallbook O, Johansson K, Sjobahl R. Laser doppler blood flow measurement in rectal resection for carcinoma - comparison between the straight and colonic J pouch reconstruction. Br J Surg. 1996. 83: 389-93
- Fazio VW, Mantyh CR, Hull TL. Colonic "coloplasty": novel technique to enhance low colorectal or coloanal anastomosis. Dis Colon Rectum. 2000. 43: 1448-50
- Mantyh CR, Hull TL, Fazio VW. Coloplasty in low colorectal anastomosis: manometric and functional comparison with straight and colonic J-pouch anastomosis. Dis Colon Rectum. 2001. 44: 37-42
- Yik-Hong Ho, Brown S, Siu-Meng Heah et al. Comparison of J-pouch and Coloplasty Pouch for low rectal cancers. Annal Surg. 2002. 236(1): 49-55

CURATIVE LOCAL EXCISION OF RECTAL ADENOCARCINOMA

pub: March

A Cuthbertson Royal Melbourne Hospital

6/28 patients (**21.4%**) required further surgery (APE: 5) for **local recurrence**. In the follow up there was a high mortality from associated medical conditions.

Reference: Cuthbertson AM, Simpson RL. ANZ J Surg. 1986. 56(3): 229-31

PROPHYLAXIS OF WOUND SEPSIS - COMPARING TICARCILLIN AND TINIDAZOLE

RCT: 29 Victorian Surgeons

pub: March 1

Wound infection: **Three independent factors reached statistical significance:**

Antibiotic used: tinidazole WI: **20%** ticarcillin WI: **8%**

Public v Private hospital

Stoma at operation

Mortality: tinidazole: **9.2%** ticarcillin **1.5%**

Reference: Ryan PJ, Fink RLW, Ross H, et al. ANZ J Surg. 1986. 56(3): 209-13

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Adelaide May 10

SECTION VISITOR: P Hawley

St Mark's Hospital London

Surgical techniques in ano-rectal surgery**Crohn's fistulae and stricturoplasty****Surgery of constipation**

WORKSHOP on ADVANCED COLONOSCOPY: C Penfold, B Morgan, M Killingback

SYMPOSIUMS:

CONTROVERSIES IN LARGE BOWEL OBSTRUCTION: I Cunningham, J Cohen, J Young

CROHN'S DISEASE: P Hawley, D Failes, A McLeish

DEGENERATIVE BOWEL DISORDERS: R Fink, P Hawley, J Percy, R Stitz

SUBMITTED PRESENTATIONS: Aus/NZ: 11

GE SOCIETY of AUSTRALIA meeting Melbourne May

INVITED SPEAKER: G Newstead: Sydney

Gastrointestinal haemorrhage

GUT FOUNDATION Sydney July

INVITED SPEAKER: G Newstead Sydney

Gay rectal disease

THE ALFRED HOSPITAL Melbourne SEMINAR: GIT ENDOSCOPY August 15-16

GUEST SPEAKER: J Pemberton Mayo Clinic USA

Update in gastrointestinal endoscopy

INTERNATIONAL GUEST SPEAKERS at THE ALFRED HOSPITAL SEMINARS 1980-1990:

P Hawley St Mark's Hospital London *List incomplete*

J Nicholls St Mark's Hospital London

HUNTERIAN LECTURE: Royal College Surgeons London September 2

P Ryan

Two kinds of Diverticulitis

Reference: Annals Royal Coll Surg 1991 73: 73-79

**Peter Lord (Council RCS) presents Peter Ryan
with the Hunterian Lecture medal**

© Courtesy of tEngland

Fig: 77



CME SECT. COLORECTAL

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Melbourne September 17-19

SYMPOSIUM: WHAT'S NEW IN THE WORLD OF COLORECTAL SURGERY ?

GUEST SPEAKERS:

V Fazio Cleveland Clinic USA

Surgical treatment of Ulcerative Colitis

N Williams The London Hospital UK

Investigation of pelvic floor disorders

INVITED PRESENTATION:

J Mackay: Melbourne

Advanced training in colorectal surgery (Proposal paper)

CONGRESS of GASTROENTEROLOGY Brazil September

INVITED SPEAKER: EL Bokey Sydney

Continent ileostomy

CIRCULAR STAPLER DIAMETER AND NARROWING OF THE BOWEL ANASTOMOSIS

B Waxman Experimental surgery (23 sheep) pub: October

There was no significant difference between the three stapler diameters

The presence of a colostomy significantly increased the incidence of narrowing of the anastomosis

Reference: Waxman BP, Ramsay AH. ANZ J Surg. 1986. 56(10): 797-801

EMERGENCY RIGHT HEMICOLECTOMY FOR COLON CARCINOMA pub: October

Princess Alexandra Hospital Brisbane: a prospective study of 244 patients

Emergency operation 57; elective operation 187

Overall mortality: 5.7% No difference in the two groups

Factors adversely affecting outcome:

Advanced disease Age Cardio-respiratory comorbidity

Conclusion: Right hemicolectomy with anastomosis is the operation of choice for obstructed or perforated carcinomas of the right colon

Reference: Smithers DM, Theile DE, Cohen JR et al. ANZ J Surg. 1986. 56(10): 749-52

CIRCUMFERENTIAL MARGIN OF RESECTION FOR RECTAL CANCER October*Study from The Leeds General Infirmary by Quirke and colleagues emphasised the importance of lateral (circumferential) spread of rectal cancer.**In a series of 52 patients the lateral margin of resection was positive for cancer in 14 (27%). Local recurrence developed in 12/14.**This study extended the aetiology of local recurrence to include lateral spread.*

Reference: Quirke P, Durdey P, Dickson MF, Williams NS. Local recurrence of rectal adenocarcinoma due to inadequate surgical resection. A histopathological study of lateral tumour spread and surgical excision. 1986. Lancet ii: 993-96

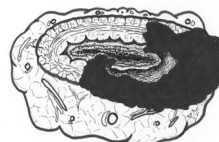
Circumferential margin +ve
local recurrence -> 86%

Fig: 78 © mk

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) ASM Sydney

November 15

GUEST SPEAKER: E Salvati New Jersey, USA

EDWARD WILSON LECTURE:*

Office and day management of ano-rectal disease***Closed haemorrhoidectomy****Electrocoagulation of rectal cancer**

INVITED SPEAKERS:

G Newstead Sydney

Anorectal disease in the immune-compromised patient

R Newland Sydney

Iatrogenic pseudo-invasion of adenoma

SUBMITTED PRESENTATIONS: 8

1987

KUWAIT MEDICAL INSTITUTE COURSE IN COLORECTAL SURGERY February 14-19

VISITING SPEAKERS:

HL Duthie (UK), V Fazio (USA), M Killingback (Aus), L Hultene (Sweden), N Williams (UK)

Program: Case presentations, lectures, ward rounds, hospital tours**Operations: Resection - coloanal anastomosis** (VF and MK)**Anal fistulotomy** (VF)

COLORECTAL CANCER: A LARGE UNSELECTED AUSTRALIAN SERIES pub: March
Princess Alexandra Hospital Brisbane
Prospective consecutive series 1971-1984; **906 patients**
Mortality curative resection: Colon: **3%** Rectum: **APE 1%** Ant. resect: **4.5%**
Reference: Davis NC, Evans EB, Cohen JR, Theille DE et al. ANZ J Surg. 1987. 57(3): 153-59

ADVANCED FRACS TRAINEE M MacNamara working with W Hughes and
M Killingback at Sydney Adventist Hospital (6 months).
Possibly the first accredited training position at a non-teaching hospital.

POST FRACS TRAINING GUIDELINES (Mackay paper 1986)
Refined by: E Durham Smith PRACS, J Mackay, A McLeish.

SECT. C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Perth May 17
GUEST SPEAKER:

D Johnston Leeds UK

FOUNDATION LECTURE:*

Sphincter preservation in low rectal cancer*

Possible value of preserving the ileo-caecal valve in surgery for Ulcerative Colitis

Variation in pouch procedures

F MacRae Melbourne

The genetics of familial colon cancer

**Selective therapy of rectal tumours using haematoporphyrin sensitization
and laser photo-irradiation**

C Bower Perth

FAP registry In Western Australia

F Lovegrove

Nuclear Medicine

SUBMITTED PRESENTATIONS: Aus/NZ: 21 UK: 3 USA: 1

MELBOURNE COLORECTAL SOCIETY

The Melbourne University Colorectal Group is joined by Monash University:
a new society.

ASSOCIATE PROFESSOR UNIVERSITY SYDNEY

Dept. Surgery Concord Hospital

EL Bokey Appointed

Les Bokey becomes an academic surgeon
© University of Sydney



Fig. 79
E L Bokey

ILEAL RESERVOIR: A CLINICO-PHYSIOLOGICAL STUDY

pub: August

St George Hospital, Kogarah 9 patients

Mean frequency defaecation per 24 hrs: 5.8

Normal continence: 6

Normal manometry: 8

Electromyography: no features of sphincter denervation

Reference: King DW, Lubowski DZ, Talley NA, Pryor DS. ANZ J Surg. 1987. 8: 555-8

ANASTOMOTIC RECURRENCE - STAPLE RING ON PLAIN X-RAY pub: September
 Radiological examination of the pelvis revealed a disrupted staple ring in four patients. This may be helpful in diagnosis if no mucosal pathology is evident.
 Reference: Waxman BP, Ramsay AH. ANZ J Surg. 1987. 57(9): 639-42



A plain x ray of the pelvis demonstrates disruption of the staple ring due to LR
 ©mk

Fig: 80

COLONOSCOPY DEMONSTRATION/COURSES September
 DEMONSTRATOR: H Shinya Beth Israel Hospital, New York
 St George Hospital Kogarah, NSW
 St Vincent's Hospital Melbourne

32ND WORLD CONGRESS OF SURGERY Sydney September 20-26
 Margaret Schnitzler meets Victor Fazio, training prospects in USA discussed.

GE SOCIETY of AUSTRALIA Alice Springs meeting October
 INVITED SPEAKER: G Newstead Sydney
Progress in proctology

SIR CHARLES GAIRDNER HOSPITAL Subiaco, WA October
 INVITED SPEAKER: G Newstead Sydney
Flexible sigmoidoscopy - 18

TIME FOR A NATIONAL SOCIETY OF COLORECTAL SURGERY? October
 In October 1987 M Killingback proposed to the executive of the SCSS that the concept of a National Society be reconsidered, (as suggested by Peter Ryan in 1985.)
Emerging developments concerning colorectal surgery were of national significance and it was no longer appropriate for a one state or metropolitan based society, eg SCSS, to be dealing with matters of national importance.
 MK was requested to explore the matter further. Letters were mailed to 49 selected surgeons requesting their opinion. Of 36 replies the results were:
In favour 30 Not in favour 5 Uncertain 1

RESTORATION OF CONTINUITY AFTER HARTMANN'S OPERATION – pub: November
DIVERTICULAR DISEASE
 Royal Adelaide Hospital: retrospective review of 30 patients
Continuity restored 85%
 Mortality: nil Morbidity: 31.5%
 Reference: Sweeney JL, Hoffmann DC. ANZ J Surg. 1987. 57(11): 823-25

CME SECTION C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS SCSS Sydney
November 5-6

GUEST SPEAKERS: G Ekelund, B Gathright

EDWARD WILSON LECTURE:*

B Gathright New Orleans USA

Rescue and reconstructive surgery: Tertiary referral problem*

The administrative cost of complications

Complications of the pouch procedure

RACS FOUNDATION LECTURE:**

G Ekelund Malmo Sweden

**The rates of local and total recurrence after surgery for cancer of the rectum
influenced by radiotherapy****

The follow up of colorectal cancer

The surgery of Crohn's Colitis

INVITED SPEAKERS:

B Collopy Melbourne

Audits in colorectal surgery

W Isbister Wellington NZ

Retrieval: the range of options

D Theile Brisbane

Mortality in surgery for colorectal cancer

J Young Adelaide

Bowel preparation and other measures

SUBMITTED PRESENTATIONS: Aus: 9 NZ: 2

1988

MELBOURNE TRIAL OF ADJUVANT IMMUNOTHERAPY

pub: January

A controlled trial on Stage B and C cancers

Patients treated with BCG and Autologous tumour cells for 2 years. Results: **No evidence
that treatment alters disease-free interval or overall survival**

Reference: Gray BN, Walker C, Andrewartha L et al. ANZ J Surg. 1988. 58(1): 43-46

ROYAL BRISBANE HOSPITAL

COLORECTAL UNIT

Surgeons (1988): R Stitz (H/unit), S Siu, D Schache (1989)

SECT.C/R. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Brisbane May 1

GUEST SPEAKER: D Rothenberger Minneapolis USA

Anorectal physiology 1988

Relationship between anal incontinence and rectal prolapse

INVITED SPEAKERS:

IP Todd London UK

Management of megacolon in adults

D McGuckin

Update on surgical management of Hirschsprung's Disease

SUBMITTED PRESENTATIONS: Aus: 11

WORKING PARTY FOR A COLORECTAL SURGICAL SOCIETY

May 3

Meeting convened by M Killingback at the Hilton Hotel Brisbane

Agenda: To discuss the possible formation of a colorectal surgical society

Result: **There was unanimous agreement on the formation of a National Society.**

Reference: CSSA Trienn. Report 1999-2001. p 28



Working party (L-R): J Young, A Mcleish, B Collopy, D Failes, M Killingback, J MacKay
J Cohen - temporary absence

Fig: 81 ©CSSANZ

PRINCE OF WALES HOSPITAL Sydney

July 12

INVITED SPEAKER: A Spigelman Sydney

Upper GIT disease in FAP: research at St Mark's Hospital London

SPECIALIST COLORECTAL SURGEON WOLLONGONG

August 2

Don Tindal wrote to his medical colleagues (August 2) to inform them of his conversion to full time. Colorectal surgery. His operating schedule would continue at Wollongong and Port Kembla Hospitals. Don was the sixth general surgeon in Australia to make this conversion.

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Wellington NZ

GUEST SPEAKER:

September 9

P Schofield Manchester UK

Costs in colorectal surgery

Limited information available on this meeting

MOYNIHAN LECTURE: COLOANAL ANASTOMOSIS Royal College Surgeons

M Killingback **1969-1988**; 101 consecutive operations

September 29

Primary Ca: 75 Recurrent Ca: 6 Benign: 20

Level Ca: 3-10cm (Av: 6.2cm)

1969-1977 Early results (cancer) discouraging: clinical leaks: **20.5%**

1978-1988 Anastomosis "anchored": (sleeved) within anal canal -> clinical leak: **3.2%**

The anchoring suture retains the anastomosis within the anal canal to minimise incidence of a leak and its effects

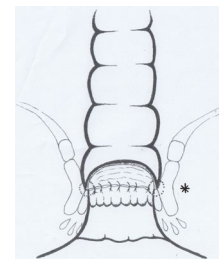


Fig: 82
©mk

anchoring suture*

DIVISION C/R SURGERY UNIVERSITY OF MINNESOTA COURSE

October 6-9

VISITING SPEAKER: M Killingback Sydney

HOWARD FRYKMAN LECTURE: **Carcinoma of the rectum**

THE AUSTRALIAN COLORECTAL SURGICAL SOCIETY - FORMATION MEETING

Convener: M Killingback 25 surgeons met in RACP rooms in Sydney November 11

Provisional Executive elected:

President: D Failes, Vice-President: B Collopy, Secretary: G Newstead

Provisional Title: Australian Society of Colorectal Surgeons

Reference: CSSA Triann. Report 1999-2001. p 28



Fig: 83

© CSSA 1988

Standing (L-R): S Sakker, W Hughes, M Stuart, A Evers, D Lubowski, I Fielding, D Tindal, R Woods, J Mackay
 Sitting (L-R): B Collopy, A McLeish, P Ryan, C Penfold, D Hoffmann, P Chapuis, E Bokey, J Young, D Failes,
 G Newstead, M Killingback. Photograph: K Merten

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) ASM meeting Sydney

GUEST SPEAKERS: D Hoffmann, T Muto, R Phillips

November 12

EDWARD WILSON LECTURE:*

T Muto Tokyo Japan

A new aspect on the pathogenesis of colorectal cancer*

The management of malignant polyps

Diagnosis and management of dysplasia in Ulcerative Colitis

INVITED SPEAKERS:

D Hoffmann Adelaide

Obstructing Left colon cancer

R Phillips London UK

Evaluation of sigmoid stricture by radiology

R Whitehead Melbourne

The biology of colorectal cancer

SUBMITTED PRESENTATIONS: 9

CLEVELAND CLINIC COURSE IN COLORECTAL SURGERY Cleveland

November 18-19

RUPERT B TURNBULL MEMORIAL LECTURE:

M Killingback Sydney

Diverticulitis

COLONOSCOPY WORKSHOP St Vincent's Hospital, Melbourne

DEMONSTRATOR/LECTURER:

H Shinya Beth Israel Hospital New York

LETTER RACS (President E Durham Smith,)

December 21

REQUESTING A COPY OF THE CSSA TERMS OF REFERENCE

This letter understated the concern of the RACS Council regarding the emergence of a new surgical society. The Australian Orthopaedic Society had recently developed issues with the College to the extent that rumours of separation of orthopaedic surgeons from the RACS had circulated.

David Failes (President CSSA) responded to the letter with assurances that the CSSA anticipated a co-operative and complementary association with the College.

1989

HOW USEFUL IS PRE-OPERATIVE CT SCANNING IN STAGING RECTAL CANCER?

Concord Hospital: 80 patients 60 curative operations pub: January
 Results of staging: Correct: 14 Over-staged: 18 Under-staged: 28 Equivocal: 10

At present these results do not justify CT screening as routine.

Reference: Chapuis PH, Kos S, Bokey EL et al. ANZ J Surg. 1989. 59(1): 31-34

COLONOSCOPY COURSE St George Hospital, Sydney

DEMONSTRATOR/LECTURER:

H Shinya Beth Israel Hospital New York

ROYAL PRINCE ALFRED HOSPITAL COLORECTAL UNIT and DEPT/CR SURGERY

Surgeons (1989): BP Morgan (H/unit), AA Eyres, DC Glen, RH West

ST VINCENT'S HOSPITAL Melbourne COLORECTAL UNIT and DEPT/CR SURGERY

Surgeons (1989): B Collopy (H/unit), R Fink, J Mackay, R Woods

COMBINED IBD CLINIC (Surgical/Medical) commenced by J MacKay

During the 1980s, Peter Ryan's unit at St Vincent's Hospital Melbourne was mainly performing colorectal surgery. Peter Ryan retired in 1988 prior to the establishment of the unit. Reference: B Collopy

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Melbourne

GUEST SPEAKER: May 8-12

M Keighley Birmingham UK

KEYNOTE ADDRESS:*

Antibiotics in colorectal surgery***Clinical experience of Crohn's Disease in the United Kingdom****Anal Incontinence - which patients require an operation?****An overview of pouch problems****What's new in colorectal surgery?**

INVITED/SUBMITTED PRESENTATIONS: Aus/NZ: 42 UK: 5 USA: 2

LEEDS CASTLE POLYPOSIS GROUP meeting Worcestershire, UK June 15-17

INVITED SPEAKER: A Spigelman Sydney

Desmoid tumours and viruses**Gastro-duodenal adenomas in polyposis****TRIPARTITE MEETING** Birmingham

June 18-22

SECTION C/P RSM - ASCRS - SECTION C/R RACS

Named TRIPARTITE at this meeting by Birmingham Organising Committee*

Medical registrations: 349 UK: 162 USA: 65 Aus/NZ: 37

Podium presentations: 88 UK: 55 USA: 14 Aus: 7

SUBMITTED PRESENTATIONS: by Australians: 5 available

D King **Colonic transit time determined by radionuclide imaging in patients with constipation**

COLORECTAL SURGICAL SOCIETY of AUSTRALIA 1ST AGM Adelaide October 18
 Confirmation of Name of society
 President: David Failes, Vice President: Brian Collopy
 Executive: D Hoffman, M Killingback, S Levitt, J Mackay, G Newstead, R Stitz

CME SECTION C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Adelaide
 GUEST SPEAKER: M Corman Santa Barbara USA October 19-20
Colorectal update *Additional presentations not available*

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) ASM meeting November 11
 GUEST SPEAKER:
 H Abcarian Chicago USA
 EDWARD WILSON LECTURE:*
Civilian colonic trauma*
Management of the acute injury to the anal sphincter
Mucosal flap advancement for anal fistula
 INVITED SPEAKER:
 D Beard Adelaide
Wartime colonic injuries
 SUBMITTED PRESENTATIONS: 9

POST FRACS TRAINING Aus and NZ Trainee: No 1
 P Douglas completes year 1 G Newstead at POW Hospital
RECTAL CANCER booklet published by ESR Hughes.

PRINCE of WALES HOSPITAL COLORECTAL UNIT
 Evolved during the 1980s with two colorectal surgeons G Newstead and P Douglas

PRINCESS ALEXANDRA HOSPITAL, Brisbane COLORECTAL UNIT
 Surgeons (1989): A Bell, J Cohen (H/unit), B Miller, D Theile

1N THE PAST DECADE THESE SURGEONS CONVERTED THEIR PRACTICE to C/R SURGERY

| | | |
|-----------|-------------|------------|
| EL Bokey | W Hughes | G Newstead |
| P Chapuis | M MacNamara | R Stitz |
| P Douglas | A McLeish | D Tindal |

1990 TRANSRECTAL ULTRASOUND TO EVALUATE DIRECT TUMOUR SPREAD AND LYMPH NODE STATUS IN RECTAL CANCER JM Hinder pub: January
 Twenty-five patients evaluated prospectively, compared by operation and histology
 Direct spread: predicted accurately 20/25 (80%)
 Lymph node status: predicted in 16/20 (80%)
 Reference: Hinder JM, Chu J, Bokey EL et al. 1990. 60: 19-23

LAPAROSCOPIC COLORECTAL SURGERY: INTRODUCTION

Background: French surgeons in Lyon, P Mouret and J Perissat, were the pioneers of "percutaneous cholecystectomy". In Australia the first laparoscopic cholecystectomy was performed at the Austin Hospital 15.2.90, by D Fletcher, R Jones, and K Hardy. The procedure took 6 hours, mainly due to problems with equipment for insufflation.

At the Royal Brisbane Hospital **Russell Stitz performed a colectomy with IRA July 1991.** Within 18 months Adrian Polglase at Cabrini Hospital Malvern Victoria performed a laparoscopic colectomy IRA. A period of relatively untrained laparoscopic surgery subsequently occurred throughout Australia. This was encouraged by the instrument industry and individual surgeon's concern to acquire a new skill and not fall behind in the competitive profession of surgery.

COMBINED GE Meeting Royal Prince Alfred Hospital, Sydney February 21
 INVITED SPEAKER: A Spigelman London
Bile and polyps in FAP

COMBINED GE meeting Concord Hospital, Sydney February 26
 INVITED SPEAKER: A Spigelman London
The foregut in FA

POST FRACS TRAINING

Trainee **No 1** P Douglas completes year 2 of the program
 Trainee **No 2** A Hunter commences year 1 of the program

JAPAN SOCIETY of GASTROENTEROLOGY Nara Japan April
 GUEST PROFESSOR: G Newstead Sydney
Logical decisions in the investigations - management of non-urgent rectal bleeding

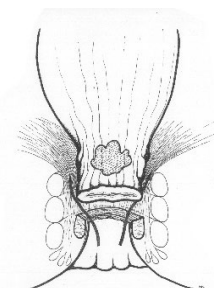
TRANSANAL INTERSPHINCTERIC DISSECTION FOR RECTAL CANCER 1979-1990

unpublished

M Killingback: A coloanal anastomosis was performed in six patients employing transanal intersphincteric mobilisation of the anal canal and lower rectum. All tumours were at 5cms.

The small series was discontinued, as post-operative continence was poor (possibly due to prolonged anal dilatation). The possibility of cell implantation was also a concern as the dissection was performed adjacent to an exposed cancer.

FU in 4/6 pts at 4yr+ No local recurrence



©mk

Intersphincteric dissection
Fig: 86

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Wellington NZ
 SECTION C/R VISITOR: May 13-18

L Smith Washington DC

AIDS and the colorectal surgeon

Ano-rectal physiology

SYMPOSIUM ON RECTAL CANCER:

J Jass New Zealand

GL Hill Auckland

L Smith Washington DC

EL Bokey Sydney

Staging rectal cancer

Surgical options

Rectal ultrasound

Morbidity and mortality in rectal resection - a prospective survey

PRESENTATIONS:

I Hamilton New Zealand

JRM Davidson Christchurch NZ

R Perry Christchurch NZ

Update on Crohn's Disease

Mucosal proctectomy in ileoanal pouch

Sphincteroplasty for anal sphincter injuries

| | | |
|------------|---------------|--|
| F Curran | New Zealand | UC in the anal canal in restorative proctocolectomy |
| Dr Stewart | New Zealand | Day Surgery in New Zealand |
| G Sinclair | Melbourne | Day Surgery in Australia |
| L Smith | Washington DC | Ambulatory ano-rectal surgery |

WESTMEAD HOSPITAL Meeting Sydney July
 INVITED SPEAKER: EL Bokey Sydney
Anorectal problems in young post-partum women

SURGICAL RESEARCH SOCIETY UK Southampton UK July 6
 INVITED SPEAKER: A Spigelman London UK
Relationship between rectal and duodenal polyposis in FAP

WORLD CONGRESS of COLOPROCTOLOGY WCCP Sydney August 27-September 1
 The WCCP comprised **3 Congresses** held at the Darling Harbour Convention Centre.
Gastroenterology Digestive Endoscopy Coloproctology (WCCP)
 WCCP executive: President M Killingback, Secretary G Newstead
 The program consisted of free papers and a postgraduate course (140 registrants)

STAGING LARGE BOWEL CANCER 1926-1990

- 1926** JP Lockhart Mummy, St Mark's, proposed an **alphabetical system of staging**
- 1932** C Dukes, St Mark's, converted the system to be based on examination of the **resected specimen without clinical input**
- 1952** Pierre Denoix introduced the **TNM staging**. Remained standard protocol in Europe
- 1967** R Turnbull introduced "**D**" **category (Dukes)** for distant and advanced local spread.
- 1970** R Turnbull R, M Pheils and R Newland (in Sydney) agreed the surgeon should have an important role in staging
- 1983** NC Davis and RC Newland. Terminology and classification of colorectal carcinoma. **The Australian clinico-pathological staging system.**
 Aust NZJ. Surg. 1983; 53: 211-21 (ACPSS)
- 1990** International Working Party on staging for CRCa and Rectum, (including PH Chapuis, O Dent and RC Newland), submits recommendations for **documentation and terminology**. The ACPSS is endorsed by the World Congress (WCGE) and NHMRC

© Surgery of the anus, anal canal and rectum.
 ESR Hughes. 1957 Livingstone Pty Ltd Frontispiece

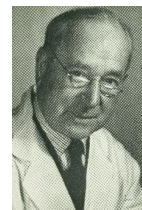


Fig: 87

**Cuthbert Dukes
 1890-1977**

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM Hamilton Island September 2-6
 Convener: G Newstead Sydney (following the World Congress meeting)
 International registrants from the World Congress of Coloproctology.

GUEST SPEAKER: S Goldberg Minneapolis USA

EDWARD WILSON LECTURE:

Education in colorectal surgery

PRESENTATIONS BY INTERNATIONAL VISITORS: 24

Austria 2, Brazil 1, Germany 1, Hong Kong 1, Italy 1, Japan 3, Spain 1, Sweden 1,
 UK 3, USA 10

PRESENTATIONS: BY AUSTRALIANS: 4

Day trip to Whitehaven Beach.



Neville Davis en route to Whitehaven Beach

Fig: 88 © mk



Winner of the Whitehaven sandcastle competition

Fig: 89 ©mk

QUALITY OF LIFE AFTER RESTORATIVE PROCTOCLECTOMY pub: September

P Anseline, Newcastle personal series 18 pts: chronic UC: 16 FAP: 2

Return to constant work 12/14

No longer restrictions on travel 8/11

No longer restricted sexual life 11/14

Patient's opinion of the QOL result:

Excellent/good: 12; Satisfactory: 4; Ileostomy preferred: 2

BRITISH SOCIETY of GASTROENTEROLOGY University of Southampton September 26

INVITED SPEAKER: A Spigelman London UK

Bile reflux and gastric adenomas in patients with FAP

INTERNATIONAL COLORECTAL SURGERY: AUSTRALIA'S CONTRIBUTION

The concept of greater communication and co-operation between various national colorectal societies was articulated by Graham Newstead in 1990 shortly after the World Congress of Coloproctology was held in Sydney. GN proposed the concept to the largest of the national societies (ASCRS) who embraced the idea and have since enthusiastically supported the initiation and activities of the **International Council of Coloproctology**. GN continues in the role of chairman co-ordinating the activities of **ICCP** and particularly in conjunction with the International Committee of ASCRS.

Some examples of ICCP functions are:

Establishing an ICCP Website and International Database of National Societies

Travel Scholarships and Exchange Fellowships

Provision of information and support on training

Advice and support to initiate or assist emerging societies G Newstead

ANORECTAL PHYSIOLOGY - PATHOLOGY WORKSHOP

October 31

St Vincent's Hospital Melbourne

INVITED SPEAKERS:

J Buls (Minneapolis), MA Kamm (London), DZ Lubowski (Sydney)

Report: ANZ J Surg. 1991. 61(11): 832-38

SESSILE ADENOMAS OF THE RECTUM: A PERSONAL SERIES

pub: November

AM Cuthbertson 1974-1984; 104 patients Clinically-obvious cancers were excluded

Size (longitudinal): 1-9cm Initial surgery: Local transanal diathermy excision

Malignancy: Size <3cm: 8% >3cm: **27%****Recurrence:** Benign: 8% Focus of cancer present: **33%**

Further surgery: Local excision: 3 Resection: 6

Reference: Tjandra J, Cuthbertson AM, Penfold. CANZ J Surg. 1990. 60(11): 883-86

1991 FIRST REPORT OF LAPAROSCOPIC GIT SURGERY IN THE ANZ J SURGERY

pub: April

Cholecystectomy in 18 of 25 attempts.

Conversions 7 Mean post-operative hospital stay: 1.4 days

Reference: Jones RM, Fletcher DR, MacLellan DG et al. ANZ J Surg. 1991. 61(4): 261-66

PROMOTING SKILL in LAPAROSCOPIC COLORECTAL SURGERY:

October 1991

The need for proper structured training was recognised by the Section C/R surgery and CSSA.

WORKSHOPS: The first **Laparoscopic Colorectal Workshop** and course in Brisbane

Demonstrators: J Lumley, A Stevenson, R Stitz

These workshops were established on a regular basis and were extended to other states as well as to Singapore, Hawaii and Thailand. Preceptor: R Stitz

Guidelines for laparoscopic colorectal surgery by Section CR Surgery/CSSA

PRESENTATIONS: Advanced laparoscopic techniques Sydney

December 1991

Invited Speaker: R Stitz

Brisbane

Laparoscopic subtotal colectomy with mini laparotomy**PUBLICATIONS:**

PJ Hewett, R Stitz:

The treatment of internal fistulae that complicate Diverticular Disease of the sigmoid colon by laparoscopically-assisted colectomy April 1995

RW Stitz, JW Lumley:

Laparoscopic resection for colorectal cancer: an Australian experience 1995**A RANDOMISED CONTROLLED TRIAL - ALCCaS** (Australia and New Zealand CSSA) was commenced to compare open versus laparoscopic resection of the colon.**Professional training and practice in laparoscopic colorectal surgery had begun.****TWO KINDS OF DIVERTICULITIS**

pub: 1991

P Ryan St Vincent's Hospital, Melbourne

Conclusions based on a retrospective study of 100 consecutive admissions for diverticular disease.

Two distinct clinical groups were identified:

Bleeding:

Older patients - no pain or fever - high density of diverticula
if resected: no evidence of perforation

Non-bleeding:

Younger patients - bowel symptoms - fewer diverticula

if resected: evidence of perforation 18/22 (free, localised or fistula)

References: Ryan P. Hunterian Lecture Royal College of Surgeons of England, September 2, 1986

Ryan P. Two kinds of Diverticulitis. 1991 Annals. Surg Royal Coll Surg 73: 73-79

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS GSM Sydney

GUEST SPEAKER: May 5-10

Z Cohen Toronto Canada

Diverticulitis: Techniques of anastomosis and reconstruction

The treatment of malignant polyps

Inflammatory Bowel Disease and cancer

SUBMITTED PRESENTATIONS: Aus: 24 UK: 1

LEEDS CASTLE POLYPOSIS GROUP Fort Lauderdale, USA

May 9-11

INVITED SPEAKER: A Spigelman London UK

Pharmacology and treatment in FAP

RACS MEDAL AWARDED to: RH West, RPAH Sydney

ASCRS MEETING Boston USA

May 13-17

INVITED SPEAKER: M Killingback Sydney

HARRY E BACON MEMORIAL LECTURE: **Circular staple stenosis**

INTERNATIONAL COLLEGE of SURGEONS ASM London

May 31

INVITED SPEAKER: A Spigelman London UK

What's new in colorectal cancer?

PAEDIATRIC COLORECTAL meeting Prince of Wales Hospital

June

INVITED SPEAKER: G Newstead Sydney

IAA pouches in children

ADENOMA-CARCINOMA SEQUENCE OF THE LARGE BOWEL

pub: June

St Vincent's Hospital Melbourne

Histological examination of 55 removed neoplasms showed histological gradations consistent with the adenoma-carcinoma sequence.

Reference: Adachi M, Ryan P, Collopy B et al. ANZ J Surg. 1991. 61(6): 409-14

PNEUMATOSIS CYSTOIDES INTESTINALIS: HYPERBARIC OXYGEN TREATMENT

8 patients treated with 11 courses of hyperbaric oxygen therapy 1980-1986

Results: pub: June

Immediate symptomatic response 8; Early recurrence 7; Long-term cure 4

Treatment should continue until cyst resolution occurs.

Reference: Grieve DA, Unsworth IP. ANZ J Surg. 1991. 61(6): 423-26

FIRST LAPAROSCOPIC COLON RESECTION in Australia

July

R Stitz Royal Brisbane Hospital

Colectomy ileorectal anastomosis for megacolon

FOUNDATION CHAIR OF COLORECTAL SURGERY University of Sydney September
First Chair of Colorectal Surgery in Australia at Concord Hospital

EL Bokey appointed

| | |
|---|-------------|
| Fellow Colorectal Surgery Sydney Hospital | 1976 |
| Senior Registrar St Barts London (I Todd) | 1977 |
| Research Assistant N Kock Goteborg | 1978 |
| Int. Scholar Dept. C/R Surgery Cleveland Clinic | 1979 |
| Senior Lecturer Concord Hospital Uni. Sydney | 1984 |
| Associate Professor Concord Hospital Uni. Sydney | 1987 |
| Professor Colorectal Surgery Concord Hospital | 1991 |
| Founding Professor Surgery Liverpool Hospital | 2010 |

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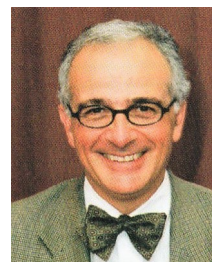


Fig: 90

EL Bokey AM

RACS - NSW STATE COMMITTEE meeting Sydney

September 21

VISITING SPEAKER: V Fazio Cleveland Clinic USA

GRAHAM COUPLAND LECTURE:

Surgical trends in Inflammatory Bowel Disease

INVITED SPEAKER: G Newstead Sydney

Metaplastic polyposis

JOHN HUNTER HOSPITAL, Newcastle COLORECTAL UNIT,

Surgeons (1991): P Ansiline (H/unit), M Agrez

HORNSBY HOSPITAL NSW (Suburban Non-Teaching Hospital)

Appoints a second colorectal surgeon, M MacNamara

POST FRACS TRAINING

Trainee: (year 2) A Hunter

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSA Brisbane

GUEST SPEAKER: S Nivatvongs Mayo Clinic USA October 23

Presentations not available

CSSA CONSENSUS MEETING - FOLLOW UP C/R CANCER Brisbane October 24-25

GUEST SPEAKER: O Kronborg Denmark

Comment/Discussion: No formal presentation by the guest speaker.

Reference: Collopy BT. Med J Aust. 1992. 157: 633-34

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM

November 1

GUEST SPEAKER:

A Gerard Brussels

EDWARD WILSON LECTURE:*

Hepatic artery ligation or embolism and locoregional chemotherapy for liver metastases*

Adjuvant radiotherapy: rectal cancer

Sphincter-saving procedures

INVITED SPEAKERS:

G Clunie Melbourne

Adjuvant therapy

D Morris Sydney
Liver metastases: cryotherapy
 SUBMITTED PRESENTATIONS: 7

AUSTRALIAN GASTROENTEROLOGICAL INSTITUTE Melbourne November
 INVITED SPEAKER: EL Bokey Sydney
Surgical management of Crohn's Disease

UNIVERSITY of LYON Dept. Surgery France November
 GUEST SPEAKER: EL Bokey Sydney
Morbidity and mortality following resection of Colorectal Cancer

MIDLANDS SURGICAL SOCIETY LECTURESHIP Birmingham UK November 18-23
 HARRY YOUNG GUEST LECTURER:
 M Killingback Sydney
 PRESENTATIONS: 8 hospitals in Birmingham area *Titles abbreviated*
Rectal prolapse **Large rectal polyps**
Local excision rectal cancer **Presacral drainage** **Stapled stenosis**

WEST MIDLANDS SURGICAL SOCIETY LECTURE: Birmingham General Hospital UK
 M Killingback Sydney
Sphincter-saving surgery

SECTION COLOPROCTOLOGY ROYAL SOCIETY MEDICINE London November 27
 FREDERICK SALMON LECTURE:
 M Killingback Sydney
Surgical pathology and elective surgery of Diverticular disease

ADVANCED LAPAROSCOPIC TECHNIQUES Sydney December
 INVITED SPEAKER: R Stitz Brisbane
Laparoscopic subtotal colectomy - mini laparotomy

1992 LILLEHEI HOSPITAL PENNSYLVANIA USA Meeting February 17
 JOHN MORGAN GUEST PROFESSOR
 M Killingback :
Elective Surgery of Diverticular Disease

CLEVELAND CLINIC COURSE C/R SURGERY Fort Lauderdale February 20-22
 GUEST SPEAKER: M Killingback Sydney
The splenic flexure
Diverticulitis
Rectal prolapse *Titles abbreviated*

MOUNT SINAI HOSPITAL Toronto Canada February 24-26
 GUEST SPEAKER: M Killingback Sydney
Sphincter-saving surgery
Large rectal polyps
The blood supply of the left colon: surgical aspects

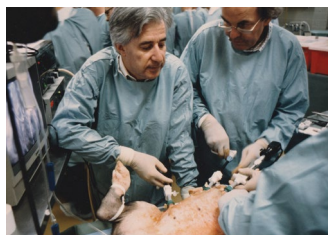
CSSA LAPAROSCOPIC SURGERY WORKSHOP Vet. School Sydney March 21-22
 Convener: G Newstead Demonstrator: R Stitz © CSSANZ



R Stitz, R Woods

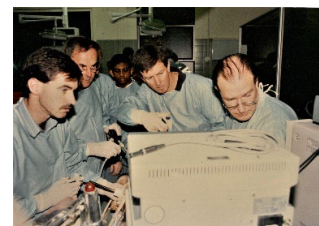
© CSSANZ (3)

Fig: 91



G Newstead, D Hoffmann

Fig: 92



A Hunter, D Hoffmann,
J Sweeney, J Young

Fig: 93

RECTAL PROLAPSE - DELORME OPERATION FOR FRAIL PATIENT: pub: March

R Stitz Royal Brisbane Hospital 1983-1989; 33 patients

Delorme's Operation: 17 pts median age: 67.5yr frail, high risk

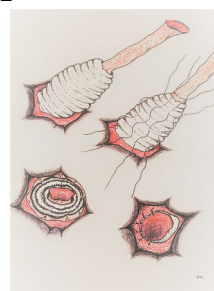
Ripstein's Operation: 16 pts median age: 53yr

Reference: White S, Stitz RW. ANZ J Surg. 1992. 62(3): 193-95

DELORME'S OPERATION FOR RECTAL PROLAPSE



Edmond Delorme
1847-1929
Operation for prolapse
c 1900
Fig: 94



Operation
Dissect-excise mucosa
Int sutures - muscle
imbrication - muscle
suture mucosa

Fig: 95
© mk 1992

Reference: Delorme E. Sur le traitement des prolapsus du rectum totaux par l'excision de la muqueuse rectale ou rectal- colique. Bulletin et Memoires de la Societe des Chirurgiens de Paris. 1900. 26: 499-518

HARTMANN'S PROCEDURE FOR CARCINOMA OF THE RECTUM AND SIGMOID COLON

Concord Hospital pub: March
Hartmann's operation in 4.4% of 1,063 patients with cancer of rectum or sigmoid.

Indications: Obstruction, perforation

Comorbidity: Elderly, unfit, advanced local disease, distant metastases

References: Adams WJ, Mann LJ, Bokey EL et al. ANZ J Surg. 1992. 62(3): 200-3

Hartmann H. Nouveau procede d'ablation des cancers de la partie terminale du colon pelvien. Congres Francais de Chirurgia. 1923. 30: 2241

Henri Hartmann
1860-1952



Operation published 1923

Fig: 96
© Francais de Chirurgia 1923.

AUSTRALIAN GASTROENTEROLOGICAL INSTITUTE Sydney

INVITED SPEAKER: EL Bokey

Sydney

April

Bowel cancer

ENDOSURGERY SOCIETY of WESTERN AUSTRALIA Perth April
 INVITED SPEAKER: R Stitz Brisbane
Anterior resection

SINGLE DOSE CEFTRIAZONE AS PROPHYLAXIS FOR SEPSIS IN COLORECTAL SURGERY

Royal Brisbane Hospital RCT: 3 regimens compared; 280 patients assessed
 Overall incidence of wound infection: 7.9% No difference in the three groups.

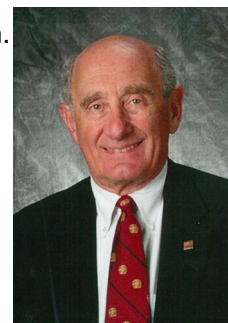
Single dose of ceftriazone is safe and effective.

Reference: Lumley JW, Siu SK, Rllay SP et al. ANZ J Surg. 1992. 62: 292-96 pub: April

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - GSM Canberra May 11

Honorary FRACS conferred on S Goldberg Minneapolis

Clinical Professor, Division of Colorectal Surgery University of Minnesota.
 A significant supporter of Australian surgeons seeking training positions in USA. He has also created unique lectureship opportunities in Minneapolis for senior Australian surgeons which has assisted in introducing Australian colorectal surgery to the United States as well as internationally. It is fortunate that colorectal surgery in Australia has this link with Professor Goldberg.



Stan Goldberg

Fig: 97

© Diseases of Colon Rectum 2021

RACS FOUNDATION SPEAKER: **RACS GSM** Canberra
 J Northover St Mark's Hospital UK

Current status of adjuvant therapy for colorectal cancer:

US and UK perspectives

Follow up after surgery for colorectal cancer

Aetiology and management of anal cancer

Surgical techniques in the management of faecal incontinence

INVITED SPEAKER: S Goldberg

Surgical management of trans-sphincteric fistulas

The failed pouch

SUBMITTED PRESENTATIONS: Aus: 22

ASCRS MEETING San Francisco June

INVITED SPEAKER: EL Bokey Sydney

Morbidity and mortality following resection of colon and rectal cancer

ST GEORGE HOSPITAL Kogarah NSW **COLORECTAL UNIT,**

Surgeons (1992): D King (H/unit), D Lubowski

POST FRACS TRAINING Trainee: (year 2) 1 J Keck

ROYAL NORTH SHORE HOSPITAL Annual Clinical Week Sydney August

INVITED SPEAKER: EL Bokey Sydney

Expectations of laparoscopic colon resection

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Melbourne

GUEST SPEAKER: D Jagelman Cleveland Clinic USA September 3-4

Colorectal disease in 1992

DIVISION C/R SURGERY UNIVERSITY of MINNESOTA COURSE Minneapolis

GUEST SPEAKER: EL Bokey Sydney September

CRCa: morbidity, mortality, survival*Titles abbreviated***Local recurrence cancer rectum****Diverticular Disease****ROYAL AUSTRALIAN COLLEGE of RADIOLOGISTS meeting** Surfers Paradise

INVITED SPEAKER: R Stitz Brisbane October 3

The management of anal carcinoma**Surgery for rectal carcinoma****PERINEAL PROCTECTOMY FOR RECTAL PROLAPSE IN THE ELDERLY AND DEBILITATED**

A Polglase Cabrini Hospital Malvern pub: October

16 patients; mean age 81yr: all with significant medical conditions.

Operation: Per anal resection of redundant rectum-sigmoid - per anal anastomosis

No mortality; minimal morbidity Continence: improved in 7; worsened 1; unchanged 8

Reference: Thorne MC, Polglase AL. ANZ J Surg. 1992. 62(10): 791-94

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM

November 21

GUEST SPEAKER: R Stitz Brisbane

EDWARD WILSON LECTURE:*

Techniques in laparoscopic colorectal surgery***Laparoscopic colorectal surgery - scope and equipment****Problem pouches: intra-operative problems**

INVITED SPEAKERS:

M Coleman Sydney **Laparoscopic surgery - future**C Fung Sydney **Genetic implications of bowel cancer**S Levitt Nedlands **Laparoscopy surgery: cost and community benefits**

SUBMITTED PRESENTATIONS: 5

ACUTE DIVERTICULITIS TREATED BY URGENT SURGERY 1983-1992

M Killingback: Retrospective study: a survey of 7 Sydney Teaching Hospitals

Patients: **232** Female: 129; Males: 103

Surgeons: 78 (46 operated on 2pts or less in 10y)*

| Operation: | N | (%) | Deaths (%) |
|---------------|------------|--------|------------------|
| Lap/colostomy | 21 | (9.0) | 9 (42.9) |
| Hartmann's | 165 | (70.8) | 28 (17.0) |
| Resect/anast | 17 | (7.3) | 4 (23.5) |
| Various | 30 | | |
| Total | 203 | | 41 (20.2) |

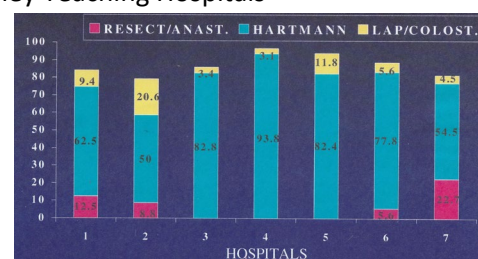


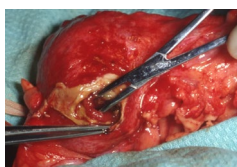
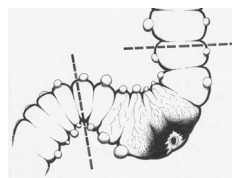
Fig: 98 © mk

High mortality related to multiple factors:

eg :Age, severity of infection, comorbidity, operation selection

*The experience of many individual surgeons was minimal

Reference: Killingback M. University of Minnesota Course - Division Colorectal Surgery. September 7 2000

© mk
perforation
Fig: 99© mk
Resection can be limited.
Fig: 100

1993 HEREDITY, MOLECULAR GENETICS AND COLORECTAL CANCER pub: February
Recent clinical evidence suggests that a significant proportion of colorectal cancer may involve an inherited genetic susceptibility. Molecular genetic study of colorectal adenomas and carcinomas has led to a proposed genetic model of colorectal tumourogenesis, which involves interactions between oncogenes and tumour suppressor genes.

Reference: Brewer DA, Bokey EL, Fung C, Chapuis PH. ANZ J Surg. 1993. 63(2): 87-94

INTERNATIONAL SOCIETY for PREVENTITIVE ONCOLOGY Nice March 17-19
INVITED SPEAKER: A Spigelman London UK
Sulindac and intestinal polyps: a randomised controlled trial

CSSA LOGO

| | |
|--------------------------------|--------------------------|
| Green - gold | Australian colours |
| Wattle | National flora |
| Wattle entwined around scalpel | Medical emblem |
| Circle of staples | Contemporary C/R surgery |

©mk

March

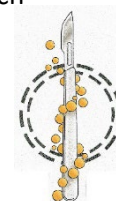


Fig: 101

CHRISTCHURCH SURGICAL GROUP Meeting Christchurch April
INVITED SPEAKER: EL Bokey Sydney
Adjuvant therapy for colorectal cancer
Laparoscopic colon resection

WESSEX CLINICAL GENETICS SERVICE - ASSOC of COLOPROCTOLOGY GBI
INVITED SPEAKER: A Spigelman London UK April 16
Problems of the duodenum in FAP

AUCKLAND GENERAL HOSPITAL Meeting Auckland April 24
INVITED SPEAKER: R Stitz Brisbane
Rectal prolapse
Laparoscopic colorectal surgery

ANNUAL ASCRS meeting Chicago May 3
INVITED SPEAKER:
R Stitz Brisbane
HARRY E BACON LECTURE:
Ileo-anal reservoir - mucosectomy and function can be compatible

COUNCIL RACS: FELLOWS NOW ELIGIBLE TO BE GUEST FOUNDATION
LECTURERS AT GSM - ASC MEETINGS

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Adelaide
GSM renamed : **ANNUAL SCIENTIFIC CONFERENCE ASC** May 9
FOUNDATION LECTURER: *
M Killingback Sydney
Sphincter saving surgery* **Local excision of rectal cancer**
Right hemicolectomy **Evaluation of the Ripstein's Rectopexy**
Haemorrhoidectomy

FOUNDATION PRESENTATIONS: (MK) Perth, Hobart

Elective operation for diverticulitis **Mobilising the splenic flexure**
Haemorrhoidectomy **Large rectal polyps**

POST FRACS TRAINING

CSSA becomes a member of **Training Accreditation Committee (TAC)**

Trainee: **(year 2)** **1** P Stewart

VALTRAC BAR RING ANASTOMOSIS: LAPAROSCOPIC RIGHT HEMICOLECTOMY

A Polglase, Cabrini Hospital Malvern 8 patients pub: June

End: end anastomosis with biofragmentable anastomotic ring

No anastomotic complications

Despite results being satisfactory, the technique was not widely adopted.

Reference: Polglase AL, Skinner SA, Johnson WR. Laparoscopic-assisted right hemicolectomy with Valtrac Bar: ileotransverse anastomosis.

ANZ J Surg. 1993. 63(6): 481

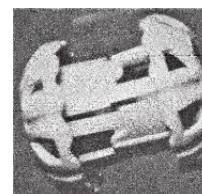


Fig: 102

Valtrac Bar Ring

© RACS Wiley 1993 ANZJS

June

ST VINCENT'S HOSPITAL SYDNEY meeting

INVITED SPEAKER: EL Bokey Sydney

Sphincter saving surgery

ISRAELI COLORECTAL SURGEONS Tel Aviv, Israel meeting

GUEST PROFESSOR: EL Bokey Sydney

Morbidity-mortality resection C/R Cancer

Laparoscopic C/R surgery

June

MAASTRICHT CONTINENCE GROUP Netherlands

INVITED SPEAKER: EL Bokey Sydney

Dynamic Anal Graciloplasty

June

QUEEN MARY HOSPITAL, Hong Kong

INVITED SPEAKER: EL Bokey Sydney

Laparoscopic surgery

June

ST MARK'S ASSOCIATION ANNUAL MEETING, London

INVITED SPEAKER: A Spigelman London UK

Intestinal cancer and carcinogen exposure

June 25

SPECIALIST RECOGNITION FOR COLORECTAL SURGERY

The CSSA applied to the **National Software Quality Assurance Centre (NSQAC)** for recognition but the application was refused as necessary support from RACS was not forthcoming.

FIRST COLORECTAL SURGEON in TASMANIA at Royal Hobart Hospital

J Oakley, (ex Cleveland Clinic and Royal Adelaide Hospital)

- ENDOSURGERY - STATE OF THE ART meeting** Hamilton Island July 6-8
 INVITED SPEAKER: R Stitz Brisbane
Informed consent in laparoscopic colorectal surgery
A-P Resection
Segmental and total resection of the colon *Titles abbreviated*
- GRAHAM COUPLAND LECTURE:** RNS Hospital Sydney July
 INVITED SPEAKER: EL Bokey Sydney
Value of laparoscopic surgery
- ASIAN PACIFIC CONGRESS of ENDOSURGERY** Singapore August 7-12
 INVITED SPEAKER: R Stitz Brisbane
Laparoscopic resection of cancer - controversial or not
- DIVISION OF C/R SURGERY UNIVERSITY OF MINNESOTA COURSE** Minneapolis
 INVITED SPEAKER: M Killingback Sydney August 20
Sphincter-saving surgery - morbidity
- CLEVELAND CLINIC Department of Colorectal Surgery** Cleveland August 23
 INVITED SPEAKER: M Killingback Sydney
Sphincter-saving surgery - morbidity
- GE SOCIETY of AUSTRALIA meeting** Melbourne September 8
 INVITED SPEAKER: R Stitz Brisbane
Laparoscopic surgery - anterior resection
- ROYAL PERTH HOSPITAL Colorectal meeting** September 22-24
 INVITED SPEAKER: R Stitz Brisbane
Laparoscopic colorectal surgery
Rectal cancer
Inflammatory bowel disease *Titles abbreviated*
- ST VINCENT'S HOSPITAL Melbourne CENTENARY WEEK** October 4-6
 GUEST SPEAKER: J Buls Minneapolis (ex St Vincent's Hospital)
- TRIPARTITE MEETING:** Sydney October 18-21
SECT. C/R SURGERY RACS - CSSA - SECT. COLOPROCT RSM - ASCRS
 Convener: G Newstead Sydney
 Medical Registration: 311 Aus: 130 USA: 48 UK: 37 NZ: 10 Other nations: 43
 Podium Presentations: 88 UK: 29 Aus/NZ: 28 USA: 25 Other nations: 6
 SYMPOSIUMS:
 DAVID JAGELMAN SYMPOSIUM:
 S Baba **The FAP gene**
 C Fung **Genetic implications**
 R McLeod **Screening for colon cancer in high risk groups**
 P Finan **Endoscopic screening moderate risk patients**
 M Schnitzler **Genetic screening beyond 2000**

- MANAGEMENT OF THE MALIGNANT COLORECTAL POLYP** April
 Royal Adelaide Hospital: 54 patients over a ten-year period
 Study: Polyps with a focus of cancer (macroscopic polypoid cancers excluded)
 Specimen should be a complete "biopsy" not piecemeal
Poorly diff. -> **resection** (LN +ve 3.3%)
Pedunculated >35mm -> **resection**
Sessile >15mm -> **resection**
 The only significant predictor of an adverse outcome was a histologically incomplete excision.
 Reference: Moore JWE, Hoffmann DC, Rowland R. ANZ J Surg. 1994; 64(4): 242-46
- RECTAL CANCER IN VICTORIA: PATTERNS OF MANAGEMENT in 1994** April
 Retrospective survey of 726 pts; 166 surgeons
 Liver CT or US: 221 (32.5%) Transrectal US: 3
 Radiotherapy/adjuvant chemotherapy less than current practice
 Surgery 681 (93.8%) Curative 483 (70.9%)
 Reference: FarmerKC, PenfoldC, MillarJ etal. ANZ Surg. 2002. 72(4): 265-70
- SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC** May 1-6
 R McLeod Toronto Canada Hobart
 FOUNDATION LECTURE:
Prevention of recurrent Crohn's Disease following resection*
Pouch surgery
Quality of life with a stoma
Minimal surgery in Crohn's Disease
What's new in Familial Adenomatous Polyposis?
 SUBMITTED PRESENTATIONS: Aus/NZ: 49
- INTERNAT. SOC. UNI. C/R SURGEONS (ISUCRS) meeting** Singapore May
 INVITED SPEAKER: G Newstead Sydney
International CME in colorectal surgery
- ANNUAL ASCRS Meeting** Orlando Florida May
 GUEST SPEAKER:
 G Newstead Sydney
 HARRY E BACON LECTURE:
Spectrum of incomplete mucosal prolapse
- ROYAL PRINCE ALFRED HOSPITAL Seminar** May
 INVITED SPEAKER: EL Bokey Sydney
Haemorrhage beyond the DJ flexure
- POST FRACS TRAINING**
Trainees: (year 2) 3 P Hewett, A Meagher, J Moore
- ST GEORGE HOSPITAL Colorectal meeting** Kogarah June
 INVITED SPEAKER: EL Bokey Sydney
Crohn's Disease

DOES POLYPECTOMY REDUCE THE INCIDENCE OF COLORECTAL CANCER?

AP Meagher St Vincent's Hospital Sydney: single surgeon series pub: June
1974-1991: 645 pts underwent colonoscopic removal of adenomatous
polyps and attended at least one FU colonoscopic examination.

RISK of CANCER

The general population incidence of cancer is **3.75** per 2,847 person-years

Literature analysis: patients with adenomas **9.4** per 2,847 person-years

The incidence of cancer in above series (645 pts) was **3.0** per 2,847 person-years

This study suggests that polypectomy does reduce the incidence of colorectal cancer

Reference: Meagher AP, Stuart M. ANZ J Surg. 1994. 64(6): 400-404

SCREENING FOR CRC - IMMUNOCHEMICAL TEST FOR FOB: SOUTH AUSTRALIAN STUDY

Evaluation of first 2 years of the study pub: July

Participants: 6,208 Results: adenomas 99; cancer 24

For CRCa Sensitivity 82.8% specificity 95.9%

Reference: Weller D, Thomas D, Hiller J et al. ANZ J Surg. 1994. 64(7): 464-69

INTERNAT. SOCIETY. UNI. C/R SURGEONS (ISUCRS) Meeting Singapore July

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic colorectal surgery

Right hemicolectomy

STAFF COLORECTAL SURGEON APPOINTMENT ST VINCENT'S HOSPITAL Sydney

AP Meagher appointed

1992 completed post FRACS 2yr colorectal program

1993 Academic Fellow in Colorectal surgery at Mayo Clinic

ADVANCED COURSE in SURGERY QUEEN MARY HOSPITAL Hong Kong July

GUEST PROFESSOR:

EL Bokey Sydney

Titles abbreviated

Excision C/R Ca: morbidity mortality Laparoscopic C/R surgery

Rectal Ca: Options results Stoma complications Villous tumours rectum

ICHILOV HOSPITAL Combined GE meeting Tel Aviv Israel July 27

INVITED SPEAKER: A Spigelman London UK

Conclusions from five years research into pathogenesis of intestinal adenomas in FAP

PELVIC EXENTERATION UNIT: ROYAL PRINCE ALFRED HOSPITAL July 31

First pelvic exenteration in Dept of Colorectal surgery: M Solomon

RECENT ADVANCES C/R SURGERY Meeting Prince of Wales Hospital Randwick

INVITED SPEAKER: EL Bokey

Sydney

August

Laparoscopic colectomy

WORLD CONGRESS of COLOPROCTOLOGY Los Angeles September 15

INVITED SPEAKER: M Killingback

Sydney

Surgery of diverticulitis

Benign anorectal disease

GLYCERYL TRINITRATE DECREASES ANAL CANAL PRESSURE?**A CHEMICAL SPHINCTEROTOMY**

A trial of local application of 0.2% glyceryl trinitrate to the anus was conducted in 20 patients. Maximum Resting pressure (a function of the internal sphincter) was found to be reduced by a mean of 27%.

This therapy may be appropriate for anal fissure and other painful anal pathology.

Reference: Loder PB, Kamm MA, Nicholls RJ, Phillips RK. Reversible chemical sphincterotomy by local application of Glyceryl Trinitrate. Br J Surg. 1994. 81: 1386-89

AUSTRALIAN GE WEEK SYMPOSIUM: Sydney September

INVITED SPEAKER: EL Bokey Sydney

Colorectal cancer: pre-operative assessment and new surgical developments

ROYAL MELBOURNE HOSPITAL ADVANCED COURSE IN C/R SURGERY

GUEST SPEAKER: J Milsom New York October 22

Controversies in colorectal surgery

AUSTRALIA ENDOSURGERY CONGRESS (E.L.S.A.) Perth October

VISITING SPEAKER:

R Stitz Brisbane

Rectopexy

Technical aspects in adenoma and carcinoma surgery

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS McLaren Vale SA

GUEST SPEAKER: November 11

R Phillips St Mark's Hospital London *Titles not available*

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM November 12

GUEST SPEAKER: P Gordon Montreal Canada

EDWARD WILSON LECTURE:*

Stapling in colorectal surgery - pitfalls and complications*

Ambulatory anorectal surgery: what can be done?

Rectovaginal fistula

INVITED SPEAKERS:

C Farmer Melbourne **Aspirin and colorectal cancer**

D Hoffmann Adelaide **Malignant polyps**

JM Little Sydney **Publish and perish**

J Moore Adelaide **Sulphur and ulcerative colitis**

SUBMITTED PRESENTATIONS: 7

SQUAMOUS CELL CARCINOMA OF THE ANAL CANAL -**CONSERVATIVE MANAGEMENT**

pub: November

Peter MacCallum Cancer Institute 1980-1989; 62 patients treated with curative intent 34 patients treated with radiotherapy + chemotherapy (FU + Mitomycin-C). Treatment well tolerated. **Complete response: 77%**; 5-year failure-free survival: 67%

Should be considered as the initial treatment for anal canal carcinoma.

Reference: Basser RL, Smith JG, Worotniuk V et al. ANZ J Surg. 1994. 64(11): 754-8

- GEORGE WASHINGTON UNIV. MEDICAL CENTER** Washington DC November
 DAVID STERN LECTURE:*
 GUEST SPEAKER:
 EL Bokey Sydney
Laparoscopic surgery for Inflammatory Bowel Disease*
Laparoscopic surgery for colorectal neoplasms
- 1995 CLINIC COLORECTAL COURSE** Fort Lauderdale February
 GUEST SPEAKER: EL Bokey Sydney
Colonic Crohn's Disease
Laparoscopic R hemicolectomy
Laparoscopic surgery for cancer? Justified *Titles abbreviated*
- CREDENTIALLING OF C/R SURGEONS CSSA meeting** Sydney March 4
 GUESTS: D Theile (PRACS), B Dooley (Censor in Chief RACS), V Fazio (USA)
No progress was achieved in the credentialing of colorectal surgeons.
- In answer to a question from M Killingback, President Theile stated that he was not in favour of a specific specialist classification for those surgeons practising colorectal surgery exclusively.
- RECTAL CANCER CONSENSUS:**
- BEST PRACTICE CSSA meeting** Sydney March 5
 GUEST: V Fazio Cleveland Clinic USA
 Reference: Management Rectal Cancer: Best Practice - CSSA Recommendations.
 Chapuis PH, Killingback MJ, Anseline PF et al. ANZ J Surg. 1996. 66(8): 508-14
- SEMINAR IN OPERATIVE COLORECTAL Surgery** March 10
 Queen Elizabeth Hospital Adelaide
 INVITED SPEAKERS:
 V Fazio (Cleveland Clinic), M Franklin (San Antonio), R Stitz
 Presentations: V Fazio*, M Franklin* *Title of topics not available**
 R Stitz Brisbane
Surgical treatment of constipation
The ileoanal pouch
Perineal disease
- SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC** Perth
 GUEST SPEAKER: May 7-12
 D Schoetz Lahey Clinic Boston
 FOUNDATION LECTURE:*
The ileo-anal pouch: the Lahey Clinic experience*
Congenital anomalies of the anorectum
Perineal proctosigmoidectomy
Rectovaginal fistula
Retrorectal tumours
Perineal proctosigmoidectomy *(Video Demonstration)*

INVITED LECTURES:

D Gotley Brisbane **The search for the colon cancer gene**
 F Seow-Choen Singapore **The colon-pouch –
 improving function after low anterior resection**
 D Carter Edinburgh UK **Improving outcomes in colorectal cancer
 Can the surgeon make a difference?**

SUBMITTED PRESENTATIONS: Aus/NZ: 32 UK: 1 USA: 1 Singapore: 1

ALFRED HOSPITAL Melbourne **COLORECTAL UNIT**
 Surgeons (1995): I Cunningham (H/unit), C Farmer, R Wale

BOX HILL HOSPITAL Melbourne **COLORECTAL UNIT**
 Surgeons (1995): J Mackay (H/Unit), J Kek, JR Woods

LEEDS CASTLE POLYPOSIS GROUP (6th meeting) Toronto May 25-27
 INVITED SPEAKER: A Spigelman London UK
Photodynamic therapy for polyps in FAP

ASIAN FEDERATION of COLOPROCTOLOGY Seoul South Korea June
 GUEST SPEAKER: G Newstead Sydney
Office proctology: management of mucosal prolapse

ASIAN PACIFIC CONGRESS of ENDOSCOPIC SURGERY
 Hong Kong June 19-23
 INVITED SPEAKER: R Stitz Brisbane
Laparoscopic colon resection

POST FRACS TRAINING (Aus and NZ)
Trainees: (year 2) 2 W Adams, F Chen

CROHN'S DISEASE: THE EXPERIENCE OF A COLON AND RECTAL DEPARTMENT
 St Vincent's Hospital Melbourne 1978-1994 306 patients pub: August
 Small bowel: 32.3%; Small bowel + colon: 26.5%; Colon: 39.9%; Anal only: 1.6%
 Abdominal operations: **416 on 204 patients**
Recurrence requiring surgery: 30%
 Reference: Platell C, Mackay J, Collopy B et al. ANZ J Surg. 1995. 65(8): 570-75

LONGER TERM RESULTS OF INTERNAL ANAL SPHINCTEROTOMY pub: August
 Cabrini Hospital Malvern 98 patients Average follow up: 41 m
Results: Satisfaction 97% Symptomatic improvement: 90%
 Minor impairment of continence: 18%
 Reference: Usatoff V, Polglase AL. ANZ J Surg. 1995. 65(8): 576-78

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Sanctuary Cove
 GUEST SPEAKERS: September 7-8
 B Wolff Mayo Clinic *Presentations not available*
 G Newstead Sydney
Rectal cancer outcomes

CLEVELAND CLINIC Ohio USA September
 GUEST SPEAKER: G Newstead Sydney
Incomplete mucosal prolapse

RACS NSW STATE COMMITTEE meeting Sydney September
 INVITED SPEAKER: G Newstead Sydney
Ambulatory surgery: Minor ano-rectal procedures

COLORECTAL SURGERY COURSE Bali Indonesia September 25-30
 Convener: Hans Kuijpers Netherlands
 GUEST SPEAKERS:
 D Bartolo UK, J Fleshman USA, M Keighley UK, M Killingback Aus,
 H Kuijpers Netherlands, N Williams UK, B Wolff USA

PRIMARY RESECTION-ANASTOMOSIS OF OBSTRUCTED LEFT COLON CANCER

Royal Perth Hospital retrospective study; 70 pts pub: October

| | N | Mortality | W. infection | LOS |
|---------------------------------|----|-----------|--------------|-----------|
| Colostomy - staged resection | 34 | 5 | 44% | 36 days |
| Primary resection - anastomosis | 36 | 2 | 20% | 16.5 days |

Primary resection and anastomosis can be performed with relative safety

Reference: Tan SG, Nambiar R. ANZ J Surg. 1995. 65(10): 714-16

POST-OPERATIVE CHEMORADIATION FOR RECTAL CARCINOMA – MORBIDITY

St Vincent's Hospital Melbourne pub: October
 1990-1993; 20 patients Stage B and C Follow up mean: 32.6 mths
 Mortality: nil
 Morbidity: nil 3 minor 10 major 7 (35%)

These early results highlight the morbidity of post-op. adjuvant chemoradiotherapy.

Reference: Chen FC, Mackay JR, Woods RJ et al. ANZ J Surg. 1995. 65(10): 732-36

COLORECTAL UPDATE FORUM Singapore General Hospital October
 VISITING PROFESSOR: R Stitz Brisbane

Treatment of colorectal cancer

Laparoscopic colorectal surgery - an overview

What is the controversy with laparoscopy for colorectal cancer?

Laparoscopic anterior resection and abdomino perineal resection - technical tips

Who should perform laparoscopic colorectal surgery?

Laparoscopic colorectal surgery- the way.

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM November 11

GUEST SPEAKER:

HS Goh Singapore

EDWARD WILSON LECTURE:*

Practical implications of molecular genetics in colorectal surgery*

Colonic J Pouch

Bowel function after resection

INVITED SPEAKERS:

J Moore Adelaide

Laparoscopic surgery: its place in 1995?

D Schache Brisbane
Rectal excision: what are the correct planes?

SUBMITTED PRESENTATIONS: 6

GIT MEETING ANU Canberra November
 KERRY GOULSTON LECTURE:
 VISITING SPEAKER: EL Bokey Sydney
Laparoscopic colorectal surgery

1996 ANAL PATHOLOGY IN PATIENTS WITH CROHN'S DISEASE pub: January

St Vincent's Hospital Melbourne Incidence: 129/306 (**42.4%**)

Abscess 29.5% Fissure 27.6% Low fistula 26.7% High fistula 3.8%

Rect-vag fistula 3.8% Disease localised to anal area: 5%

Local surgery: 244 procedures Recurrence: Abscess 13% Fistula 6%

The majority of patients with CD who develop anal pathology have an excellent prognosis.

Reference: Platell C, Mackay J, Collopy B et al. ANZ J Surg. 1996. 66(1): 5-9

"PAINLESS HAEMORRHOIDECTOMY"?

In 1996 there appeared in the Sydney lay press, an advertisement for painless eradication of haemorrhoids. The treatment was **haemorrhoid artery ligation with doppler location**. The procedure was performed by a qualified (overseas) surgeon in several consulting consulting rooms in metropolitan Sydney and regional areas. As a result of patient complaints to the NSW Medical Board (post-procedure pain and inadequate post-operative care) the NSWMB and RACS arranged an inspection in the practitioner's rooms (J Mackay and M Killingback). Their report did not criticise the new procedure as such, but suggested evaluation by colorectal surgeons. The report criticised the false expectations given to patients and the standard of post-procedure care. Soon after the report the practice ceased functioning in Sydney.

CLEVELAND CLINIC COURSE in COLORECTAL SURGERY

Fort Lauderdale February

GUEST SPEAKER:

G Newstead Sydney

DAVID JAGELMAN LECTURE:*

Outcomes of management of high risk cancer*

Screening high risk patients

LAUNCESTON GENERAL HOSPITAL appoints Colorectal Surgeon: MH Nguyen

INITIAL SCSS RESEARCH & EDUCATION JOURNAL CLUB meeting February 26

Concept and Convener: M Solomon

Initially: Adelaide, Brisbane, Melbourne, Perth, Sydney

Subsequently: Gold Coast, Newcastle, New Zealand, Tasmania

Reference: "The Sydney Colorectal Surgical Society" M Killingback. 2013. p 197

1ST AUSTRALIAN INFLAMMATORY BOWEL DISEASE SYMPOSIUM: March

St Vincent's Hospital Melbourne

GUEST SPEAKER: R Stitz Brisbane

Dynamic graciloplasty
Ulcerative colitis - what operation?

TRAINING AND ACCREDITATION COMMITTEE OF THE RACS (TAC) established
Representation: SECTION C/R: 3 CSSA: 3

MORBIDITY of a DEFUNCTIONING STOMA pub: April

A retrospective study to compare colostomy and ileostomy. Both techniques are effective proximal diversions but **Loop ileostomy is preferable:**

Management of ileostomy is easier

Complications: no sig. difference

Reference: Chen F, Stuart M. ANZ J Surg. 1996. 66(4): 218-21

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Melbourne

GUEST SPEAKER: May 4-11

EL Bokey Sydney

Factors in morbidity, mortality and survival after excision of the rectum for carcinoma

Additional presentations by EL Bokey at ASC and in Queensland hospitals:

Malignant polyps

Rectal cancer

Graciloplasty

Incontinence

Titles abbreviated

INVITED SPEAKER:

G Newstead

Management of colonoscopy perforation

MARK KILLINGBACK PRIZE

established by the Section. C/R Surgery RACS May 9

Eligibility: Best free paper at Sect C/R meeting by a Trainee or FRACS of <5yr

Prize paper to be included in next ASCRS meeting (negotiated by G Newstead)

First award: M Solomon

Biofeedback, retraining using transanal ultrasonography for faecal incontinence

Reference: CSSA Triann. Report 2005-2007 p 81

STIMULATED GRACILIS NEOSPINCTER*: NEW PROCEDURE FOR ANAL INCONTINENCE

D Lubowski St George Hospital, Kogarah; initial results: 12 patients pub: June

All pts underwent the reconstruction after abdominoperineal excision -rectum (Ca)

8/12 patients were assessed after closure of the ileostomy Mean interval: 10 mths

All patients have a functional neosphincter 7/12 patients continent

Reference: Kennedy ML, Nguyen H, Lubowski DZ et al. ANZ J Surg. 1996. 66(6): 353-57

(*Originally performed for congenital anorectal defects - Pickrell 1952)

TRIPARTITE MEETING Royal Lancaster Hotel London July 8-10

SECT. C/P RSM - ACPGBI - AM. SOC. C/R SURG. - SECT C/R SURG. RACS - CSSA

Medical Registrations: 435 *Nationalities not available*

Podium Presentations: 94 UK: 33 USA: 28 Aus: 22

INVITED LECTURES:

DZ Lubowski **Functional evacuation disorders: Do we help anyone?**

M Irving **The septic colorectal patient**

P Armstrong **MRI of the pelvic floor and anal fistulae**
 WO Kirwan **Restorative surgery for large bowel Crohn's Disease**

SUBMITTED PRESENTATIONS: Aus: 21

EL Bokey, N Burwood, P Chapuis (2), DC Hoffmann, MI Kennedy, M Killingback,
 M Levitt, D Lubowski, J Moore, G Newstead, C Platell, A Polglase, N Rieger,
 D Schache, P Sitzler, D Schoemaker, R Stitz (2), J Sweeney, B Waxman

CHRONIC CONSTIPATION - SURGERY - LONG TERM FOLLOW UP pub: August

R Stitz Brisbane

1986-1994; 96 patients IRA: 86 Caec-RA: 10

Results: Symptomatic improvement 81.6%

Persistent problems: Straining BO, bloating, some degree of anal incontinence

Re-operation: Adhesions 35.6% Ileostomy 9.2%

Reference: Platell C, Scache D, Mumme G, Stitz R. ANZ J Surg. 1996. 66(8): 525-29

FIRST FEMALE COLORECTAL SURGEON IN AUSTRALIA: MARGARET SCHNITZLER

Initial colorectal training RNSH
 Ferguson Clinic Michigan
 University of Toronto
 Commenced practice in 1996
 Associate Professor Uni. Syd. 1997
 Dept Surgery RNSH



Fig: 103

© Sydney Colorectal Surgical Society

Margaret Schnitzler

QUEEN ELIZABETH HOSPITAL, Adelaide COLORECTAL UNIT

Surgeons (1996): R Johnson, C Paull, W Roediger

POST FRACS TRAINING Aus and NZ

Trainees: (year 2) 4 P Allen, J Lumley, H Nguyen, C Platell

RACS Council approves of an exit assessment

GUIDELINES FOR DEVELOPMENT OF A COLORECTAL UNIT (CSSA)

Reference: CSSA Trienn. Report 1999-2001. p45-47

WESTMEAD HOSPITAL, Sydney COLORECTAL UNIT

Surgeons (1996): D Failes (H/unit), G Ctercteko

DIVISION C/R SURGERY UNIVERSITY of MINNESOTA COURSE Minneapolis

VISITING SPEAKER: September 19-21

M Killingback Sydney

WILLIAM BERNSTEIN LECTURE:*

Large bowel anastomosis: Towards the perfect solution*

Local excision Ca rectum

Acute Diverticulitis

MANAGEMENT OF LARGE BOWEL OBSTRUCTION

pub: September

Personal View: A Mcleish

Available options:

1. Subtotal colon resection. A definitive operation - no further surgery. Caution if continence is dubious
2. Resection of colon - lavage proximal colon - anastomosis - no stoma
3. Resection of colon without lavage - anastomosis if faecal content of colon is minimal
4. Hartmann's procedure - safe - requires major second stage - not all pts have reversal surgery
5. Preliminary proximal stoma – for the very sick patient and/or an inexperienced surgeon

Reference: McLeish A. ANZ J Surg. 1996. 66(9): 584

CONTROL OF PRESACRAL HAEMORRHAGE BY DRAWING PIN TAMPONADE

Pioneered in China and technique of insertion described. Specific pins now available.

Reference: Stewart BT, McLaughlin SJ. ANZ J Surg. 1996. 66(10): 715-16 pub: October

ENDOSCOPIC LAPAROSCOPIC SURGEONS of ASIA (ELSA) Thailand October

INVITED SPEAKER: R Stitz Brisbane

Credentialling in Australia

Laparoscopic colon resection

RM HOLLINGS LECTURE: Royal North Shore Hospital October 14

INVITED SPEAKER: R Stitz Brisbane

Rectal cancer update

CME SECT. C/R RACS - SCSS ASM Sydney November 8-9

GUEST SPEAKERS: N Williams, I Kodner

INAUGURAL ESR HUGHES LECTURE:* (*Not a memorial lecture as appears on some programmes*)

N Williams London UK

Options for faecal incontinence and total anorectal reconstruction*

The place of chemotherapy

Extended rectal mucosectomy: A new modification to pouch surgery

Investigation and surgical management of constipation

EDWARD WILSON LECTURE:**

I Kodner St Louis USA

Surgical management of Crohn's disease**

The place of radiotherapy

Complicated fistulae and incontinence

Anal stenosis

INVITED SPEAKERS

| | | |
|-----------|------------------|---|
| J Bishop | Cancer Medicine | Chemotherapy: how I do it |
| F Macrae | Gastroenterology | Surveillance: how often? How long? |
| D Morris | General surgery | Liver metastases: what is best? |
| R Newland | Pathology | Prognostic variables |
| J Nixon | Pathology | The adenoma-carcinoma sequence |
| P Yuile | Radiotherapy | Radiotherapy: how I do it |

SUBMITTED PRESENTATIONS: 12

CIRCULAR STAPLING for RIGHT HEMICOLECTOMY M Killingback Unpublished

Consecutive personal series: data collected prospectively 1989-1996: 161 pts

| | | |
|--------------|------------|--------------------------|
| Anast | suture | staple (EEA/ILS) |
| end:end | single int | via colotomy |
| N | 64 | 97 |
| Anast leak | nil | nil |
| Stenosis | nil | 4.0% asymptomatic |
| Basic cost | \$92 | \$476 |

Conclusion: Circular stapling more expensive with no perceived benefits for R hemicolecotomy.

EDGWARE POSTGRADUATE MEDICAL CENTRE London November 21

INVITED SPEAKER: A Spigelman London UK

Polyposis registries

ENDO-LAPAROSCOPIC SYMPOSIUM: Jakarta Indonesia December

INVITED SPEAKER: R Stitz Brisbane

**Interventional endoscopic surgery in benign colon disorders
Laparoscopy in colorectal disease**

DEPT. SURGERY, UNIVERSITY OF INDONESIA Jakarta Indonesia December

INVITED SPEAKER: R Stitz Brisbane

Difficulties and complications in laparoscopic bowel resection**1997 SECOND FEMALE COLORECTAL SURGEON IN AUSTRALIA**

Caroline Wright

First CSSA Research Fellow

Appointment: Senior Lecturer, Dept of Colorectal Surgery, RPAH

UNIVERSITY OF VERMONT USA COLORECTAL MEETING January

GUEST PROFESSOR: G Newstead Sydney

Best practice management of rectal cancer

FISTULA IN ANO: A PROSPECTIVE STUDY Western Australia pub: February

S Levitt Sir Charles Gairdner Hospital Subiaco 107 patients

The site of the external opening (EO) relates to the complexity of the fistula:

If EO posterior within 30 degree arc of midline: usually a simple fistula

If EO ant. or lateral: usually a complex fistula (high transsphincteric + multiple tracks)

Histology revealed Crohn's disease unexpectedly in 3 patients

Reference: Barwood N, Clarke G, Levitt S, Levitt M. ANZ J Surg. 1997. 67(2): 98-102.

"CURRENT ISSUES in C/R SURGERY" Royal Melbourne Hospital March 11

VISITING SPEAKERS:

V Fazio: Cleveland Clinic

Lecture topics not available

G Newstead: Sydney

Perineal surgery for rectal prolapse

DEATH of FRED COLLINS

April 25

During his early years of residency at Sydney Hospital Fred passed the primary FRACS as well as the first part of the MRACP. This unique achievement was the beginning of his successful career which rapidly evolved into surgery, with his main interest being colorectal disease. He joined R Condon (1983) at St Vincent's Hospital Sydney, to form a colorectal unit. Fred's laconic sense of humour endeared him to his friends and colleagues.

Fig: 104

© Sydney Colorectal Surgical Society



Fred Collins
1933-1997

K-RAS MUTATION and LOSS OF HETEROZYGOSITY OF CHROMOSOME**17P and SURVIVAL IN COLORECTAL CANCER**

pub: May

These changes do not add to the prognostic information already available from clinicopathological staging.

Reference: Fung C, Bragg T, Newland R et al. ANZ J Surg. 1997. 67(5): 239-44

COLON CANCER MANAGEMENT: CONSENSUS MEETING CSSA Coolom pub: June

Reference: Moore J, Hewett P, Solomon M J et al. Practice parameters for the management of colonic cancer I: Surgical issues and recommendations of the Colorectal Surgical Society of Australia. Reference: Aust NZ J Surg. 1999. 69(6): 472-78

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Brisbane

GUEST SPEAKER:

May 10-16

N Mortensen Oxford UK

Colon Pouch Anal reconstruction for cancer of the lower rectum**Transanal Endoscopic Microsurgery (TEMS) for villous tumours and early cancers of the mid and upper rectum**

INVITED SPEAKER:

VW Fazio Cleveland USA

Salvage of the failed pelvic pouch

DEBATE: Follow up of colorectal cancer For: R Perry Against: M Levitt

PANEL: Diverticular disease V Fazio, N Mortensen, J Oakley

SUBMITTED PRESENTATIONS: 39 Aus/NZ: 38 UK: 1

MARK KILLINGBACK PRIZE: B Stewart Ballarat

Early feeding after elective open colorectal resections: a prospective randomised trial**CHAIR of SURGICAL SCIENCE UNIVERSITY of NEWCASTLE**

AD Spigelman Appointed

Reference: CSSA Triennial Report 2002-2004: 73-74

INTERNATIONAL SYMPOSIUM: Lillihigh Valley Hospital Pennsylvania June

GUEST SPEAKER: EL Bokey Sydney

Laparoscopic colon surgery**Adjuvant therapy****EURO-ASIAN CONGRESS of ENDOSCOPIC SURGERY** Istanbul Turkey

INVITED SPEAKER: R Stitz Brisbane

June 17-21

Technical tips. How to do it

FIRST ROBOT-ASSISTED COLORECTAL CANCER RESECTION AT RPAH July 10**Operation: Large bowel resection**

Royal Prince Alfred Hospital

Aesop Robot: voice activated© RPAH photography Dpt. 1997 **Fig: 105****A Stevenson (center) M Solomon (R)**
August**UNIVERSITY of OTAGO meeting Wellington Hospital**

GUEST PROFESSOR: EL Bokey Sydney

Rectal cancer**Anal graciloplasty****Diverticular disease***Titles abbreviated***RACS VICTORIAN STATE COMMITTEE meeting Bendigo**

October

INVITED SPEAKER: EL Bokey Sydney

Pelvic dissection for carcinoma of the rectum**POST FRACS TRAINING (Aus and NZ)**Trainees (year 2) **2** J Keating, C Young

Training program at the Royal Adelaide Hospital temporarily deferred.

Disharmony at senior staff level had an adverse effect on training program.

Visit and report to the Section by M Killingback and J Mackay.

WESTERN HOSPITAL Melbourne COLORECTAL UNIT

Surgeons (1997) S Mclaughlin (H/unit), A Euy, I Faragher, P Sitzler

GE SOCIETY OF AUSTRALIA (AGW) ASM Brisbane

October 29-31

INVITED SPEAKER: R Stitz Brisbane

Surgery for FAP - what and when**COMBINED AUSTRALIAN COLORECTAL CONFERENCE Sydney**

November 7-8

CME - SECT. C/R RACS - CSSA - SCSS

GUEST SPEAKERS: R Billingham, L Pahlman, R Parc

ESR HUGHES LECTURE:*

L Pahlman Uppsala Sweden

Pre-operative adjuvant radiotherapy for rectal cancer***Aspects of function (colon pouch)**

EDWARD WILSON LECTURE:**

R Parc Paris France

The place of colonic pouch in surgery for rectal cancer****Soave Procedure? The last chance to restore colo-anal continuity****The long-term Seton in complex anal fistulae**

CSSA ORATION:

R Billingham Seattle USA

The critical path in colorectal surgery: consensus and best practice outcome**The beginnings of an answer** (Cancer of the Rectum)**Ogilvie's Syndrome**

MURRAY PHEILS SYMPOSIUM:

G Ekelund **Follow up CRCa**M Killingback **Surgery of Diverticular disease**R Newland **Staging rectal cancer**G Newstead **Colorectal surgery as a specialty**L Pahlman **Surgery of colorectal cancer.**

INVITED SPEAKERS:

B Haylen **Repair options**D Hoffman **Recurrent villous adenoma**A Hunter **Pelvic floor assessment**I Jones **Colonoscopy - multiple polyps**A McLeish **C/R patient with ascites**K Moore **Pelvic floor assessment**JC Penfold **?Rather have a colostomy**J Oakley **RIF mass in the young or elderly**A Stevenson **Learning curve in lap. surgery**R Stitz **Important to continue trials**B Waxman **Lap. Surgery vs Open forum**

SUBMITTED PRESENTATIONS: 9

ASIAN FEDERATION OF COLOPROCTOLOGY Taiwan

November

GUEST PROFESSOR: G Newstead

Sydney

Options in the management of minor Incontinence**ROYAL MELBOURNE HOSPITAL meeting** Melbourne

November

GUEST SPEAKER: EL Bokey Sydney

Management of Diverticular Disease*Titles abbreviated***Ca Rectum - a 25 year prospectively documented series****Malignant polyps****COLONIC CANCER SURVIVAL: IMPACT OF SUBSPECIALIZATION**

pub: December

Royal Adelaide Hospital 1981-1995; 1264 patients with colon cancer

Colorectal Unit established 1983

5-year survival rates: 1981-1983: **40.3%** 1987-1995: **51.6%****Increase in survival occurred with establishment of the colorectal unit**

Reference: Hoffmann D, Moore J, Roder D. ANZ J Surg. 1997. 67(12): 842-45

ANORECTAL MELANOMA Queensland Melanoma Project 1985-1995 pub: December

Site of lesion: Anorectal = 9

No patient with anorectal melanoma beyond 25m.

Reference: Miller BJ, Rutherford LF, McLeod RC, Cohen JR. Where the sun never shines.

ANZ J Surg. 1997. 67(12): 846-48

Comment: R Turnbull on a ward round in Sydney Hospital 1970:

"Why are there so many patients in the ward with anal cancer? Ted Wilson: "Sunlight! "

1998

DEATH OF JOHN GOLIGHER

January 18

*An inspiration and mentor to a number of Australians. He was one of the first surgeons to rely on randomised controlled trials for evidence in clinical practice. His textbook, **Diseases of the Anus, Colon and Rectum** became essential reading for trainees and colorectal surgeons.*
In Memorium: M Corman. John Cedric Goligher. Dis Col Rectum. 1998. vol 41: 522-23

Professor John Goligher
Leeds General Infirmary
© Dis Colon Rectum 1999

Dept Surgery
1955-1978

Fig: 106



John Goligher
1912-1998

THE SURGEON AND STAGING FOR LARGE BOWEL CANCER

Using multivariate analysis in the Concord Colorectal Cancer Project the authors have demonstrated that in addition to tumour stage, pathology variables, **clinical factors and the expertise of the surgeon** can have significant and independent effects on long-term survival.

Reference: Bokey L, Chapuis P, Newland R. Aust NZ J Surg. 1998. 68:101-102

EARLY FEEDING AFTER ELECTIVE OPEN COLORECTAL RESECTIONS: A RCT pub: February
St Vincent's Hospital, Melbourne First Australian study

Two groups 40 pts without stomas; post-op epidural analgesia (-> early mobility)

Early feeding group (solid diet): tolerated by 32/40 pts (80%).

In this group there was a significant reduction in length of hospital stay.

Reference: Stewart BT, Woods RJ, Collopy BT, Fink RJ, Mackay JR, Keck JO. ANZ J Surg. 1998. 68(2): 125-28

RECTAL CANCER FOLLOWING COLECTOMY - IRA for FAP

pub: February

FAP Registry of Western Australia S Levitt

7 of 55 patients developed rectal cancer (13%); all had rectal polyps, median interval: 10yrs

Recommendation: Completion proctectomy within 10yr if rectal polyps present.

Reference: Jenner DC, Levitt S. ANZ J Surg. 1998. 68(2): 136-3

Case example courtesy R Hollings
Female FAP + IRA (R Hollings)
25yr later: rectal polyps + 2 rectal cancers
J Pouch (mk)

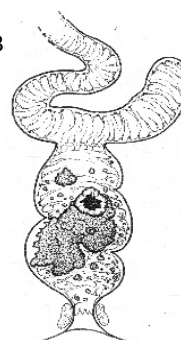


Fig: 107

© mk

INTERNATIONAL ASSOCIATION OF AMBULATORY SURGERY meeting Sydney April

INVITED SPEAKER: G Newstead Sydney

Ambulatory anorectal surgery

COLORECTAL CANCER:

BEST PRACTICE GUIDELINES CONFERENCE Melbourne

March

R Stitz Brisbane

Who should have adjuvant therapy for colon cancer. Which drug schedule?

A CSSA view

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Sydney

ASC GUEST SPEAKER: May 5-8

H Stern Ottawa Canada

FOUNDATION LECTURE:*

The genetics of hereditary colorectal cancer: A model for prevention**How interested is the general public in cancer genetic susceptibility testing?****Local excision and brachytherapy for rectal cancer: a preliminary report**

INVITED SPEAKERS:

W Selby: Sydney

What's new in the aetiology and management of Inflammatory disease?

G Buess Tubingen Germany

TEM as an alternative to conventional surgery**Robotics, microbotics and the solo surgeon**

SUBMITTED PRESENTATIONS: Aus: 28 NZ: 2 UK: 2

MARK KILLINGBACK PRIZE: A Merrie Otago University NZ

The anatomical distribution of colorectal cancer micrometastases**SYDNEY GUT CLUB meeting** Sydney

May 6

INVITED SPEAKER: A Spigelman Newcastle

Familial colorectal cancer challenges and solutions**NEPEAN HOSPITAL****COLORECTAL UNIT**

Surgeons (1998): J Cartmill (H/unit), E Clarke, R Deveridge, J Parer, T Shakeshaft

CABRINI - MONASH DEPT. of SURGERY established

July

Adrian Polglase appointed to the **Frolich West Chair of Surgery**Two colorectal surgeons (AP and PMcM) were the nucleus of a colorectal group at Cabrini Hospital. A **COLORECTAL UNIT** was recognised by the CSSA in **2006**, with six colorectal surgeons in 2008.**Colorectal meetings scheduled with international speakers 1999-2017**

L Chang, F Frizelle, J Griffin, D Lacey, D Larson, P Lee, H Nelson,

R O'Connell, B Wolff, T Young-Fadok

*Lecture topics not available***COMBINED MEDICAL and SURGICAL GE meeting**

July 20

Prince of Wales Hospital

INVITED SPEAKER: A Spigelman Newcastle

Familial colorectal cancer**DONATION \$25,000 TO CSSA FOR RESEARCH FELLOWSHIP BY AUTOSUTURE****CSSA MEMBERSHIP: 79****POST FRACS TRAINING** (Aus and NZ)

Trainees: (year 2) 2 A Stevenson, B Stewart

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSA Adelaide

GUEST SPEAKERS: P Finan, J Fleshman

September 11-12

SYMPOSIUMS:

INFLAMMATORY BOWEL DISEASE

RECTAL CANCER

THE FUTURE

NEW TRENDS - IMAGING

POT-POURI

RE-OPERATIVE C/R SURGERY

HIGH RISK COLON

EDWARD HUGHES LECTURE:*

P Finan

Leeds UK

Functional results of restorative surgery for rectal cancer***High risk colon case presentation**

CSSA ORATION:**

J Fleshman

St Louis USA

Familial cancer syndromes - recent developments****Laparoscopy 10 years from now?**

INVITED/SUBMITTED PRESENTATIONS: Aus: 21

19th ANNUAL TURNBULL SYMPOSIUM: Cleveland Clinic

September

GUEST PROFESSOR: EL Bokey

Sydney

DAVID G JAGELMAN MEMORIAL LECTURE:*

Local recurrence and survival following excision of the rectum:**does technique make a difference?*****Practical tips: polyps, colorectal cancer, rectal mobilisation****Laparoscopic surgery technique****DEATH of SIR EDWARD HUGHES**

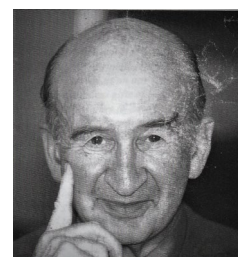
October 1

Sir Edward died peacefully after a long illness which had debilitated him for years. He continued working, writing, and engaging in college affairs for a long period despite his difficulties. He uniquely changed the practice of colorectal surgery and was a pioneer of the speciality in many aspects. Without doubt he endowed the image of colorectal surgery in Australia with a special significance from which those who followed him have greatly benefited.

Funeral eulogy by John Masterson (Appendix 3)

© Hughes family

Fig: 108



Sir Edward Hughes
1919-1998

RECTAL-PELVIC CANCER SYMPOSIUM: Perth

October 14-16

INVITED SPEAKER: R Stitz

Brisbane

Laparoscopic rectal resection**SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM Sydney**

November 7

GUEST SPEAKER:

S Wexner

Cleveland Clinic Florida

EDWARD WILSON LECTURE:*

Importance of surgical variables in rectal cancer surgery***Controversies in pouch surgery: age, indeterminate colitis, and mucosectomy****Making bowel preparation more tolerable: Bowel confinement post-operative**

INVITED SPEAKERS:

D Morris

Sydney

Liver metastases

R Stitz

Brisbane

Acute fulminant colitis

SUBMITTED PRESENTATIONS: 7

COLONIC FISTULAE DUE TO DIVERTICULITIS 1961-1998

M Killingback 49 fistulae in 47 patients *Unpublished*
 Incidence in 234 resections for diverticulitis **20.1%**

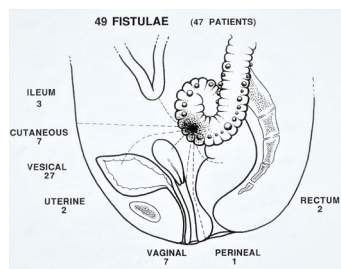


Fig: 109
Diverticulitis - Fistulae

© mk

1999

HEREDITARY NON-POLYPOSIS COLORECTAL CANCER SYNDROME pub: January

Review: The aim of this review is to highlight the clinical, pathologic and molecular biologic features of HNPCC that underlie the clinical management.

The syndrome may account for up to 4% of CRCa

Reference: Moore J, Cowled P. ANZ J Surg. 1999. 69(1): 6-13

TOTAL COLECTOMY FOR CROHN'S DISEASE

pub: January

St Vincent's Hospital Melbourne 1968-1994; 38 patients

Colectomy IRA: 17 Proctocolectomy ileostomy: 20 Post-op death: 1

Rectal involvement increased likelihood of an ileostomy. Anal Crohn's did not.

Reference: Rieger N, Collopy B, Fink R, Mackay J, Keck J, Woods R. ANZ J Surg. 1999. 69(1): 28-30

Crohn's colitis - Proctocolectomy

ulceration - active - healed - scarring
 mucosal atrophy
 pseudopolyps
 contracted colon "hosepipe" deformity
 strictures sacculations
 ileo-cutaneous fistula
 Case Example (mk) ©



Fig 110

Male 23yr
Crohn's colitis 9yr

MAYO CLINIC: WALTMAN AND PHOEBE WALTERS VISITING PROFESSOR

M Killingback Sydney

February 4-5

Cancer of the rectum - an Australian viewpoint**SEXUAL DYSFUNCTION AFTER SURGERY FOR RECTAL CANCER (males)**

M Killingback: data from Mayo Clinic lecture Feb 4-5 *Unpublished* February 1999

Low Sphincter-Saving Curative operations (LAR, Ultra LAR, CAA) 1974-1998; 153 pts

Patients with stomas excluded 140 pts available for interview by MK

Dysfunction: 31/127 (24.4%)

Erectile 18.1% Ejaculatory 15.7% Orgasmic 11.8% (combinations in some pts)

CLEVELAND CLINIC COURSE COLORECTAL SURGERY Fort Lauderdale February 13-14

INVITED SPEAKER: M Killingback Sydney

Presacral drains**Ileostomy: friend or foe?****Elective surgery for diverticulitis**

CLEVELAND CLINIC DEPT. COLORECTAL SURGERY Cleveland February 15-17
 INVITED SPEAKER: M Killingback Sydney
The difficult anal fistula
Restorative resection

LAPAROSCOPIC-ASSISTED COLONOSCOPIC POLYPECTOMY pub: March
 Simultaneous approach 6 patients
 Caecum 3 Left colon 3 Size of polyps: 3.0cm-7.0cm
The method is a safe alternative to resection
 Reference: Hensman IC, Luck AJ, Hewett PJ. Surg Endosc. 1999. 13: 231-32

THE EFFECT OF VAGINAL DELIVERY ON ANAL FUNCTION Review pub: March
 Incontinence symptoms more likely after a third degree tear or forceps delivery. **Sphincter defects and pudendal neuropathy are common after vaginal delivery but are not always symptomatic**
 Reference: Rieger NA, Wattchow DA. ANZ J Surg. 1999. 69: 172-77

TRIPARTITE MEETING Washington DC May 1-6
ASCRS - SECT. C/R RACS - CSSA - RSM SECT. C/P - ACPGBI
100TH YEAR CELEBRATION OF THE AMERICAN SOCIETY OF COLORECTAL SURGEONS
 Medical registrations 1330 Aus: 33
 Podium presentations 113 USA: 49 UK: 30 Aus: 19 NZ: 1 Other Nations: 14
 INVITED AUSTRALIAN SPEAKERS:
 EL Bokey Sydney
 NORMAN NIGRO RESEARCH LECTURE:
Rectal cancer: Can surgical technique influence recurrence and survival?
 R Stitz Brisbane
Laparoscopic resection rectopexy for rectal prolapse
Laparoscopic resection for cancer
 SUBMITTED PAPERS: Aus: 16
 EL Bokey, PH Chapuis, O Dent, C Dowling, C Farmer, J Keck, M Kennedy (2), J Lumley, P O'Brien, J Ooi, A Polglase, D Schache, B Stewart, J Tjandra, B Waxman

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Auckland
 ASC GUEST SPEAKER:*
 G Hill Auckland May 9-14
The leaking anterior resection and the management of SIRS, MODS, CHAOS*
What's new in colorectal surgery?
The evolution of surgery for rectal cancer
Extra fascial excision (EFE) of the rectum
 INVITED SPEAKERS:
 J Church Cleveland USA
Complications of polypectomy a prospective series
Perineal granulomas are a poor prognostic sign in perianal Crohn's Disease
Megarectum: what's the big deal?
Severe dysplasia in colorectal adenomas
The colon in HNPCC and FAP
Upper GI tract in FAP

J Keating Wellington

Inflammatory bowel disease

SUBMITTED PRESENTATIONS: Aus: 21 NZ: 13

MARK KILLINGBACK PRIZE: A Luck Adelaide

**Glyceryl trinitrate vs lateral sphincterotomy for chronic anal fissure.
A prospective (RCT)**

FIRST CSSA TRIENNIAL REPORT 1995-1998 Editor: M Solomon

“AUSTRALIAN CANCER NETWORK and NH&MRC GUIDELINES for the PREVENTION, DIAGNOSIS and TREATMENT of COLORECTAL CANCER” Editor: M Solomon
Subsequent editions: 2005 & 2017

POST FRACS TRAINING (Aus and NZ)

Trainees: (year 2) 2 B Draganic, N Rieger

RACS Council: **Proposed Training Timetable:** General Surgery 3yr+ Subspecialty 3yr

MONASH MEDICAL CENTRE Melbourne COLORECTAL UNIT

Surgeons (1999): J McLeish (H/unit), B Waxman, R McIntyre

->Dandenong Hospital, 2009

PRACTICE PARAMETERS - COLON CANCER I - RECOMMENDATIONS CSSA

Reference: Moore J, Hewett P, Penfold JC et al. Practice parameters for the management of colonic cancer 1: surgical issues. Recommendations of the Colorectal Surgical Society of Australia. ANZ J Surg. 1999. 69(6): 415-21 pub: June

EVOLUTION OF THE ILEAL POUCH AT ONE INSTITUTION - FIRST 100 CASES

Royal Prince Alfred Hospital Sydney 1984-1997; **J-pouch** 100 pub: June

Pathology:

Ulcerative colitis 73, indetermin. colitis 5, FAP 20, multiple CRCa 1, constipation 1

Pouch-anal anastomosis: suture: 50; double staple: 50

Mortality: 1

Morbidity: Pouch leak 3 Ileo-anast leak 3 SB obstruction 27% Anast stricture 19%

Excision of pouch 3 (Crohn's disease)

85% report QOL good Median N stool/day: 6

Reference: Young CJ, Solomon MJ, Evers AA et al. Evolution of the pelvic pouch procedure at one institution: the first 100 cases. ANZ J Surg. 1999. 69(6): 438-42

FULL THICKNESS ADVANCE FLAP FOR HIGH ANAL FISTULA pub: July

Surgeon: R Stitz Royal Brisbane Hospital 33 patients

Primary healing 71%; 4 patients further operation Final healing 97%

Disturbed continence: 4 patients (12%) Crohn's patients 6 (recurrence: 50%)

Reference: Rieger N, Stitz R, Lumley J. Full thickness advance flap for high anal fistula. Colorectal Dis. 1999. 1(4): 238-41

PRACTICE PARAMETERS - COLON CANCER II - RECOMMENDATIONS CSSA

Reference: Adams W, Cartmill J, Meagher A et al. Practice parameters for the management of colonic cancer 11: other issues. Recommendations of the Colorectal Surgical Society of Australia. ANZ J Surg. 1999. 69(6): 472-78 pub: August

TOPICAL GLYCERYL TRINITRATE FOR CHRONIC ANAL FISSURE pub: August

DZ Labowski: Placebo-controlled trial demonstrates:

Reduced anal pressure in first week

Significant reduction in pain

Fissure healed in 46% of patients using GT, and in 16% using placebo.

At long term FU 14m: (35%) had undergone sphincterotomy

Reference: Kennedy ML, Sowter S, Ngyen H, Lubowski DZ. Dis Colon Rectum. 1999. 42(8): 1000-06

**TOTAL ANATOMICAL DISSECTION (TAD) of RECTUM WITHOUT ADJUVANT THERAPY
LOCAL RECURRENCE AFTER CURATIVE EXCISION** pub: September

Concord Hospital Colorectal Unit

Prospective data analysed by bivariate and multivariate methods including actuarial survival. **Local recurrence** with or without systemic metastases: 59/596 pts (**11.1%**). Independent predictive factor: positive nodes, distal margin +/- 1cm and venous invasion.

There was no difference if the mesorectum was transected or not.

Reference: Bokey EL, Ójerskog B, Chapuis PH, Dent OF, Newland RC, Sinclair G. Local recurrence after curative excision of the rectum for cancer without adjuvant therapy: role of total anatomical dissection. Brit J Surg. 1999. 86(9): 1164-70

CME MEETING SECT. C/R RACS - CSSA Twin Waters Qld September 23-25

GUEST SPEAKERS: F Seow Choen, D Wong

ESR HUGHES LECTURE:*

F Seow Choen Singapore

Laparoscopic surgery for rectal cancer*

The difficult anal fistula

Colonoscopy without sedation

What's the use of pre-operative CEA?

The best way of haemorrhoidectomy

D Wong New York USA

The Artificial Bowel Sphincter

Endorectal ultrasound

Ultrasound for the difficult anal fistula

PANEL: A Bell, P Douglas, R Stitz, J Tjandra

Office Treatment Haemorrhoids, pruritus, post surgery diarrhoea, radiation proctitis

SUBMITTED PRESENTATIONS: Aus and NZ: 19

PERITONECTOMY AND INTRAPERITONEAL CHEMOTHERAPY pub: October

D Morris: St George Hospital Kogarah

1996-1998; 8 patients with Appendiceal and CRCa

Pelvic sepsis 1; Deaths post-op 3; Metastases 2; Recurrence 2; Disease free 3

Reference: Horsell KW, Merten S, Clingan P et al. ANZ J Surg. 1999. 69(10): 729-32

PRE-OPERATIVE CHEMORADIOTHERAPY IN LOCALLY ADVANCED RECTAL CANCER

Sir Charles Gairdner Hospital Nedlands WA 47 patients pub: October

Chemo-rad. completed: 47 50% positive response in 38 pts Low toxicity

43/44 were operable pre-op. 10 pts were thought to be inoperable

Follow up median 20mths: local recurrence 2 (4%)

Reference: Elsaleh DJ, Levitt M, House A, Robbins P. ANZ J Surg. 1999. 69(10): 737-42

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM Sydney

November 6

GUEST SPEAKER:

J Pemberton Mayo Clinic

EDWARD WILSON LECTURE:*

Rectal Cancer: The Mayo experience*

Controversial aspects in pouch surgery: experience with 1,300 patients

INVITED SPEAKERS:

P Hewett Adelaide

Laparoscopic colon resection

M Hollands Sydney

Peri-operative management - RACS policy

SUBMITTED PRESENTATIONS: 4

PANEL: M Levitt (Moderator) EL Bokey, M Killingback, D Lubowski,

M McNamara, J Pemberton

How I manage it

EUROPEAN SURGICAL INSTITUTE C/R SYMPOSIUM: Norderstedt Germany

INVITED SPEAKERS:

November 22

EL Bokey Sydney

Laparoscopic colorectal surgery

R Stitz Brisbane

Abdominoperineal resection

NH&MRC GUIDELINES AND AUDIT CRCa Clinical Sciences Meeting Canberra

INVITED SPEAKER: A Spigelman

Newcastle

November 24

Colorectal cancer management

PRINCESS ALEXANDRA HOSPITAL - COLORECTAL CANCER PROJECT Brisbane

Data entry 1971-1999 (28yr): **2,495 patients**

2000

MORTALITY AND COMPLICATIONS - BOWEL SURGERY - VICTORIA pub: January

Retrospective data from Victorian database; 2/3 were for cancer

1987-88 and 1995-96; 11,036 patients underwent hemicolectomy or

anterior resection. All performed in public hospitals

Total morbidity rate: 24.6% (mainly major complications) **Anast. leak: 4.5%**

Mortality: 6.5% Risks: elderly, cardiorespiratory morbidity, emergency surgery.

Reference: Anzari MZ, Collopy BT, Hart WG, et al. In-hospital mortality and associated complications after bowel surgery in Victorian public hospitals. ANZ J Surg. 2000. 70(1) 6-10

SURGERY CRCa WESTERN AUSTRALIA: INCIDENCE - MORTALITY - OUTCOMES

1982-1995; 9,673 patients presented with colorectal cancer

pub: January

Colon cancer evenly divided. Rectal cancer M:F 4:1 Large bowel resection 71%

Mortality: 4.2% (Increase in mortality in **females with colon cancer**)

Overall crude 5yr survival: 57%

Reference: Semmens JB, Platell C, Threlfall TJ, Holman CD. A population-based study of the incidence, mortality and outcomes in patients following surgery for colorectal cancer in Western Australia.

ANZ J Surg. 2000. 70(1): 11-18

FAMILIAL CANCER meeting Royal North Shore Hospital

February 1

INVITED SPEAKER: A Spigelman

Newcastle

Bowel cancer genetics

“UPDATE 2000” CABRINI HOSPITAL-MONASH UNIVERSITY meeting February 3-4

INVITED SPEAKERS:

J Giffen (New Orleans), P Lee (Hull UK), B Wolff (Mayo Clinic) *Titles not available*

EL Bokey Sydney

Diverticular resection

M Killingback Sydney

Sir Edward Hughes**CLEVELAND CLINIC COLORECTAL COURSE** Fort Lauderdale February

INVITED SPEAKERS:

R Stitz Brisbane

Surgical controversies in IBD - laparoscopy - advantages and attributes**Laparoscopic-assisted surgery for rectal carcinoma**

A Spigelman Newcastle

Follow up strategies - prolonging life or increasing expense?**Haemorrhagic Radiation Proctitis****1st SINO-RACS CONFERENCE SURGICAL ONCOLOGY** March 15-17

Guangzhou China

INVITED SPEAKER: R Stitz Brisbane

Colorectal neoplasia management 2000**NATIONAL COLORECTAL CANCER CARE SURVEY** April 30

A Spigelman Newcastle

Comparison of Current Practice and NHMRC Guidelines

Study: Feb 1 2000-April 30 2000; 2,015 survey questionnaires were completed by general surgeons throughout NSW. 18/86 guidelines were compared:

| | |
|--------------------|---------------|
| Operation | 1,911 (95%) |
| Curative resection | 1,563 (81.8%) |
| DVT prophylaxis | 1,843 (96.4%) |

Not all eligible patients were offered adjuvant therapy

Reference: McGrath DR, Leong DC, Armstrong BK, Spigelman AD. Management of colorectal cancer patients in Australia: The National Colorectal Cancer Care Survey. ANZ J Surg. 2004. 74(1-2): 55-64

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Melbourne

GUEST SPEAKER: J Church Cleveland USA May 9-13

FOUNDATION LECTURE:*

Challenges in the surgical management of Crohn's disease***Creating a stoma****Acute perianal problems****The genetic pathways to colorectal cancer****Colonoscopic training - the need for patience****Special colonoscopic techniques**

GUEST SPEAKER RURAL SURGERY ASC:

R Stitz Brisbane

FOUNDATION LECTURE: (Rural Section)**

Management of colorectal cancer; controversies and comments****Surgery for rectal prolapse** *Titles abbreviated***Surgery for diverticular disease**

Honesty in audit

SUBMITTED PRESENTATIONS: Aus/NZ: 31 UK: 2 Singapore: 2

MARK KILLINGBACK PRIZE: A Merrie Otago University NZ

The sentinel node concept in colon cancer

EUROPEAN SURGICAL INSTITUTE International Symposium: Norderstedt Germany

GUEST PROFESSOR: EL Bokey Sydney May

LR after curative excision of the rectum Ca rectum without adjuvant therapy: role of TAD**Procedures for prolapse and haemorrhoids**

PETER MacCALLUM INSTITUTE Melbourne COLORECTAL UNIT

Surgeons (2000): F Chen, J Mackay (H/unit)

7th WORLD CONGRESS of ENDOSCOPIC SURGERY Singapore June 1-4

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic anterior resection - avoiding recurrence**State of the art technique and tips - recurrence - Is it real?****FAECAL INCONTINENCE - BIOFEEDBACK USING TRANSANAL ULTRASONOGRAPHY**

Royal Prince Alfred Hospital, Sydney 44 patients

The technique is a method of teaching external sphincter contraction and measuring sphincter strength. Compliance was good.

Incontinence scores improved significantly.

Reference: Solomon MJ, Rex J, Eysers AA et al. Dis Colon Rectum. 2000. 43(6): 788-92

ACPGBI meeting ASM Brighton, UK July

GUEST PROFESSOR: EL Bokey Sydney

Rectal cancer - the current state**Staging of rectal cancer - clinicopathological**

SURGICAL RESEARCH SOCIETY of AUSTRALASIA Adelaide August 10

INVITED SPEAKER: A Spigelman Newcastle

Familial colorectal cancer: changing the system

4th LAPAROSCOPIC COLORECTAL SEMINAR Osaka, Japan August 19

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic C/R cancer surgery and current status in Australia**RECTAL CANCER: CHANGING PATTERNS OF REFERRAL FOR RADIATION THERAPY**

Department of Radiation Oncology RPAH Sydney: 1982-1997; 464 patients

Annual increase of referrals: 14% pub: August

1990 **Post-op** chemoradiation commenced

1993 Post-op radiation reached a peak of 50%

1994 **Pre-op** chemoradiation commenced

1994 Pre-op radiation ->30%

The increase is due to the multidisciplinary input into the management.

Currently there is a greater emphasis on pre-op adjuvant therapy which usually includes chemotherapy.

There has been a steady decrease in referrals for recurrent cancer.

Reference: Stevens G, Firth I, Solomon M et al. ANZ J Surg. 2000. 70(10): 553-59

POST FRACS TRAINING (Aus and NZ)

Trainees: (year 2) Nil

DIVISION C/R SURGERY UNIVERSITY of MINNESOTA COURSE Minneapolis

INVITED SPEAKER: M Killingback Sydney September 7

Perforated diverticular disease

RACS RURAL VISITOR Hawkes Bay Hospital, New Zealand

September

INVITED SPEAKER: R Stitz Brisbane

Overview of rectal cancer

Laparoscopic surgery for colorectal carcinoma

HARRY TRIGUBOFF FELLOWSHIP in COLORECTAL SURGERY G Newstead

WORLD CONGRESS - INTERNATIONAL COLLEGE of SURGEONS Singapore

INVITED SPEAKER: R Stitz Brisbane October 12

Tackling technical difficulties laparoscopically

AUSTRALIA GASTROENTEROLOGY WEEK GESA Hobart

October 18-21

CME MEETING SECT. C/R RACS - CSSA

GUEST SPEAKER:

R McLeod Toronto Canada

BUSHELL LECTURE*:

Quality of life following colectomy*

Prevention of post-operative Crohn's disease

Screening for colorectal cancer

Epidemiology of colorectal cancer

Surgical management of refractory distal ulcerative colitis

INVITED SPEAKERS*:

R Stitz* Brisbane

Surgical management of constipation

Recurrent anal fistula

G Newstead* Sydney

Treatment of haemorrhoids

INTERNATIONAL SYMPOSIUM: LAPAROSCOPIC SURGERY Hamburg

INVITED SPEAKER: November 20

R Stitz Brisbane (*Videolink*)

Laparoscopic colorectal surgery in Australia

Advantages and disadvantages of hand-assisted laparoscopic surgery

COLORECTAL MEETING RACS Melbourne

INVITED SPEAKER: J Hardcastle Nottingham UK

November 22

Screening for colorectal cancer

2001 ANAL FISSURE: GLYCERYL TRINITRATE vs SPHINCTEROTOMY pub: January

Randomised trial 60 patients

Sphincterotomy 26/27 healed

GT topical 20/33 healed at 8w recurrence 9 sphincterotomy 12/33

Poor tolerance and compliance with the GT treatment. **GT therapy is**

labour intensive and has not been shown to be superior to lateral sphincterotomy.

Reference: Evans J, Luck A, Hewett P. Glyceryl trinitrate vs lateral sphincterotomy for chronic anal fissure: prospective, randomized trial. Dis Colon Rectum. 2001. 44(1): 93-97

UNIVERSITY OF WESTERN AUSTRALIA Meeting Perth January 11-12

INVITED SPEAKER: R Stitz Brisbane

Complications of laparoscopic surgery

Advantages and disadvantages of hand-assisted laparoscopic surgery

TRAINING ACCREDITATION COMMITTEE (TAC) in Aus/NZ becomes

TRAINING BOARD IN COLORECTAL SURGERY (TBCRS) in Aus/NZ

BILL ISBISTER MD, FRCS Ed, FRACS: Contributions to Australian Colorectal Surgery

Bill Isbister, an expatriate from Manchester, began his association with Australian surgery in 1972 when he was appointed Senior Lecturer in the Department of Surgery, University of Queensland. His special interest in colorectal surgery was soon evident as his elective surgery became exclusively colorectal. Pierre Chapuis was appointed to the department in 1972 where Isbister stimulated PC's interest in C/R surgery. In 1975 Isbister was appointed as the Foundation Professor and Chairman in the Dept. of Surgery Wellington New Zealand, where he remained until 1990 when he was appointed Professor and Chairman of the Department of Surgery at the King Faisal Specialist Hospital in Riyadh Saudi Arabia where he remained until retirement in 2001. Isbister's inclusion in this timeline is related to his prolific writings in the Australian and New Zealand Journal of Surgery. He published 62 articles in ANZJS (1974-2015) in his total of 166 publications, many of which were as a single author.

CLEVELAND CLINIC COLORECTAL COURSE Fort Lauderdale February

GUEST PROFESSOR:

EL Bokey Sydney

Rectal carcinoma - improving the results by appropriate pelvic dissection

TME or not TME: that is the question?

Rectal carcinoma? laparoscopic surgery beneficial or not

Laparoscopy surgery - is it cost effective?

INVITED SPEAKER:

G Newstead Sydney

QOL after sphincter saving surgery & adjuvant therapy

Rectoanal intussusception - solitary rectal ulcer syndrome

Nitrous oxide - myth or miracle?

RISK FACTORS - RECURRENCE FOLLOWING SURGERY FOR CROHN'S DISEASE

St Vincent's Hospital Melbourne 228 patients pub: March

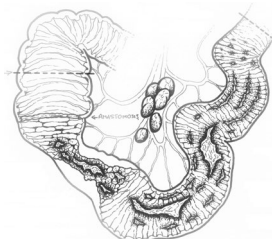
Recurrence at 5yr: **29.2%** at 10yr: **46.0%**

Only significant independent predictors:

duration follow up, absence of mesalazine/sulphasalazine pre-op.

Reference: Platell C, Mackay J, Woods R. Colorectal Dis. 2001; 3: 100-106

Example case mk
Female 51yr
Third resection



Recurrent SB Crohn's

Fig: 111 © mk

COLORECTAL SURGERY IN RURAL AUSTRALIA: SCARS A SURGEON-BASED AUDIT

May 1 1996-April 30 1997; 69 rural general surgeons; 887 patients in audit

One third of operations were emergencies: (most commonly for bowel obstruction)

Peri-operative mortality:

Elective: **4.6%**, Emergency: **8.3%**, if >two comorbidities = **16.4%**, Emerg. +>80y = **15.2%**

Anastomotic leak: Total: 3.3% Low rectal anastomosis: **8.9%**

Reference: Birks DM, Gunn IF, Birks RG, Strasser RP. ANZ J Surg. 2001. 71: 154-58 pub: March

POST FRACS TRAINING (Aus and NZ)

Trainees: (year 2) **4** J Evans, I Hayes, A Luck, C Wright

COMBINED MEETING SCSS and HUNTER SURGICAL SOCIETY

March

TREATMENT ANAL FISSURE - GLYCERYL TRINITRATE THERAPY IN PTS REFERRED FOR SURGERY

Cabrini Medical Centre Malvern A Polglase 65 pts pub: April

39/65 completed trinitrate therapy:

Symptoms improved 22 Sphincterotomy 22

Sphincterotomy remains an important option

Reference: Skinner SA, Polglase AL, Le CT, Winnett JD. ANZ J Surg. 2001. 71(4): 218-20

INTERNATIONAL SYMPOSIUM: SPHINCTER SAVING - RECTAL CANCER Lyon

INVITED SPEAKER: A Spigelman Newcastle

April

Anatomical dissection of the rectum for cancer**RECTAL CANCER - LOCAL RECURRENCE WITHOUT OBLIGATORY TME** pub: April

M Killingback Single surgeon series Prospective data: 1969-1993; 532 pts in study

Curative resections 549: **SSO: 88%** **APR: 11%** Deaths: 3.1%

Radio-T: 33 Chemo-T: 1 5yr FU: 97.2% 5yr survival 72.5%

Local recurrence **Pelvis only** 17/532 (**3.2%**) **only figure reported by Heald**

Local recurrence + **distant spread** 24/532 (**4.5%**) **not included in Heald data**

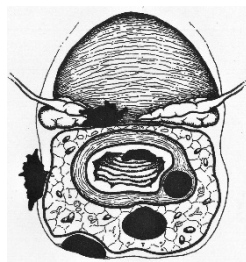
Local recurrence **total** 41/532 (**7.7%**) **not included in Heald data**

Reference: Killingback M, Barron P, Dent O. Local recurrence after curative resection of cancer of the rectum without total mesorectal excision. Dis Colon Rectum.

2001. 44: 473-484

Possible sites of local recurrence:

| | |
|------------|-----------------------|
| Mucosal | Anterior viscera |
| Intramural | Parietal |
| Mesorectal | Vessels, nerves, bone |



©mk
Fig: 112

LEEDS CASTLE POLYPOSIS GROUP: HEREDITARY NON-POLYPOSIS CRCa GROUP

Joint Meeting Venice Italy

INVITED SPEAKER: A Spigelman Newcastle April 26-28

Genetic discrimination experienced by Australian families affected by hereditary bowel cancer

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Canberra

GUEST SPEAKER: May 6-10

B Wolff Mayo Clinic

FOUNDATION LECTURE:*

Long term effect of adjuvant pre-operative chemo-radiotherapy for cancer on bowel function*

Incidental surgery

Rectal carcinoid

Whitehead vs Ferguson haemorrhoidectomy

Fistula in ano

Management of complications and revisional pouch surgery

Ileo-duodenal fistula (CD)

SUBMITTED PRESENTATIONS: Aus/NZ: 25 UK: 4 Singapore: 1

MARK KILLINGBACK PRIZE: I Lindsey Oxford

RCT, double-blind, placebo-controlled trial of sildenafil (Viagra) for erectile dysfunction after rectal excision for cancer and inflammatory disease

OCHSNER CLINIC New Orleans, Louisiana May

GUEST SPEAKER: G Newstead Sydney

Mucosal prolapse: the spectrum and management

MICROSATELLITE INSTABILITY AND SPORADIC COLORECTAL CANCER pub: June

Microsatellite status was determined in 310 tumours collected from 302 patients undergoing surgery for sporadic colorectal cancer at St Vincent's Hospital, Sydney

Results: high level instability (MSI-H): 11% low level instability (MSI-L): 6.8%

MSI-H tumours: More likely to be of high grade, have a mucinous phenotype, right sided, occur in females and be associated with improved survival.

MSI-H phenotype is a pathologically and clinically a distinct subtype of sporadic CRCa.

Reference: Ward R, Meagher A, Tomlinson I et al. Microsatellite instability and the clinicopathological features of sporadic colorectal cancer. Gut. 2001. 48(6): 821-29

ADVANCED LAPAROSCOPIC COLORECTAL SURGERY WORKSHOPS Brisbane

Convener: A Stevenson Demonstrators: J Lumley, A Stevenson, R Stitz

Conducted 4th weekly.

ASSOC. COLOPROCTOLOGY GBI ASM Harrogate UK June 25-27
 GUEST SPEAKER: EL Bokey Sydney
Training the Australian way

FRANKSTON HOSPITAL Melbourne **COLORECTAL UNIT**
 Surgeons (2001): R McIntyre (H/unit), PG Gray, (2005: H/unit: S Skinner)

ROYAL PERTH HOSPITAL **COLORECTAL UNIT**
 Surgeons (2001): G Kubazi (H/unit), G Hool, P Tan

CSSA WEB SITE commenced; managed by S Bell

COVIDEN (formerly Tyco) **COLORECTAL RESEARCH FELLOWSHIP**
 First recipient: M Rickard
 Research project: **The Australasian Ileal Pouch Database**

CENTENARY ONCOLOGY MEETING Princess Alexandra Hospital August 16
 INVITED SPEAKER: R Stitz Brisbane
Laparoscopic colectomy for colon cancer

CME - SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS -
CSSA Dunsborough WA
 GUEST SPEAKER: D Bartolo Edinburgh UK September 10-13
Emergency colonic resection *Detailed program not available*

SUICIDE TERRORIST ATTACKS BY PASSENGER JETS USA
*TWIN TOWERS NY, PENTAGON, WASHINGTON **2,977 deaths*** September 11

NEW ZEALAND RACS ASM Palmerston North NZ September
 GUEST SPEAKER: R Stitz Brisbane
Recent advances in colorectal cancer
Low rectal cancer
Screening in colorectal cancer

AMA Q CONFERENCE (Qld State Committee RACS) Hanoi Vietnam September
 INVITED SPEAKER: R Stitz Brisbane
Advances in colorectal surgery

ST MARK'S HOSPITAL: FRONTIERS of COLORECTAL DISEASES London
 GUEST SPEAKER: R Stitz Brisbane October 16
 SIR ALAN PARKS LECTURE: *
Laparoscopic colorectal surgery - it's time to train*
Ileo-anal reservoir - is bigger better?

NAME CHANGE OF CSSA October 17
 -> **COLORECTAL SURGICAL SOCIETY OF AUSTRALASIA** *(further change in 2006)*

CHRISTCHURCH COLORECTAL SURGERY meeting NZ October 18
 GUEST LECTURER: A Spigelman Newcastle
Management of Familial Adenomatous Polyposis
Colorectal cancer prevention “in the lab”

SYDNEY C/R SURG. SOCIETY (SCSS) ASM Sydney November 10
 GUEST SPEAKER:
 J Monson Hull UK
 EDWARD WILSON LECTURE:*

Laparoscopic surgery for colorectal cancer*
Pre-operative staging with MRI? A real advance (rectal cancer)
Stapled haemorrhoidectomy
Neural networks

INVITED PRESENTATIONS:

| | | | |
|----------|------------|----------------|--------------------------------------|
| D Birks | General | Latrobe Valley | Rural colorectal surgery |
| I Jones | Colorectal | Melbourne | Local resection rectal cancer |
| M Sugrue | Trauma | Liverpool | Colorectal trauma |

SUBMITTED PRESENTATIONS: 8

DOES THE TYPE OF SURGEON MATTER IN RECTAL CANCER SURGERY?

Evidence, guideline consensus and surgeons’ views pub: December

Subspecialization currently stimulates controversy. The present study reveals the partisan views of surgeons in the specialist’s role in colorectal surgery.

Results of national audits will contribute to the debate.

Reference: Solomon MJ, Thomas RJ, Gattellari M, Ward JE ANZ J Surg. 2001. 71(12): 711-14

2002

SURGICAL OUTCOMES RESEARCH CENTRE and DEPARTMENT of COLORECTAL SURGERY (SOuRCe)

Established at Royal Prince Alfred Hospital Sydney to promote an evidenced-based approach improving clinical practice to achieve the best possible outcome for patients.

For example:

Evaluating clinical practice and surgical procedures

Research in patient outcomes

Promoting, advising, performing surgical trials

Education, training in methodology, evaluation and performing surgical trials

Director and Head: Professor Michael Solomon

INTERNATIONAL COLORECTAL DISEASE SYMPOSIUM: Hong Kong January 10-12

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic-assisted abdomino-perineal excision

EVOLVING MANAGEMENT OF MECHANICAL LARGE BOWEL OBSTRUCTION

Editorial: C Platell Freemantle pub: February

The current trend is towards primary resection and anastomosis as this is acknowledged as the preferred management of obstructed right sided cancer.

In left sided obstructed cancer, the choices are:

Proximal stoma

Segmental resection - anastomosis +/- colon lavage*

Subtotal colectomy - ileo sigmoid/rectal anastomosis *

Subtotal colectomy - J pouch*

Reference: Platell C. ANZ J Surg. 2002. 72(2): 80-81

ENDOSCOPIC LASER AND RADIOTHERAPY PALLIATION OF ADVANCED RECTAL CANCER

Concord Hospital 56 patients

pub: February

Combination treatment reduced relapse of rectal cancer with no additional morbidity

Reference: Chapuis P, Yuile P, Dent OF. ANZ J Surg. 2002. 72(2): 95-99

WORLD CONGRESS of COLOPROCTOLOGY Bangkok Thailand

February

INVITED SPEAKER: G Newstead Sydney

Current status of haemorrhoid management

AUSTRALASIAN ILEAL POUCH (IPAA) DATABASE (CSSA)

pub: February

M Rickard 516 patients:

J Pouch: 363 (70%) W Pouch: 133 (26%) S Pouch: ??? (3%)

Defunction ileostomy: 463 (90%)

MR: 2 (0.4%)

An. Leak: 8.5% (suture) 3.3% (staple) p=0.02

An. stricture: 16% (suture) 9% (staple) p=0.02

Pouchitis: 20% UC: 23% CD: 20% Indeterminate: 22%

Bowel function: median frequency waking hours (234 patients)

J Pouch: 5 W Pouch: 4 p=0.0005

References: CSSA Triann. Report 1999-2001 p72-73

Rickard MJ, Young CJ, Bissett IP, Stitz R, Solomon MJ. Colorectal Society of Australasia.

Ileal pouch-anal anastomosis: the Australasian experience Colorectal Dis. 2007. 9(2): 139-45

RECTAL CANCER VICTORIA in 1994: REPORTED MANAGEMENT

pub: April

January 1-December 31; 908 patients diagnosed with rectal cancer:

726 were surveyed

CT or US of liver: 221(32.5%) Transrectal US: 3

Less adjuvant chemoradiation therapy than is currently practised

Surgical treatment 681 (93.8%); operation with curative intent 483 (70.9%)

Reference: Farmer KC, Penfold C, Millar JC et al. ANZ J Surg. 2002. 72(4): 265-70

COLON TRAUMA:

ROYAL MELBOURNE HOSPITAL EXPERIENCE 10 YEARS

pub: May

1989-1999: penetrating 20 pts; blunt 6 pts

Surgery: primary repair-anastomosis satisfactory Colostomy: 4 Mortality: 2

Reference: Steel M, Danne P, Jones I. ANZ J Surg. 2002. 72(5): 357-59

SURVIVAL COLORECTAL CANCER VICTORIA: 5 AND 10-YEAR FOLLOW UP

Victorian Cancer Registry survey of patients with colorectal cancer in 1987

Follow up after curative surgery

pub: May

Relative survival at 5 years: 76%

at 10 years: 73%

Reference: McLeish JA, Thursfield VJ, Giles GG. ANZ J Surg. 2002. 72(5): 352-56

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Adelaide

GUEST SPEAKER:

May 12-14

R Stitz Brisbane

FOUNDATION LECTURE:*

What makes a colorectal surgeon? teaching, training, practice***Time and lifestyle management***Some titles abbreviated***Complex anal fistula****Laparoscopic surgery - Australian perspective****Colon resection and ischaemia**

INVITED SPEAKERS:

| | | |
|---------------|----------|--|
| G Cadiere | France | Laparoscopic surgery - French perspective |
| EL Bokey | Sydney | 75 years of research in colorectal surgery |
| M Killingback | Sydney | 75 years of history - colorectal surgery |
| P Hewett | Adelaide | Time and lifestyle management |
| Y Saida | Japan | Stent endoprosthesis for obstructive colorectal cancers |

INTERACTIVE PANEL: I O'Rourke, M Schnitzler, R Stitz

SUBMITTED PRESENTATIONS: Aus: 28 UK: 3 Hong Kong: 1

MARK KILLINGBACK PRIZE: T Edwards Sydney

Ano-cutaneous flap repair for complex and recurrent supra-sphincteric anal fistula**DEATH OF PETER RYAN OAM** June 3

Peter was dedicated to Colorectal Surgery - his philosophy and surgery laid the foundation for the colorectal unit at St Vincent's Hospital Melbourne. He was always looking for the developing edge of C/R surgery. He was probably the first to advocate resection for perforated diverticulitis. Peter was a Hunterian lecturer. He was the first to raise the possibility of an Australian C/R society. Peter was also a meticulous surgical scribe. His ability to sketch greatly added to his worth as a teacher.

Obituaries: Gordon Trinca ,RCS England
© RACS 2002



Fig: 113

Peter Ryan
1925-2002**COLORECTAL SURGERY AS A SPECIALTY ACHIEVES SUPERIOR RESULTS**

Prospective studies demonstrate improved outcome for colorectal cancer patients subsequent to the establishment of a specialist colorectal service.

EXTENT OF MESORECTAL INVASION IS A PROGNOSTIC INDICATOR IN T3 RECTAL CA

| | Patients | Local Recurrence | pub: July |
|----------------------|----------|------------------|-----------|
| Minimal invasion | 74 | 5.4% | |
| Advanced invasion T3 | 148 | 14.2% | |

The extent of invasion in the mesorectum appears to be an independent prognostic variable

Reference: Steel MCA, Woods R, Mackay JM, Chen F. ANZ J Surg. 2002. 72(7): 483-87

NEW ZEALAND RACS ASM Christchurch

August 26-30

GUEST SPEAKER: EL Bokey Sydney

History of evidence-based surgery**Management of rectal cancer in the era of evidence-based surgery**

MURRAY and UNITY PHEILS TRAVEL FELLOWSHIP

For overseas training experience in colorectal surgery. In addition, at least one year of training should include Concord Hospital.

First recipient: M Steel

“DISEASES OF COLON AND RECTUM” becomes official journal of CSSA.

Negotiated by G Newstead

CSSA MEMBERSHIP: 110

POST FRACS TRAINING Aus and NZ

Trainees: (year 2) 2 I Bissett, N Pathma-Nathan

FLINDERS MEDICAL CENTRE Adelaide **COLORECTAL UNIT**

Surgeons (2002): J Sweeney (H/unit), R Sarre, D Wattchow

FREEMANTLE HOSPITAL **COLORECTAL UNIT**

One surgeon (2002): C Platell

ROYAL NORTH SHORE HOSPITAL Sydney **COLORECTAL UNIT**

Surgeons (2002): J Percy (H/unit), I Fielding, M Schnitzler

RACS COUNCIL includes three CSSA members: R Stitz, B Waxman, R West

YIK-HONG HO (Colorectal surgeon) appointed Head of Dept of Surgery

James Cook University Queensland and Townsville Hospital.

Previous appointment: Singapore General Hospital

No CME meeting in view of Tripartite meeting**TRIPARTITE MEETING** Melbourne

October 2

SECT. C/R RACS - CSSA - ASCRS - SECT. RSM - ACPGBI

Convener: R Wood

Medical registrations: 538 Aus: 254 NZ: 48 UK: 107 USA: 47 Others: 82

Podium presentations: 138 UK: 50 Aus: 28 USA: 28 NZ: 10 Others: 19

JOHN GOLIGHER LECTURE:

N Williams London UK

Anorectal reconstruction- an emerging specialty

ESR HUGHES LECTURE:

M Killingback Sydney

History of the tripartite meetings

RUPERT TURNBULL LECTURE:

V Fazio Cleveland USA

Ileo-anal pouch surgery after 20 years - here endeth the lesson

INVITED SPEAKER:

R McLeod Toronto Canada

Outcome of IBD in patients having a liver transplant for sclerosing cholangitis

Crohn's Disease and indeterminate colitis. Ileal pouch (IPAA) outcomes.

SUBMITTED PRESENTATIONS: Aus: 27

S Bell (2), K Boyle, C Byrne, S Chew, I Faragher (2), A Heriot, A Hunter, J Keck, M Kennedy, A Keshava, P Loder, J Lumley, G Newstead, C Platell, M Rickard (2), M Steel, A Stevenson (2), P Stewart, M Stuart, J Tjandra, D Wattchow, C Young (2)

ACPGBI TRAVELLING FELLOWSHIP for an Australian Trainee

Announced at the Tripartite meeting; funded travel to United Kingdom.

First Recipient: A Keshava (2003)

Reference: CSSA Triann. Report 2002-2004: p83

No CME or SCSS meeting in view of the Tripartite meeting in Melbourne

ANORECTAL PHYSIOLOGICAL TESTING IN AUSTRALIA

pub: October

To unravel the complexities of the anorectal region the

following tests are employed:

| | |
|--------------------------------------|--------------------------------------|
| Anorectal manometry | Pudanal nerve terminal motor latency |
| Electromyography of the pelvic floor | Balloon expulsion test |
| Mucosal electrosensitivity | Recto-anal inhibitory reflex |
| Rectal compliance | Defaecating proctography |
| Endoanal ultrasound | |

Reference: Tjandra JL, Lubowski DZ. ANZ J Surg. 2002. 7(10): 757-79

JAPAN SOCIETY of COLOPROCTOLOGY Yokohama, Japan

October

INVITED SPEAKER: G Newstead Sydney

Long term results of sclerotherapy and banding for haemorrhoids and mucosal prolapse

The organisation of colorectal surgery throughout the world

ELECTIVE RESECT - ANAST OF CRCa - AN AUDIT OF MORTALITY AND MORBIDITY

M Killingback:

pub : November

Elective open surgery: single surgeon series with prospective collection of data

1976-1998; patients 1,392 Resection-anastomosis: 1,418

| | Intraperit IPA | Extraperit EPA | All anastomoses |
|-----------------------------|-----------------------|-----------------------|------------------------|
| N: | 831 | 587 | 1,418 |
| Deaths | 7 (0.8) | 16 (2.7) | 23 (1.6) |
| Clinical Anast. Leak | 2 (0.2) | 27 (4.7) | 29 (2.1) |
| Return to Op theatre | 17 (2.1) | 21 (3.6) | 38 (2.7) |

Reference: Barron P, Dent O, Killingback M. Elective resection and anastomosis for colorectal cancer: A prospective audit of mortality and morbidity 1976-1998. ANZ J Surg. 2002. 72 (10): 689- 98

CURRENT EVIDENCE DOES NOT SUPPORT ROUTINE ADJUVANT RADIOTHERAPY FOR RECTAL CANCER

pub: November

AP Meagher St Vincent's Hospital Sydney

In more recent studies with lower local recurrence rates, reflecting modern surgical standards, no survival advantage is evident. Studies have demonstrated that radiotherapy has detrimental effects on quality of life.

Reference: Meagher AP, Ward RL. ANZ J Surg. 2002. 72(11): 835-40

ACUTE MALIGNANT COLORECTAL OBSTRUCTION AND SELF-EXPANDABLE METALLIC STENTS

Editorial: C Young

pub: December

The three main groups for stenting are:

To temporize prior to an elective operation

To palliate a patient with non resectable or metastatic disease

When a patient is deemed unfit for operation

In the RPAH series, the incidence of stent perforation is 1/40 (3%)

Combined endoscopic-fluoroscopic stent insertion appears to have advantages

Reference: Young CJ, Solomon MJ. ANZ J Surg. 2002. 72 (12): 851

TRANSANAL ENDOSCOPIC MICROSURGERY - TEMS

(TAMIS) Melbourne

pub: December

K Farmer April 1997-2002; **The first 50 cases** (49 pts) Cabrini Hospital.

Mean distance to lower edge: 8.7 cm Diameter of lesions: 1.5-9.8cm

Complete excision: 39/50 (78%) One death

Benign: 36 Malignant: 14 Recurrence: 2 (5%)

References: Farmer K, Wale R, Winkett J et al. Transanal Endoscopic Microsurgery (TEM) The first 50 cases. ANZ J Surg. 2002. 72(12): 854-56

Kennedy ML, Lubowski DZ, King DW. Transanal Endoscopic Microsurgery Excision: Is anorectal function compromised? Dis Colon Rectum. 2002. 45: 601-604

Comment (MK): If prolonged: may result in a reduction in internal sphincter tone.

2003

MITCHELL J NOTARIS FELLOWSHIP IN COLORECTAL SURGERY established

Royal Prince Alfred Hospital and the University of Sydney

SYMPOSIUM: C/R SURGERY Guang Zhou China

April

INVITED SPEAKER: N Rieger

Adelaide

TME

Laparoscopy for colorectal cancer

ALCCaS Trial

1st INCONTINENCE & PELVIC FLOOR SYMPOSIUM: Epworth Hospital Melbourne

Convenor: J Tjandra

Melbourne

Speakers and topics not available

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Brisbane

GUEST SPEAKER:

May 5-9

R Madoff Minneapolis USA

Evaluation of novel therapies for faecal incontinence

Pouch problems (child - adult)

Investigation of pelvic floor problems

Case presentations to R Madoff

MEET THE MASTERS:

R Madoff and Trainees

SUBMITTED PRESENTATIONS: Aus: 40 NZ: 5 UK: 1 Singapore: 1

MARK KILLINGBACK PRIZE: J Evans Sydney

Stapled haemorrhoidectomy

POST FRACS TRAINING Aus and NZ

Trainees: 2nd Year: nil. Concept, convener and first mentor: M Solomon

First Trainee Education Weekend: Double Bay Sydney

July 25-27

ACPGBI TRAVELLING FELLOWSHIP **2003** -> UK + ACPGBI meeting +
A Keshava Inaugural Fellow
MEDTRONIC RESEARCH FELLOWSHIP **2003**
N Abraham
COVIDEN (TYCO) RESEARCH FELLOWSHIP **2003**
N Abraham

ANTERIOR RECTAL WALL ENDOMETRIOSIS - STAPLER EXCISION pub: August
St Vincent's Hospital Melbourne: FC Chen, AG Heriot, RJ Woods
Patients: 30
Laparoscopic ablation of pelvic endometriosis is performed initially. Closure
of the stapler simultaneously excises the pathology and closes the rectal wall.
Reference: Woods RJ, Heriot AG, Chen FC. Anterior rectal wall excision for endometriosis using
the circular stapler. ANZ J Surg. 2003. 73(8): 647-48

CSSA FOUNDATION ESTABLISHED

Chairman: G Newstead

Aims: To fund, promote and supervise research in colorectal surgery.

BRAZILIAN CONGRESS of COLOPROCTOLOGY Salvador Brazil September 4-7
GUEST PROFESSOR: EL Bokey Sydney
Rectal carcinoma: Total anatomic dissection and TME
Colon cancer: Is the surgeon an independent variable?
Evidence based surgery for CRCa: What is the evidence?

AMA Q CONFERENCE (Qld Regional Committee RACS) Hanoi Vietnam
INVITED SPEAKER: R Stitz Brisbane September
Advances in colorectal surgery

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSA – SCSS Sydney
GUEST SPEAKERS: I Finlay, C van de Veld, D Wong September 19-20
ESR HUGHES LECTURE: *
I Finlay Glasgow UK
Rectal prolapse: What operation and whom?*
An alternative viewpoint (Rectal cancer)
EDWARD WILSON LECTURE: **
C van de Veld Netherlands
Pre-operative radiotherapy plus TME - 5year data**
What about liver perfusion?
Impact of surgical training on outcome in rectal cancer surgery
CSSA ORATION***:
D Wong New York USA
Current trends in the management of advanced abdominal disease***
Local excision - a surgical compromise (Early Cancer)
Endoanal ultrasound: does it help? (Complex Anal Fistulae)
INVITED SPEAKERS:
A Bell **Complex anal fistula - glue**
F Chen **Fixed rectal cancer- adjuvant therapy**

| | |
|-------------|--|
| C Farmer | Crohn's fistula |
| J Gallagher | Surgery - liver metastases |
| P Hewett | Laparoscopic CRCa trial updates |
| J Keck | Pilonidal disease |
| M Little | Evidence based medicine |
| J Moore | IBD dysplasia. When to operate? |
| D Morris | Emergence of a subspecialty |
| H Nguyen | Advancement flap |
| C Platell | Malignant polyp |
| N Reiger | MRI - Is it better? |
| J Tjandra | Stapled haemorrhoidectomy |

SUBMITTED PRESENTATIONS: 12

ANASTOMOTIC LEAKS AFTER ANTERIOR RESECTION: LOCAL RECURRENCE

Concord Hospital: 403 pts with rectal cancer were treated by curative anterior resection between 1971-1991. Anastomotic leak occurred in 51 pts (12.7% localised 40; peritonitis 11). Local recurrence occurred in 11.7%

If no leak: **LR = 10.0%**; Leak: **LR = 25.5%**.

pub: October

Anastomotic leak is associated with a higher local recurrence rate.

Reference: Bell SW, Walker KG, Rickard MJ et al. Brit J Surg. 2003. 90: 1261-66

TME SURGERY COURSE St Vincent's Hospital Melbourne

October

INVITED SPEAKERS:

| | |
|----------|----------------|
| R Heald | Basingstoke UK |
| P Quirke | Leeds UK |

COLORECTAL MEETINGS (3) Mumbai India

November 7-11

VISITING PROFESSOR:

| | |
|--------|-----------|
| J Keck | Melbourne |
|--------|-----------|

| | | |
|------------------|------------------------|-------------------------------|
| Jaslok Hospital, | Atomic Research Centre | King Edward Memorial Hospital |
|------------------|------------------------|-------------------------------|

Pelvic floor disorders

Colorectal surgery

2nd SINO-AUS-NZ CONFERENCE SURGICAL ONCOLOGY Sydney

November 28

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic treatment of colorectal cancer

MEMORANDUM OF UNDERSTANDING APPROVED (Surgical training): BETWEEN RACS and CSSA

ILEAL POUCH - ANAL ANASTOMOSIS IN CHILDREN: FUNCTION - QUALITY OF LIFE

Prince of Wales Hospital Randwick 16 patients operative mortality nil

Functional outcome satisfactory. Mean bowel actions/week: 37

Continence was marginally better in children than in adults.

Reference: Chew SSB, Kerdic RI, Yang J-L et al. ANZ J Surg. 2003. 73(12): 983-87

pub: December

2004 RISK FACTORS FOR PROLONGED STAY AFTER RESECTION OF COLORECTAL CANCER

Concord Hospital 1995-2001; prospective data from 1,095 resections

Independent factors associated with prolonged stay: pub: January

Urgent surgery, adjacent structure involvement, stoma, peripheral vascular disease, Age >75yr, respiratory disease, ASA > 2, mobilized splenic flexure, private hospital

Reference: Rickard MJFX, Dent OF, Sinclair G et al. ANZ J Surg. 2004. 74(1-2): 4-9

VICTOR FAZIO awarded the ORDER OF AUSTRALIA (OA)

Celebration function for Vic Fazio, held at the University of Sydney

Convener: EL Bokey

MANAGEMENT OF COLORECTAL CANCER PATIENTS IN AUSTRALIA pub: February

AD Spigelman **National Colorectal Cancer Survey** February 1 – April 30 2000

Responses: 2015 pts (surgery 95%) Curative resections 81.8%

Antibiotic prophylaxis commonly used Thromboembolic prophylaxis 96.4%

Adjuvant therapy was not administered to all eligible patients

Reference: McGrath DR, Leong DC, Armstrong BK, Spigelman AD. ANZ J Surg. 2004. 74(1-2): 55-64

ANAL SPHINCTER FUNCTION AND INTEGRITY AFTER PRIMARY REPAIR OF A THIRD-DEGREE TEAR pub: March

Lyell McEwin and Queen Elizabeth Hospitals Adelaide: 51 of 89 patients in study

Incidence of third or fourth degree tear: 89/6,875 vaginal deliveries (**1.3%**).

Sphincter defect (US): **53% (of these symptoms in 45% were minimal)**

3/51 pts with anovaginal fistula were the only pts to require surgical treatment.

Reference: Rieger N, Perera S, Stephens J et al. ANZ J Surg. 2004. 74(3): 122-24

ADJUVANT RADIOTHERAPY IN SELECTED PATIENTS WITH RECTAL CANCER

Literature review Oncology Department Royal Melbourne Hospital

Risks of local recurrence have been reduced by improvements in

surgical technique. **Available evidence supports the use of adjuvant RT**

in selected patients with rectal cancer.

pub: March

Reference: Gibbs P, Chao MW, Jones IT et al. ANZ J Surg. 2004. 74(3): 152-57

2nd INCONTINENCE & PELVIC FLOOR SYMPOSIUM:

Convener: J Tjandra Epworth Hospital Melbourne

GUEST SPEAKER:

K Matzel Erlangen Germany

Sacral nerve stimulation for anal incontinence

ALAN CUTHBERTSON LECTURE:

Dates and details not available

DYNAMIC GRACILOPLASTY FOR FAECAL INCONTINENCE - LONG TERM RESULTS (5YR)

St George Hospital group: 1993-2003; 33 patients treated by dynamic graciloplasty

Most patients had continued poor continence scores long term.

Negative impact on the Quality of life 64%

Normal continence 16%

Conversion to colostomy 27% (incontinence, obstructive defaecation)

Currently the procedure is rarely performed

Reference: Thornton MJ, Kennedy ML, Lubowski DZ, King DW. Long term follow-up of dynamic graciloplasty for faecal incontinence. Colorectal Dis. 2004. 470-76. doi:10.1111/j.1463-1318.2004.00714.x

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Melbourne

ASC GUEST SPEAKER: R Phillips St Mark's Hospital London May 3-7

ASC LECTURE:*

Dear Bill (Heald): A critique of TME***Update on FAP****Laparoscopic surgery is not better than open surgery for colorectal cancer****Rectal prolapse - update on the PROSPER Trial****The anus as a wind instrument for raising and lowering anal pressure**DEBATE: **The outcome of laparoscopic surgery** For: J Lumley Against: R Phillips

CASE PRESENTATIONS TO PANEL:

A Bell, P Douglas, M Levitt, J Oakley, C Penfold, R Perry, J Sweeney

SUBMITTED PRESENTATIONS: Aus: 26 UK: 6 NZ: 2 USA: 1 HK: 1

MARK KILLINGBACK PRIZE:

M Thornton Sydney

Botulinum Toxin for chronic anal fissure: prospective manometric assessment.**INTERNATIONAL C/R SYMPOSIUM: Kyungpook University Hospital Korea**

INVITED SPEAKER: N Rieger Adelaide May

Laparoscopic surgery *Titles abbreviated***Colon too long or too short for stapled anastomosis****Research in laparoscopy at QE hospital SA****Prospective randomised trial of laparoscopic surgery for colorectal cancer****COLORECTAL CANCER PATTERNS OF CARE WESTERN SYDNEY**

pub: June

Prospective collection of data 1994-1996; 370 CR cancers

41 surgeons performed 299 curative operations 6 deaths (2.0%)

Rectal cancer surgery: LAR 56% APE 28%

Adjuvant therapy: Rectal Ca 45% Colon Ca 51%

5yr survival Rectal Ca 62% Colon Ca 63%

Reference: Barton MB, Gabriel GS, Miles S. ANZ J Surg. 2004. 74(6): 405-12

ASSOC. COLOPROCTOLOGY GBI ASM meeting Birmingham UK

June 28

INVITED SPEAKER: EL Bokey Sydney

Will specialisation and specialist training improve survival?**DIVERTICULAR DISEASE – AN AUDIT OF ELECTIVE OPEN SURGERY**

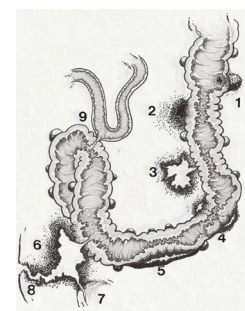
pub: July

M Killingback **Prospective** collection of data 1973-1998; 206/208 pts**Non-inflam:** No inflammatory focus**Localised:** Within diverticulum/mesentery/pericolic fat**Extra-colic:** Beyond colon

| RESULTS | N | Clin An.Leak | X-ray An.Leak | Mortality |
|--------------------|-------------------|--------------|---------------|--------------|
| Non-inflam | 25 (12.1%) | nil | nil | nil |
| Localised | 90 (43.7%) | nil | 2.2% | nil |
| Extra-colic | 91 (44.2%) | 4.6% | 6.9% | 2.2 % |
| | 206 pts | 2.0% | 5.9% | 1.0 % |

Comment (mk): Anast.leak and mortality is related to pathology

Reference: Killingback M, Barron P, Dent OF. Elective surgery for Diverticular disease: an audit of surgical pathology and treatment. ANZ J Surg. 2004. 74 (7): 530-36

**Fig: 114**© mk **Localised diverticulitis 1-5**
Extracolonic diverticulitis 6-9

CARCINOMA OF THE ANAL CANAL

pub: July

1991-2001; 28 women : 22 men treated at three tertiary hospitals in Melbourne
50 patients; 48 treated for cure

Treatment with chemotherapy and radiation: 38 pts Retrospective review of data

Complete response: 79% 5-year survival: 63%

Reference: Wong S, Gibbs P, Chao M et al. ANZ J Surg. 2004. 74(7): 541-46

LOWER GIT HAEMORRHAGE - SUPERSELECTIVE ANGIOGRAPHIC EMBOLIZATION

Alfred Hospital Prahran Victoria 15 pts pub: July

Identification of bleeding site 10 (67%)

Haemostasis achieved 14/15 (93%)

Re-bleeding within 24hr 8 (53%)

Deaths due to continued bleeding or bowel ischaemia 3 (20%)

Burgess AN, Evans PM. ANZ J Surg. 2004. 74 (8): 635-38

ENDOANAL AND ENDORECTAL ULTRASOUND: APPLICATIONS IN C/R SURGERY

Faecal incontinence Confirm sphincter defects and guide surgical intervention

Rectal cancer Staging

Anal fistula Delineation of tracts and sphincter involvement

Reference: Rieger N, Tjandra J, Solomon MJ. ANZ J Surg. 2004. 74 (8): 671-75 pub: August

POST FRACS TRAINING Aus and NZ

Trainees: (year 2) 14

Trainee Education W/E: Melbourne

August 20-21

RACS Recommends : General Surgery 4 Years Subspecialty 2 years

NOTARIS COLORECTAL FELLOWSHIP 2004

C Byrne First recipient

ACPGBI TRAVELLING FELLOWSHIP 2004

E Murphy

COVIDEN (TYCO) RESEARCH FELLOWSHIP 2004

M Thomas

MEDTRONIC RESEARCH FELLOWSHIP 2004

M Thomas

NATIONAL DATABASE WORKSHOP

Chairman: A Hunter

Forerunner of Binational Colorectal Cancer Audit (**BCCA**)

NATIONAL BOWEL CANCER SCREENING

Pilot Study: G Newstead

JCB PENFOLD PRIZE established for best research paper by resident or trainee
at the Royal Melbourne Hospital established by the Tjandra Fund

LOCAL RECURRENCE FOLLOWING SURGERY FOR CANCER LOWER RECTUM

A Polglase; single surgeon series Cabrini Medical Centre Malvern pub: September

Technique: blunt dissection principally, TME when appropriate

1987-1999; 123 resections for Ca mid-distal thirds of rectum

Curative operations: 96 Local recurrence: Overall: **5.2%** Cumulative risk at 5yr: **7.6%**

Overall 5yr cancer specific survival: 80.8%

Reference: Polglase AI, Grodski SF, Tremayne AB et al. ANZ J Surg. 2004. 74(9): 745-50

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS September 29

CSSANZ Sanctuary Cove

GUEST SPEAKERS: J Milsom, J Campbell

ESR HUGHES LECTURE:*

J Milsom New York

Laparoscopic surgery for colorectal cancer*

Hand-assisted laparoscopy

CSSA ORATION:

J Campbell Brisbane

Development of Autologous Blood Vessels

INVITED SPEAKERS:

G Radford-Smith **Crohn's disease - genetics and aetiology**

F Frizelle **Anal intraepithelial neoplasia**

Crohn's disease Anorectal disease

A Stevenson **Laparoscopic surgery for prolapse: how I do it**

P Hewett **Laparoscopy for obstruction: tips and outcomes**

CSSA FOUNDATION INAUGURAL MEETING Sanctuary Cove October 1

1st ANNUAL THOUGHT LEADER FORUM Seoul South Korea October 4-7

INVITED SPEAKER: EL Bokey Sydney

Anastomotic technique, leakage and its consequences

COLORECTAL CANCER STAGING - WESTERN AUSTRALIA pub: October

Western Australian Cancer Registry: over 12 mths 1,008 patients registered

743 fully staged for the study Males: 56%; Females: 44%

Most common site: Rectum 32.5%

Results: Stage I (20.5%) II (29.9%) III (26.2%) IV (23.4%)

Reference: Boutard P, Platell C, Threlfall T. ANZ J Surg. 2004. 74(10): 895-99

CSSA FELLOWSHIP

Proposed that **FCSSA** be the appropriate qualification for Specialist Colorectal Surgery

Recommendation accepted by Council RACS

ROYAL COLLEGE of PHYSICIANS and SURGEONS, GLASGOW Surgical Forum

GUEST PROFESSOR: EL Bokey Sydney November 4-5

PETER LOWE LECTURE:*

The effect of specialisation and technique on outcomes of colon and rectal cancer*

Anastomotic leakage: survival and recurrence

Surgical training and patient outcome

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM meeting Sydney November 6

GUEST SPEAKERS: F Konishi, J Northover

EDWARD WILSON LECTURE:*

J Northover London UK

Rectal carcinoma: 20th century lessons for the 21st century *

Anorectal plastic surgery

Perianal Crohn's disease

F Konishi Japan

Early colorectal cancer: colonoscopic or operative treatment?

Lymph node dissection in laparoscopic assisted colectomy for carcinoma

Magnifying colonoscopy

INVITED SPEAKERS:

B Farnsworth **Pelvic floor prolapse**

F Frizelle **Anal intraepithelial neoplasia**

H Martin **Interface: pediatric – adult colorectal surgery**

A Stevenson **Anterior resection + splenic flexure mobilisation**

SUBMITTED PRESENTATIONS: 10

3rd SINO-AUSTRALIA SURGICAL CONFERENCE Guangzhou China November

INVITED SPEAKER: P Hewett Adelaide

Surgery for pseudomyxoma peritonei

Intraperitoneal chemotherapy and cytoreductive therapy

COLORECTAL MEETING Jinan China November

INVITED SPEAKER: P Hewett Adelaide

Anal fistula

Laparoscopic surgery for colonic cancer

ARGENTINIAN SOCIETY of COLORECTAL SURGERY Buenos Aires November

GUEST PROFESSOR: G Newstead Sydney

Internal intussusception of the rectum

Subtotal colectomy in emergency surgery

Primary anastomosis in emergency surgery

Banding versus stapling for haemorrhoids

Options in the management of anal fissure

Day surgery for ano-rectal disease

SACRAL NERVE STIMULATION (SNS) FOR ANAL INCONTINENCE pub: December

J Tjandra was an early (probably the earliest in Australia) exponent of this treatment (2002). His initial publication, with K Matzel, in 2004 was a review of current results.¹ Patton et al demonstrated the efficacy of SNS was due to increased retrograde activity which retarded transit.² The SNS **significantly improved FI and QOL with high patient satisfaction in 91 patients.**³

References: 1. Tjandra JJ, Lim JF, Matzel K. Sacral Nerve Stimulation: An Emerging Treatment for Faecal Incontinence. ANZ J Surg. 2004. 74(12): 1098-106

2. Patton V, Wiklendt L, Arkwright JW, Lubowski DZ, Dinning PG. The effect of sacral nerve stimulation on distal colonic motility in patients with faecal incontinence. Brit J Surg. 2013. 100: 959-96

3. Patton V, Abraham E, Lubowski DZ. Sacral nerve stimulation for faecal incontinence: medium term follow-up from a single institution. ANZ J Surg. 2016; 87(6): 462-66

**INTERSPHINCTERIC INJECTION OF SILICONE*
FOR ANAL INCONTINENCE**

J Tjandra; retrospective study Melbourne *PTP TM (Bioplastique) pub: December
Patients: 82 (F:64; M:18) with IAS dysfunction Ultrasound guidance 42
Result: Significant improvement in faecal continence and QOL.

Reference: Tjandra JJ, Lim JF, Hiscock R, Rajendra P. Injectable Silicone Biomaterial for Faecal Incontinence caused by Internal Anal Sphincter Dysfunction is Effective. Dis Colon Rectum. 2004. 47: 2138-2146

Comment D Lubowski: "I began using the technique but I was unable to reproduce the good published results and therefore ceased performing the procedure."

WORLD CONGRESS INTERNAT. SOCIETY -DIGESTIVE SURGERY Yokohama Japan

INVITED SPEAKER: J Tjandra Melbourne December 8-11

Innovative treatment of faecal incontinence

Minimal surgery for small bowel Crohn's disease

2005

DEATH OF WALTER HUGHES

March 12

A reserved and gentle man. A surgeon of dedication, sincerity, and humility. Devoted to his surgical profession, his specialty, and patients. Always ready to help his colleagues and make colorectal surgery more pleasurable. One of the group of general surgeons to convert to colorectal surgery in the 1980s, he gave faithful service to Concord Hospital as a registrar and then until he retired as a senior visiting surgeon. He was one of the original surgeons in the Colorectal unit.



Fig: 115
© mk

Wal Hughes
1925 - 2005

ANO-CUTANEOUS FLAP REPAIR FOR COMPLEX SUPRA-SPHINCTERIC ANAL FISTULA

M Solomon Royal Prince Alfred Hospital pub: March

16 patients who had failed previous procedures; 15 successful healing

Recurrence: 1 Improved continence almost 70%

Reference: Hossack T, Solomon MJ, Young JM. Ano-cutaneous flap repair for complex and recurrent supra-sphincteric anal fistula. Colorectal Dis. 2005. 2: 187-92

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - ASC Perth May 9-13

ASC GUEST SPEAKER: Sir Ara Darzi KBE London, Imperial College

Interview with Professor Darzi: EL Bokey

The impact of technology on surgical practice

Innovation and uptake in surgery – why are we always behind?

Systematic review in laparoscopic surgery

INVITED SPEAKER:

R Stitz: Brisbane

Root cause analysis / accountability

VIDEO SESSION OPERATIVE SURGERY

G Christey Sydney

Closure of the open abdomen by component separation technique

C Platell Freemantle

TEMS excision of a rectal tumour

A Darzi London

Laparoscopic robotic rectopexy

A Stevenson Brisbane

Laparoscopic total colectomy

SUBMITTED PRESENTATIONS: Aus: 37 NZ: 9 UK: 1 Singapore: 1

MARK KILLINGBACK PRIZE: M Thomas Adelaide

Is microsatellite instability a useful molecular marker to target chemotherapy for colorectal cancer?

R STITZ AM elected PRESIDENT RACS May

| | |
|---|-----------|
| President Queensland AMA | 2002-2003 |
| Chairman Section CR surgery RACS | 1993-1994 |
| President CSSA | 1997-1999 |
| President RACS | 2005-2007 |



Russell Stitz AM
Fig: 116

© Royal Australasian College of Surgeons 2005
Painting by Michael Stavros

LAPAROSCOPICALLY-ASSISTED RESECTION - RECTOPEXY FOR RECTAL PROLAPSE

Surgeons: J Lumley, ARL Stevenson, RW Stitz pub: May

Prospective data 1992-2003; 117 patients

Mortality: <1% Morbidity: 9% Clinical anastomotic leak: 1

Constipated pts: 69% improved Worse: nil

Follow up: 77 patients Median 62 mths Recurrence: 2 (2.5%)

Reference: Ashari LHS, Lumley JW, Stevenson ARL, Stitz RW. Laparoscopically-assisted resection rectopexy for rectal prolapse: ten years' experience. Dis Colon Rectum. 2005. 48(5): 982-7

PRE-OPERATIVE CHEMORADIOTHERAPY – LOCALLY ADVANCED RECTAL CANCER

Radiation Oncology Victoria 69 patients pub: May

Treatment regime: 5-FU + 45Gy + Boost RT + resection at 8 weeks

Treatment toxicity acceptable

Sphincter preserved in 16/25 pts where APE was expected

Macroscopic excision complete in all patients; microscopic residual disease: 2 pts

At median FU of 29m: local recurrence = 7.2%; disease progression 21 pts (30%)

Reference: Chao M, Gibbs P, Tjandra J et al. ANZ J Surg. 2005. 75(5): 286-91

CSSA SECRETARIAT

Jan Stuart retires as secretary of CSSA

Jan Farmer appointed as secretary of CSSA

PERSONAL CLINICAL EXPERIENCE WITH CROHN'S DISEASE pub: June

IT Jones Melbourne 1988-2001; Consecutive series of 92 patients

Single site disease: 52 Surgical procedures performed: 184

Most surgical interventions were for patients with combination of colonic and anorectal disease. At follow up, all patients with disease confined to the small bowel or ileocaecal region were free of symptoms.

The outcome after surgery better if the patient does not have anorectal disease.

Reference: Leung R, Jones IT. ANZ J Surg. 2005. 75(6): 471-74

TRIPARTITE meeting Dublin July 5-7

SECT. C/P RSM - ACPGBI - ASCRS - SECT. C/R RACS - CSSA

In association with the **European Association of Coloproctology (EACP)** which has been invited to be a participant in future Tripartite meetings

Medical registrations: 965 Aus: 98 NZ: 18

Podium presentations: 161 Aus: 27 NZ: 7

OPENING PLENARY LECTURE:

M Solomon Sydney

Laparoscopic resection colorectal cancer: Overview of RCTs

INVITED SPEAKER:

G Newstead Sydney

International training in Colorectal Surgery

SUBMITTED PAPERS: Aust: 25

L Ashari, C Byrne (2), P Chapuis, P Douglas, A Eyres, A Heriot (2), P Hewett, J Keck, A Keshava, M Levitt, M Lewis, D Lubowski, J Mackay, C Platell, L Schmidt, M Solomon, R Stitz, J Tjandra (3), D Wattchow, S Wong, C Young

TERRORIST BOMB ATTACKS IN LONDON: last day of Tripartite July 7

56 Fatalities

Reference: Wikipedia

ST MARK'S ASSOCIATION ANNUAL meeting London July

GUEST SPEAKER:

C Platell Freemantle WA

Bowel preparation trial - phosphate enema or polyethylene glycol

RCT 147 patients in each group

| Results: | Phos. Enema | Polyeth. Glycol |
|------------------|-------------|-----------------|
| Anast. leak (Op) | 4.1 | nil |
| Mortality | 0.7 | 2.7 |

Evidence does not recommend the use of a phosphate enema.

Reference: Platell C, Barwood N, Makin G. RCT of bowel preparation with a single phosphate enema or polyethylene glycol before elective colorectal surgery. Br J Surg. 2006. 93(4): 427-33

LATERAL INTERNAL SPHINCTEROTOMY vs BOTULINUM TOXIN FOR ANAL FISSURE

RCT 38 patients Queen Elizabeth Hospital Woodville SA pub: July

Sphincterotomy: better results **Botox is safe without complications**

Reference: Iswariah H, Stephens J, Rieger N et al. ANZ J Surg. 2005. 75(7): 553-55

3rd INCONTINENCE & PELVIC FLOOR SYMPOSIUM: July 29

1st INTERNATIONAL LAPAROSCOPIC COLORECTAL WORKSHOP

Convenor: J Tjandra Epworth Hospital Melbourne

GUEST SPEAKERS: *Speakers' topics not available*

K Weng Eu Singapore

J Milson New York

POST FRACS TRAINING Aus and NZ

Trainees: (year 2) 8

Trainee Education W/E: McLaren Vale SA

August 19-21

Training model: General surgery 3yr + 3yr sub-specialty (to be phased out)

ACPGBI TRAVELLING FELLOWSHIP 2005

M Thomas

DAVID THEILE ORATION: Royal Brisbane Hospital

September 2

R Stitz Brisbane

Technique in the age of technology**SURGICAL MANAGEMENT CRCa SOUTH-WESTERN SYDNEY 1997-2001**

Patients: 1,293; managed by 36 surgeons Operations: 1,270 pub: September

Emergencies: 16.5% Diagnosis by screening: 3%

Elective surgery:

Colon: resection **598** Mortality rate: 1.2% Anast leak: 0.8% Re op: 2.7%**Rectum** resection **410** Mortality rate: 2.9% Anast leak: 1.2% Re op: 2.7%

Reference: Wong SKC, Kneebone A, Morgan M et al. ANZ J Surg. 2005. 75(9). 776-82

DEPT. SURGERY JICHI UNIVERSITY Omiya Japan

September

INVITED SPEAKER: Y-H Ho Townsville Qld

Laparoscopic surgery**JAPANESE SOCIETY FOR COLORECTAL AND ANAL FUNCTION DISORDERS** Japan

INVITED SPEAKER: Y-H Ho Townsville Qld

September

PLENARY LECTURE:

Functional outcome - colonic J pouch vs coloplasty**SURGEON AND HOSPITAL VOLUME - MANAGEMENT CRCa IN AUSTRALIA****National Colorectal Cancer Care Survey**

pub: October

AD Spigelman Newcastle NSW

All new cases of CRCa registered at each state registry in a three-month period in 2000 were surveyed

Results: Rectal cancer surgeryLow volume surgeon: permanent **stoma** more likelyHigh volume surgeon: **colon pouch** more likely

Evidence for a relationship between patient outcomes and clinician and hospital volume is increasing.

The national survey suggests that the delivery of care by surgeons who treat rectal cancer patients infrequently should be evaluated.

Reference: McGrath DR, Leong DC, Gibberd R et al. ANZ J Surg. 2005. 75(j10): 901-10

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE SURGEONS - CSSA - GESA

GUEST SPEAKER:

Brisbane

October 21-22

P Sagar Leeds UK

Options and outcomes for advanced pelvic disease

INVITED SPEAKER:

R Stitz Brisbane

CSSA ORATION:

Specialisation in general surgery: an opportunity not a threat**No Sydney SCSS colorectal meeting held in November due to proximity of CME meeting.**

CRCa AMONG INDIGENOUS PEOPLE: IN AUSTRALIA

pub: November

Retrospective study: Public hospitals in Townsville and Cairns North Queensland

1999-2004; 25 pts median age: 57.3yr Data collection difficult

Incidence of poorly differentiated tumours high (40%)

Reference: Lu P-Y, Turner R, Roberts V, Ho Y-H. ANZ J Surg. 2005. 75(11): 972-76

JOHNSON AND JOHNSON indicate their intention to donate **\$450,000** to the CSSA Foundation over the next three-year period.

GOLD COAST UNIVERSITY HOSPITAL Southport Qld. COLORECTAL UNIT

Surgeons (2005): M von Papen, M Borton, M Doudle.

Prior to the establishment of the unit, M Borton was a member of the staff as a general surgeon with a special interest in colorectal surgery.

Michael von Papen, having completed the post FRACS training was appointed to the hospital and realised the need for a formal C/R service. Overcoming the opposition from administration, von Papen organised the creation of the unit which is currently accredited by the CSSANZ for training.

Surgeons (2021): M v Papen (H/unit), M Doudle, C-T Lu, A Naik, G Nolan

INTERNATIONAL PRESENTATIONS by J Tjandra 2005*Dates not available*

International C/R Disease Symposium Hong Kong

Optimising outcome of rectal cancer**Optimal technique for sphincter repair****Pelvic floor anatomy revisited**

Congress of Asian Federation of Coloproctology

Faecal incontinence - new options

European Society of Coloproctology Bologna

Faecal Incontinence - injectable therapy

China Association Surgeons

New technology in colorectal surgery

Jakarta Digestive week Jakarta

Pre-operative staging for rectal cancer**PPH in the treatment of haemorrhoids****2006****ADMISSION ON DAY OF ELECTIVE RESECTION FOR COLORECTAL CANCER**

Concord Hospital: January 2000-December 2003; 274 patients studied

Results: Day of surgery admission did not adversely affect a wide range of outcomes for patients having a resection for CRCa. pub: January

Reference: Rothwell LA, Bokey EL, Keshava A et al. ANZ J Surg. 2006. 76(1-2): 14-19

CLEVELAND CLINIC COURSE COLORECTAL SURGERY Fort Lauderdale

INVITED SPEAKER: EL Bokey Sydney

February 16-18

Does surgical training compromise outcome?**Anastomotic leaks: recurrence and survival****Laparoscopic trials and data (Aus and NZ)**

JAMES COOK UNIVERSITY LECTURE: Townsville March
 INVITED SPEAKER: R Stitz Brisbane
Surgical workforce and training in metropolitan and rural Australia

SINGAPORE GENERAL HOSPITAL meeting Singapore March 23-25
 INVITED SPEAKER: J Lumley Brisbane
Laparoscopic surgery - the future

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Sydney
 GUEST SPEAKER: May 15-19

M Thompson Portsmouth UK

Early diagnosis and screening for rectal cancer

Rectal prolapse – perineal or abdominal procedure?

Measuring clinical outcomes in colorectal surgery and setting standards

Diverticular Disease: An overview - the UK perspective

INVITED SPEAKER:

G Newstead Sydney

Colorectal training: maintaining standards

ACPGBI TRAVELLING FELLOW LECTURE:

A Renwick Glasgow UK

Training: A trainee's perspective

MASTER CLASSES in COLORECTAL SURGERY

J Evans **How to handle dysplasia**

M Johnston **Surgery for acute colitis**

G Hool **Segmental resection for Crohn's Colitis**

S Bell **The non-healing perineum**

CONSULTANTS' CORNER PANEL:

A Evers, I Jones, J Oakley, A Polglase, M Thompson

SUBMITTED PRESENTATIONS: Aus: 33 NZ: 5 UK: 1

MARK KILLINGBACK PRIZE: C Duong Melbourne

**Utility of FDG-PET in predicting response to chemoradiotherapy
 in advanced rectal cancer**

PROPOSAL CSSA: TWO-TIERED MEMBERSHIP

Category 1: Qualified colorectal surgeon

Category 2: General surgeon with interest in C/R surgery

Rejected by Council of CSSA

JAPANESE COLLEGE OF SURGEONS meeting Kanazawa, Japan June

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic colorectal surgery - the challenge of training

ACADEMIC APPOINTMENT UNIVERSITY of SYDNEY RPAH

PROFESSOR OF SURGERY – ACADEMIC HEAD OF COLORECTAL SURGERY

Michael Solomon

PERITONEAL CARCINOMATOSIS - PERITONECTOMY + HEATED I-P CHEMOTHERAPY

DL Morris, St George Hospital Kogarah >100 peritonectomy operations performed

Current study 1996-2005; 22 pts treated; median FU: 16.1 mths

Results: 8/22 pts deceased

pub: June

Survival: at 12 mths 61.5%; at 24 mths 46.1%

Peritonectomy does offer patients improved survival consistent with published data.

Reference: Shehata M, Chu F, Saunders V et al. ANZ J Surg. 2006. 76(6): 467-71

CSSANZ STOMAL THERAPY NURSE AWARD initiated by G Newstead

First recipient: C Partridge Tasmania

4th INCONTINENCE & PELVIC FLOOR SYMPOSIUM:

July 28-29

2nd INTERNATIONAL LAPAROSCOPIC COLORECTAL WORKSHOP

Convener: J Tjandra Epworth Hospital Melbourne

GUEST SPEAKERS:

EL Bokey Sydney

The effects of specialisation on survival following resection of colorectal cancer

VW Fazio Cleveland USA

Challenges in training colorectal surgeons: the Cleveland Clinic experience

AUST. NATIONAL BOWEL SCREENING PROGRAMME (NBCSP) commenced August

ANZ SURGICAL ONCOLOGY meeting Adelaide August

INVITED SPEAKER: R Stitz Brisbane

Networking of cancer services in the Asia-Pacific region

PRE-OP NEOADJUVANT RADIOTHERAPY TRIAL - CA RECTUM STAGE III - CSSANZ

Principal investigator: SY Ngan, Peter MacCallum Cancer Institute

Short course 1w: 25Gy (163 pts) vs **Long course 5.5w:** 50.4Gy + adjuvant 5 FU (163 pts)

Patient accrual 2001-2006 AUSTRALIA and NEW ZEALAND

No significant difference in: toxicity, local recurrence, distant recurrence or survival

Reference: Ngan SY, Burmeister B, Fisher RJ, Solomon M et al. J Clin Oncol. 2012. 30: 3827-33

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS LECTURE: Thailand August

INVITED SPEAKER: R Stitz Brisbane

Laparoscopic colorectal surgery - the challenge of training

POST FRACS TRAINING Aus and NZ

Trainees: (year 2) 8

Trainee Education W/E: Couran Cove Qld.

September 1-3

Written examination to be introduced at the end of 2nd year

MITCHELL NOTARIS FELLOWSHIP 2006

C Turner

ACPGBI TRAVELLING FELLOWSHIP 2006

F Lam

COVIDEN (TYCO) C/R RESEARCH FELLOWSHIP 2006

F Lam

MEDTRONIC RESEARCH FELLOWSHIP 2006

F Lam

NANJING MEDICAL COLLEGE Nanjing China September
 INVITED LECTURER: Y-H Ho Townsville
Laparoscopic ultra-low anterior resection

EUROPEAN SOCIETY of COLOPROCTOLOGY meeting Lisbon Portugal September 13-16
 PLENARY LECTURE: M Solomon Sydney
Clinical trials in surgery: randomised, alternatives and evidence surgery

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSA Queenstown
 GUEST SPEAKERS: C Delaney, F Griffin September 27-30
 C Delaney Cleveland USA
Laparoscopic surgery
 F Griffin Otago NZ
Emerging diseases
 SUBMITTED PRESENTATIONS: Aus: 33 NZ: 6 UK: 1

NAME CHANGE OF THE CSSA EGM Queenstown NZ September 29
 There was unanimous support for the change of name to:
THE COLORECTAL SURGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

LYELL McEWIN HOSPITAL Elizabeth Vale SA **COLORECTAL UNIT**
 Surgeons (2006): J Young (H/unit), A Luck, L Murphy

STAPLED HAEMORRHOIDECTOMY (SH) pub: October
(SH introduced by A Longo at the World Congress of Endoscopic Surgery Bologna in 1998)
 RCT: Singapore General Hospital -> subsequently at Townsville Hospital
 Stapled (SH) 25 pts vs Closed Ferguson (FH) 25 pts
Results: Ferguson procedure: less post-operative pain, more minor morbidity
 Reference: Ho KS, Ho YH. Prospective randomised trial comparing stapled haemorrhoidectomy versus closed Ferguson haemorrhoidectomy. Tech Coloproctol. 2006. 10(3): 193-97

WHITHER LAPAROSCOPY? pub: October
Editorial: AG Heriot

Laparoscopic surgery is now not only practised by evangelists but by rank and file specialists. It is essential for colorectal units and their trainees expect it. It has facilitated fast track surgery and impacted patients' length of stay and it is an integral part of C/R meetings.

Reference: Heriot AG. 2006. ANZ J Surg. 2006; 76(10): 961

PERFORATED DIVERTICULITIS MANAGED BY LAPAROSCOPIC LAVAGE

Tweed Heads Hospital Retrospective review 3 years pub: October

Laparoscopic lavage and drainage: 14 pts

Hinchey grades (1978): **all** pts had **clinical peritonitis** and systemic sepsis

| | |
|---|-----|
| I Pericolic abscess confined to pericolic fat or mesentery) | nil |
| II Pelvic or abdominal abscess | 2 |
| III Purulent peritonitis | 10 |
| IV Faecal peritonitis | 2 |

Results: no improvement -> resection **3**
 resolved clinically **11**
 later elective resection **8**

Reference: Taylor CG, Layani L, Ghushn MA, White SI. ANZ J Surg. 2006. 76(11): 96

ST JOHN of GOD HOSPITAL Subiaco WA COLORECTAL UNIT

Surgeons (2006): M Levitt, (H/unit), G Makin, C Platell, P Tan

ROYAL BRISBANE AND WOMEN'S HOSPITAL - IPAA SERIES

1990-2006; 212 public hospital patients

Post-op mortality: **nil** Pouch failure: **4.8%**

Changes in practice during the series -> Decrease in the use of:

steroids

diverting ileostomy

Reference: Lim MH, Lord AR, Simms A, Hannigan K, Edmunsan A, Rickard MJ et al. Ileal pouch-anal anastomosis for ulcerative colitis: an Australian institution's experience. *Ann Coloproctol.* 2020.

Doi;10.3393/ac.2020.08.26

GUIDELINES FOR ACCREDITATION OF COLORECTAL UNITS FOR TRAINING (CSSANZ - SECTION)

Reference: CSSANZ Triennial Report 2005-2007: p58-59

ST VINCENT'S HOSPITAL SYDNEY - UNIVERSITY NSW**HEAD/SURGERY AND HEAD/CLINICAL SCHOOL**

AD Spigelman appointed

"COLORECTAL SURGERY Living Pathology in the Operating Room" M Killingback

Art-Textbook with **100** case reports including illustrations by the author.

Published by Springer (*Author's choice of title: The Art of Colorectal Surgery*)

SECRETARIAT CSSANZ

Jan Farmer resigns and Liz Neilsen appointed.

CSSANZ **WEBSITE** commenced

November 11

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM Sydney

November 18

GUEST SPEAKERS: B Moran, H MacRae

EDWARD WILSON LECTURE:*

B Moran Basingstoke UK

Recent advances in pre-operative MRI imaging, neo-adjuvant treatment and operative management of rectal cancer: a European perspective*

Post-operative adhesions

Pseudomyxoma peritonei and peritoneal surface tumours

H MacRae Toronto Canada

Laparoscopy for colorectal cancer

Laparoscopy in inflammatory bowel disease

Management of haemorrhoids: what is the evidence?

INVITED SPEAKERS:

C Farmer **Anal Crohn's disease in 2006**

T Hugh **Liver resection: safety and success**

S Pincott **Post-operative ileus**

SUBMITTED PRESENTATIONS: 6

SEOUL INTERNATIONAL SYMPOSIUM: COLOPROCTOLOGY Korea

November

CONFERENCE ORATION:

G Newstead Sydney

Treatment of complex anal fistulae**DEATH OF MURRAY PHEILS**

December 19

Teacher - Innovator - Administrator - Diplomat - Author - Gentleman surgeon.

The academic surgical unit at Concord Hospital **functioned**
in a harmonious family atmosphere largely due to the leadership
qualities of Murray Pheils.

**His major contribution to colorectal surgery at the hospital was the
initiation of the Concord prospective study on colorectal cancer**

Obituary: CSSANZ Triann. report 2011-13:part 1 p 5

Appendix 4



Fig: 117

© Sydney Colorectal Surgical Society

**Murray Pheils
1917-2006****BANKSTOWN HOSPITAL COLORECTAL GROUP** Sydney **established**A unique combination of co-operating **South Western Sydney hospitals (SWS)**

Concept: SKC Wong

Development:

| | | |
|--|---------------------|------|
| SWS Colorectal Tumour Group | Chairman: SK C Wong | 1995 |
| SWS Colorectal Tumour Bank | | 1999 |
| Area Colorectal Group for South Western Sydney | | 2006 |

Surgeons/Hospitals:

| | |
|-----------|-----------------------|
| S Fulham | Liverpool/Campbeltown |
| A Gatenby | Campbeltown |
| M Morgan | Bankstown/Campbeltown |
| SKC Wong | Bankstown |

INTERNATIONAL PRESENTATIONS in 2006 by J Tjandra *Dates not available*

| | |
|---|---------------------------------------|
| Laparoscopic colorectal surgery for cancer | Singapore Colorectal Week |
| Sacral modulation | |
| Optimal therapy for faecal incontinence | Am. Soc. of Colon and Rectal Surgeons |
| New technology and colorectal surgery | Cleveland Clinic |
| Pelvic floor disorders | Seoul Symposium Proctology |
| Injection therapy for anal incontinence | |

2007**INTERNATIONAL ACTIVITY of AUSTRALIAN COLORECTAL SURGEONS**

During the **1950-1960s** few Australian surgeons (with the exception of ESR Hughes)
were presenting scientific papers on colorectal surgery at overseas meetings.

Between **2005-2007**, there were ~**121** international presentations by Australian
Colorectal Surgeons and ~**271** peer reviewed articles were published.

MALAYSIAN COLORECTAL SURGEONS CONFERENCE Kuala Lumpur January 2

INVITED/SUBMITTED PRESENTATIONS:

Some titles abbreviated

J Tjandra Melbourne

Anastomotic leaks - salvage**Options for faecal incontinence****Colorectal training "Down Under"****Sacral nerve stimulation****Solitary rectal ulcer - is there any hope?****Surveillance-stage II or III colorectal cancer**

RACS MEDAL

Awarded to Bruce Waxman Melbourne

INTERNATIONAL COLORECTAL DISEASE SYMPOSIUM: Hong Kong January 25-27

GUEST SPEAKER: EL Bokey Sydney

Results of surgery for rectal cancer

Liz Neilson commences managerial position at CSSANZ office February 2

NATIONAL CANCER CENTRE HOSPITAL Tokyo Japan February

GUEST PROFESSOR: M Solomon Sydney

Plenary Lecture:

Determining quality of life in pelvic exenteration surgery

5th INCONTINENCE & PELVIC FLOOR SYMPOSIUM: February 9-10

3rd INTERNATIONAL LAPAROSCOPIC COLORECTAL WORKSHOP Epworth Hospital

Convenor: J Tjandra Melbourne

GUEST SPEAKERS: V Fazio, R Stitz

R Stitz Brisbane

The learning curve in laparoscopic colorectal surgery

V Fazio Cleveland USA

Surgery for rectal prolapse**Anastomotic stricture**

INVITED SPEAKER

EL Bokey Sydney

Factors affecting local recurrence

HEREDITY NON-POLYPOSI CRCa (LYNCH) SYNDROME - SCREENING pub: April

West Australian Study

In CRCa patients the risk of HNPCC is 2%

7% of CRCa patients <60yr have Microsatellite Instability tumours

Conclusion:

MSI screening of all CRCa patients <60y will detect the majority of HNPCC.

Reference: Iacopetta B, Platell C. ANZ J Surg. 2007. 77(4): 197-8

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC May 7-11

Christchurch

GUEST SPEAKER: R Parc Paris

Today, what is the limit of sphincter-saving operations for rectal cancer?**Colorectal surgery in France****Extracorporeal circulation of intestinal effluent - how TPN may be avoided**

INVITED SPEAKER: J Church Cleveland (ex-Auckland)

Integrating surgery and biological therapy in IBD**Fast track (surgery) in the USA**

MASTERCLASS: J Hayes, M Johnston, A Stevenson

Operative tips for laparoscopic colorectal surgery

MASTERCLASS: J Church, J Frye, M Levitt, G Newstead, R Parc

Management of parastomal hernia

SUBMITTED PRESENTATIONS: Aus: 27 NZ: 11 USA: 1 Denmark: 1

MARK KILLINGBACK PRIZE: I Thomson Queensland

Patient recall of informed consent prior to colonoscopy

SURGERY AFTER ACUTE DIVERTICULITIS

pub: May

Letter to Editor ANZJ Surgery: In the past elective surgery has been recommended after two (significant*) episodes of diverticulitis. A view supported by the Standards Task Force of the American Society of Colon and Rectal Surgeons.¹

Recent literature does not support this view. In a review undertaken by Janes et al, **the risk of a patient requiring a Hartmann's procedure after completely recovering from an episode of diverticulitis was found to be 1/2000 patient years.**²

References: 1. Wong WD, Wexner SD, Lowry A et al. Practice parameters for the treatment of sigmoid diverticulitis. The Standards Task Force. The American Society of Colon and Rectal Surgeons. Dis Colon Rectum. 2000. 43(3): 290-72
2. Janes S, Meagher A, Frizelle FA. Elective surgery after acute diverticulitis. Br J Surg. 2005. 92: 133-42.

POSTGRADUATE COURSE in SURGICAL ONCOLOGY Bienne Switzerland May

INVITED SPEAKER: EL Bokey Sydney

Anastomotic leakage - survival and recurrence

Does surgical training impact outcome?

MALE SEXUAL DYSFUNCTION AFTER LAPAROSCOPIC PELVIC SURGERY pub: May

Uncommon if the surgeon is beyond the "learning curve" (laparoscopically)

Brisbane group; retrospective data from a prospective database

150 males undergoing pelvic surgery from a series of 2,000 laparoscopic procedures

Operations undertaken by experienced laparoscopic surgeons.

Pathology: **cancer and benign at various levels**

Impotence ejaculation malfunction: <5%

No significant difference for laparoscopic or open pelvic surgery

Reference: Jones OM, Stevenson A, Stitz RW, Lumley JW. ANZ J Surg. 2007. 77(5): 320-28

LOCAL RECURRENCE RECTAL CANCER; ANTERIOR POSITION OF TUMOUR pub: May

Concord Hospital Sydney 1990-1998; 308 resections

| | Anterior component | No anterior component |
|-----------------------|--------------------|-----------------------|
| Patients in study: | 176 | 132 |
| Local recurrence 5yr: | 15.9% | 5.8% |

Anterior position is an independent negative prognostic factor for both local recurrence and survival.

Reference: Rickard MJFX, Chan CL, Bokey EL, Chapuis PH et al. ANZ J Surg. 2007. 77(S1): A18-A18

SLOW TRANSIT CONSTIPATION - EVALUATION - TREATMENT

pub: May

Patients resistant to conservative therapy may require surgical intervention.

Extensive clinical, physiological, and psychological assessment is required.

Subtotal colectomy and IRA is the operation of choice.

Less invasive options: Antegrade colonic enema, sacral nerve stimulation, ileostomy.

Reference: Wong SW, Lubowski DZ. ANZ J Surg. 2007. 77(5): 320-28

SURGICAL LEADERS SUMMIT Beijing China June
 INVITED SPEAKER: P Hewett Adelaide
Australasian multicentric prospective randomised ALCCaS trial

DEATH OF JOE TJANDRA 49 years June 18

A busy energetic, entrepreneurial surgeon who could exhaust his colleagues with prolific ideas for new projects.

He featured prominently in publications and meetings throughout Asia.

He published over 150 surgical articles and presented more than 200 papers at surgical meetings. In 2002 he became an Associate Professor at Melbourne University and in 2005 the co-ordinator of the

Epworth GIT Oncology Centre. His hyperactive driven approach to colorectal surgery did not always sit well with his colleagues.

Obituary: CSSANZ Triann. Report 2005-2007 p 46

A Tribute to Joe Tjandra (1957-2007). ANZ J Surg. 2008; 78(5): 325 © CSSANZ

Fig: 118



Joe Tjandra
1957-2007

ST VINCENT'S HOSPITAL Korea **COLORECTAL SYMPOSIUM:** July
 INVITED SPEAKER: J Lumley Brisbane
Laparoscopic transverse colectomy

ASSOCIATION COLOPROCTOLOGY GBI Annual Meeting Glasgow July 2-5
 INVITED SPEAKER: M Solomon Sydney

PLENARY LECTURE:

**Setting the scene for surgical trials: Randomised, alternatives and future directions
 In evidenced-based surgery**

RACS LECTURE Thailand July
 INVITED SPEAKER: R Stitz Brisbane

Laparoscopic colorectal surgery: challenge of training

**META-ANALYSIS of NON-RANDOMISED COMPARATIVE STUDIES of THE SHORT TERM
 OUTCOMES of LAPAROSCOPIC RESECTION for CRCa** pub: July

49 non-randomised studies selected. **6,438** resections to end of 2003.

Conversion: 13.3%

Comparison with open surgery

Duration of Op. 41min longer than open surgery.

Less analgesia Less morbidity Bowel function returns sooner

Re-operation: no sig. difference Shorter hospital stay

Oncological clearance: no sig. difference

Reference: Abraham NS, Byrne CM, Young JM, Solomon MJ. ANZ J Surg. 2007. 77(7): 508-16

RECTAL ENDOMETRIOSIS: RESULTS OF RADICAL EXCISION - pub: July
 R Woods St Vincent's Hospital Melbourne 1995-2005

213 rectal procedures performed on 203 patients with an endogynaecologist

Dissection off the rectal wall 18 Recurrence 22.2%

Anterior rectal wall excision 58 .. 5.2%

Segmental rectal resection* 137 .. 2.2%

Lap surgery involvement: 75% Loop ileostomy: 7 Morbidity: 7% Anastomotic leak: 1*

Reference: Brouwer R, Woods RJ. ANZ J Surg. 2007. 77(7): 562-71

POST FRACS TRAINING Aus and NZ

Trainees (Year 2) 3 S Shedda, J Warusavitarne, R Winn

Trainees Education W/E: Hunter Valley

August 17-19

EDUCATION PRIZE (FIRST RECIPIENT): T Eglinton

Management of familial adenomatous polyposis

ACPGBI TRAVELLING FELLOWSHIP 2007 --->UK + ACPGBI meeting

S Shedda

CSSANZ STOMAL THERAPY NURSE AWARD 2007 (*First Recipient*)

C Partridge

JOINT Aus/NZ STUDY: BINATIONAL COLORECTAL CANCER DATABASE (BCCA)

First data entered

CSSANZ ANNUAL SUBSCRIPTION FEES

Members (Aus) \$425 ex GST

Trainees (Aus) \$1,400

ASIAN FEDERATION of COLOPROCTOLOGY meeting Tokyo

September

INVITED SPEAKERS: I Jones, G Newstead

CONFERENCE ORATION:*

G Newstead Sydney

International colorectal programmes***Spectrum of incomplete mucosal prolapse**

I Jones Melbourne

Total mesorectal excision for rectal cancer**CANADIAN ASSOCIATION of COLON and RECTAL SURGERY** Toronto September

PHILIP GORDON LECTURE:*

GUEST PROFESSOR: M Solomon Sydney

Pelvic exenteration: consequences of salvage surgery for recurrent rectal cancer***Rectal cancer: Pre-operative staging with endorectal ultrasound and MRI****Management complex perianal fistulae: Crohn's****INTERNATIONAL PRESENTATIONS:** by Y-H Ho Townsville September 2007

Congress of Asian Federation of Coloproctology Tokyo

Laparoscopic rectal cancer surgery**Sphincter saving surgery -rectal cancer**

Linda Loma Medical Centre

Hangzhou China

Laparoscopic surgery**Extended low anterior resection Ca rectum****Laparoscopic restorative proctocolectomy****Laparoscopic anterior resection for diverticulitis**

Gu-Lou Hospital

Nanjing China

Laparoscopic surgery**Total mesorectal excision****Proctocolectomy - ileal pouch**

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Victor Harbour SA
 GUEST SPEAKERS: A Gallus, R O'Connell October 2-5

ESR HUGHES LECTURE:*

R O'Connell Dublin

Strictures in Crohn's disease*

Obstetric injuries - faecal continence mechanisms

A Gallus Adelaide

DVT and pulmonary embolism

Anticoagulation drugs

SYMPOSIUMS:

OBSTETRICS AND COLORECTAL SURGERY RISK MANAGEMENT BLEEDING/CLOTTING

LAPAROSCOPY/COLONOSCOPY 50 YEARS OF PROGRESS TRAINING

INVITED SPEAKERS:

P Hewett **Quality colonoscopy**

S Scoggs **Acute repair of 3° and 4° obstetric tears**

M Stuart **Lessons from the courts**

SUBMITTED PRESENTATIONS: Aus / NZ: 24 debates excluded

SYDNEY C/R SURGICAL SOCIETY (SCSS) ASM Sydney November 17

GUEST SPEAKERS: N Mortensen, I Bissett.

EDWARD WILSON LECTURE:*

N Mortensen Oxford UK

Surgery in IBD: Conservation and reconstruction*

Anterior resection: How to avoid an R-1

TEMS for local excision of early rectal cancer

Anal fissure: The Pharma revolution

I Bissett Auckland NZ

Anatomy and staging of rectal cancer

Management of enterocutaneous fistula

Expedited recovery after surgery (ERAS): A critical review

SUBMITTED PRESENTATIONS: 11

ASEAN SOCIETY of COLORECTAL SURGEONS Singapore November 19-22

GUEST SPEAKER: EL Bokey Sydney

Chemotherapy in colorectal cancer

2008 NATIONAL CANCER CENTER ASM Tokyo Japan February

INVITED SPEAKER: M Solomon Sydney

**Radical pelvic exenteration for advanced and recurrent cancer –
 techniques and outcomes**

CHRISTIAN COLLEGE Vellore India February

INVITED SPEAKER: N Rieger Adelaide

Complex anal fistula

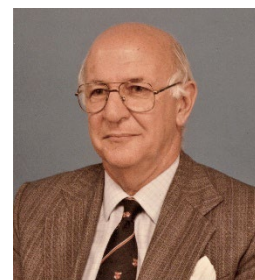
Haemorrhoids

Neo-adjuvant chemoradiation for advanced cancer - is operation necessary?

DEATH OF NEVILLE DAVIS AO Brisbane March 6

In his obituary he was described as “truly a general surgeon” with his main interest being colorectal surgery. His broad interest in surgery was exemplified by his stimulating role in the Queensland Melanoma Project and the Princess Alexandra Hospital Colorectal Cancer Project. With R Newland the Australian Clinicopathological staging for colorectal cancer was published in 1983. He received many honours including a Churchill Fellowship in 1968, and the **Sir Hugh Devine Medal of the RACS** in 1983. He enjoyed much affection from his colleagues and great pleasure from his profession.

Reference: J Blandy: Royal College of Surgeons of England ©Courtesy of Davis family



Neville Davis
1924-2008
Fig: 119

EXTENDED RADICAL RESECTION FOR LOCALLY RECURRENT RECTAL CANCER

Combined study: Three tertiary centres 1990-2006.

pub: March

Christchurch Hospital NZ, RPAH Sydney, St Vincent's Hospital Melbourne

Operation for recurrent rectal cancer: 160 patients

Neoadjuvant radiotherapy: 95 (59%)

Radical resection: 63

Extended Radical resection: 90

Non resectable: 7

Mortality: 1 Morbidity: (major) 27% Negative margins: 98 (61%)

Margin involvement was a significant predictor of survival.

Extended radical resection is appropriate to obtain clear resection margins

Reference: Heriot AG, Byrne CM, Dobbs B, Frizelle F, Lee P et al. Extended radical resection: the choice for locally recurrent rectal cancer. Dis Colon Rectum. 2008. 51(3): 284-91

DEATH OF GEOFF MUMME 59 years March 15

Geoff served in the RAAMC with a 20-year service record. He was called up for the Viet Nam war which was deferred to allow him to complete his Medical studies. He attained the rank of Lieutenant Colonel and served 3½ years in Asia and two years in UK where he completed his training in surgery. He was appointed to the colorectal unit at the Royal Brisbane Hospital (physiology and colonoscopy), where he set up the anorectal physiology laboratory.

© Courtesy of Mary Rose Mumme

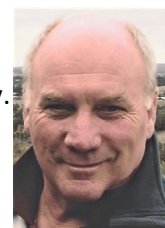


Fig: 120
Geoff Mumme
1949 - 2008

TRANSANAL ENDOSCOPIC MICROSURGERY TEM (TAMIS)

pub: April

Prospective review: C Platell Freemantle Hospital

1999-2007; 232 patients

Level: 3-17cm Adenomas: 128 Ca in situ: 52 Cancer: 52 (-> Radical surgery: 16)

Local recurrence: Adenoma: 3.1% Cancer: 8.5%

TEM is oncologically inferior treatment for rectal Ca but morbidity and mortality is minimal.

Reference: Platell C. ANZ J Surg. 2008. 79(4): 275-80

CSSANZ ALCCaS TRIAL FOR COLON CANCER SURGERY May
COMBINED AUSTRALIAN and NEW ZEALAND STUDY: P Hewett
Laparoscopic resection vs Coventional open resection.

A prospective randomised study was commenced in 1999; 587 patients were followed for a median of 5.2 years.

There were **no significant differences in overall survival, recurrence free survival or freedom from recurrence.**

Reference: Hewett PJ, Allardyce RA, Bagshaw PF, Frampton CM, Frizelle FA et al. Short-term outcomes of the Australasian randomised clinical study comparing laparoscopic and conventional open surgical treatments for colon cancer: the ALCCaS trial. *Annals of Surgery*. 2008. 248 (5): 728-38

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Hong Kong

GUEST SPEAKER: May 12-16

M Solomon Sydney

KEYNOTE LECTURE:*

Equipoise in clinical trials*

Staging and treatment of locally advanced rectal cancers

Treatment of complex anal fistulae

The effectiveness of biofeedback in pelvic floor dysfunction

GB ONG LECTURE:**

R Stitz Brisbane

Surgical competencies, judgement and task transfer**

Anal fistulotomy

Inflammatory bowel disease

Technology and technical excellence in our public hospitals

MASTERCLASS: M Li, J Lumley

Can good quality rectal cancer surgery be done laparoscopically?

SUBMITTED PRESENTATIONS: Aus: 23 NZ: 8 HK: 8

MARK KILLINGBACK PRIZE: M Warner WA

Long-term follow-up of anterior anal sphincter repair - patterns and predictors

TRIPARTITE MEETING Boston USA June 7-11

ASCRS - SECT. C/P RSM - ACPGBI - SECT. C/R RACS - CSSANZ

Medical Registrants: 1,802 USA: 697 UK: 105 Aus: 61 NZ: 12

Podium Presentations: 285 Aus: 27 NZ: 5

GOLIGHER ORATION:*

M Solomon Sydney

**Radical pelvic exenteration for advanced and recurrent rectal cancer:
 techniques and outcomes***

Improving the quality of care through the use of population data

INVITED SPEAKERS:

HARRY E BACON LECTURE:**

R Stitz Brisbane

Technology and technique - The tortuous path to competence**

National Programs: Surgical Auditing

I Thomson Queensland (M K PRIZE 2007)

Patient recall of informed consent: Information prior to colonoscopy

SUBMITTED PRESENTATIONS: Aus: 24 NZ: 5

K Austin, D Clark, P Douglas, J Ellis Clark, I Faragher, C Farmer, P Hewett, YH Ho, I Jones, O Jones, A Keshava, C Koh, D Lubowski, J Lumley, G Makin, S McLaughlin, A Meagher, D Rivadeneira, P Salama, S Shedda, M Solomon, R Stitz, M Thomas, C Turner

POST FRACS TRAINING Aus and NZ

Trainees (Year 2) 2 F Lam, P Lee

Trainees Education W/E: Terrace Downs NZ

August 22-24

EDUCATION PRIZE: A Sutherland

Miscellaneous anorectal conditions

MITCHELL NOTARIS FELLOWSHIP 2008

T El-Khoury

ACPGBI TRAVELLING FELLOWSHIP TO UK 2008

T Eglinton

CSSANZ STOMAL THERAPY NURSE AWARD 2008

H Kennedy

EAST COAST SURGICAL SYMPOSIUM: Malaysia

August

INVITED SPEAKER:

N Rieger Adelaide

Titles abbreviated

Ano-rectal physiology tests

Staging of rectal cancer

Role of ARM in pelvic floor disorders

Transit marker study

Faecal Incontinence -when to operate?

Inflammatory Bowel Disease

Pelvic floor disorders

DIRECT TUMOUR INVASION in COLON CANCER - TUMOUR SPREAD - SURVIVAL

Prospective study **by South Western Sydney Colorectal Group** pub: Sept

Elective surgery 1997-2003; **796 pts** 36 surgeons 6 public hospitals

Depth of invasion correlated with: nodal involvement, extramural venous invasion, poor differentiation, distant metastasis.

Reference : Wong SKC, Jalaludin BB, Henderson CJA et al. Direct tumour Invasion in Colon Cancer: Correlation with tumour spread and survival. Dis Colon Rectum. 2008. 51(9): 1331-8

SENTINEL LYMPH NODE MAPPING IN COLORECTAL MALIGNANCY pub: October

Perspective: T El Khoury, M Solomon

Lateral pelvic node involvement in low rectal cancer ranges 8-16%. SLN biopsy may achieve improved staging and identification of otherwise occult node basins

The authors favour the technique used by Chan:¹

Tumour above peritoneal reflection: **in vivo** dye injection - **in vivo** identification SLN

Tumour below peritoneal reflection: **in vivo** dye injection- **ex vivo** identification SLN

Reference: El-Khoury T, Solomon M. Sentinel lymph node mapping in colorectal malignancy. ANZ J Surg. 2008. 78(10): 733-4

1. Chan S, Ng C, Looi L. Intra-operative methylene blue sentinel lymph node mapping in colorectal cancer. ANZ J Surg. 2008. 78(9): 775-79

RUPERT TURNBULL SYMPOSIUM: Cleveland Clinic, Ohio

November

DAVID JAGELMAN LECTURE:

INVITED SPEAKER: P Douglas

Sydney

Colorectal Training in Australia

(Philip was medically chaperoned to USA by Ian Jones)

LAP. RECTOPEXY FOR RECTAL PROLAPSE - LONG TERM OUTCOME pub: November
RPAH 10yr period Actuarial **recurrence** (median FU 5yr)

| | | |
|------------------------|-----|------|
| Laparoscopic rectopexy | 126 | 6.9% |
| Open rectopexy | 46 | 2.4% |
| Resection + rectopexy | 21 | 4.7% |

Overall constipation scores not increased after lap. rectopexy

Reference: Byrne CM, Smith SR, Solomon MJ, Young JM, Eyres AA, Young CJ. Long-term functional outcomes after laparoscopic and open rectopexy for the treatment of rectal prolapse. *Dis Colon Rectum*. 2008. 51(11): 1597-1604

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSANZ - SCSS Sydney

GUEST SPEAKERS: W Bemelman, P Marcello, P Shukla

November14-15

EDWARD WILSON LECTURE:*

W Bemelman Amsterdam

Living with a pouch: Sex, drugs and rock and roll*

Laparoscopic management of anastomotic leakage

The obstructed colon

Laparoscopic rectopexy

Rectal prolapse obstructed defaecation

ESR HUGHES LECTURE:**

P Marcello Boston UK

Current status of laparoscopic colorectal surgery in USA**

Local therapy for rectal cancer: What is the role?

Do you need a hand? (*Laparoscopy video*)

PH/AFP - new and old

CSSANZ ORATION:

P Shukla Mumbai

Improving surgical outcomes: Process, excellence#

Medial to lateral approach to the flexures

INVITED SPEAKERS:

| | |
|-----------------|--|
| S Bell | The learning curve |
| J Ellis Clark | Anal fissures |
| F Frizelle | Collateral damage: spleen, vessels, nerves |
| C Gall | Obstetric sphincter injury |
| R Gett | Complicated haemorrhoids |
| I Hayes | Laparoscopic surgery for low rectal cancer |
| J Keck | Short gut syndrome: SB Crohn's disease |
| S Shedda | Crohn's perianal disease |
| S Smith | Anastomotic leak: management |
| A Sutherland | Pruritis ani |
| R Stitz | Training the established colorectal surgeon |
| J Warusavitarne | AIN - warts: viral disease |

SUBMITTED PRESENTATIONS: 9

2009

DEATH OF PHILIP DOUGLAS 50 years January 3

Greatly admired as an individual, a colleague, friend and a surgeon. A good colleague to have in the trenches (and on any committee). His courageous effort a few months before his death, in giving the David Jagelman Lecture at the Cleveland Clinic, despite his failing health, was an indication of his commitment to colorectal surgery. His courtesy and kindness made him very popular with the patients and staff. It was a delight to work with him as a team member.

© CSSANZ

Obituary G Newstead: CSSANZ Triann. Report 2008-2010 p 28

| | |
|---------------------------------------|----------------------|
| First post FRACS Trainee | 1989-1990 |
| Chairman Training Board | 1999-2000 |
| Chairman SCSS | 1999-2000 |
| President CSSANZ | 2006-2008 |
| Philip Douglas Education Prize | 2009 (CSSANZ) |



Fig: 121
Philip Douglas
1955-2009

PROFESSOR OF CLINICAL SURGERY UNIVERSITY OF QUEENSLAND

HEAD DEPT. SURGERY Royal Brisbane and Women's Hospital
Russell Stitz appointed

January

CHINESE COLORECTAL SOCIETY meeting Guangzhou China

February

INVITED SPEAKER: N Rieger Adelaide

Single-incision laparoscopic-assisted colectomy**HONG KONG SOCIETY for COLON and RECTAL SURGEONS meeting** Hong Kong

PLENARY LECTURE: M Solomon Sydney February

Pelvic exenteration for advanced and recurrent rectal cancer: techniques and outcomes**RACS MEDAL**

Awarded to James Aitkin Western Australia

MALAYSIAN SOCIETY of COLON and RECTAL SURGEONS Kuala Lumpur

PLENARY LECTURE: M Solomon: Sydney March 7-8

How I do it? Lateral radical pelvic exenteration for advanced and recurrent rectal cancer: Results and QOL outcomes**SAUDI COLORECTAL SURGERY FORUM** Riyadh Saudi Arabia

March 21-25

INVITED GUEST SPEAKERS:

King Faisal Specialist Hospital

J Lumley Brisbane

Laparoscopic colorectal surgery for endometriosis**Pelvic nerve preservation with laparoscopic proctectomy****Laparoscopic surgery for acute colitis**

J Moore Adelaide (Saudi C/R forum)

Chemotherapy in stage II colonic cancer: does current practice make sense?**Role of TEM in rectal tumour management**

A Stevenson Brisbane

Australasian Laparoscopic Colon Cancer Trial (ALCCaS)

Laparoscopic prolapse repair

Laparoscopic rectal cancer trials: Australia, North America and Europe

R Stitz Brisbane

Outcomes of laparoscopic rectal surgery

Outcomes of laparoscopic colon surgery

Training in laparoscopic colorectal surgery

Ileal pouch surgery - results of a randomised trial: J vs W pouches

LAPAROSCOPIC SURGERY BRISBANE

The Wesley, Holy Spirit (St Vincent Northside) Hospitals:

Surgeons: R Stitz, D Clark, J Lumley, D Peterson, A Stevenson.

1991-2009 >**3,000** laparoscopic operations **Mortality: 0.5%**

Personal communication: R Stitz

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Brisbane

VISITING ASC SPEAKERS: J Monson, C Platell

May 5-9

KEYNOTE LECTURES:* 2

J Monson Rochester USA

A minimal move - colorectal cancer in the 21st century*

TEMS

What is happening in the United Kingdom?

(Screening)

MIS the gold standard

Laparoscopic surgery and IBD

C Platell Freemantle

Inflammation and cancer*

Practical aspects for surgeons

Is more better?

(Colon Cancer Session)

How should surveillance for high-risk patients be maintained?

The role of lavage with peritonitis

MASTERCLASS: P Lee, P Loder, G Makin, J Moore

Current management of large bowel obstruction

SUBMITTED PRESENTATIONS: Aus: 36 NZ: 8 UK: 3 USA: 1

MARK KILLINGBACK PRIZE: K Z Shostari Auckland (Presented by T Sammour)

Double-blind RCT: Influence of glucocorticoids on recovery following colectomy

SIR HUGH DEVINE MEDAL

Awarded to Russell Stitz

May

The highest award of the RACS was presented during the Opening

Ceremony of the 2009 Annual Scientific Conference in Brisbane

ASCRS ANNUAL meeting

Hollywood Florida

May

ROBERT W BEART IMPACT DCR LECTURE OF THE YEAR

INVITED SPEAKER: G Newstead Sydney

Presented in the name of the late Joe Tjandra

**Sacral nerve stimulation is more effective than optimal medical therapy
for severe faecal incontinence: A randomised controlled study**

CANCER SOCIETY OF NEW ZEALAND Wellington June
 VISITING SPEAKER: A Luck Adelaide
Screening - surveillance-diagnosis of colorectal cancer
21st century management of colorectal cancer
Follow-up after colorectal cancer surgery
Screening for colorectal cancer: The Australian experience
Getting to the bottom of bowel cancer - what can you do?*
 Blenheim, Nelson, Masterton
Colorectal cancer -screening, policy and lifestyle*
 Wellington

RECTAL CANCER - PRE-OP CHEMO-RADIOTHERAPY - COMPLETE RESPONSE
 The Queen Elizabeth and Royal Adelaide Hospitals pub: June
 1998-2004: ~530 new cases cancer rectum
 Long course pre-op CRT in 40 patients
After resection 7/40 specimens showed complete pathological response (17.5%)
 These patients remain disease free after a median FU of 6.0yr (1.4-7.0 yr)
 Reference: Ciccocioppo A, Stephens JH, Hewett PJ, Rieger NA. Complete pathologic response after pre-operative rectal cancer chemoradiotherapy. ANZ J Surg. 2009. 79(6): 481-4

DANDENONG HOSPITAL COLORECTAL UNIT
 Surgeons (2009): B Waxman (H/unit), P Harris, B Hodgkins, W Teoh

BOWEL RESECTION FOR ENDOMETRIOSIS - AUSTRALIAN SERIES pub: July
 St Vincent's Hospital Melbourne
 Retrospective study 1997-2007; 177 cases
 Operations: (laparoscopic surgery: 81.4%)
 Segmental resection 81
 Disc excision 71
 Appendicectomy 10
 Multiple procedures 10
 Further procedures to remove other sites of endometriosis: 124
 Reference: Wills HJ, Reid GD, Cooper MJW, Tsaltas J, Morgan M, Woods RJ. Bowel resection for severe endometriosis: an Australian series of 177 cases. Aust NZ J Obstet Gynecol. 2009. 49(4): 415-18

POST FRACS TRAINING Aus and NZ
Trainees (Year 2) 8
 Trainee Education W/E: Mornington Peninsula August 14-16
 PHILIP DOUGLAS EDUCATION PRIZE (**Inaugural**): T El-Khoury
Screening, genetic testing, surveillance and cancer prevention in HNPCC
ACPGBI TRAVELLING FELLOWSHIP to UK 2009
 P Salama
COVIDEN (TYCO) COLORECTAL FELLOWSHIP 2009
 P Salama
MEDTRONIC RESEARCH FELLOWSHIP 2009
 P Salama
CSSANZ STOMAL THERAPY NURSES' AWARD 2009
 S Hyde Smith, L Mutale

ASIAN FEDERATION of COLOPROCTOLOGY Goa, India September
 INVITED LECTURER: G Newstead Sydney
Bowel preparation: its relevance in clinical outcomes
Globalisation of colorectal surgical education

REDUCING LOS FOR PATIENTS UNDERGOING COLORECTAL SURGERY

Editorial: C Platell pub: September
 Predictors for prolonged LOS: Aged, elevated ASA grade, emergency surgery, stoma, post-op morbidity, return to theatre. A re-admission rate of fast track surgery of 13% has been reported. Some related patient characteristics are beyond medical control
Laparoscopic surgery has demonstrated a reduced LOS
 Reference: Platell CFE. ANZ J Surg. 2009. 79(9): 579-80

COLORECTAL STEM CELLS Review

pub: October

They are responsible for regeneration of the colonic epithelium.
Postulate: mutations within these cells may induce neoplastic changes
 The stem cells appear remarkably resistant to chemotherapy and radiotherapy.
 Future treatment should focus specifically on controlling the cancer stem cells
 Reference: Salama P, Platell C. ANZ J Surg. 2009. 79(10): 697-702

CME SECTION C/R RACS - CSSANZ - GESA (AGW) Sydney

October 21-23

GUEST SPEAKERS: N Mortensen, M Solomon
 CSSANZ ORATION:*

N Mortensen Oxford

Surgery on the complicated Crohn's abdomen*

Desmoids

Surgeons operate too early (Crohn's disease)

Local excision cancer rectum: TEMS or EMD for a large villous adenoma of the rectosigmoid

ESR HUGHES LECTURE:

M Solomon Sydney

Recurrent rectal cancer - never give up

INVITED SPEAKER:

EL Bokey Sydney

Laparoscopic resection - the gold standard for colorectal cancer

Presentation of the PHILIP DOUGLAS EDUCATION PRIZE 2009 to El- Khoury by Judy Douglas

SUBMITTED/INVITED PRESENTATIONS: Aus: 19 NZ: 4

POST-OPERATIVE CHEMOTHERAPY FOR STAGE C COLON CANCER pub: October

Concord Hospital 1992-2004; 104 pts compared with a matched untreated control group; no toxicity associated deaths

Overall 3yr survival was significantly increased in the treated group: 81% v 66%

Reference: Chapuis PH, Bokey EL, Clarke S et al. ANZ J Surg. 2009. 79(10): 685-92

ROBOTIC DISSECTION FOR RECTAL CANCER - TECHNIQUE - OUTCOME

RPAH Sydney 2007-2008; 50 pts Mean tumour levels: 7.3cm (2-13cm)

Rectal transection and anastomosis = conventional laparoscopic technique

Conversions: nil

pub: November

Lymph node yield: 20.6 (6-48) **+ve CM:** 1 **Anast leak:** 8.3% **LOS:** 9.2 days (5-24)

Reference: Choi DJ, Kim SH, Lee PJM, Kim J, Woo SU. Single-stage totally robotic dissection for rectal cancer technique, short-term outcome in 50 consecutive patients. Dis Colon Rectum. 2009. 52(11): 1824-30

ROBOTIC TME OR TRANSANAL TME (taTME)

pub: November

Meta-analysis 714 studies identified 6 accepted for this analysis

Robotic TME: taTME comparison

No significant difference in:

Overall complication rate Wound infection Anastomotic leak

Mean Op time CRM +ve

Lymph node yield higher in Robotic TME (p=0.020)

These techniques are complementary rather than competing

Reference: Chen MZ, Tay YK, Warriar SK et al. ANZ J Surg. 2021. 91(11): 2269-76

ROBOTIC C/R SURGERY IN AUSTRALIA: EVOLUTION OVER A DECADE pub: November

Review: Da Vinci robotic surgery 2010-2019

Operations: **3,522** (**90.7%** performed in the private sector)

82.6% of robotic operations: Restorative rectal surgery, R hemicolectomy, rectopexy

Dramatic increase in robotic surgery in Australia in last 10 years

Reference: Larach JT, Flynn J, Kong J et al. Medical Benefit Schedule data. ANZ J Surg. 2021. 91: 2330-36

INTERNATIONAL COLLEGE of SURGEONS meeting Beijing

November 14

GUEST SPEAKER: EL Bokey

Sydney

Laparoscopic surgery is now the gold standard for colorectal cancer

Rectal cancer: Independent variables of local recurrence and survival

FELLOWSHIP TRAINING IN ROBOTIC C/R SURGERY WITHIN

THE CURRENT HOSPITAL SETTING: An achievable goal?

pub: November

Training scheme at Peter MacCallum Cancer Centre and

Epworth Hospital Melbourne. Training duration: 12 months:

Robotic console safety course Cart side assisting Wet lab animal course

Dual-console accreditation course On site proctoring

Competence: No difference in various parameters between trainees and consultant trainers

Reference: Waters PS, Flynn J, Larach JT et al. ANZ J Surg. 2021. 91(11): 2337-44

SYDNEY COLORECTAL SURGICAL SOCIETY (SCSS) - CONCLUSION

December 14

Activities ceased after functioning for **25 years**. The number of surgeons

attending monthly Saturday meetings decreased as the younger generation of

surgeons showed minimal interest. The reason was almost certainly the

development of colorectal units in hospitals, where learning the art of colorectal

surgery was available on a daily basis from colorectal surgeons. In addition, there

was an increase in national and state meetings featuring distinguished national

and international visiting surgeons.

The 2-year program of post-FRACS training in colorectal surgery, supervised by the Section RACS and the CSSANZ was now well established and having a marked beneficial effect on the education and training of surgical aspirants.



Fig: 122

Final meeting of SCSS members December 14 2009

Standing: (L-R) Caroline Wright, Anil Keshava, Alan Meagher, Matthew McNamara, Sam Sakker, Ray Hollings, Bevan Stone, Mal Stuart, David Dunn, Ken Merten, Graham Newstead, Peter Stewart, Matt Rickard, Stan Koorey, Nimlan Pathmanathan, Matthew Morgan
Sitting: (L-R) Pierre Chapuis, Peter Loder, Mark Killingback, David Failes © SCSS

A NEW BEGINNING

December

A group of Sydney Colorectal surgeons, in particular Chris Byrne and Pierre Chapuis, believed the Annual Sydney Colorectal meetings should continue and this was supported by the Colorectal Section of the RACS which assumed the responsibility for organising future annual meetings. The first of these meetings occurred on November 13 2010 titled: **THE SYDNEY COLORECTAL MEETING**.

BODY MASS INDEX AND LYMPH NODE YIELD - C/R RESECTIONS
Retrospective study of BCCA database

pub: December

BMI did not impact the lymph node yield in 3,986 pts
Operative approach and LNY

Laparoscopic proctocolectomy or low anterior resection

-> **higher LNY**

Open L hemicolectomy and sigmoid colectomy - Laparoscopic HAR

-> **reduction in LNY**

Reference: Cheong JY, Young CJ, Byrne C. ANZ J Surg. 2021. 91(12): 2707-13

CSSANZ JOINS THE ASIA PACIFIC FEDERATION OF COLOPROCTOLOGY

THE TWEED HOSPITAL Tweed Heads NSW COLORECTAL UNIT

2010

CHRISTIAN MEDICAL COLLEGE meeting Vellore India

February

INVITED SPEAKER: N Rieger Adelaide

Ultrasonography in the assessment of the pelvic floor
Obstructed defaecation

INTERNAT. SOCIETY of UNIV. C/R SURGEONS (ISUCRS) meeting Seoul, Korea

INVITED SPEAKER: G Newstead Sydney

March

Globalisation of colorectal surgical education

POSTANAL REPAIR FOR ANAL INCONTINENCE - PARKS OPERATION: pub: April
Lubowski et al reviewed 57 patients: long term follow up
Operations 1986-2002 Follow up: min 7yr, mean 9.1yr

Post-operative continence improved in many patients but declined in significant numbers with time. Thirty-six years later the operation is rarely performed.

References: AG Parks. Presidents Address RSM meeting. Incontinence Proc R Soc Med. 1974. 68: 681-90
Mackey P, Mackey L, Kennedy ML, King DW, Newstead GL, Lubowski, DZ. Post anal repair –
do the long-term results justify the procedure? Colorectal Dis. 2010. April: 12(4): 367-72

Comment: The operation was devised at St Mark's Hospital London in the early 1970s
by AG Parks and introduced by Parks at his Presidential address RSM in London November 1974.

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC meeting Perth

GUEST SPEAKER: R Motson Colchester UK May 4-7

KEYNOTE LECTURES:*

Laparoscopic surgery for rectal cancer*

Surgical approach to Crohn's disease

UK colorectal cancer audit

MASTER CLASS:

M Solomon Sydney

**Pelvic exenteration techniques including en bloc lateral side wall for
recurrent pelvic cancer.**

R Stitz Brisbane

Colorectal misadventures

INVITED SPEAKERS:

P Hewett **The ALCCaS Trial***

I Lawrence **Current medical management of Crohn's disease**

I Bissett **Laparoscopic anterior resection**

A Bui **Laparoscopic ileal J Pouch**

G Makin **TEM**

M Croxford **Laparoscopic anterior resection**

D Clark **Laparoscopic rectopexy**

SUBMITTED PRESENTATIONS: Aus: 19 NZ: 7 USA: 2

MARK KILLINGBACK PRIZE: T Sammour Auckland

**Warming and humidification of insufflation gas in laparoscopic colonic surgery -
a double blinded RCT**

FAECAL INCONTINENCE - IMPLANTATION OF ETHYLENE VINYL ALCOHOL COPOLYMER

Combined Adelaide-Melbourne study 2004-2006; 21 pts pub: May

Results: at 12 mths post treatment: significant decrease (37%) in incontinence
score (CCFIS). Other parameters showed improvement following the
intersphincteric injection. A feasible well-tolerated procedure.

Reference: Stephens JH, Rieger NA, Farmer KC. ANZ J Surg. 2010. 85(5): 324-30

ANAL FISTULA PLUG: THE CONCORD EXPERIENCE

pub: May

Concord Hospital

2006-2009; 32 patients; 35 anal fistula plug insertions

Median FU: 15mths (2-29mths)

Overall success rate was 13/35 (37%)

Reference: Owen G, Keshava A, Stewart P et al. ANZ J Surg. 2010. 80(5): 341-43

LOWER GIT BLEEDING: MESENTERIC EMBOLIZATION

pub: September

St Vincent's Hospital Melbourne 1998-2008; 78 patients

Episodes of bleeding: 83 Angiograms performed: 107

Bleeding site identified in 40/83 episodes (48%)

Embolizations performed in 38; immediate cessation of bleeding in 38

Rebleeding: 9 (surgery 5); ischaemic bowel 2; deaths 6 (7%)

Reference: Gillespie CJ, Sutherland AD, Mossop PJ, Woods RJ, Keck JO, Heriot AG. Mesenteric embolization for lower gastrointestinal bleeding. Dis Colon Rectum. 2010. 53(9): 1258-64

SURGICAL RESEARCH SOCIETY - SECT. ACADEMIC SURGERY RACS meeting Adelaide

RP JEPSON LECTURE: (Professor of Surgery: Sheffield 1954, Adelaide 1958)

M Solomon Sydney

October

Surgical trials "past, present and future" equipoise, patient preferences and quality of life in surgery**CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Launceston**

GUEST SPEAKERS: J Guillem, D Wall

October 14-16

J Keck interview with Jose Guillem

ESR HUGHES LECTURE:*

J Guillem New York USA

Rectal cancer and its treatment in the USA***Surgical treatment of familial cancer syndromes in USA****Imaging for rectal cancer**

CSSANZ ORATION:

D Wall Brisbane

Liver surgery for advanced colorectal cancer: The past, present and future

INVITED SPEAKERS:

D Lubowski **The failed rectal advancement flap: where to go from here?****Is there still a place for the post-anal repair operation?**P Sitzler **Anal sphincter repair: who needs it?**M Kamm **Crohn's perineal fistulas: Combining medical and surgical treatment.****Sacral nerve stimulation - faecal incontinence and constipation.**M Croxford **Extended abdomino - perineal resection for rectal cancer.**I Faragher **Stenting: Who, when and how.****The national bowel screening program update.**

AWARD PRESENTATIONS:

THE PHILIP DOUGLAS EDUCATION AWARD 2010

J Dale

STOMAL THERAPIST AWARD 2010

K Torney and J Warren

SUBMITTED PODIUM PRESENTATIONS: Aus/NZ 32

NEW CSSANZ LOGO:

October

Features:

Name of the Society

Bi-national symbolism

National colours. Green: Aus. Black: NZ

Triennial. Report 2008-2010: p 12-13

Logo illustration: courtesy of CSSANZ © CSSANZ

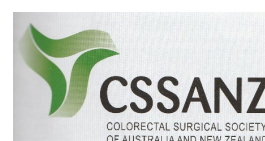


Fig: 124

CLINICAL ONCOLOGY SOCIETY of AUSTRALIA ASM Melbourne November 10
 GUEST SPEAKER M Solomon Sydney

PLENARY LECTURES:*

The role of pelvic exenteration*

Order of surgery - a colorectal approach*

Pelvic exenteration for recurrent rectal cancer: survival and quality of life*

LAPAROSCOPIC RESTORATIVE PROCTECTOMY - HYBRID OR TOTALLY LAPAROSCOPIC?

Brisbane surgeons (4) 177 patients; operations for cancer pub: November

| Operation | N | Morbidity | Deaths | LOS | Local rec | Distant rec |
|-----------------|-----|-----------|--------|-----|-----------|-------------|
| Lap only | 103 | 12% | - | 5d | 1 | 8 (7.8%) |
| Hybrid | 74 | 35% | - | 5d | 1 | 4 (5.4%) |

Comment: **Both procedures have acceptable mortality and morbidity**

Reference: Ellis-Clark JM, Lumley JW, Stevenson ARL, Stitz RW. ANZ J Surg. 2010. 80(11): 807-12

SYDNEY COLORECTAL MEETING

November 13

GUEST SPEAKERS: E Tiret, P Finan

EDWARD WILSON LECTURE:*

E Tiret Paris, France

Managing the patient with rectal cancer: a French perspective*

Closing the perineal defect after APR. The VRAM flap

P Finan Leeds UK

What's in a margin?

Anastomotic leak

CONSULTANTS' CORNER:

L Bokey, P Finan, I Jones, A Luck, J Lumley, M McNamara, M Solomon, E Tiret

SUBMITTED PRESENTATIONS: 14

2011

ACADEMIC APPOINTMENT UNIV. WESTERN SYDNEY – LIVERPOOL HOSPITAL

FOUNDATION PROFESSOR of SURGERY AND COLORECTAL SURGERY January 7

EL Bokey

CLEVELAND CLINIC COLORECTAL COURSE Fort Lauderdale USA February 16-20

INVITED SPEAKER: M Solomon Sydney

Pelvic exenteration for recurrent rectal carcinoma: survival and quality of life

Laparoscopic treatment of endometriosis

FAECAL DIVERSION FOR PERIANAL CROHN'S DISEASE

pub: February

Retrospective study of 21 patients from two tertiary centres managed 1990-2007

Infliximab therapy in 11 patients: no significant difference

Clinical response 21 pts: Nil 4; temporary 6, improvement → plateau 7, **healed 4**

Outcome : Proctocolectomy 11, stoma remains 6, **stoma closed 4**

Reference: Hong MKH, Lynch AC, Bell S et al. Faecal diversion in the management of perianal Crohn's disease. Colorectal Dis. 2011. 13(2): 171-76

INTERNATIONAL COLORECTAL DISEASE SYMPOSIUM: Hong Kong February 24-26

GUEST SPEAKER: EL Bokey Sydney

Anastomotic leaks in colorectal surgery

Competence-based training in colorectal surgery

NEW ZEALAND ASSOC. OF GEN. SURGEONS ASM New Plymouth March 25-27

INVITED SPEAKER: AG Heriot Melbourne

Perianal abscesses and fistulae

Colonic polyps

Fistulas and haemorrhoids-management

Functional rectal problems

STENT OR SURGERY FOR LEFT SIDED LARGE BOWEL OBSTRUCTION pub: April

Retrospective review Tweed Public and John Flynn Private Hospitals

Technical success of stenting 29/30 Clinical success of stenting 27/30

Stenting is effective as palliation or as a bridge to surgery

Reference: White SI, Abdool SI, Frenkiel B, Braun WV. ANZ J Surg. 2011. 81(4): 257-60

LYMPH NODE YIELD: COLORECTAL CANCER SURGERY pub: April

Eleven Australian Centres January 1988-May 2008 Source: BioGrid Australia

10,082 cases Median lymph node yield (LNY) was 12

Increase median yield over time: 1988: 8.5 2008: 13

Higher LNY: Females, younger age, right sided Ca, higher stage, no radiotherapy

Reference: Field K, Platell C, Rieger N et al. ANZ J Surg. 2011. 81(4): 266-71

TIMING - DETECTION OF METACHRONOUS COLORECTAL CANCER pub: April

Retrospective review Flinders Medical Centre 569 patients

Fourteen patients (2.5%) developed metachronous cancers,

almost 50% within 3 yr of FU

No previous polyp at metachronous site

Reference: Hollington P, Tiong L, Young G. ANZ J Surg. 2011. 81(4): 281-6

CURRENT STATE OF LAPAROSCOPIC RECTAL CANCER SURGERY IN AUSTRALASIA

Online survey (CSSANZ) 123 responses; in previous year surgeons performed:

At least one laparoscopic **C/R** case 94.3%

At least one laparoscopic **rectal** case 77.2%

At least one laparoscopic **rectal cancer** case 65.0% pub: April

Reference: Ong EJS, Stevensen ARL. ANZ J Surg. 2011. 81(4): 281-86

COLORECTAL CANCER SURVIVAL pub: April

Editorial: C Platell Freemantle WA

Definitions: Overall survival = Death from any cause

Cancer specific survival = Death directly due to cancer

Relative survival = Corrected for other causes of death

Length of FU and number of cases have a significant bearing on survival figures

The value of reviewing survival results is to identify under performance

Reference: Platell C. ANZ J Surg. 2011. 81(4): 310-11

ROYAL SOCIETY of MEDICINE MEETS the UNIVERSITY of SYDNEY May

A COLORECTAL DISCUSSION OF MINDS

INVITED SPEAKER: M Solomon Sydney

Advanced cancer operative techniques masterclass: lateral and anterior bone

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Adelaide

GUEST SPEAKERS: F Frizelle, R O'Connell, R Phillips

May 2-6

KEYNOTE LECTURES: 3*

F Frizelle: Christchurch NZ

The management of diverticular disease in 2011***Perianal Crohn's disease****Advanced primary cancer of the rectum**

R O'Connell: Dublin

Pelvic floor physiology. Sacral nerve stimulation and neuromodulation***Colorectal screening - Irish perspective****Pathophysiology - ulcerative colitis, pouchitis****Trials that have changed my practice**

R Phillips: London UK

Gynaecological proctology***Dysplasia in ulcerative colitis**

CONSULTANTS' CORNER: F Frizelle, M Johnston, A Meagher, R O'Connell, M Rickard

SUBMITTED PRESENTATIONS: Aus: 33 NZ: 6

MARK KILLINGBACK PRIZE: Szelin Peng Adelaide

Pathological features and the response to chemotherapy in patients with Stage II colon cancer**CLEVELAND CLINIC Department Colorectal Surgery** Ohio

May

GUEST PROFESSOR: M Solomon Sydney

Pelvic exenteration, techniques and results**Laparoscopic rectal surgery and colorectal training****Complex perianal Crohn's and suprasphincteric fistula****ASSEMBLY of GENERAL SURGEONS** University of Toronto

May 26

BRUCE TOVEE MEMORIAL LECTURE

M Solomon Sydney

Surgical training at University of Sydney and University of Toronto**MOUNT SINAI HOSPITAL** Toronto

May 27

GUEST PROFESSOR: M Solomon Sydney

Pelvic exenteration: survival, quality of life and complex techniques**LIVERPOOL HOSPITAL NSW COLORECTAL UNIT**

Surgeons (2011): EL Bokey (H/Unit), S Fulham, K Gibson, S McKenzie

TRIPARTITE MEETING Cairns Queensland

July 3-7

SECT. C/R RACS - CSSANZ - SECT. C/P RSM - ACPGBI - ASCRS

Convenor: B Waxman

Medical Registrations: 338 Aus: 60.0% UK: 13.3% NZ: 7.4% USA: 7.1%

Podium Presentations: 219 Aus: 23 *Nationalities of other speakers not available*

JOHN GOLIGHER LECTURE:

M Parker Dartford UK

Organising the odds for the obstructed patient

ESR HUGHES LECTURE:

F Frizelle Christchurch NZ

Fraud in medical publication

RUPERT TURNBULL LECTURE:*

R McLeod Toronto Canada

Colorectal surgery in the age of evidence-based medicine*

Favourable pathologic and long-term outcomes from the conventional approach to abdominoperineal resection

Colorectal research opportunities and new directions

DISTINGUISHED INVITED SPEAKER:

V Fazio Cleveland USA

Evolution of ostomies

INVITED SPEAKERS:

M Bourke **Colonic management of large polyps**

A Heriot **Advanced and locally recurrent rectal cancer**

M Kamm **Treatments for pelvic floor disorders**

A Luck **Credentiailling for colonoscopy - the Australian experience**

C Lynch **Robotics in surgery**

P McMurrick **Colonoscopy-surgery**

C Platell **Management and survival of patients with stage IV colorectal cancer**

M Solomon **The Australasian training programme**

A Stevenson **Update on technology, energy sources and staplers**

SUBMITTED Aus/NZ PRESENTATIONS: **14**

C Byrne, K Boyle, J Campbell, T El Houry, A George, P Hewett, O Jones, I Lavery, A Meagher, C Platell, P Salama, A Stevenson, S Warriar, M Wong

POST FRACS TRAINING Aus and NZ

Trainees (Year 2) 9

Trainees Education W/E: Hamilton Island Qld

August 12-14

PHILIP DOUGLAS EDUCATION PRIZE: P Simpson

The place of radiotherapy for rectal cancer

ACPGBI TRAVELLING FELLOWSHIP 2011

S Warriar

COVIDEN (TYCO) CSSANZ COLORECTAL FELLOWSHIP 2011

J Dale, J Hong

MEDTRONIC CSSANZ RESEARCH FELLOWSHIP 2011

J Dale, J Hong

NURSES' AWARD becomes CSSANZ NURSES' AWARD 2011

E Menzi, D Perry

No CME meeting in view of Tripartite meeting

LOCALISATION OF A COLONIC LESION IN THE LAPAROSCOPIC ERA

MH Nguyen Launceston

pub: August

Tattooing with sterile India ink is recommended; 2-4 tattoo points.

The injection should be into a "blister" of mucosa (saline injection) to avoid injection into bowel wall or peritoneal space. Metal clips are an alternative in transverse and descending colon (palpable)

Reference: Nguyen MH, Mori K. ANZ J Surg. 2011. 81(8): 584-86

VIC FAZIO RETIREMENT CELEBRATION Cleveland September 1
Tribute presentation: M Killingback

STENTING: LARGE BOWEL OBSTRUCTION pub: October

C Young Royal Prince Alfred Hospital

100 patients (primary Ca 61%) prospective data

Initial success: 87%

Stent-related mortality: 1%

Avoided surgery: 69

Avoided a permanent stoma: 72

Reference: Young CJ, Suen MKL, Young J, Solomon MJ. Stenting large bowel obstruction avoids a stoma: Consecutive series of 100 patients. *Colorectal Dis.* 2011. 13(10): 1138-41

SYDNEY COLORECTAL SURGERY MEETING November 19

GUEST SPEAKERS: A Rojanakasul, E Rullier

EDWARD WILSON LECTURE:*

E Rullier Bordeaux France

The evolution of intersphincteric resection in the treatment of low rectal cancer*

Organ preservation in downstaged rectal cancer after chemoradiation

A Rojanakasul Bangkok Thailand

The LIFT procedure

Colorectal cancer treatment in Thailand

DEBATES with CONSULTANT PANEL:

Large villous polyp caecum

Endoscopic or Laparoscopic

M Burke:

G Owen

Malignant LBO

Stent or Surgery

C Young:

I Faragher

Haemorrhoids

Arterial ligation or Haemorrhoidectomy

D Gold:

S Jancewicz

T1 Rectal Cancer

Trans-anal microsurgery or Radical surgery

C Farmer:

S Mckenzie

Rectal cancer + resectable liver mets

Chemotherapy or Surgery first

M Crawford:

B Meade

SUBMITTED PRESENTATIONS: 22

KOREAN SURGICAL SOCIETY Symposium: Seoul Korea November 25-26

GUEST SPEAKER: M Solomon Sydney

Surgical management of very low-lying rectal cancer

ROBOTIC COLORECTAL SURGERY commenced at Cabrini Hospital December

WOLLONGONG HOSPITAL Wollongong NSW **COLORECTAL UNIT** Established

Surgeons (2011): A Malouf (H/unit), A Still, R Winn

1988 Don Tindal converted his general surgery practice to colorectal surgery

1995 Warwick Adams converted his general surgery practice to colorectal surgery

and a specialist colorectal service was initiated at the hospital.

2012 AUS. SOCIETY OF GYNAECOLOGICAL ONCOLOGISTS ASM Sydney April 11-14

INVITED SPEAKER: M Solomon Sydney

Radical surgical approaches to recurrent pelvic malignancy

Training colorectal and academic surgeons in Australia and New Zealand 2012

SECT. COLORECTAL ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC

Kuala Lumpur

May 6-10

GUEST SPEAKERS: I Lindsey, A Mellgren, A Rojanasakul, P Sheikh,

KEYNOTE LECTURES:** 6

Some titles abbreviated

I Lindsey Oxford UK

Advances in laparoscopic colorectal surgery - notes or nuts?***Laparoscopic ventral rectopexy****TEMS - the UK experience for early rectal cancer****The science behind and management of anal fissure****Optimal treatment for obstructed defaecation**

A Mellgren Minneapolis USA

Investigation of pelvic floor disorders - impact on treatment outcomes****Investigating the pelvic floor****Ultrasound vs MRI assessment of early rectal cancer****Imaging of fistula and current US trends****Sacral neuromodulation – an overview**

A Rojanasakul Bangkok Thailand

The anatomy of the anal canal - relevance to fistula-in-ano****Management of fistula-in-ano: new technique. LIFT technique****Haemorrhoid surgery: What is new and what do I do?**

P Sheikh Mumbai India

Other approaches in difficult fistula surgery**Prolapsed thrombosed haemorrhoids**

INVITED SPEAKERS:

P Carson Northern Territory

Emergency General Surgery: Who should do it?***The delivery of specialist services to a whole population****

M Solomon Sydney

Training, academic surgery and private practice**

PANEL DISCUSSION: I Lindsey, A Mellgren, ST Kwan-senn

Studies that changed my practice

SUBMITTED PRESENTATIONS: Aus: 35 NZ: 7 Asia: 3 UK: 2 USA: 1 EUR: 1

MARK KILLINGBACK PRIZE: CH Kong Victoria

Colorectal pre-operative surgical score (CrOSS): An external validation of a pre-operative model for patients undergoing colorectal cancer resection**C/R SURGERY RIGOUR AND LOGIC WHEN TREATING PELVIC FLOOR DISORDERS****Editorial:** D Lubowski St George Hospital

pub: June

Outdated observations should be viewed with caution, for example:

Faecal continence: The anorectal angle has no importance**Obstructed defaecation: Surgery of doubtful value****Incontinence: Sacral nerve stimulation is a significant advance.**

Reference: Lubowski DZ. ANZ J Surg. 2012. 82(6): 383-84

BCC AUDIT (Aus/NZ) registration: 10,000+ episodes

STENTING FOR MALIGNANT LB OBSTRUCTION: 8 YEAR EXPERIENCE pub: June

Royal Adelaide Hospital 2000-2008; 35 patients

Stents: 39 Technical success: 37 (95%) **Relief of Obstruction: 34 (89%)**

Morbidity: Perforation during the procedure 1

Delayed perforation 3

Reintervention 17%

Reference: Chouhan H, Wong CX, Maharaj P et al. ANZ J Surg. 2012. 82(6): 408-411

ANAL CANCER - CHEMORADIATION – 25-year EXPERIENCE pub: June

St Vincent's Hospital Melbourne 1983-2008; 284 patients

Median follow-up: 5.3yr **Complete clinical response: 89%**

5yr rates: Local control: 83% Distant control: 92% Overall survival: 82%

Reference: Tomaszewski JM, Link E, Leong T et al. Twenty-five year experience with radical chemoradiation for anal cancer. Int J Radiat Oncol Biol Phys. 2012. 83(2): 552-8

INT.SOC. UNIV. C/R SURGEONS (ISUCRS) CONGRESS Bologna Italy June 24-26

INVITED SPEAKER: B Waxman Melbourne

Piloting a bundle of care for surgical site infection in colorectal surgery:**the challenge of achieving normothermia****An irrigation technique to aid in the mucosal dissection in the Delorme's operation****Is LIFT the answer for fistula-in-ano?****ASSOC. COLOPROCT. GBI. ANNUAL CONFERENCE** Dublin, Ireland July 2-3

INVITED SPEAKER: S Warriar Melbourne Travelling Fellow ACPGBI

Role of pre-operative evaluation in the management of CRCa**ST VINCENT'S HOSPITAL SYMPOSIUM:** Dublin Ireland July 4

INVITED SPEAKER: S Warriar Melbourne Travelling Fellow ACPGBI

Young patients with CRCa: What are we doing and what should we be doing?**RECTAL and ANAL FUNCTION CONFERENCE** Tokyo Japan August

INVITED SPEAKER: G Newstead Sydney

Anterior Resection Syndrome**Sexual dysfunction in the management of rectal cancer****POST FRACS TRAINING** Aus and NZ**Trainees (Year 2) 11**

Trainees Education W/E: Southern Highlands NSW

August 24-26

PHILIP DOUGLAS EDUCATION PRIZE: C Gillespie

Infective and ischaemic colitides**MITCHELL NOTARIS FELLOWSHIP 2012**

J Hong

ACPGBI FELLOWSHIP 2012

C Gillespie

COVIDEN (TYCO) CSSANZ FELLOWSHIP 2012

M-P Bernardi

MEDTRONIC RESEARCH FELLOWSHIP 2012

M-P Bernardi

CSSANZ NURSE AWARD**2012**

Ian Whiteley

ENDOMETRIOSIS DEEPLY INVOLVING THE RECTUM

pub: September

RPAH Sydney 2001-2010; retrospective study of **91** consecutive patients**Resections:** 92**Disc excision:** 65**Segmental excision:** 25**Disc + segmental excision:** 1

Laparoscopic: 81 (88%) Defunctioning ileostomy: 3 (3%) Anast leak: nil

Recurrence: 8 (8.8%) Further intervention: 10 (11%)

Reference: Koh CE, Juszczyk K, Cooper JW, Solomon MJ. Management of deeply infiltrating endometriosis involving the rectum. Dis Colon Rectum. 2012. 55(9): 925-31

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS Melbourne Oct 18-21

GUEST SPEAKERS: M Kalady, SH Kim, B Wolff, A Zauber

Interview with M Kalady (by Andrew Luck)

SYMPOSIUMS: 8

ANAL POTPOURRI STAGE IV RECTAL CANCER IBD - 1 STARTING PRACTICE

EARLY RECTAL CANCER ROBOTICS IBD - 2 FAMILIAL CRCa

ESR HUGHES LECTURE:*

M Kalady Cleveland USA

C/R surgery in the molecular biology era***When to resect for dysplasia in chronic colitis****Familial CRCa scenarios**

SH Kim Seoul Korea

Robotic proctectomy - How I do it?

CSSANZ ORATION:**

B Wolff Mayo Clinic USA

IBD 30 years of learning****The failed pouch**

PLENARY LECTURE:

A Zauber New York USA

Colonoscopic polypectomy and long-term prevention of colorectal cancer deaths in the (US) national polyp study

INVITED SPEAKERS:

A Hunter and P McMurrick

Binational Colorectal Cancer Audit (Aus and NZ)

INVITED SPECIALTY SPEAKERS:

Gastroenterology, oncology, GIT surgery, radiation oncology, endoscopy, robotic surgery

PANEL: A Burgess, F Frizelle, M Kalady, S McLaughlin, A Meagher, B Wolff

Topical and controversial cases

AWARD PRESENTATIONS:

PHILIP DOUGLAS EDUCATION PRIZE : C Gillespie

Infective and ischaemic colitides

CSSANZ NURSING SCHOLARSHIP PRIZE 2012

I Whiteley

SUBMITTED/INVITED PRESENTATIONS: Aus: 20 NZ: 4 Korea: 1

TEM COURSE: Cabrini Hospital Malvern

DEPT. C/R SURGERY**UNIVERSITY of MINNESOTA COURSE** Minneapolis

October 25-27

INVITED SPEAKER: M Solomon Sydney

Rectal prolapse - fix it with a laparoscope**Perianal Crohn's: assessment, setons, quality of life and depression****LIFT PROCEDURE WORKSHOP** Royal Prince Alfred Hospital

November 5

C Byrne Colorectal surgeon RPAH

How to start? RPAH results

CN Ellis Chief of Surgery Division of Colorectal Surgery Pittsburgh USA

Overview of techniques

S Goldberg Director Division Colon and Rectal Surgery University of Minnesota

Outcomes - MinnesotaP Lee Colorectal Surgeon RPAH *Presentation not available*

VIDEO DEMONSTRATION: LIFT procedure cases

SINO-AUS-NZ CONFERENCE (Surgical Oncology) Guangzhou China

November 11-12

INVITED SPEAKER: B Waxman Melbourne

Gender differences, younger age and more distal cancers:**A change in the epidemiology implications for screening****SYDNEY COLORECTAL SURGERY MEETING**

November 24

GUEST SPEAKERS: N Haboubi, SH Kim, F Macrae

EDWARD WILSON LECTURE:*

N Haboubi Manchester UK

Radiation bowel disease***What's in a name? sessile serrated adenomas****Assessing the CME specimen****Sigmoid colitis associated diverticular disease**

SH Kim Seoul South Korea

Challenges and solutions in robotic rectal surgery**Laparoscopic complete meso-colic excision**

F Macrae Melbourne

Current guidelines on colonoscopy surveillance and its relevance

CLINICO-PATHOLOGICAL QUIZ: N Haboubi, M Rickard

SUBMITTED PRESENTATIONS: 12

INTERNATIONAL ASSOCIATION**SURGEONS and GE ONCOLOGISTS** Bangkok Thailand

December 5-8

INVITED SPEAKER: M Solomon Sydney

Laparoscopic colorectal surgery

BRISBANE GROUP RCT STUDY on the ILEAL POUCH

pub: December

Ileal pouch function related to the type of pouch?

J Pouch 49 v W Pouch 45

At 1 yr 24 hr bowel frequency: **J** pouch 7; **W** pouch 5At 9 yr 24 hr bowel frequency: **J** pouch 6.5; **W** pouch 6Demonstrates no difference in the **W** or **J** pouch function long term**As the J Pouch is simpler to construct it is the preferred pouch design.**

Reference: McCormick PH, Guest GD, Clark AJ et al. The Ideal Ileal-Pouch Design: A Long Term Randomised Control Trial of J vs W pouch Construction. Dis Colon Rectum. 2012. 55(12): 1251-57

AUSTRALIAN and NEW ZEALAND LAPAROSCOPIC COLON CANCER TRIAL (ALCCaS)

Laparoscopic vs Open surgery

Long Term Outcomes: Follow-up of 587 patients for a median of 5.2 years**Results: no significant difference in either Overall survival or Recurrence free survival**

Reference: Bagshaw PF, Allardyce RA, Frampton M et al. Long-term outcomes of the Australasian randomised clinical trial comparing laparoscopic and conventional open surgical treatments for colon cancer: the Australasian Laparoscopic Colon Cancer Study Trial. Ann Surg. 2012. 256(6): 915-19

“THE SYDNEY COLORECTAL SURGICAL SOCIETY 1983-2009 a legacy for a surgical specialty”

M Killingback Textbook: published by Section of Colon and Rectal Surgery RACS 2013

2013

ROYAL COLLEGE of SURGEONS of IRELAND meeting Dublin

February 7-9

88th ABRAHAM COLLES LECTURE:*

GUEST SPEAKER: M Solomon Sydney

Evolution of radical pelvic exenteration***Bone and neuro-vascular involvement in the pelvis****COLORECTAL CANCER TREATMENT IN RURAL AUSTRALIA**

pub: March

Rural surgical centre South Australia 1/2006-12/2011; **194** pts

Prospective collection of data

Peri-operative mortality: 1.7%

Overall survival: stage I: 96% stage II: 92% stage III: 58% stage IV: 0%

Reference: Wichmann MW, Beukes E, Esufali ST. ANZ J Surg. 2013. 83(3): 112-17

MAYO CLINIC - ROGER DOZOIS VISITING PROFESSOR

May

P McMurrick Melbourne

Binational database of the CSSANZ**Bowel cancer at Cabrini Hospital****SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC** Auckland

GUEST SPEAKERS: AG Heriot, T Holm, T Read

May 7-10

KEYNOTE LECTURES:** 4

AG Heriot Melbourne

Role of PET in the management of lower gastrointestinal cancer****Staging: Planning neoadjuvant therapy and surgical strategy****Locally advanced tumours: optimal management**

T Holm Sweden

Radiotherapy for rectal cancer: a work in continuing process**

Loco-regional recurrence of colon cancer: incidence and how to prevent it

Surgical techniques and positioning

Extralevator APR: what exactly is it and why is it better?

T Read Burlington USA

Prevention and management of anastomotic leak in colorectal surgery**

Adjuvant therapy for rectal cancer

INVITED SPEAKER:

J Church Cleveland Clinic USA

Hereditary colorectal cancer: an update**

SUBMITTED PRESENTATIONS:

Aus: 29 NZ: 25 USA: 5 UK: 2 Canada: 2 Thailand: 2 Singapore: 1

MARK KILLINGBACK PRIZE: S Srinivasa Auckland

**RCT of goal-directed fluid therapy within an enhanced recovery protocol
for elective colectomy**

LIFT AND BIOLIFT OPERATIONS FOR ANAL FISTULA

pub: May 1

Royal Prince Alfred Hospital Department Colorectal Surgery

Patients: 33 (trans-sphincteric fistulae 94%)

Operations: 34 LIFT 29 BioLIFT 5

Success (primary healing) 63%

Failure to heal 11; Recurrence 1; Further surgery 9; **Secondary success 88%**

Incontinence: nil

Reference: Chew MH, Lee PJ, Koh CE, Chew HE. Appraisal of the LIFT and BIOLIFT procedure: Initial and short-term outcomes of 33 consecutive patients. Int J Colorectal Dis. 2013. 28(11): 1489-96

COLLEGE of SURGEONS of MALAYSIA Kuala Lumpur

May 31-June 2

VISITING PROFESSOR: M Solomon Sydney

The impact of surgical outcome research on CRCa management

Surgery for locally advanced rectal cancer - How far should we go?

Integrating research, training and clinical service

Exenteration for rectal cancer

Titles abbreviated

INTERNATIONAL SYMPOSIUM: on COLORECTAL CANCER Univ. of Erlangen Germany

GUEST SPEAKER: M Solomon Sydney

June 3-4

Surgery for advanced rectal cancer

SILVER JUBILEE MEETING OF CSSANZ (25 years; 1988-2013)

July 10-16

CME MEETING - SECTION C/R RACS - CSSANZ Surfers Paradise

GUEST SPEAKERS: M Parker, G Radford-Smith

ESR HUGHES LECTURE:*

M Parker Dartford UK

The burden of adhesions*

Malignant obstruction

Haemorrhoidectomy

CSSANZ ORATION:**

G Radford-Smith Brisbane

Update on Inflammatory Bowel Disease**

Acute severe Ulcerative Colitis: rescue and when to operate

INVITED Aus and NZ SPEAKERS:

Contentious issues: D Lubowski, A Meagher, M Parker, A Stevenson, D Taylor

Clinical guidelines: J Dale, T Eglinton, F Frizelle, G Makin, J Norwood

Inflammatory bowel disease: D Clark, J Keck, G Radford-Smith, M Solomon, R Stitz

Complications: C Byrne, E Chung, I Faragher, P Hodgkinson, J Lumley

Quality in surgery: P Hewett, A Luck, B Meade, E Ong, T Slack

Talks we would all like to hear: D Bartolo, I Bissett, C Gillespie, M Levitt, P Walls

VIDEOS: P Carne, C Farmer, E Mignanelli, M Parker, D Petersen, A Stevenson

NATIONAL RECTAL CANCER SUMMIT Wellington NZ

August 9

INVITED SPEAKER: M Solomon Sydney

Surgery for recurrent rectal cancer and advanced primary rectal cancer

POST FRACS TRAINING Aus and NZ

Trainees (Year 2) 14

Trainee Education W/E: Melbourne

August 23-25

PHILIP DOUGLAS EDUCATION PRIZE: N Mirbagheri -

Pathology of colonic polyps-adenoma-carcinoma sequence, serrated adenomas, non-adenomatous polyps and their familial syndromes.

ACPGBI FELLOWSHIP 2013

M-P Bernardi

CSSANZ NURSE AWARD 2013

A Tottle

MANAGEMENT OF YOUNG PATIENTS WITH COLORECTAL CANCER pub: September

BI-NATIONAL PERSPECTIVE: Australia and NZ Patients < 50y

Survey 114 respondents (99 practising colorectal surgeons)

For R sided Ca > **92%** a limited resection

First degree relative with CRCa > **6%** would alter management

If family criteria present for HNPCC > **68%** would alter management

Reference: Warriar SK, Lynch A, Heriot AG. ANZ J Surg. 2013. 83(9): 636-40

ASIA PACIFIC FEDERATION OF COLOPROCTOLOGY Nanjing China

September 11-14

INVITED SPEAKER: B Waxman Melbourne

Lymph node response as a prognostic indicator in irradiated rectal cancer

Changing trends in colorectal cancer: Possible cause and Implications for screening

AUSTRALIAN GASTROINTESTINAL WEEK (AGW - GESA) Melbourne

INVITED SPEAKER: S Bell

Melbourne

October 7-9

Robotic colorectal surgery training and credentialing

Robotic rectal dissection

MESENTERIC EMBOLIZATION FOR LOWER GIT HAEMORRHAGE pub: October 31
RPAH Sydney Dept. Colorectal Surgery 2007-2012; 27 patients

Site of bleeding: R colon (40.7%), Left colon rectum (37.0%), Small bowel (22.2%)

Aetiology: Diverticular Dis. (33.3%), Post surgical (22.2%), Neoplasm (18.5%),
Ulcer (14.8%), Likely angiodysplasia (11.1%)

Immediate cessation of bleeding: 27 Recurrence 2 Infarcted bowel: 1 (death)

Reference: Tan KK, Strong DH, Shore T et al. The safety and efficacy of mesenteric embolization in the management of acute lower gastrointestinal haemorrhage. Ann Coloproct. 2013. 29(5): 205-208

SYDNEY COLORECTAL SURGICAL MEETING November 16

GUEST SPEAKERS: D Bartolo, S Biondo, C McDonald

EDWARD WILSON LECTURE:*

D Bartolo Freemantle

Emerging management of diverticulitis*

Fistula evaluation and update

What about wait and see?

S Biondo Barcelona Spain

Stapling haemorrhoidopexy: is there still a place?

Double-barrelled wet colostomy

C McDonald Sydney

What a surgeon should know about medical management (IBD)

SUBMITTED PRESENTATIONS: 16

PHILIPPINE SOCIETY of GENERAL SURGEONS 69th Annual Congress December 1-4

VISITING PROFESSOR: M Solomon Sydney

Surgery for locally advanced and recurrent rectal cancer

RCTs for laparoscopic surgery colon and rectal cancer

Management of complex anal fistula (Crohn's and suprasphincteric)

Pelvic exenteration: Advanced surgical techniques for bone and neurovascular resection

Ensuring quality in surgical practice: A global perspective

Some titles abbreviated

A SECOND PRIMARY METACHRONOUS COLORECTAL CANCER pub: December

Multi-centre prospective registry Victoria 1998-2011. Study reviewed 4,660 CRCa

Of these patients there was a history of other cancers: Prostate 111, breast 61, lung 23

Great majority of subsequent CRCa in these patients occurred 2-4 years after the first CRCa.

Reference: Bae S, Asadi M, Jones I et al. ANZ J Surg. 2013. 83(12): 963-67

ANAL FISTULA PLUG AND SETON FOR CRYPTOGLANDULAR ANAL FISTULA DecRPAH

Dept. of Colorectal Surgery 2007-2008 30 fistulae in 30 pts

| | | |
|-------------------|-------------------|-------------------|
| Trans-sphincteric | Supra-sphincteric | Inter-sphincteric |
| plug + seton | plug + seton | plug only |

Results: Recurrence: 26 (86.7%) **Surgical intervention:** 20/26 (76.9%)

The role of the fistula plug at this time remains debatable

Reference: Tan K-K, Kaur G, Byrne CM, Young CJ, Wright C, Solomon M. Long-term outcome of the anal fistula plugs for anal fistula of cryptoglandular origin. Colorectal Dis. 2013. 15(12): 1510-4.

2014

DEATH OF ROY FINK

January 11

Roy was a very popular clinician, a careful surgeon and a clever mimic of his former teachers. He was an Australian pioneer in anorectal manometry and recognition of the importance of the recto-anal inhibitory reflex in the investigation of chronic constipation. He was a tireless teacher of students and registrars, an excellent speaker, a great family man and a devoted fan of the Hawthorn football club.

Brian Collopy.

An obituary by Jamie Keck is filed at the CSSANZ office

© CSSANZ 2002

Fig: 125



Roy Fink
1938-2014

RECTAL CANCER – INFLUENCE OF LOCAL RECURRENCE ON SURVIVAL1996-2012; Prospective study of **483 pts** (WA) median follow up 5.2 yr

Local recurrence : 7%

Distant recurrence : 18%

January-February

Local recurrence was the single most important indicator of reduced survival.

Reference: Platell C, Spilsbury K. ANZ J Surg. 2014. 84(1-2): 85-90

QUALITY OF LIFE AFTER PELVIC EXENTERATION

pub: February

RPAH Sydney;

182 patients in study

Quality of life improved rapidly: 148 pts

After 9 mths quality of life declined: 34 pts

Reference: Young JM, Badgery-Parker T, Masya LM et al. 2014. Br J Surg. 101(3): 277-287

INAUGURAL JACK MACKAY LECTURE: Peter MacCallum Centre

March 20

GUEST SPEAKER: M Solomon

Sydney

Development of exenteration surgery**KOREAN SOCIETY of ENDOSCOPIC and LAPAROSCOPIC SURGEONS** Seoul April 24-25

INVITED SPEAKER: A Stevenson

Brisbane

Ventral rectopexy for rectal prolapse: technical details; evidence update**Laparoscopic rectal surgery trial in Australia****SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC and ANZ COLLEGE ANAESTHETISTS**

Singapore May 5-9

GUEST SPEAKERS: E Dozois, C Platell, P Sagar

SYMPOSIUMS: 14

DECISION MAKING

PERI-OPERATIVE CARE

RECTAL CANCER

SHORT RESEARCH PAPERS

REGISTRIES: PRACTICE

IBD

MESH

SHORT RESEARCH PAPERS : 2

FUNCTIONAL BOWEL DISEASE

EVIDENCE/SURGERY

LIVER METASTASES

ISSUES THROUGH THE AGES

EMERGENCIES

MASTER CLASSES: 4

ROBOTIC SURGERY

HOW TO OPERATE IN THE DIFFICULT PELVIS2

RECURRENT RECTAL CANCER

HARTMANN'S OPERATION AND REVERSAL

KEYSTONE LECTURES: ** 4

E Dozois

Mayo Clinic USA

Pushing the limits in the surgical approach to recurrent rectal cancer:**safety, feasibility and oncological outcomes ******Enhanced recovery after surgery - Mayo Clinic****Long and short term outcomes after laparoscopic pouches****Retrorectal tumours**

C Platell Freemantle WA

Predicting pathological response in rectal cancer

Research through auditing**

Morbidity and recurrence in patients with Crohn's disease undergoing surgery

P Sagar Leeds UK

Recurrent colon cancer**

How to operate in the difficult pelvis

Surgical challenges of lap. pouch surgery

Retrorectal tumours

INVITED LECTURE:

T Treasure London UK

Pulmonary metastases in colorectal cancer**

SUBMITTED PRESENTATIONS: Aus: 48 NZ: 15 UK: 8 USA: 2 Canada: 2 S/pore:1 Norway:1

MARK KILLINGBACK PRIZE: Puckett Auckland

High vs Low urine output targets in elective surgical patients: RCT

TRANSANAL TOTAL MESENTERIC EXCISION (taTME)

This approach to ultra-low rectal cancer was initially published by Watanabe in 2000¹ Evidence for its efficacy has so far has been provided by large case studies. Surgeons in Australia and New Zealand have combined in a prospective case study with low mortality, morbidity and a low local recurrence rate. The authors emphasize the **importance of appropriate training.**² The first taTME workshop was convened in Brisbane by A Stevenson in 2015.

References: 1. Watanabe M, Teramoto T, Hasegawa H, Kitajima M. Laparoscopic ultralow anterior resection combined with per anum intersphincteric rectal dissection for lower rectal cancer. Dis Colon & Rectum. 2000. 43: S94-7

2. Lau S. Kong J, Heriot A, Stevenson A, Moloney J et al. Br J Surg. 2021. 108: 214-219
(see results of this case study on page 225)

taTME INTERNATIONAL CONSENSUS SUMMIT Paris France

June 29

Invited Speaker: A Stevenson Brisbane

Transanal Total Mesorectal Excision

SELECTIVE EMBOLIZATION FOR COLONIC BLEEDING

pub: June

Westmead and Perth Hospitals Retrospective study 2002-2010; **71 patients**

Results: **Cessation of bleeding 61 (86%)** Recurrence of bleeding 11 (18%)

Bowel ischaemia 1 Operation 5 Mortality 1

Reference: Adusumilli S, Gosselink MP, Ctercteko G et al. The efficacy of selective arterial embolization in the management colonic bleeding. Tech Coloproctol. 2014. 18 (6): 529-33

TRIPARTITE MEETING Birmingham UK

June 30-July 3

SECT. C/P RSM - ACPGBI - ASCRS - SECT.C/R RACS - CSSANZ - ESCP

European Society of Coloproctology (ESCP) was invited in 2005 to join the other societies at subsequent Tripartite meetings

Medical Registrations: Total: 1,588 Aus: 90 NZ: 38

Podium Presentations: Total: 229 (excluding debates, panels, video and nurses' sessions)

UK: 116 Europe (Cont): 38 USA: 31 Aus: 28 NZ: 9 Other nations: 7

NAMED LECTURES:

HANLEY LECTURE

BJS LECTURE

JOHN GOLIGHER LECTURE

ESCP LECTURE

ESR HUGHES LECTURE: C Platell

Freemantle WA

Predicting response to neoadjuvant chemo-radiotherapy in patients with rectal cancer

KEYNOTE SPEAKER: P Finan

Leeds UK

Do quality measures in CRCa management benefit patients, physicians or politicians?

INVITED SPEAKERS (Aus):

A G Heriot Melbourne

Rare tumours: GIST**Multidisciplinary management - radical surgery in T4 rectal cancer** *Title abbreviated*

A Stevenson Brisbane

ALaCaRT Australasian Laparoscopic Cancer of the Rectum Trial (Aus & NZ study)**The Australian Approach - obstructed defaecation international differences of care**

SUBMITTED Aus/NZ - PRESENTATIONS: 23

V An, MP Bernadi, S Carpenteri, B D'Souza, P Dinning, A Engel, A Heriot (2),

A Loganathan, D Lubowski, J Marshall, J Moore, KS Ng (3), V Patton, N Rieger,

S Smith, A Stevenson (2), MKL Suen (2), T Theophilus

ASEAN SOCIETY of COLORECTAL SURGEONS (ASCS) CONGRESS Singapore

INVITED SPEAKER: M Solomon

Sydney

July 17-18

**Ensuring quality in surgical practice and the impact of surgical outcomes research
Evolution of pelvic exenteration over 25 years.****ENHANCED RECOVERY AFTER SURGERY AND LAPAROSCOPIC COLORECTAL SURGERY****Editorial: Where to now?** by D Lubowski

pub: July-August

Whether the ERAS regime or minimally invasive surgery is the more significant has not been determined by a RCT. A combination of these two may be responsible for maximum benefit.

Reference: Lubowski DZ. ANZ J Surg. 2014. 84(7-8): 500-1

SYMPOSIUM: CANCER DE RECTO Pontificia Universidad Chile

August 6-8

GUEST PROFESSOR: M Solomon

Sydney

T4 rectal cancer: limits of exenteration and radical bone and neurovascular techniques**Low rectal cancer: APE vs ULAR - assessment determining surgical approaches to sphincter preservation and the extralevator laparoscopic APE technique****Treatment of pelvic recurrence after curative resection for rectal cancer****COMBINED MISMATCH REPAIR and BRAFV600E MUTATION SPECIFIC****IMMUNOHISTOCHEMISTRY AS A PREDICTOR OF OVERALL SURVIVAL IN CRC**

Royal North Shore Hospital, Kolling institute, Histopathology North Ryde.

In a cohort of 1,426 patients undergoing surgery 2004-2009 it was demonstrated that the combination of mismatch repair (MMR) IHC and BRAFV600E IHC holds promise as a prognostic marker in CRC, although the findings did not reach statistical significance.

pub: August 25

Reference: Luey N, Toon CW, Sioson L et al. PLOS one. 2014. 9(8): e106105

POST FRACS TRAINING Aus and NZ**Trainees (Year 2) 6**

Trainee Education W/E: Queenstown NZ

August 22-24

PHILIP DOUGLAS EDUCATION PRIZE: A Gilmore

Idiopathic pruritus ani: Why what we do and could we do it better?

At Trainees' Weekend meeting there are now 4 awards.

Philip Douglas Education Prize

Most Promising Research Project (year 1 trainee)

Most Publishable Research (year 2 trainee)

Research for a Higher Degree

MITCHELL NOTARIS FELLOWSHIP 2014

N Ansari

ACPGBI FELLOWSHIP 2014

V An

MEDTRONIC RESEARCH FELLOWSHIP CSSANZ 2014

D Lacavalerie and G Guerra

CSSANZ NURSE AWARD 2014

D Perry, E Menzi

BRAZILIAN SOCIETY of COLOPROCTOLOGY Annual meeting

September 17-20

GUEST SPEAKER: M Solomon

Sydney

*Titles abbreviated***Treatment pelvic recurrence after curative resection of rectal cancer: how I do it****Laparoscopic rectal Ca: RCTs determining sphincter preservation and APE techniques****ASIAN PACIFIC FEDERATION COLO/PROCT meeting** Melbourne

October 5

ESR HUGHES LECTURE: I Bisset

Auckland

New insights into post-operative ileus**ANASTOMOTIC LEAKS IN COLORECTAL SURGERY** Western Australia pub: October**2,363 pts** within a colorectal unit Data collected prospectively

Emergency (7.0%) Pathology: benign or malignant

Assessment of anastomosis: **clinical**

| Anastomotic leak: | Op | N anast | AL | % |
|-------------------|-----------|----------------|-----------|----------|
| | 2,363 | 2,994 | 82 | 2.7 |
| | ULAR | 467 | 34 | 7.3 |

Independent predictors: ULAR, An. <7cm, Margin +ve, Individual surgeons.

Reference: Damen N, Spilsbury K, Levitt M, Makin G et al. Anastomotic leaks in colorectal surgery. ANZ J Surg. 2014. 84(10): 763-68

FUNCTIONAL BOWEL DISORDERS AND FAECAL INCONTINENCE: October 30
AN AUSTRALIAN PRIMARY CARE SURVEY

A questionnaire was used to collect demographic information and diagnose Functional Bowel Disease (Rome III criteria). The severity of faecal incontinence was assessed on the Vaizey Score. 396 patients were assessed.

Results: Functional bowel disease and or faecal incontinence 33%

This paper is the first to establish the prevalence of functional bowel disorders and faecal incontinence using explicit, standardised criteria amongst healthcare seekers.

Reference: Ng KS, Nassar N, Hamd K, Nagarajah A, Gladman MA. Colorectal Disease. 2014.

doi:10.1111/codi.12808

INTERNATIONAL CONFERENCE on ADVANCED LAPAROSCOPY

Pune India November 6-10

GUEST SPEAKER: EL Bokey Sydney

Colorectal malignancy - surgical approach and controversies

Influence of technique on outcomes (30 years experience)

Pitfalls in laparoscopic colorectal surgery

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - SYDNEY C/R

MEETING Sydney

November 7-8

GUEST SPEAKERS: S Clark, A D'Hoore, P Sugarbaker

CSSANZ ORATION:*

S Clark London UK

Inherited colorectal cancer*

Problematic ilealpouches

Abdominal desmoids: current therapy

Personalised care for colorectal cancer

ESR HUGHES LECTURE:**

A D'Hoore Belgium

Beyond laparoscopy: NOSE and TAMIS**

Debulking and HIPEC: A European perspective

Strictureplasty in Crohn's Disease Endometriosis

EDWARD WILSON LECTURE:

P Sugarbaker USA

Prevention of peritoneal metastases from GIT cancer:

This is how I do it now#

Rectal cancer with peritoneal metastases: beyond TME =

Proactive second-look surgery for colon cancer

PHILIP DOUGLAS EDUCATION PRIZE WINNER (2014)

A Gilmore Sydney

Idiopathic pruritus ani: Why what we do and could we do it better?

CONSULTANTS' CORNER:

I Bissett, S Clark, A D'Hoore, G Makin, P Sugarbaker

SUBMITTED PRESENTATIONS 19

DEATH OF DAVID FAILES AM

November 14

A congenial, co-operative and helpful colleague who was prepared to test new challenges in colorectal surgery with his meticulous surgical technique. An enthusiastic member of the first colorectal unit in Australia, David pioneered the largest series of the Kock Pouch Ileostomy in Australia. A courteous surgeon, always popular with hospital staff. A keen and accomplished sportsman in tennis (University Blue), golf and skiing. © Sydney Colorectal Surgical Society

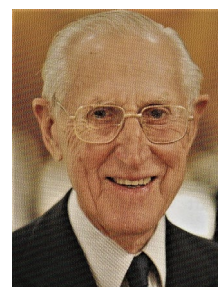


Fig: 126

David Failes
1924-2014

TME WORKSHOPS Brisbane

S Bell, A Stevenson

TRANSANAL MINIMAL INVASIVE SURGERY (TAMIS/TEMS) WORKSHOPS Brisbane

Convener: A Stevenson

Evolving Faculty (Aus -> NZ -> International) Five courses annually

Oncological efficacy: Excellent results (*A Stevenson*)**COLONOSCOPY - ADVANCED WORKSHOPS** commenced Brisbane

Sponsored by Olympus. Convener: A Stevenson

AUS. AND NZ TRAINING BOARD IN COLON AND RECTAL SURGERY (ANZTBRS)

A new name and revised regulations

POST FRACS EDUCATION and TRAINING Program (PFET)

Initiated by the RACS

COMPLEX PELVIC UNIT LIVERPOOL HOSPITAL established by EL Bokey**Team:** Colorectal surgeons Urologists Gynaecologists

Radiologists Pathologists

Combined strategy via regular meetings and joint operating sessions

INTERNATIONAL COUNCIL OF COLOPROCTOLOGY TRAVEL SCHOLARSHIP (ASCRS)

Awarded to T Saminur (South Australia), to attend the next ASCRS meeting.

URGENT COLORECTAL SURGERY OUTCOMES WA

pub: December

Colorectal Unit St John of God Hospital Subiaco; prospective data on 249 patients

Pathology: Obstruction: 52.2% Perforation: 23.6% (Cancer: 47.8%)

Primary anastomosis: 156/249 62.6%30-day mortality: **6.8%**

5yr overall cancer survival: 28% (stage I/II: 54%, III: 50%, IV: 6%)

Conclusion: Urgent surgery has a worse prognosis. Primary anastomosis is feasible

Reference: Teloken PE, Spilsbury K, Levitt M, Makin G et al. Outcomes in patients undergoing urgent colorectal surgery. ANZ J Surg. 2014. 84:(12) 960 - 4

2015**SLOAN KETTERING CANCER CENTRE - MEMORIAL HOSPITAL** New York

VISITING PROFESSOR: M Solomon Sydney

January 4-6

Pelvic exenteration in 2015: indications, outcomes and novel techniques

MEDULLARY CRCa REVISITED:**A CLINICAL AND PATHOLOGICAL STUDY OF 102 CASES**

January 9

All CRCas resected 1998-2012 and 2013-2014 underwent retrospective review to diagnose 102 cases of medullary CRCs:

More common in females (3.3 : 1.0)

Right colon 86%

All demonstrated MMR deficiency BRAFV600E-mutated 865

Post-op mortality higher (4.6 v 1.7%)

Conclusion: More common than previously reported. Frequently presents with advanced disease. Despite this the overall survival is favourable compared with CRCas with equivalent pathological characteristics

Reference: Knox RD, Luey N, Sioson L et al. Annals of surgical oncology. 2015. 22: 2988-96

FIONA STANLEY HOSPITAL Murdoch WA COLORECTAL UNIT

February

Surgeons (2015): D Bartolo, N Barwood, G Makin (H/unit), M Wallace

The unit moved from Freemantle Hospital when Fiona Stanley Hospital, Phase 3, opened.

TEACHING DAY CAMBRIDGE UK SECTION. C/P RSM - ACPGBI

February 27

VISITING PROFESSOR: M Solomon Sydney

Patient preferences and QOL in IBD including perianal Crohn's disease

Pelvic exenteration: Indications, techniques and outcomes

IBD SURGICAL SYMPOSIUM: ST VINCENT'S HOSPITAL Melbourne

March 13

GUEST SPEAKER: M Solomon Sydney

Fistula repair in Crohn's disease

Assessing and managing the failed pouch

COMPLICATIONS AFTER CRCa SURGERY in PRIVATE v PUBLIC HOSPITAL

Surgeons: Colorectal Unit Concord operating in both hospitals 2000-2010

Surgical complications: septicaemia

Increased in the **public hospital**

Medical complications: cardiac/respiratory

Increased in the **public hospital**

Reference: Bokey L, Chapuis PH, Keshava A, Rickard MJFX, Stewart P, Dent OF. Complications after resection of colorectal cancer in a public and a private hospital.

ANZ J Surg. 2015. 85(3): 128-34

©mk



Fig: 127

**Strathfield Private Hospital
(L-R) L Bokey, M Killingback, P Chapuis**

RECTAL CANCER: THE EVOLVING ROLE OF ADJUVANT RADIOTHERAPY

Editorial: D Lubowski:

Sydney

March

Radiotherapy (pre-op or post-op) does reduce the incidence of local recurrence

Pre-op radiotherapy appears to be more effective for local recurrence

Post-op radiotherapy produces more side effects

The risk of radiotherapy toxicity must be balanced against the risk of local recurrence

Little evidence that radiotherapy benefits overall survival. Complete response without surgery does occur. Its role is not yet clarified.

Reference: Lubowski DZ. ANZ J Surg. 2015: 99-102

POST GRADUATE DIPLOMA in SURGICAL ANATOMY Otago NZ April
 INVITED SPEAKER: EL Bokey Sydney
The surgical anatomy of total mesorectal excision

ESTABLISHING A ROBOTIC COLORECTAL PROGRAMME - PROGRESS pub: April
 Early Experience at Cabrini Hospital Malvern Victoria 2011-2013
 A 9-point training and credentialing pathway
Case experience: 48 robotic colorectal procedures
 Ant. Resection: 23 APR: 7 Rectopexy: 11
 Proctectomy-IAA: 3 R hemicolectomy: 4
 Reference: Bell S, Carne P, Chin M, Farmer C. ANZ J Surg. 2015. 85(4): 214-16

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Perth
 GUEST SPEAKERS: T Konishi, R McLeod, N Williams May 4-8
 KEYNOTE LECTURES:** 8
 T Konishi Tokyo Japan
Rectal cancer treatment in Japan: TME with lateral node dissection**
Prognosis and risk factors of metastasis in colorectal carcinoids**
Results of a nationwide registry over 15 years
Rectal cancer management in Japan
Laparoscopic intersphincteric resections
 R McLeod Toronto Canada
IBD: Have biologicals changed the surgical paradigm? **
IPAA and its complications
Improving the quality of cancer care**
Rectal cancer management in Canada
Adopting evidence into practice: Can we change physician behaviour? **
Cancer care - the Ontario experience
How do I consent for innovations?
 N Williams London UK
Attempts to innovate in coloproctology - lessons learnt**
SMART (Mesh repair paracolostomy hernia)
APPEAR (Academic Program Proposal Evaluation and Review)
 INVITED SPEAKERS:
 G Poston Liverpool UK
MD management of CRC metastases and can we influence quality in HPB surgery**
 R Steele Dundee UK
Screening in colorectal cancer**
 S Bell Melbourne
Robotic rectal resection - how I do it
 SUBMITTED PRESENTATIONS: Aus: 63 NZ: 5 UK: 2
 MARK KILLINGBACK PRIZE: P Singh New Plymouth NZ
Randomised controlled trial of peri-operative simvastatin therapy in major colorectal surgery

NATIONAL UNIVERSITY HOSPITAL Singapore May 25
 INVITED SPEAKERS:
 M Solomon Sydney
Innovation and new ideas in surgery. Where do they come from?
 A Stevenson Brisbane
Rectal cancer: optimising outcomes through techniques - ALaCaRT

MAYO CLINIC Minnesota USA

May 31

INVITED SPEAKER: P McMurrick Melbourne

Screening for bowel cancer: where are we now?**COLORECTAL PRE-OPERATIVE SCORE (CROSS) - MAJOR C/R SURGERY** pub: June

A simplified pre-operative model to predict mortality following colorectal Surgery. Validated on 863 consecutive patients treated at Geelong and Western Hospitals Victoria

Significant predictors for mortality were: age >70y, albumen <30g/L, CCF

Reference: Kong CH, Guest GD, Stupart DA et al. ANZ J Surg. 2015. 85(6): 403-407

DEATH OF VICTOR FAZIO AO

July 7

Colorectal Surgery in Australia reflected in the international fame of this admired colleague who retained his modest Aussie character during his 44 expat years in the United States. Vic was an inspirational leader of a world-renowned department of colorectal surgery. As a mentor to many young Australasian surgeons his was an important role in the development of the specialty in our part of the world.

He was an example of dedication to his profession, compassion for his patients and loyalty to his colleagues. In Memorium: I Jones CSSANZ 2014-2016 report

Head Department of Colorectal Surgery Cleveland Clinic 1975-2011**Rupert B Turnbull Jnr. Professor of Colorectal Surgery****Graham Coupland Medal Lecturer (RACS) 1992****President: American Society of Colon and Rectal Surgeons 1995-1996****Honoured with many awards, visiting professorships and named addresses**

(Appendix 5)

©The Center for Medical Art and Photography CCF

Fig: 128



1940-2015

POST FRACS TRAINING Aus and NZ**Trainees (Year 2) 15**

Trainees Education W/E: O'Reilly's Rainforest Retreat Qld

August 14-16

PHILIP DOUGLAS EDUCATION PRIZE: G Guerra

The "other" colonic polyposis syndromes (hyperplastic, MYH-associated and familial non-adenomatous polyposis syndromes)**ACPGBI FELLOWSHIP 2015**

C Vassey

MEDTRONIC RESEARCH FELLOWSHIP 2015

C Behrenbruch

CSSANZ NURSE AWARD 2015

A Richardson

OVERSEAS COLORECTAL CENTRES TRAINING of AUSTRALIAN SURGEONS - UNITED KINGDOM

St Mark's Hospital 1928-2019 66

Leeds General Infirmary, St Bartholomew's London, Radcliffe Oxford, Basingstoke

NORTH AMERICA

Cleveland Clinic 1960-2015 39

Mayo Clinic 1978-2021 11

Division C/R Surgery Univ. Minnesota, Mt Sinai Hospital Toronto, Ochsner Clinic New Orleans

ASIAN PACIFIC FED. OF C/P - CSSANZ – SECT. C/R RACS meeting Melbourne

INVITED SPEAKERS: Y Ding, I Bissett, H-K Chun, G Newstead October 5-7

PRESIDENTIAL ADDRESS Y Ding Nanjing China

Integrated medicine of coloproctology: history and reality,**East and West, science and humanity**

I Bissett Auckland NZ

New perspectives in post-operative ileus

H-K Chun South Korea

Future of surgery

G Newstead Sydney

Outreach programs in less well-developed countries**THE ALaCaRT RANDOMISED CLINICAL TRIAL - RECTAL CANCER Aus/NZ** October 6

475 patients randomised 26 surgeons participating T1-T3 tumours

Laparoscopic-assisted and open surgical resections were compared

Results: Resection rates, CRM, DM and TME were comparable

Follow-up of recurrence and survival is currently being acquired

Reference: Stevenson ARL, Solomon MJ, Lumley JW et al. Effect of laparoscopic-assisted resection vs open resection on pathological outcomes in rectal cancer: The ALaCaRT Randomised Clinical Trial. JAMA. 2015. 314(13): 1356-63

CUTTING SETON FOR HIGH ANAL FISTULA - LONG TERM RESULTS pub: OctoberD Lubowski St George Hospital; long term results in **59 patients:**

Seton in situ: mean duration 9mths Seton tightened 4 weekly no muscle division

Primary healing: 93% + secondary healing: 98%**Continence: good Patient satisfaction: high**

Reference: Patton V, Chen CM, Lubowski DZ. ANZ J Surg. 2015. 85(10): 720-27

ACUTE DIVERTICULITIS: OPERATIVE INTERVENTION VICTORIA pub: October

Multicentre statewide study: 2009-2013; 8 referral centres with colorectal services

Emergency admissions for acute diverticulitis: 2,829 in 4 years

Complicated diverticulitis: 724 pts

Emergency intervention 10.4%**Hartmann's operation most common emergency operation (72% of resections)**

Reference: Hong M K-Y, Tomlin AM, Hayes IP et al. ANZ J Surg. 2015. 85(10): 734-38

EMERGENCY L COLON RESECTION - IMPACT OF SUB-SPECIALIZATION pub: OctoberRetrospective study Perth; **196 pts**

| | Colorectal | General Surgeons |
|---|--------------|------------------|
| Colorectal surgeons performed more anastomoses | 85.5% | 28.7% |
| Colorectal surgeons performed fewer stomas | 40.4% | 88.8% |

No significant difference in mortality, morbidity, return to theatre, LOS.

Reference: Gibbons G, Tan CJ, Bartolo DCC et al. Emergency left colonic resections on an acute unit: Does subspecialization improve outcomes? 2015. ANZ J Surg. 85 (10): 739-743

INTERNATIONAL SOCIETY of LAPAROSCOPIC COLORECTAL SURGERY Singapore

INVITED SPEAKER: A Stevenson Brisbane November 2-6

taTME: Experience from Down Under**Innovation and industry: navigating advances in pelvic floor surgery****Laparoscopic rectal surgery in Australia: The aLaCaRT study**

SYDNEY COLORECTAL MEETING -

November 21

GUEST SPEAKERS: M Kalady, A Martling

EDWARD WILSON LECTURE:*

A Martling Karolinska Inst. Stockholm

Adjuvant radiotherapy in rectal cancer: A critical overview***Complete mesocolic excision****Adjuvant low-dose aspirin**

M Kalady St Mark's Hospital London

Novel biomarkers**Rectal preservation****Serrated polyposis****DEATH OF JOHN (JACK) McLEISH**

November 26

Jack was one of four brothers, two of whom became colorectal surgeons after graduating from Melbourne University, the same year. Jack was in the UK for several years, including a year at St Mark's Hospital in London while Andy secured an appointment with Stan Goldberg's group in Minneapolis USA.

On return to Melbourne Jack joined the staff at Prince Henry's Hospital and subsequently the Monash Medical Centre where he became head of the Colorectal Unit.

Jack was not only an accomplished surgeon but also an outstanding teacher and natural leader. He was well known for his compassion, integrity and loyalty. Andrew McLeish

© Andrew McLeish



Fig: 129

John McLeish
1945-2015**INTERNATIONAL COLORECTAL SURGERY FORUM Taichung Taiwan**

INVITED SPEAKER: AC Lynch

Sydney

November 28-29

Pelvic exenteration for recurrent or advanced rectal cancer**THE HOLY PLANE: A LAST WORD****For debate:** PH Chapuis and WH Isbister

*In the 1930s the "synchronous combined excision of the rectum" was described by Kirschner and introduced to the English-speaking world by Devine. The term "holy plane" was introduced by Heald in the 1980s to describe the correct dissecting plane in rectal surgery between the intact mesorectum and the presacral space. **This was not new, as well-trained colorectal surgeons had been aware of the plane's importance in reducing local recurrence rates.** The anterior plane has received sparse attention but is just as important.*

*It is of interest historically that Deddish and Stearns (New York Memorial Hospital) **reported** a LR of 7.3% in 1961¹, and Morson (St Mark's Hospital) reported a LR of 7.9% in 1963² some twenty years before TME was introduced.*

Non-TME surgery in the care of well-trained colorectal surgeons has not been shown to be inferior to the Heald TME.

References: Chapuis PH and Isbister WH. The Holy Plane: A Last Word. Dis Colon Rectum. 2016. 59: 158-59

1. Deddish MR, Stearns MW Jr. Anterior resection for carcinoma of the rectum and rectosigmoid area. Ann Surg. 1961. 154: 961-66

2. Morson BC, Vaughan EG, Bussey HJ. Pelvic recurrence after excision of the rectum for carcinoma. Br Med J. 1963. 2:13-18

INTERNATIONAL COLORECTAL MEETING Thailand December
 INVITED SPEAKER: G Newstead Sydney

Sexual dysfunction after pelvic surgery in the modern era
SUTHERLAND HOSPITAL Caringbah NSW **COLORECTAL UNIT**
 Surgeons (2015): S Gan, M Jamnagerwalla, S Kariappa (H/unit)

CSSANZ TRAVELLING FELLOWSHIP UK -> Aus/NZ + Spring meeting
First Award: K Boyle Leicester UK

2016 RECURRENCE OF STAGE I COLORECTAL CANCER pub: January-February
 St John of God Hospital WA 1991-2013, **1,193** resections for Stage I CRCa
 Median follow up: 3.2 years
 5yr recurrence rate: **7.1%** (Colon: **5.0%**; Rectum: **11.1%**)
Stage I CRCa still has a significant risk of recurrence
 5yr recurrence-free survival : **83.2%**
 Reference: Teloken PE, Ransom D, Faragher I, Jones I et al. ANZ J Surg. 2016. 86(1-2): 49-53

HAEMORRHOIDAL ARTERY LIGATION (DE-ARTERIALIZATION) pub: January
 Adelaide
 Prospective data collection over 3yr; retrospective study of **85 pts**
 Complications 24% pts:
 Bleeding: 7%, constipation: 7%, local sepsis: 6%, fissure: 5%, severe pain: 16%
Recurrence: 19%, Re-intervention: 14%.
Despite significant pain, moderate complication rate and recurrence rate, patient satisfaction is high.
 Reference: Loganathan A, Das A, Luck A, Hewett P. Transanal haemorrhoidal de-arterialization for the treatment of grade III and IV haemorrhoids: a 3-year experience. ANZ J Surg. 2016. 86(1-2): 59-62

SRI LANKAN COLLEGE of SURGEONS Kandy Sri Lanka February 2
 INVITED SPEAKER: G Makin Perth
Laparoscopic rectal cancer surgery

OUTCOME OF SUPPORT ROD USE IN LOOP STOMA FORMATION pub: March 29
 515 patients who underwent loop ileostomy/colostomy were studied.
 Complications occurring within 30 days of surgery were noted,
 Retraction was the complication of most interest.
 Stoma retraction: 4 (0.8%) irrespective of the use of a rod
 Early complications: Rod in situ: 64/223 No rod: 30/209
Conclusion: Retraction is rare and is not significantly affected by the use of a support rod.
 Reference: Whitely I, Russell M, Nassar N, Gladman MA. Int J Colorectal Dis. 2016. 31: 1189-95

REVIEW OF THE IMPACT OF SACRAL NEUROMODULATION ON SYMPTOMS/GIT PHYSIOLOGY
 Colorectal Unit Concord Hospital, Pelvic floor Centre Concord; Kolling institute Medical Research
Meta-analysis of 81 eligible studies performed
 Results: Perfect continence 13-88% of patients
 Most studies reported a decrease in the weekly incidence of faecal incontinence
 Improved resting and anal squeeze pressures (trend) reduced rectal sensory volumes.

Conclusion: SNM appears to be clinically efficacious in up to 42% of patients

The impact on GIT physiology is poorly understood

Reference: Mirbagheri N, Sivakumaran Y, Nassar N, Gladman MA. ANZ J Surg. 2016. 86(4): 232-36

taTME INTERNATIONAL CONSENSUS SUMMIT Los Angeles

April 28

INVITED SPEAKER: A Stevenson Brisbane

Rectal cancer: The trials of rectal cancer (ALaCaRT)**Ventral rectopexy: An international perspective****SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC** Brisbane

GUEST SPEAKERS: C Cunningham, A Lacy, D Morton

May 2-6

KEYSTONE LECTURES:** 7

C Cunningham Oxford UK

The management of rectal prolapse in Oxford****Local excision of rectal cancer****Training pathway and credentialing for taTME**

A Lacy Barcelona Spain

Where does trans-anal TME fit in the surgical paradigm****The future of minimally invasive surgery ******Reversal of Hartmann's procedure**

D Morton Birmingham UK

Epigenetic analysis for predictive biomarkers in early neoplasia****Reducing the surgical insult in cancer******Chemotherapy first?**

(Metastatic Rectal Cancer)

INVITED SPEAKERS:

RJ Heald Basingstoke UK

The impact of the complete response phenomenon on planning procedures on rectal cancer ****Open, laparoscopic or robotic surgery: how should we choose?**

D van Allmen Cincinnati USA

Robotic surgery in the paediatric sphere**

JOHN MITCHELL CROUCH LECTURE:

A Heriot Melbourne

From scalpels to xenografts; translational research in lower GI cancer

SUBMITTED PRESENTATIONS: Aus: 47 NZ: 9 UK: 2 Philippines: 1 Pakistan: 1

MARK KILLINGBACK PRIZE: J Toh (2016) Sydney

Microsatellite instability detection in colorectal cancer by high resolution capillary electrophoresis**CRCa TREATMENT - SURVIVAL SOUTH AUSTRALIA**

pub: May

Retrospective study from registries at 4 major public hospitals: survival trends by age and in the elderly.

5-year disease-specific survival 1980-1986: **48%** 2005-2010: **63%**

Reference: Roder D, Karapetis CS, Wattchow D, Moore J et al, Colorectal cancer treatment and survival over three decades at four major public hospitals in South Australia: trends by age and in the elderly. Euro J Cancer Care. 2016. 25(5): 753-63

SINGAPORE COLORECTAL CANCER SYMPOSIUM: (Inaugural) June 3-4

National University of Singapore

GUEST SPEAKER: M Solomon Sydney

Laparoscopic proctectomy and abdominoperineal resection;

Key Steps - APR with distal sacrectomy; and pelvic exenteration for locally advanced and recurrent rectal cancer - Is it really worth it?

MORTALITY: OPERATION FOR CRCa BI-NATIONAL COLORECTAL CANCER AUDIT (BCCA) AUSTRALIA - NEW ZEALAND COMBINED STUDY

10,008 pts 56 surgical Units 90 consultants pub: June

Operative mortality

Overall: **1.51%**

Elective surgery: **1.1%**

Emergency surgery: **3.9%**

Vast majority of units and consultants are performing within the expected boundaries.

Reference: Teloken PE, Spilsbury K, Platell C. BCCA Operations Committee.

ANZ J Surg. 2016. 86(6): 454-58

ACADEMIC APPOINTMENT UNIVERSITY OF SYDNEY RPAH

PROFESSOR AND HEAD OF SURGICAL RESEARCH M Solomon

2002 Founding head – Director Surgical Outcomes Research Center (SOuRCe)

2006 Professor of Surgery - Academic Head Department of Colorectal Surgery

2014 Inaugural Chair - Institute of Academic Surgery RPAH

2015 Professor of Surgery National University Singapore



Fig: 130
Michael Solomon

© courtesy of RPAH Photography Dept.2023

INTERNATIONAL CRCa SYMPOSIUM: Shanghai China June 19-20

INVITED SPEAKERS:

EL Bokey Sydney

The importance of anatomical dissection: local recurrence and survival in CRCa

AC Lynch Sydney

Exenteration for advanced recurrent rectal cancer

POST FRACS TRAINING Aus and NZ

Trainees (Year 2) 10

Trainees Education W/E: Hahndorf SA

August 12-14

PHILIP DOUGLAS EDUCATION PRIZE: M Hong

**Colonic pseudo-obstruction and paralytic ileus:
contemporary concepts and practice**

NOTARIS FELLOWSHIP 2016

A Zahid

ACPGBI FELLOWSHIP 2016 Aus -> UK + ACPGBI meeting

G Guerra

CSSANZ TRAVELLING FELLOWSHIP 2016 UK -> Aus/NZ + CME meeting

K Boyle Leicester UK Inaugural recipient

MEDTRONIC RESEARCH FELLOWSHIP 2016

T Chittleborough, K Zhu

CSSANZ NURSE AWARD 2016

D Hayes

AUSTRALIAN BOWEL CANCER SCREENING PROGRAMME NBCSP September

Cohort of patients since 2006 aged 50-70yr

Diagnosis by:

Investigation of symptoms 1,441 (74.7%)

Screening elsewhere 266 (13.8%)

Australian Bowel Cancer Screen Programme 141 (7.3%)

NBCSP patients compared to symptomatic patients:

**Fitness, earlier pathology stage, less lymphovascular invasion,
fewer emergency ops, less recurrence**

Reference: Ananda S, Wong H, Faragher I, Jones I et al. Survival impact of the Australian National Bowel Cancer Screening Programme. Internal Medicine Journal. 2016. 46(2): 166-71

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSANZ

Queenstown NZ September 14-17

GUEST SPEAKERS: D Jayne, D Winter

ESR HUGHES LECTURE:*

D Jayne Leeds UK

Surgical innovation: evaluation and translation of new technologies***How I manage large polyps****Total mesocolic resection****Trials of robots: guilty or innocent**

CSSANZ ORATION:**

D Winter Dublin

Surgery for advanced pelvic malignancy ****Laparoscopic lavage for acute diverticulitis****Laparoscopic rectal cancer surgery****SILS for rectal cancer: a mirage or real?**

INVITED SPEAKERS:

G Dapri Belgium

Single Port: right colectomy, left colectomy, TME and APR?**TAMIS or transanal TME**

K Boyle (ACPGBI UK Travelling Fellow)

Leicester UK

**Changing the "suspected colorectal cancer": urgent GP referral
pathway in Leicester: a process of pleasure and pain**

M Findlay Auckland

Piper trial

PHILIP DOUGLAS EDUCATION PRIZE (2016):

M Hong : **Colonic pseudo-obstruction and paralytic ileus** *title abbreviated*DEBATE: **Would you have your rectal cancer removed laparoscopically?**

For: R Collinson, D Jayne, D Petersen

Against: I Jones, J Hayes, D Winter

SUBMITTED/INVITED PRESENTATIONS: Aus: 31 NZ: 15

NERVE STIMULATION FOR CONSTIPATION

pub: September

D Lubowski RCT St George Hospital 53 pts; long follow-up

Sacral nerve stimulation fails to offer long term benefits in patients with slow transit constipation

Reference: Patton V, Stewart P, Lubowski DZ, Cook IJ, Dinning PG. Dis Colon Rectum. 2016. 59: 878-85

GENERAL SURGEONS AUSTRALIA ASM Melbourne

October 1

INVITED SPEAKER: M Solomon Sydney

Big holes P/L. Maximally-invasive surgery**DEATH OF JOHN (JACK) MACKAY AM**

October 9

Jack was devoted to the development of Australian colorectal surgery and the training of colorectal surgeons. His efforts were a major factor in the creation of the post FRACS Colorectal Training Program. He was head of C/R surgery at St Vincent's, Box Hill and Peter MacCallum Hospitals. His meticulous surgical technique was much admired, as was his devotion to his family, and the St Kilda Football club.

Fig: 131



John "Jack" Mackay
1943-2016

Jamie Keck. St Vincent's Hospital Medical Alumni Assoc.

Newsletter Summer 2016.

© Epworth Eastern Hospital

POST-OPERATIVE LOWER GIT HAEMORRHAGE FOLLOWING BOWEL RESECTION**Case report** Concord Hospital Female 67yr R Hemi Malignant Polyp. October

Patient presented 2 weeks post discharge with profuse bleeding per rectum.

Angiography demonstrated bleeding in the vicinity of the anastomosis.

Embolization treatment was successful.

There was no clinical evidence of anastomotic compromise. There was apprehension before treatment that there was a risk of vascular damage to the anastomosis (which has been documented in the literature.)

Reference: Ng KS, Stewart P, Gladman MA. ANZJ Surg. 2016. 86(10): 836-37

SINO - AUSTRALIA - NEW ZEALAND (RACS) CONFERENCE -SURGICAL ONCOLOGY

INVITED SPEAKER: AC Lynch Sydney

October 27-28

Exenteration for advanced or recurrent rectal cancer**WORLD CONGRESS of ENDOSCOPIC SURGERY Shanghai-Suzhou China**

INVITED SPEAKER: AC Lynch Sydney

November 9-12

Extended bowel resection in patients with a high risk of metachronous colon cancer**SYDNEY COLORECTAL MEETING**

November 19

GUEST SPEAKERS: R Phillips, Y Parc

EDWARD WILSON LECTURE:*

R Phillips London UK

Anal fistulae***What I do for haemorrhoids****Pouchitis: update**

Y Parc Paris France

Results from the French database**Restorative proctocolectomy and IPAA**

CONSULTANTS' CORNER:

J Keck, D Lubowski, A Merrie, Y Parc, A Stevenson

SUBMITTED/INVITED PRESENTATIONS: 11

FRONTIERS IN INTESTINAL and COLORECTAL DISEASE St Mark's Hospital London

SIR ALAN PARKS LECTURE:

November 22-25

M Solomon Sydney

Innovation and academic colorectal surgery: Where do ideas come from?**JAPAN SOCIETY for ENDOSCOPIC SURGERY** Japan

December 7

INVITED SPEAKER: EL Bokey Sydney

Results (colon ca): Anatomically-based surgical technique - comparison with complete mesocolic excision**ASIA PACIFIC ENDOSCOPIC COLORECTAL SUMMIT** Yokohama Japan

INVITED SPEAKER: P Lee

Sydney

December

ALaCaRt Trial**The Australian national data and national prevention strategies for anastomotic leak**

| ACADEMIC ACTIVITIES OF AUS. C/R SURGEONS | 2005-2007 | 2014-2016 |
|--|-----------|----------------------|
| RESEARCH GRANTS | 13 | 66 |
| INTERNATIONAL PRESENTATIONS | 121 | 107 |
| PEER REVIEWED PUBLICATIONS | 213* | <i>not available</i> |

Reference: Triennial reports 2005-7; 2014-16 * Inflated due to multiple authorship --> multiple entries

2014-2016 PRESENTATIONS by Y-H Ho Townsville Queensland Some titles abbreviated

INTERNATIONAL COLLEGE SURGEONS India Bangalore Keynote Lecture 26.9.14

Asymptomatic C/R Ca with distant metastases

SURGICAL ONCOLOGY MEETING Hua Hin Thailand Plenary Lecture 11.12.14

Long term prognosis of obstructed and perforated colorectal cancer

INTERNATIONAL COLLEGE OF JAPAN Tokyo Plenary Lecture 20.6.15

Anastomotic leak: risk factors and outcomes

INTERNATIONAL COLLEGE OF SURGEONS Prague Presidential Lecture 9.9.15

Improving function - restorative surgery after TME for rectal cancer

INTERNATIONAL COLLEGE OF SURGEONS Peru 29.2.16

Function restoring surgery for rectal cancer

ROYAL COLLEGE OF SURGEONS OF THAILAND Pattaya 16.7.16

Complicated diverticulitis: Asian - Australian experience

INTERNATIONAL COLLEGE OF SURGEONS Kyoto

MAX THOREK LECTURE:* 23.10.16

Max Thorek and ICS legacy***Surgical safety in Australia**

CURSO INTERNACIONAL DE AVANCES CIENTIFICOS Lima 11.11.16

Advances management of colorectal cancer**Stage IV colorectal cancer - should we operate and when?**

2017

TRENDS in PATHOLOGY and LONG-TERM OUTCOMES AFTER RESECTION of CRCaConcord Hospital 1971-2013; **5217 resections** pub: January-February**Decreased:** Extent of local spread, positive resection margin, positive lymph nodes, tumour size, high grade, venous invasion, stage D disease, local recurrence.**Increased:** Stage A disease, serosal Ca, polypoid morphology, contiguous adenoma

Overall 5yr survival and 5yr cancer-specific survival (marked increase)

Reference: Dent OF, Newland RC, Chan C et al. ANZ J Surg. 2017. 87(1-2): 34-38

TRENDS in SHORT – TERM OUTCOMES AFTER RESECTION of CRCaConcord Hospital 1971-2013; **5217 resections** pub: January-February**Decreased:** Urgent presentatons, Tumour size, Percentage of rectal cancer, Surgical complications, Anastomotic leaks, 30-day mortality.**Increased:** Asymptomatic patients, low rectal tumours, Restorative rectal resections
Adjuvant chemotherapy, adjuvant radiotherapy.**Stable:** Early reoperation

Reference: Dent OF, Bokey L, Chapuis PH, et al. ANZ J Surg.2017;87(1-2):39-43.

DEATH OF SOL LEVITT

February 16

An esteemed medical practitioner who, as a surgeon was a wise and modest clinician, a highly skilled technician, a mentor to many younger surgeons and a model of compassion and integrity in the practice of medicine.

Sol became the focal point in Perth for the emerging specialty of colorectal surgery, heading the colorectal surgical unit at Sir Charles Gairdner Hospital until his retirement in 1992.

He initiated the first registry for Familial Polyposis in Australia and was also a consultant for medico-legal opinion for many years.

In Memorium by Michel Levitt CSSANZ Triann Exec Report 2014-2016: p18

© Michael Levitt



Fig: 132

Sol Levitt
1927-2017

PELVIC FLOOR MEETING St George Hospital

February 17-19

INVITED SPEAKERS:

D Bartolo Freemantle Hospital

Complications of mesh in the pelvis in rectal prolapse

A Engel RNSH

Sequelae of radiation treatment

D Lubowski St George Hospital

Sacral nerve stimulation

M Rickard Macquarie University

Anal fistula mucosal advancement flap

G Santoro Treviso Italy

Pelvic floor ultrasound

M Solomon RPAH

Rectal prolapse**Rectovaginal fistula**

P Stewart Concord Hospital

Obstructed defaecation

EXTRAMAMMARY PAGET'S DISEASE - PERIANAL REGION pub: March
 RPAH Sydney: A retrospective review 1994-2013; 5 pts (F:4; M:1)
 APE 1 Wide local excision 4 (positive lateral margin 4) Recurrence: 1/4
 Reference: Rajendran S, Koh C, Solomon MJ. ANZ J Surg. 2017. 87(3): 132-37

THE LYMPHOCYTE-TO-MONOCYTE RATIO IS A SUPERIOR PREDICTOR OF OVERALL SURVIVAL IN COMPARISON TO ESTABLISHED BIOMARKERS OF RESECTABLE CRCa
 Data: Northern Sydney Local Health District 1623 curative resections 1998 -2012
 Multivariate analysis. An elevated LMR (lymphocyte to monocyte ratio) was associated with a better overall survival. This independent predictor appears to be superior to pre-existing biomarkers. pub: March
 Reference: Chan CY, Chan DL, Diakos CI, Engel A. et al. Annals Surg. 2017. 265(3): 539-46

JAPAN SURGICAL SOCIETY CONGRESS Tokyo April 27-29
 VISITING SPEAKER: M Solomon Sydney
Neoadjuvant therapy for locally advanced low rectal cancer

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Adelaide
 GUEST SPEAKERS: S Ramamoorthy, A Stevenson May 8-12
 KEYNOTE LECTURES:**
 S Ramamoorthy San Diego USA
How can a national quality and safety database help us improve patient outcomes**
Genetics alterations in anal cancer
Nutrition (peri-operative management)
Robotic surgery
 A Stevenson Brisbane
Innovations and advances in colorectal surgery. Tips on the safe and sustainable introduction of new techniques and technology**
Ventral rectopexy for rectal prolapse
Transanal TME
 INVITED SPEAKERS:
 D Morton Birmingham UK
Designing trials for surgical patients**
 P Hewett Adelaide
Lessons learnt from the surgical treatment of malignancy**
 SUBMITTED PRESENTATIONS: Aus: 40 NZ: 3 USA: 1 India: 1
 MARK KILLINGBACK PRIZE: JH Kong Melbourne
An immune cytotoxic assay: predicting response to neoadjuvant chemoradiotherapy in locally advanced rectal cancer

TRIPARTITE MEETING Seattle USA June 10-14
ASCRS - RSM SECT. C/P - ESCP - RACS SECT. C/R CSSANZ
 Medical registrations: total 2,043 Aus: 107 NZ: 37
 Podium presentations: (excluding Debates, Panels, Videos, Breakfast talks)
 USA: 192 UK: 26 Cont. Europe: 23 Aus: 18 NZ: 4
 NAMED LECTURES were given in honour of distinguished international colleagues:
**Harry Bacon Louis Buie John Goligher Ernestine Hambrick Norman Nigro
 Lars Pahlman Kamangar Parvez David Rothenberger Eugene Salvati**

SUBMITTED AUSTRALIAN PRESENTATIONS: 18

S Bell, T Connor, G Guerra (2), A Heriot, J Kong, DC Lam, M Lewis, C Lynch C, G Makin, J Moore, C Platell, R Ramsay, A Stevenson (2), J Toh, S Warriar, C Young

SACRAL NERVE STIMULATION FOR INCONTINENCE: MEDIUM TERM FOLLOW UP

D Lubowski St George Hospital Kogarah

pub: June

127 pts; 109 assessed

Conclusion: SNS significantly improved continence and quality of life

Patient satisfaction was high

Reference: Patton V, Abraham E, Lubowski DZ. ANZ J Surg. 2017. 87(6): 462-6

TRIANGLE OF MARCILLE: ANATOMICAL GATEWAY TO LATERAL PELVIC EXENTERATION

RPAH Sydney

pub: July-August

The Triangle of Marcille (lumbosacral triangle 1963); dissection described and documented. Knowledge of the area allows the surgeon to operate in a complex area and achieve an R0 resection.

Reference: Lee P, Francis KE, Solomon MJ et al. ANZ J Surg. 2017. 87(7-8): 582-86

POST FRACS TRAINING Aus and NZ

Trainees: (Year 2) 6

Trainees Education W/E: Coogee Beach Sydney

August 25-27

PHILIP DOUGLAS EDUCATION PRIZE: J Gandhi

Management of massive lower GIT bleeding

Foundation Research Prizes

Most publishable: E Daniel

Most promising: B Stephensen

For higher degree: T Chittleborough

Education fees: \$2,750

ACPGBI TRAVELLING FELLOWSHIP 2017 -> UK + ACPGBI meeting

C Behrenbruch

CSSANZ TRAVELLING FELLOWSHIP 2017 -> Aus/NZ + Spring meeting

B Griffiths

MEDTRONIC RESEARCH FELLOWSHIP 2017

J Fischer

CSSANZ NURSES' AWARD 2017

D Hayes

COLLABORATE or TREAT ABDOMINAL METASTATIC COLON CA of LIVER AND PERITONEUM

September

Editorial D Lubowski: Which is practical for the colorectal surgeon?

Up to 50% of CRCa patients will develop peritoneal metastases

Cytoreductive surgery + heated chemotherapy -> 5yr survivals of 30-40%

It will remain the province of the specialist peritonectomy surgeon

Reference: Ganesalingam R, Lubowski DZ. ANZ J Surg. 2017. 87(9): 647-48

ROYAL BRISBANE and WOMEN'S HOSPITAL

October 31

VISITING PROFESSOR: M Solomon Sydney

The evolution of pelvic exenteration at RPAH 1994-2017

Establishing a hospital-based academic unit 2018

SUBMUCOSAL DISSECTION (TEM) has ADVANTAGES over FULL THICKNESS**EXCISION (TEM) IN SELECTED RECTAL LESIONS** Royal Adelaide Hospital

J Moore 1999-2013; 156 pts

pub: November

Excised lesions regarded as benign by surgeon

Mean height: 10.4cm Mean size: 4.1cm

TEM completed 149 8 unable to complete → full thickness excision

Complications: 7% Unsuspected malignancy: **12.2%** Recurrent polyp: 11.7%**Conclusion: Submucosal TEM satisfactory for presumed benign rectal tumours**

Reference: Yap K, Mills S, Thomas M, Moore J. ANZ J Surg.2017; 87(11): 903-907

CME SECTION C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS CSSANZ

GUEST SPEAKERS: T Arulampalam, S Atallah, J Bonjer Sydney November 17-18

EDWARD WILSON LECTURE:*

T Arulampalam Colchester UK

Global surgery in the 21st century: problems and solutions***Video-assisted anal fistula surgery****Watch and wait for rectal cancer** (Debate vs M Wallace)

ESR HUGHES LECTURE:**

S Atallah Florida USA

Novel surgical techniques for lower third rectal cancer****Navigation, augmented reality and beyond for rectal cancer (MIS)****Decoding twitter and social media****Open surgery is obsolete** (Debate vs A Meagher)

CSSANZ ORATION:#

J Bonjer Amsterdam Netherlands

New technologies: from litigation to implantation#**Critical appraisal of randomised trials in rectal cancer****Is COLOR III the right study for rectal cancer?** (Debate vs S Heriot)

PHILIP DOUGLAS EDUCATION PRIZE: (2017)

J Gandhi Auckland

Management of massive lower gastrointestinal bleeding

CONSULTANTS' CORNER: S Atallah, T Arulampalam, J Bonjer, A Stevenson

SUBMITTED PRESENTATIONS: 22

FESTSCHRIFT for ROBIN PHILLIPS The Royal College of Physicians London

POLYPOSIS SYMPOSIUM:

December 1

INVITED SPEAKER: A Spigelman Sydney

The upper GI tract**2018 COLONOSCOPIC SURVEILLANCE: QUALITY - GUIDELINES - EFFECTIVENESS****Criteria of Quality:** No accreditation exists at present pub: January-February

Adenoma detection rate, withdrawal time, caecal intubation (90%),

quality bowel prep, adherence to Cancer Council guidelines

Risk of CRCa: 1 family member: x 2.25; >1 family member: x 4.25

Inherited CRCa syndromes

Polyps special risk factors: dysplasia, villous, sessile serrated, >1.0cm

Cease surveillance >75yr (except: pt in good health or high-risk pathology)

Reference: Chittleborough TJ, Kong JC, Guerra GR et al. ANZ J Surg. 2018. 88(1-2): 32-38

ISCHAEMIC COLITIS: DIAGNOSIS, PATHOPHYSIOLOGY, MANAGEMENT pub: April**Review:** Ischaemic Colitis is the most common form of GIT ischaemia

Most common sites: splenic flexure and sigmoid

Diagnosis: Clinical CT and endoscopy **Surgery:** 17-18% **Mortality:** 12%

Reference: Nikolic A L, Keck JO. ANZ J Surg. 2017. 88(4): 278-83

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC**AMERICAN COLL. SURG. ANZCA JOINT MEETING** Sydney

May 7-11

GUEST SPEAKERS: F Frizelle, A D'Hoore, SH Kim

SYMPOSIUMS: 8

ROBOTIC SURGERY

PELVIC FLOOR

COLECTOMY

MAX INVASIVE SURGERY

RARE TUMOURS

INFLAMMATORY BOWEL DISEASE

WHAT WOULD YOU DO?

ERAS

MASTERCLASSES: 3

ROBOTIC SURGERY

NOSE EXTRACTION

BEYOND TME

KEYNOTE LECTURES: 5**

F Frizelle Christchurch

The evolution of pelvic exenteration surgery****Causation for sporadic colorectal cancer****Lateral pelvic dissection**

(BEYOND TME masterclass)

A D'Hoore Belgium

Ventral rectopexy: past, present and future****What really matters in taTME: functional and oncological outcomes****The European experience****

(NOSE masterclass)

SH Kim South Korea

Robotic TME for rectal cancer, is it here to stay?**MIS for colonic cancers - should we be performing D3 complete mesocolic excision?*******Lateral node dissection**

(ROBOTICS masterclass)

INVITED SPEAKER:

M Rickard Sydney

What really matters: training a colorectal surgeon**

SUBMITTED or INVITED PRESENTATIONS:

Aus: 34 NZ: 5 USA: 4 UK: 3 Singapore: 2 Canada: 1

MARK KILLINGBACK PRIZE: E MacDermid Sydney

The impact of socioeconomic deprivation on colorectal cancer presentation in a western Sydney population**BIOMARKERS AND ANASTOMOTIC LEAKS IN COLORECTAL SURGERY**

Department Colorectal Surgery John Hunter Hospital Newcastle

Biomarkers tested for predictive utility, daily for 5 days after operation

in 197 pts . C-reactive protein (CRP), Procalcitonin (PCT), White cell count (WCC),

Gamma gluamyl transferase. **CRP trajectory was extremely accurate in diagnosing****AL requiring intervention**

Reference: Smith SR, Pockney P, Holmes R et al. ANZ J Surg. 2018. 88(5): 440-4

SACRO-PELVIC TUMOUR STUDY GROUP meeting RCS Ireland

May 31

INVITED SPEAKER: M Solomon Sydney

Our experiences at the Royal Prince Alfred Hospital**DEATH of JOHN OAKLEY**

June 6

John was a friendly and generous individual who was popular with all who knew him. He was impossible not to like. His professional courtesy earned him the respect of his peers. He was not only a skilled surgeon but a talented sailor who twice skippered yachts in the Sydney to Hobart yacht race and sailed in the Fastnet (UK).

He joined the Australian army in 1970 and saw service in Viet Nam in 1971. His training and service in colorectal surgery was at the Cleveland Clinic (chief resident and staff surgeon) with Vic Fazio. He pioneered colorectal surgery in Hobart.

Obituary: Ian Jones I. CSSANZ Triennial report 2017-2020 p: 30-32

© Virtual War Memorial Australia website



John Oakley
1945-2018
Fig: 133

NUH SINGAPORE COLORECTAL CANCER SYMPOSIUM: Singapore

June 6-9

ABU RHAFF LECTURE:* M Solomon Sydney

Survivorship of advanced colorectal cancer: is it worth it?***Latest evidence on lateral pelvic lymph node dissection and resection****SHANGHAI INTERNATIONAL CRCa SYMPOSIUM:** Shanghai China

June 15

INVITED SPEAKER: EL Bokey Sydney

Surgical anatomy of the rectum - Denonvilliers fascia**A LONGITUDINAL INVESTIGATION OF INFLAMMATORY MARKERS IN CRCa PATIENTS PERI-OPERATIVELY DEMONSTRATES BENEFIT IN SERIAL RE-MEASUREMENT**

Royal North Shore Hospital

Recent evidence suggests that pre-operative measurements of markers of the systemic inflammatory response (SIR) including the neutrophil-to-lymphocyte (NLR) ratio and the lymphocyte-to-monocyte ratio (LMR) are prognostic.

Data from six hospitals (1998-2012) was collected and 587 were examined with pre-operative and post-operative data from 21 to 56 days post-operatively.

In multivariate analysis both biomarkers with a low inflammatory state (pre and post op) had the best survival.

Reference: Chan JCY, Diakos CI, Chan DLH, Engel A et al. Annal. Surg. 2018. 267(6): 1119-25

POST FRACS TRAINING Aus and NZ**Trainees (Year 2) 14**

Trainees Education W/E: Hobart

August 10-12

PHILIP DOUGLAS EDUCATION PRIZE: J Fisher

Genetic pathways in sporadic colorectal cancer

FOUNDATION RESEARCH PRIZES:

Most publishable

B Stephensen

Most promising

F Reid

For higher degree

G Guerra

NOTARAS FELLOWSHIP 2018
K-S Ng

ACPGBI TRAVELLING FELLOWSHIP 2018 -> UK ACPGBI meeting +
T Chittleborough

CSSANZ TRAVELLING FELLOWSHIP 2018 -> Aus/NZ RACS Spring meeting +
J Wild

MEDTRONIC RESEARCH FELLOWSHIP 2018
T Pham, V Narasimhan

CSSANZ NURSE AWARD 2018
N Houston

A SPIGELMAN: VISITING PROFESSOR - HOSPITALS IN VIETNAM September 8-13
Ha Long Bay Hanoi
Medical University
Bach Mai National
Hereditary Gastrointestinal Cancer

C/R SURGEONS SHOULD BE OPEN TO MODERN SURGICAL TECHNOLOGIES for CHALLENGING CASES Review ARL Stevenson pub: September
Examples: Lighted ureteric stents, minimally invasive surgery in laparoscopic and robotic surgery, pressure barrier insufflation devices, 3D camera systems, hand-assist device ports and indocyanine green dye fluorescence angiography.
Reference: Hamilton AER, Stevenson ARL, Conor D et al. ANZ J Surg. 2018. 88(9): 831-5

EUROPEAN SOCIETY OF COLOPROCTOLOGY (ESCP) France September 26-28
INVITED SPEAKER: M Solomon Sydney
Pelvic exenteration: tips and tricks

RECTAL CANCER "WATCH AND WAIT" AFTER CHEMORADIOTHERAPY pub: September
Review: In the past decade reports of complete remission after chemoradiotherapy have been published. **This review aims to summarize the current evidence for the oncological safety of this treatment.** Identification of complete remission after chemoradiotherapy is still a challenge.
Reference: Mullaney TG, Lightner AL, Johnston M, Keck J, Wattchow D. ANZ J Surg. 2018. 88: 836-41

CME SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS - CSSANZ Freemantle
Medical Registrations: Total: 155 Aus: 120 NZ: 26 Other: 9 October 25-27
GUEST SPEAKERS: A Renehan, P Tekkis, L Temple
ESR HUGHES LECTURE:
A Renehan Manchester UK
Management of rectal cancer at the Christie Hospital in 2018
CSSANZ ORATION:
P Tekkis London UK
Measuring outcomes in colorectal surgery in the UK
CME ORATION:
L Temple Rochester University USA
Optimising the quality of life after rectal cancer treatment
AWARD PRESENTATIONS
PHILIP DOUGLAS EDUCATION PRIZE 2018 J Fischer Christchurch NZ
Genetic pathways in sporadic colorectal cancer

BEST COLORECTAL PAPER NZAGS 2018 G Turner Canterbury NZ
The impact of prolonged delay to loop ileostomy closure on post. op. morbidity and hospital stay

CSSANZ TRAVELLING UK FELLOW 2018 J Wild Sheffield UK

National audit of small bowel obstruction

SUBMITTED PRESENTATIONS: Aus: 39 NZ: 5 Others: 1

JAPANESE SOCIETY of GASTROENTEROLOGICAL SURGERY Kobe Japan November 1

INVITED SPEAKER: M Solomon Sydney

The evolution of radical surgical techniques for advanced and recurrent pelvic malignancy

RECTAL CANCER: SO MANY SURGICAL OPTIONS. HOW DO WE CHOOSE?

Perspective: MJFX Rickard Concord Hospital pub: November

The choices of surgical approach are:

Options: Open surgery with TME is the gold standard.

- 1 Open surgery
- 2 Hybrid laparoscopic/open muscle split - Pfannenstiel
- 3 Hybrid laparoscopic/open muscle division - Pfannenstiel
- 4 Laparoscopic totally
- 5 Robotic totally
- 6 Hybrid laparoscopic (abdomen) - robotic (pelvis)
- 7 Hybrid laparoscopic (abdomen) - transanal TME (pelvis)

Robotic surgery has not been shown to have a benefit over laparoscopic surgery.

If the surgeon is a skilled, high volume, laparoscopic or robotic colorectal proceduralist any of the above options are available. If not, option 1 or 3 may be more appropriate.

Reference: Rickard MJFX. ANZ J Surg. 2018. 87(11): 862-63

SYDNEY COLORECTAL MEETING

November 17

REGISTRATIONS: Aus: 125 NZ: 12 India: 2 UK: 1 Malaysia: 1

SPEAKERS: B Agarwal, D Morton

EDWARD WILSON LECTURE:*

D Morton Birmingham UK

Challenges and opportunities for surgical trials*

New paradigms in the management of diverticulitis

The Foxtrot Trial:

Relevance of neo-adjuvant treatment in locally advanced colon cancer

B Agarwal New Delhi

Treatment options for pelvic floor dysfunction including Anterior Resection Syndrome

Energy devices and abdominal surgery: a cautionary tale and alternative

SUBMITTED PRESENTATIONS: 10

OUTCOMES IN ELECTIVE COLON CANCER SURGERY

pub: November

14 Victorian Hospitals: between 2012-2016 there were ~**6,120** colectomies for colon cancer. Crude inpatient mortality rate: 1.3%. This was significantly higher in public hospitals and lowest volume hospitals. Complexity remains around the interpretation of the inter- hospital variation.

Reference: Faraher IG, Hong MK-Y, Stupart D, Watters DA, Yeung L. ANZ J Surg. 2018;88(11):1174-7.

2019 CHAIR in COLORECTAL SURGICAL RESEARCH University of Sydney
Initiated by Bowel Cancer Australia

ASIA PACIFIC FEDERATION of COLOPROCTOLOGY CONGRESS March 14

Kuala Lumpur Malaysia

INVITED SPEAKER: M Solomon Sydney

Subjective and objective outcomes of pelvic exenteration

Tips, tricks and errors in resection of advanced and recurrent rectal cancer

XVII TURKISH COLON AND RECTAL SURGERY CONGRESS Antalya Turkey

INVITED SPEAKER: M Solomon Sydney April 9-13

Pelvic exenteration

RANDOMISED CLINICAL TRIAL (ALaCaRT) RECTAL CANCER AUS and NZ April

Aim: To determine the efficacy of Laparoscopic vs Open resection for rectal cancer on Loco-regional recurrence (LRR) and Disease-free survival (DFS) at two years.

| Results: (%) | Lap. surgery (225) | Open surgery (225) |
|-----------------------|--------------------|--------------------|
| LRR | 5.4 | 3.1 |
| DFS | 80 | 82 |
| Overall survival (OS) | 94 | 93 |

Conclusion: Results for laparoscopic surgery for rectal cancer did not differ significantly from open surgery in the effects on 2-year LRR, DFS and OS.

This study may not support laparoscopic surgery for rectal cancer.

Reference: Stevenson ARL, Solomon MJ, Brown CSB et al. Disease-free survival and local recurrence after laparoscopic-assisted resection or open resection for rectal cancer: The Australasian laparoscopic cancer of the rectum RCT. Ann Surg. 2019. 269(4): 596-602

MANAGEMENT OF PER RECTAL BLEEDING IS RESOURCE INTENSIVE pub: April

Retrospective analysis June 2012-December 2013; 523 patients

Treatment:

| | |
|--|-----|
| Blood transfusion | 19% |
| CT mesenteric angiogram | 13% |
| Colonoscopy | 13% |
| Embolization | 4% |
| Presented with anticoagulation or anti-platelet therapy (RNS 33%; elsewhere 69%) | |
| Mortality | 1% |

Reference: Fok KY, Murugesan JR, Mahert R and Engel A. ANZ J Surg. 2019. 89(4): E113-16

SECT. C/R ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC Bangkok Thailand

GUEST SPEAKERS: I Bissett, S Galandiuk, P Rooney

May 6-10

SYMPOSIUMS: 7

| | | | |
|-------------------|--------------------|---------------------|-----|
| RECTAL CANCER | CRC NEW FRONTIERS | RESEARCH | IBD |
| DIFFICULT ABDOMEN | PAEDIATRIC PATIENT | COMPLEX EMERGENCIES | |

MASTERCLASSES: HAEMORRHOIDS FISTULA PUBLISHING

KEYNOTE LECTURES: 5*

I Bissett Auckland NZ

Can we develop national quality indicators?*

Fistula in ano

The high output stoma

S Galandiuk Louisville USA

Transitioning the IBD patient

Biologics and surgery (IBD)

P Rooney Liverpool UK

Pouch: dead or alive?*

Watch and wait

Floating stoma and reconstruction

INVITED SPEAKERS:

J Keating **Genetics and CRC***

J Chen **Treatment of hepatic CRC metastases: past, present and future***

R Turner **Anal pre-cancer: screening, testing, treatment and what the surgeon should do***

SUBMITTED PRESENTATIONS: Aus: 25 NZ: 15

MARK KILLINGBACK PRIZE: G Guerra Melbourne

Establishing and characterising a panel of human anal SCC cell lines

COLONOSCOPIC PERFORATION - TREATMENT and OUTCOMES

pub: May

2003-2015 at a major tertiary institution; **62 pts** (38 referred from elsewhere)

Colonoscopy: diagnostic 56% therapeutic 44%

Site: left colon more likely

Surgery: 51 patients

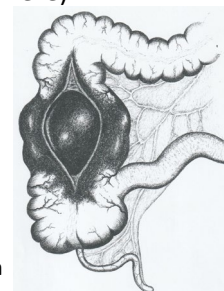
(laparoscopic 24%; open surgery 76%; stoma 37%)

Mortality: 1 (1.6%)

Reference: Chew CR, Yeung JMC, Faragher IG. ANZ J Surg. 2019. 89: 546-51

Fig: 134

© mk



Near perforation

DEATH OF SAM SAKKER MBE

June 30

Sam was a reserved and tenacious personality, devoted to his family, colorectal surgery and touch football. In 1966, as a surgeon lieutenant in the RAN, he was awarded an MBE for bravery at sea when he attended a seriously injured sailor under hazardous circumstances. He was transferred from ship to submarine in a bosun's chair in dangerously rough seas.

He was a member of the colorectal unit at Sydney Hospital

Obituary: Internet, by Surgeon Captain KA Rickard

Fig. 135



Sam Sakker
1937-2019

© Sydney Colorectal Surgical Society

SURGERY FOR RECTAL CANCER - OPTIONS IN 2019

pub: August

Expert panel opinion: SW Bell, I Bissett, CK Farmer, AG Heriot, JC Kong, M Solomon, ARL Stevenson, SK Warriier

| | |
|-----------------------------|-----------------|
| Open surgery | Obese |
| Laparoscopic surgery | Non obese |
| Robotic surgery | Obese |
| taTME | Obese male |
| TEMS | Frail, early Ca |

Reference: Bell SW, Heriot AG, Warriier SK et al. Surgical techniques in the management of rectal cancer: a modified Delphi method by colorectal surgeons in Australia and New Zealand. Tech Coloproctol. 2019. 8: 743-49

JOHN LOWENTHAL ORATION: Westmead Hospital

August 28

Grahame Ctercteko:

A scientific basis for changes in colorectal surgery over 40 years at Westmead Hospital

POST FRACS TRAINING Aus and NZ

Trainees: (Year 2) 8

Trainees Education W/E: Queenstown NZ

September 6-8

PHIL DOUGLAS EDUCATION PRIZE: R Shine

Quality indicators in colonoscopy

FOUNDATION RESEARCH PRIZES

Most publishable F Reid

Most promising P Ravindran

Research for higher degree J Kong

Training fee 2019: \$3,500

ACPGBI TRAVELLING FELLOWSHIP 2019 Aus -> UK ACPGBI meeting +

T Pham

CSSANZ TRAVELLING FELLOWSHIP 2019 UK -> Aus/NZ RACS CME meeting +

A George

MEDTRONIC RESEARCH FELLOWSHIP 2019

K Wilson

NURSES' AWARD 2019

R Howson

PERSPECTIVES ON SURGICAL RANDOMISED CONTROLLED TRIALS pub: September
Research trials should be achievable and produce meaningful results which impact on clinical practice and research.

Difficulties:

Recruitment problems Clinician response Competing synchronous trials

Reference: Bell S, Venchiarutti R, Warriar S, Stevenson A, Solomon M. ANZ J Surg. 2019. 89(9): 998-9

INCREASING PRIMARY ANASTOMOSIS - OPERATION FOR ACUTE DIVERTICULITIS

RPAH Sydney 2001-2015; operation 118 patients

pub: September

For Hinchey 0-II pathology

Primary anastomosis increased over the period 21% -> 57%

Anastomosis more likely if the operator was a colorectal surgeon

Anastomosis vs Hartmann's op: No difference in mortality or morbidity

Reference: Ahmadi N, Howden WB, Ahmadi N, Byrne CM, Young CJ. ANZ J Surg. 2019. 89(9): 1080-84

CYTOREDUCTIVE SURGERY AND HYPERTHERMIC INTRAPERITONEAL CHEMOTHERAPY

RPAH Sydney Newly-established Peritoneal Malignancy Centre

Retrospective review: 4/2017-4/2018; first 50 patients treated

pub: September

Complete cytoreduction: 47 Maximal debulking surgery: 3

Complications (grade III or IV): 6 patients Mortality: nil

Short term outcomes are promising

Reference: Ansari N, Brown KGM, McBride KE et al. ANZ J Surg. 2019. 89(9): 1097-1101

CME COMBINED MEETING SECT. C/R RACS - GEN. SURG. AUS. (GSA) Hobart
 GUEST SPEAKERS October 24-27

N Fearnhead, N Hyman, J Warusavitarne

CSSANZ ORATION: N Fearnhead Cambridge UK

Involving patients in their own care and research

CME ORATION:* N Hyman Chicago USA

Emerging trends on aetiology, prevention and treatment of anastomotic leaks*

Microbiome in IBD and cancer Keynote address

ESR HUGHES LECTURE: J Warusavitarne London UK

Early surgery for Crohn's disease versus biologics

INVITED SPEAKERS:

R Shine PHILIP DOUGLAS EDUCATION PRIZE (2019)

Quality indicators in colonoscopy

A George Birmingham UK CSSANZ TRAVELLING FELLOWSHIP

The "simple" perianal abscess could provide a key to identifying early Crohn's disease

SUBMITTED PRESENTATIONS: Aus: 20 NZ: 1

ASIAN ROBOTIC AND LAPAROSCOPIC CAMP FOR C/R SURGEONS Shanghai

INVITED SPEAKER: EL Bokey Sydney November 29

Factors influencing survival after colectomy for CRCa

Anastomotic leakage: local recurrence and survival Titles abbreviated

CLINICOPATHOLOGICAL FEATURES ASSOCIATED WITH +VE CRM in RECTAL CANCER

Study from 5 Western Sydney hospitals: 2010-2016; **502** rectal cancers

66 (13.1%) were CRM +ve pub: December

98.5% of these patients were Stage **III** and **IV** and 51.5% were treated with neo-adjuvant radiotherapy.

Multivariate analysis identified independent risk factors:

APR Multivisceral en-bloc excision Perineural invasion Vascular invasion

Five-year survival: CRM -ve: 69% CRM +ve: 26%

Reference: Pasch JA, MacDermid E, Pasch LB et al. ANZ J Surg. 2019. 89(12): 1636-41

SURGICAL OUTCOMES RESEARCH CENTRE (SOuRCe) established in 2002

Department of Colorectal Surgery, Royal Prince Alfred Hospital, Sydney

Functioning as a multidisciplinary, academic research unit (Sydney Local Health District and the University of Sydney), its aims are to promote an evidence-based approach to improving clinical practice to achieve the best outcome for patients.

A summary of achievements thus far: (SOuRCe)

Pelvic Exenteration Research Program

Peritonectomy Research Program

Cancer Care Co-ordination Research Program

Peer-reviewed publications 358

National/international presentations 353

Mentoring higher degree students: PhD: 8 Masters: 45

ELECTIVE RECTAL CANCER RESECTION VICTORIA? A CASE FOR CENTRALIZATION

Elective resections in 14 hospitals 2012-2016; **2,241** resections
(hospital cases N = 14-136)

Most frequent operation: Ultra-low anterior resection pub: December

Crude inpatient mortality rate: **1.1%**

There is no compelling reason to further centralize rectal cancer surgery in Victoria.

Reference: Hong M K-Y, Yeung JMC, Watters DA, Faragher IG. ANZ J Surg. 2019. 89(12): 1642-46

2020

BINATIONAL COLORECTAL CANCER AUDIT (BCCA) JOINT

pub: January

AUS and NZ STUDY:

Duration: 2007-2020 (13 years); **34,029** treatment episodes

Period reviewed January 1 2019-December 31 2019

Patients' location: NSW-Victoria 49%; NZ 19%; Qld 13%; SA 12%; NT, Tas, WA <10%

Participating surgeons: 319 Hospitals: 93

Diagnosis by screening: 20%

Multidisciplinary team meetings: Ca rectum patients: 86%

Neoadjuvant therapy: Ca rectum patients: 50%

Operations: Public hospitals 79%; Elective: 85%; Emergency: 15%

Surgery: Minimally invasive (colon): 76%

Robotic surgery increasing

taTME "tempered"

Permanent end stoma (Ca rectum) 22%

Pathology: Stage I: 24.1% II: 31.4% III: 31.0% IV: 9.0%

Lymph node yield: mean: 18.6 Positive CRM (rectum): 6.7%

Post-operative: 30-day mortality rate: **1%** (lower in high volume hospitals)

Complications: Colon 17% Rectum 30% Return to theatre 5.7%

Anastomotic leak: Colon 2% Rectum 4% Total 3.3%

Reference: 2020 BCCA Report. Colorectal Society of Australia and New Zealand Triennial report

RIGHT SIDED CANCERS: COMPLETE MESOCOLIC EXCISION - CENTRAL VASC. LIG.**IS IT TIME TO JUMP ON BOARD?**

pub: January

Perspective: Dept. of Surgical Oncology, Peter MacCallum Cancer Centre

The concept of **CME** and **CVL** was proposed by Hohenberger in 2009.¹ Low

morbidity and high lymph node yield has been demonstrated with a 5yr

loco-regional recurrence of 3.6%¹ and an improved disease-specific survival.²

Lap CME may be difficult in the obese. Robotic surgery may facilitate the dissection.

References: Narasimhan V, Das A, Waters P et al. Perspective. ANZ J Surg. 2020. 90(1-2): 11-12

1. Hohenberger W, Weber K, Matzel K et al. Colorectal Dis. 2009. 11: 354-64

2. Alhassan N, Yang M, Wong-Chong N et al. Surg Endosc. 2019. 33: 8-18

HAND-ASSISTED LAPAROSCOPIC COLORECTAL SURGERY - 13 yr EXPERIENCE

Surgeon: CJ Young 2004-2018; **324** consecutive cases pub: January

Common indications: Cancer: 55% Div. disease: 13% Polyp related: 13%

Most frequent operations: Ant. resection: 65% R hemicolectomy: 18%

Conversions to open surgery: 7% Re-operation: 4% Major morbidity: 11%

Reference: Siddiqui J, Young CJ. ANZ J Surg. 2020. 90(1-2): 113-18

SUBTOTAL COLECTOMY IRA FOR SLOW TRANSIT CONSTIPATION pub. January

D King, D Lubowski St George Hospital
 Of 102 patients, **42** were available for study (high rate of attrition) F: 40; M: 2
 Results: Less than 4 stools/day 50%. Severe incontinence 21%.
 Conversion to ileostomy 19%

Remaining patients: satisfaction high, despite adverse results. Follow up of 15yr

Reference: Patton V, Balakrishnan V, Pieric C et al. Subtotal colectomy and ileorectal anastomosis for slow transit constipation: clinical follow up at a median of 15 years. Tech Coloproct. 2020. 24: 173-79

DEATH of TERENCE O'CONNOR AM February 13

Terence was a perfectionist at his profession and at life itself. Alan Meagher, who knew him professionally and as a friend for at least 30 years described Terence as a gifted, careful and caring surgeon who was a driving force at St Vincent's Hospital to form a colorectal unit. He was the youngest surgeon ever appointed to St Vincent's Hospital where he subsequently performed the hospital's first proctocolectomy and the first Ileal Pouch.

Fig: 136

© St. Vincent's Hospital Sydney Archives (Anne coke)



Terence O'Connor
1947-2020

Obituary: Alan Meagher CSSANZ Triennial report 2017. 2020. p. 35-36

FROM AN ACORN GROWS...THE COLORECTAL UNIT - THE ROYAL ADELAIDE HOSPITAL

Des Hoffmann's persistent negotiations in the 1970s and 1980s, without any support from his senior colleagues, resulted in the formation of the CRU at the RAH in 1983. The development of the RAH unit has been remarkably successful in the intervening 40 years. Previous members include Des Hoffmann, John Oakley, James Young, Doug Townsend and Jim Sweeney. Andrew Hunter retired in 2021 after 31 years as a member of the unit. The current members of the unit are Matt Lawrence, Mark Lewis (head/U), James Moore, Tarik Sammour, Michelle Thomas and Ryash Vather. Assoc. Prof. Tarik Sammour has a university appointment and heads of the CR research for the unit. There are 5 research fellows (2 Phds, 2 Masters and a research student). Research projects are grouped into three main streams: Surgical Oncology, Recovery after surgery and Artificial Intelligence. Publications 2018 – 2023 168

Reference: Personal communication Andrew Hunter

| MEMBERSHIP CSSANZ | AUSTRALIA and NEW ZEALAND |
|--|---|
| 2020 ACTIVE MEMBERS | 321 Female: 57 (17.8%) Male: 264 (82.2%) |
| 2021 ACTIVE MEMBERS | 326 |
| Provisional | 79 |
| Ordinary | 235 |
| Fellows | 12 |
| LIFE MEMBERS CSSANZ | 13 |
| A Evers, D Failes, M Killingback, J Mackay, A McLeish, G Newstead, B Parry, A Polglase, R Stitz, J Sweeney, D Wattchow, B Waxman, C Wright | |
| RETIRED MEMBERS | 44 |

Membership report 2021 AGM

QUALITY INDICATORS IN COLONOSCOPY**Review**

pub: March

One million colonoscopies are performed annually in Australasia. This review discusses six quality indicators and the evidence for recommended standards:

| | | |
|---------------------------|------------------------|-------------------------|
| Bowel preparation quality | Caecal intubation rate | Adenoma detection rates |
| Withdrawal time | Complication rates | Surveillance intervals |

Monitoring of individual endoscopists and endoscopy units is advisable.

Reference: Shine R, Bui A, Burgess A. ANZ J Surg. 2020. 90(3): 215-21

COLONIC**TRANSIT IN PATIENTS AFTER ANTERIOR RESECTION**

March 10

2002-2012; prospective study of 50 patients treated by an anterior resection

Sex: Males: 37; Females: 13 Mean age: 72.6yr Anastomosis <15cm

Investigation was by Planer and Single using photon emission CT/CT scintigraphy

Results: Major symptoms 7 Minor symptoms 9 No symptoms 24

Patients with major LAR symptoms had accelerated colonic transit which may help to explain the post-operative bowel dysfunction in this group.

Reference: Ng K-S, Russo R, Gladman MA. Brit J Surg. 2020. 107: 567-69

DEATH OF IAN FIELDING 81 years

April 22

Ian was a committed colorectal surgeon who practised at RNSH and the Mater Hospitals on Sydney's lower north shore.

He was much liked and respected with an easy-going personality.

He was one of the few colorectal surgeons to play 1st grade rugby (Gordon) which earned him many friends beyond surgery.

He "retired" to a farm in Kyogle on the far north coast of NSW where he had an administrative role with NSW Health for a time.

© Sydney Colorectal Surgical Society



Fig: 137
Ian Fielding
1938-2020

TRANSANAL TME (taTME): THE NEW KID ON THE BLOCK OR A FALSE DAWN?**Editorial:** Heriot AG, Warriar SK

pub: May

A taTME anastomosis is as low as a hand sewn coloanal anastomosis. It is not surprising that anastomotic complications have been reported higher than in ultra-low double-stapled anastomoses. Introduction of new techniques remains challenging and assessment should be methodical and structured avoiding extreme positive and negative views.¹

References: Heriot AG, Warriar SK. Editorial. ANZ J Surg. 2020. 90(5): 651-52

1. Penna M, Hompes R, Arnold S et al. Incidence and risk factors for anastomotic failure in 1,594 patients treated by transanal total mesorectal excision: results from the international taTME registry. Ann Surg. 2019. 269: 700-11

TRANSANAL TME (taTME): 10 YEARS ON**TIME TO STOP AND RE-THINK**

pub: May

Perspective: M Rickard Concord Hospital

Driven by: Industry Personalities "Fear of missing out"

Learning curve of 40 pts is impractical for most C/R surgeons

Prolonged sphincter stretch by a per anal device may affect continence

A moratorium exists in Norway (local recurrence)

Reference: Rickard MJFX. ANZ J Surg. 2020. 90(5): 654-5

INTRA-OPERATIVE TECHNIQUES TO ASSESS A RECTAL ANASTOMOSIS pub: May
Perspective: Methods of assessment: air insufflation, instillation of water, methylene blue, povidone and **recently endoscopy**. Endoscopy also permits the diagnosis and arrest of bleeding from the anastomosis. **Young et al have demonstrated an increased detection rate of anastomotic leaks with endoscopy (4.3% -> 11.7%).¹**

Reference: Prabhakaran S, Williams E, Kong JCH et al. ANZ J Surg. 2020. 90(5): 655-56

1. Young SY, Han J, Han YD et al. Int J Colorectal Dis. 2017. 32: 709-14

RACS ASC Meeting 2020 cancelled (Covid)

TRANSANAL TOTAL MESORECTAL EXCISION - REFLECTIONS ON THE INTRODUCTION OF A NEW PROCEDURE (taTME) For Debate - pub: June

Authors from: Graz, Austria; **Liverpool, Australia; Otago, NZ**; Shanghai, China
 Urethral injury was noted as a particularly significant risk in the first report of the international registry of **taTME¹**. Post function of bladder and bowel are not significantly different to laparoscopic TME. Sexual function may be more affected after laparoscopic TME than **taTME**.

Although there is a moratorium in Norway due to a cluster of LR, Hol reports a 5yr LR rate of 4.1% in 159 patients.² **taTME** is best performed in specialised high-volume units with careful case selection and impeccable technique.

The National Institute of Health and Care Excellence evidence review on optimal surgical techniques for rectal cancer concluded that it was not able to determine at present if **taTME** is a clinically effective technique to treat rectal cancer.³

References: Bokey L, Zhang M, Fingerhut A, Dent OF, Chapuis PH. Transanal Total Mesorectal Excision - Reflections on the introduction of a new procedure (taTME). Colorectal Dis. 2020. 22: 739-44

1. Penna M, Hompes R, Arnold S et al. Transanal total mesorectal excision. International registry results of the first 720 cases. Ann Surg. 2017. 266: 111-7

2. Hol JC, van Oostendorp SE, Tuynman JB. Long-term oncological results after transanal total mesorectal excision for rectal carcinoma. Tech Coloproctol. 2019. 23: 903-11

3. National Institute for Health and Care Excellence. Optimal surgical technique for rectal cancer. Colorectal Cancer (update). (NICE); 2020 Jan. (reference 65.)

Comment (mk): See also report by Lau et al on 308 patients: LR: 1.9% (page 224)

PELVIC LYMPH NODES - NEXT PHASE IN RECTAL CANCER SURGERY July-August
Editorial: DZ Lubowski, Sydney

Treating the lateral pelvic lymph nodes has proven to be challenging. Surgeons and oncologists have concentrated their efforts on neoadjuvant therapy. The oncological benefit may be overshadowed by the morbidity, eg: male sex dysfunction. Robotic surgery may facilitate complete and thorough lymphadenectomy. **Selection of patients is critical. Retraining of surgeons will likely be necessary.**

Reference: Lubowski DZ. Editorial. ANZ J Surg. 2020. 90(7-8): 1226-27

LATERAL PELVIC LYMPH NODE DISSECTION FOR RECTAL Ca? UNFINISHED BUSINESS
Perspective pub: July-August

The proportion of lymphatic drainage to the lateral pelvic lymph nodes increases with the distal depth of the rectum.¹

In Japan, LPLND + TME is considered standard treatment for extraperitoneal rectal Ca. **In locally-advanced low rectal cancers, lateral pelvic nodes may be involved in 30% of patients.** The operation is usually attended by blood loss +, longer operating time and increased morbidity.

Western patients generally have a higher BMI to add to operative difficulties. Combined LPLND and neoadjuvant therapy is currently under consideration.

Patient selection and surgeon experience remain challenges in Australia.

References: Cribb B, Kong J, McCormick J et al. ANZ J Surg. 2020. 90(7-8): 1228-91
1. Watanabe T, Muro K, Ajioka Y et al. Int J Clin Oncol. 2018. 23: 1-34

COLORECTAL TRAINING in AUSTRALIA and NEW ZEALAND

Perspective: Stephen Bell

pub: July-August

The percentage of female trainees in 2008-2016 was 24.5%. Female trainees are increasing. The gender inequality continues. The known geographical source of most trainees is:

Sydney 31% Melbourne 28% New Zealand 19%

95% of graduates from the program are able to work in their desired state, city and hospital. **The data suggests that an appropriate number of trainees are being selected and trained for the available consultant positions.**

Reference: Bell S. Perspective. ANZ J Surg. 2020; 90 (7-8): 1229-30

WHITHER ROBOTIC COLORECTAL SURGERY?

pub: July-August

Perspective: Introduced to Australia 2003

Review 2018 (NSW Dept Health-Victorian DHHS):

Safe, effective and outcomes no different to lap. surg. Further evaluation appropriate

Some studies: Lower conversion rates. Benefits in recovery and long-term function

Less stress on operating surgeon (cognitive and physical)

Particular benefits in training

Continuing investment in robotic surgery is appropriate.

Reference: Flynn J, Larach JT, Warriar S, Heriot A. ANZ J Surg. 2020. 90(7-8): 1230-32

BOWEL PREPARATION and SELECTIVE DE-CONTAMINATION in C/R SURGERY: CURRENT PRACTICE, PERSPECTIVES and TRENDS in AUSTRALIA and NEW ZEALAND 2019-2020

Of 321 C/R surgeons in Australia and New Zealand 95 participated in the survey

Oral antibiotic agents alone were not consistent in effect

Mechanical bowel preparation alone was strongly favoured in rectal surgery by some surgeons. MBP with OAB was considered to be the best bowel preparation strategy however this regimen has yet to be widely adopted in clinical practice guidelines in Australia and New Zealand. **Current practice varies substantially.**

Reference: Toh JWT, Chen G, Yang P et al. Surgical infections. 2021. 22 (8): 836-44

CME meeting RACS section C/R surgery 2020 cancelled (Covid)

DEATH OF DESMOND HOFFMANN OAM

September 9

Des negotiated with energy, persistence and success, to upgrade the status of colorectal surgery at the Royal Adelaide Hospital and establish a colorectal unit.

He introduced the rectal circular stapler (SPTU) to surgery in Australia in 1978 and initiated surgeon colonoscopy and colorectal training at the RAH. He was very proud of and at times possessive of the Unit's achievements and his belief in the success of the specialty of colorectal surgery never diminished. ©Aus. Medical Association
Obituary: King D. Medic SA. February 2021. Vol 34 no 1. p37



Fig: 138

**Desmond Hoffmann
1936-2020**

HYPERTHERMIC INTRAPERIT. CHEMOTHERAPY for PERITONEAL METASTASES**Perspective:**

pub: September

Cytoreductive surgery (CRS) with mitomycin C -based hyperthermic intraperitoneal chemotherapy (HIPEC) has been shown to offer better survival compared to systemic chemotherapy.¹ **It is recommended treatment for resectable low volume peritoneal metastases.**

References: Narasimhan V, Flood M, Warriar S, Heriot A. Perspective. ANZ J Surg. 2020. 90(9): 1541-2

1. Verwaal V, van Ruth S, de Bree E et al. J Clin Oncol. 2003. 21: 37-43

NATURAL ORIFICE SPECIMEN EXTRACTION (NOSE) IN COLORECTAL SURGERY

Australian series of 159 patients 2007-2020. Operation performed for benign disease on obese patients (mean BMI 28.2 kg/m). **The study suggests that NOSE is comparable to conventional laparoscopic colectomy and is safe in obese patients without added morbidity.**

Reference: Chen MZ, Cartmill J, Gilmore A. Natural orifice specimen extraction for colorectal surgery: Early adoption in a Western population. Colorectal Dis. 2020. 00: 1-7. <https://doi.org/10.1111/codi.15455>**FEASIBILITY - SAFETY OF EARLY ILEOSTOMY REVERSAL**

pub: September

Review and meta-analysis: Overall morbidity (M) related to timing of reversal:Early closure 58/281; Morbidity = **20.6%**Late closure 111/347; Morbidity = **32.0%****Conclusion: Results appear to confirm safety of early closure.**

Further prospective studies are necessary prior to adopting early closure into colorectal practice.

Reference: Ng ZQ, Levitt M, Platell C. ANZ J Surg. 2020. 90(9): 1580-87

Comment (MK) Early Ileostomy closure may encounter vascular fragility and phlegmonous adhesions.**CRCa PERITONEAL METASTASES: PATHOGENESIS, DIAGNOSIS, TREATMENT OPTIONS****An evidence-based update**

pub: September

Diagnosis has improved. Cytoreduction surgery can offer long-term survival in selected patients. **Hyperthermic intraperitoneal chemotherapy: questions remain**

Reference: Narasimhan V, Ooi G, Ramsay R, Lynch C, Heriot A. ANZ J Surg. 2020. 90(9): 1592-97

SHANGHAI INTERNATIONAL CRCa SYMPOSIUM: Shanghai ChinaINVITED SPEAKER: EL Bokey *(virtual presentation)*

October 23-25

Clinical, technical and histopathological independent variables of local recurrence and survival following resection for patients with colorectal cancer

IPAA POUCH SURGERY (IBD) ROYAL PRINCE Alfred Hospital 1994-2020Primary and re-do pouches: **347***(Personal communication: M Solomon)***CSSANZ FOUNDATION 2004-2020**

Funding provided \$1,498,146

Projects funded 45; publications 40; support for higher degrees 15

CME meeting RACS Sect. C/R and Sydney Colorectal meetings cancelled (Covid)

CSSANZ ANNUAL SUBSCRIPTION FEES

Member (Aus) \$900 inc GST

Trainee (Aus) \$375 inc GST

POST FRACS TRAINING Aus and NZ**Trainees (year 2)**

Clinical 27

Clinical Overseas 3

Research Full time 2

Trainees Education W/E: *Virtual*

November 7-8

PHILIP DOUGLAS EDUCATION PRIZE:

M Reece

Novel screening for colorectal cancerFOUNDATION RESEARCH AWARDS (3) *Deferred***ACPGBI TRAVELLING FELLOWSHIP** 2020 *Deferred***CSSANZ TRAVELLING FELLOWSHIP** 2020 UK -> Aus/NZ CME meeting+

J Cornish

MEDTRONIC RESEARCH FELLOWSHIP 2020

A Arachchi, A Cao, A Das

2021

RIGHT SIDED CRCa: ROBOTIC COMPLETE MESOCOLIC EXCISION - CENTRAL VASC. LIG*.

Case Series 2018-2020; 20 patients

pub: January-February

Epworth Healthcare and Peter MacCallum Cancer Centre

Short term outcomes: No conversions, or complications during operation, or re-interventions

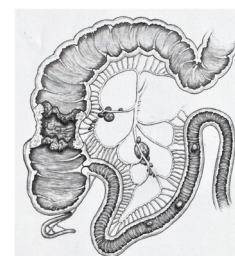
R0 specimens 20/20

High lymph node yield median = 36 (22-80)

Post-op morbidity 2 no deaths

Reference: Larach JT, Rajkomar AKS, Narasimhan V et al.

ANZ J Surg. 2021. 91(1-2): 117-23

Fig: 139
©mk

R colon Ca

Previous routine mesocolic excision: 3 carcinoids + L nodes

DEATH OF GRAHAME CTERCTEKO

February 23

Visionary, master surgeon, mentor and friend. His exuberance for all life had to offer was an inspiration. He is sorely missed. *Peter Loder.*Graham was a surgeon's surgeon, gifted and compassionate, a leader yet humble as well as an inspiration to younger surgeons. *James Toh*

In his twilight years of practice he became an academic surgeon asking questions of standard surgical practice. He was an enthusiastic cook and an affectionate husband and father.

Obituaries: M Hollands, N Pathma-Nathan

© Alison Ctercteko and Photographic Dept Westmead Hospital

Fig: 140
Grahame Ctercteko
1947-2021**OUTCOMES AFTER METASTASECTOMY AND PELVIC EXENTERATION FOR PATIENTS WITH METASTASES AND ADVANCED PRIMARY CANCER or RECURRENT RECTAL CANCER**

pub: March

RPAH Dept. Colorectal Surgery 1994-2019: 19 pts treated

Pelvic exenteration + synchronous resection of **liver or lung** metastases

Curative surgery ->5yr survival approx. 51%

Patients highly selected because of morbidity

Patient recovery takes 3-6-months

Reference: Chen MZ, Austin KKS, Solomon MJ et al. ANZ J Surg. 2021. 91(3): 231-33

COLORECTAL CANCER IN YOUNGER ADULTS (<50yr)

pub: March

BCCA registry Retrospective 1,540 pts

Increasing incidence 2007: 5.8% 2018: 8.4%

Worldwide increase recorded (1% per annum since 1980s)

Higher tumour stage in 65.4% Chemotherapy: 57.1% CM+ve: 6%

Association with increased stage and poor socio-economic status

Reference: Kong JC, Su WK, Ng CW et al. ANZ J Surg. 2021. 91(3): 367-74

TRANSANAL MESORECTAL EXCISION (taTME):

pub: March 12

EARLY OUTCOMES IN AUS and NZ COMBINED PROSPECTIVE CASE STUDY

6 Tertiary Centres (Aus & NZ)

308 Patients: Males: 75.6% Median BMI: 26.8 kg/m² Level (median): 7cm

Neoadjuvant chemoradiotherapy 57.8% of patients

Mortality <30 days: nil Anastomotic leak rate: 8.1%

Mesorectum excision: Complete: 95.8% Near complete: 2.3% Incomplete: 1.9%

Circumferential resection margin involved: 3.5%

Local recurrence: 1.9% (FU med 22 months)

With appropriate training and supervision, skilled minimally-invasive surgeons can perform taTME with similar pathological and oncological results to open and laparoscopic surgery.

Reference: Lau S, Kong J, Heriot A, Stevenson A et al. Br J Surg. 2021. 108: 214-19

SECT. C/R SURG. ROYAL AUSTRALASIAN COLLEGE OF SURGEONS ASC (virtual)

GUEST SPEAKERS: P Roberts, J Monson, K Nugent

May 11–13

SYMPOSIUMS: 8

ADVANCES IN IBD

RESEARCH PAPERS

ROBOTIC SURGERY

PELVIC FLOOR CONTROVERSIES

CA RECTUM

TRANSLATIONAL CANCER RESEARCH

RESEARCH PAPERS

RIGHT HEMICOLECTOMY

KEYNOTE LECTURES: 3*

P Roberts Burlington USA

Colorectal surgery in a pandemic, Boston***The distal transverse colon: no-man's land**

J Monson Orlando USA

Dealing with the right hemicolectomy disaster: enterocutaneous fistulas and alike**Which technique will rise or fall? What can we learn from history?*** *Abbreviated*

K Nugent Southampton UK

The status of continuing medical education in a pandemic***Surgical innovation- pushing the boundaries**

THE JOHN MITCHELL CROUCH LECTURE:

G O'Grady Auckland NZ

Engineering novel devices for gut diseases

SUBMITTED/INVITED PRESENTATIONS: Aus: 44 USA: 6 NZ: 5 UK: 3

MARK KILLINGBACK PRIZE: A Milne Auckland

Prucalopride does not improve time to return of gut function following elective c/r surgery: a randomised double-blind trial

FRED STEPHENS FELLOWSHIP

2021

This award is made jointly by Macquarie University and the ANZTBCRS 2nd yearly. Its purpose is to fund training in Colorectal Surgery which should take place at Concord Hospital and internationally. Training should include clinical and research experience:

Year 1: Macquarie University full time research

Year 2-3: Clinical at Concord Hospital and overseas

Inaugural Award: M Bhamidipaty

CLINICAL RELEVANCE OF CIRCULATING TUMOUR DNA IN COLORECTAL CANCER

Perspective: Peter MacCallum Cancer Centre Melbourne pub: May

Circulating tumour DNA (ctDNA) is a new biomarker in the treatment of CRCa. Improved technological developments now allow more sensitive detection. The level of plasma ctDNA reflects the tumour burden. There are a number of possible applications in the treatment of CRCa

Reference: Kong JC, Prabhakaran S, Tie J, Ramsay R et al. ANZ J Surg. 2021. 91(5): 774-75

WESTERN AUSTRALIAN PERITONECTOMY SERVICE

pub: May

| | Pts treated: | Overall 4yr survival: |
|-------------------|---------------------|------------------------------|
| Pseudomxoma perit | 50 | 97% |
| CRCa | 53 | 49% |
| Appendix Ca | 27 | 81% |

Results are comparable with world standards

Reference: McEntee P, Keelan S, Salama P, Moroz P. ANZ J Surg. 2021. 91(5): 885-89

MALIGNANT POLYPS IN THE COLON AND RECTUM:**TREAT DIFFERENTLY ?**

pub: May

Cabrini Hospital Malvern 2010-2018; 177 pts resected for malignant polyp

Location: Colon: 60.5% Rectum: 39.5%

Lymph node metastasis: R colon: 5.5% Left colon: 5.6% **Rectum: 12.9%**

Reference: Solon JG, Oliva K, Farmer KC et al. ANZ J Surg. 2021. 91(5): 927-31

MAJOR RESECTION FOR CRCa in PATIENTS AGED >65yr

pub: May

Queensland population-based study 2007-2016; 18,339 pts >65yr with CRCa

Major resection:14,274. 30 day mortality:**3.1%**. Overall 2-year survival: **78.7%**

Independent significant factors associated with a poorer outcome were:

Age >75yr, emergency admission, comorbidities, open surgery, public hospital

Reference: Youl PH, Theile DE, Moore J et al. ANZ J Surg. 2021. 91(5): 932-7

PARASTOMAL HERNIA PROPHYLAXIS WITH STAPLED MESH (SMART)

A Gilmore Macquarie/Liverpool Hospitals Prospective study 2015-2020

50 pts had 53 **Stapled Mesh StomA Reinforcement Technique** procedures

Complications: Prolapse 1, SB obstruction 1, (no wound infections or mesh-related sepsis). Follow up: Recurrence 4

pub: June

Reference: Chen MZ, Gilmore A. ANZ J Surg. 2021. 91(6); 1185-9

SHANGHAI INTERNATIONAL CRCa SYMPOSIUM: (VIRTUAL) Shanghai June 18

Invited Speaker: EL Bokey

Sydney

Reflections on the uptake of new technologies and procedures in surgery

ROYAL PRINCE ALFRED HOSPITAL PELVIC EXENTERATION SERIES

1994-July 2021: exenteration surgeons: K Austin, C Byrne, P Lee, M Solomon

All Pathology: **971**

Colorectal-anal cancer 630

Op. mortality rate **1%**

Average operating times: Considering the experience of the RPAH operating team, the operating times are an indication of this complex surgery

Soft tissue only 9 hrs

Bone/sacrum involvement 12 hrs

More difficult cases can take up to 20 hrs

Survival Rectal Cancer

| | N | 60 mths | 120 mths |
|-----------|-----|---------|----------|
| Primary | 248 | 63.0% | 41.9% |
| Recurrent | 280 | 43.1% | 29.0% |

Personal communication M Solomon

COVID-19 PANDEMIC IMPACT ON CRCa DIAGNOSIS AND MANAGEMENT

Multicentre retrospective cohort study from the BCCA audit pub: July

CRCa surgery during the pandemic compared to same period in preceding 3 yr

Results Australia and New Zealand are:

Delay in diagnosis Fewer operations Emergency Ops. more likely

Less rectal cancer Less stage I disease Stomas more likely

Reference: Williams E, Kong JC, Singh P, Prabhakaran S, Warriar SK, Bell S. The impact of the COVID-19 pandemic on colorectal diagnosis and management: Binational Colorectal Cancer Audit study. ANZ J Surg. 2021. 91(10): 2091

ACPGBI TRAVELLING FELLOWSHIP 2021

Shin Sakata

CSSANZ TRAVELLING FELLOWSHIP 2021

Not awarded

NOTARIS FELLOWSHIP (2nd yearly) 2021

H Giddings

MEDTRONIC RESEARCH FELLOWSHIP 2021

K Naidu

NURSES' CSSANZ AWARD 2021

J Tucker

CONCORD COLORECTAL CANCER DATABASE

Pierre Chapuis has worked as the co-ordinator and custodian of the study since its inception in 1971. Day-to-day management by Gael Sinclair. The prospective study now includes ~**6,300** consecutive patients. Up until 2020 it has produced ~**160** peer-reviewed publications.

In 2021 the participating surgeons were: H Cheung, A Keshava, K-S Ng, M Reece, M Rickard, P Stewart, M Suen

©Sydney Colorectal Surgical Society



Pierre Chapuis
Fig: 141

NORTH BRISBANE HOSPITAL COLORECTAL GROUP IPAA SURGERY FOR UC 1981-2021

C Chow, D Clark, C Harris, J Lumley, G Mumme, D Petersen, A Stevenson, R Stitz, D Taylor.
The group have performed over **500** IPAA procedures on public and private patients.
R Stitz performed the first case in 1981 after a visit to AG Parks at St Mark's Hospital.

: *Personal communication*

SURGICAL TECHNIQUE: MAIN PREDICTOR of RECURRENCE of HAEMORRHOIDS

Surgeon: C Young 2000-2015; 1,958 patients pub: September

| Procedure | % | Complications | Recurrence |
|----------------------------|----|---------------|------------|
| Rubber band ligation | 73 | lowest | highest |
| Excision haemorrhoidectomy | 16 | lowest | |
| Stapled haemorrhoidectomy | 11 | highest | lowest |

Reference: De Robles MS, Young C. ANZ J Surg. 2021. 91(9): 1854-58

CME (HYBRID-VIRTUAL) SECT. C/R RACS CSSANZ Adelaide

September 10-11

GUEST SPEAKERS: B Moran, S Clark, C Ostroff

CSSANZ ORATION:

B Moran Basingstoke UK

Rectal cancer in the 21st century

S Clark London UK

Managing the failing pouch

ESR HUGHES LECTURE:

C Ostroff Adelaide

Sharing is caring, or is it? Shared decision-making and MDTs

INVITED SPEAKERS:

Mifanwy Reece **Novel screening techniques for CRCa** (Philip Douglas Prize 2020)

Johan Verjans **Artificial intelligence: Smart enough to become a surgeon?**

Charles Cock **Robotics outside of the operating theatre**

CONSULTANTS' CORNER :

S Bell, C Byrne, L Dennett, C Hocking, L Palmer, M Reid, D Wright

To Operate or Not to Operate - That is the Question?

SUBMITTED PRESENTATIONS: 29

DEATH OF BRIAN MILLER AM

October 1

Brian Miller's career at the Princess Alexandra Hospital Brisbane spanned 28 years. He was a general surgeon until he was co-opted (by his professor) into the newly-formed Colorectal Unit in 1991. His great passion was teaching, for which he received a number of prestigious awards. He was highly regarded as a clinician and mentor.

© Metro South Hospital and Health Service



Fig: 142

Brian Miller
1946-2021

DEATH OF ALAN CUTHBERTSON

November 2

In 1960 Alan Cuthbertson was the first Australian to be appointed a Fellow in Colorectal Surgery at the Cleveland Clinic USA. He was a member of the Royal Melbourne Hospital senior staff 1962-1989. He was a much respected teacher whose students and junior doctors appreciated him as a stimulating mentor.

He was a wise, modest and gifted surgeon, a master of his craft, and a joy to observe deftly engaging with the challenges of pelvic cancer surgery. His contributions to the surgical literature were numerous and always significant.



**Fig: 143 Alan Cuthbertson
1929-2021**

Reference: Tribute from the Senior Medical Staff of the RMH
by Campbell Penfold and Ian Jones. © Photograph courtesy of Andrew Cuthbertson

NEOADJUVANT THERAPY - RECTAL CANCER. AN ONGOING CONUNDRUM Perspective:

Survey Aus and NZ colorectal surgeons

There is “no defined strategy available to incorporate molecular subtype stratification into conventional treatments ... more trials incorporating molecular data are required”.

pub: November

Reference: Wilson K, Michael M, Ramsay R, Warriar S, Heriot A. Perspective.
ANZ J Surg. 2021. 91(11): 2251-53

ROBOTIC or TRANSANAL TOTAL MESORECTAL EXCISION (taTME)

pub: November

Meta-analysis 2000-2021; 6 of 714 studies selected for analysis
Participants: 1,065 Robot TME: 632 (59.3%) taTME: 433 (40.7%)

Results: Robotic TME had a significantly higher lymph node yield

No significant difference in: morbidity rates, anastomotic leaks, operating times or CRM positivity

Reference: Chen MZ, Yay YK, Warriar SK, Heriot AG et al. ANZ J Surg. 2021. 91(11): 2269-76

ROBOTIC COLORECTAL SURGERY IN AUSTRALIA: EVOLUTION OVER A DECADE

Medicare Benefit Schedule data 2010-2019

pub: November

Robotic operations have increased dramatically, with 90.7% undertaken in the private sector.

Colorectal operations: **3,522** Rectal procedures are most frequent.

Operations: Restorative rectal resections 12.5% Rectopexy 41.0%
R hemicolectomy 9.0%

Comment: Teaching surgical technique is facilitated by robotic surgery.

There is less surgeon fatigue and some cost benefits are already apparent.

Reference: Larach JT, Flynn JK, Kong J et al. ANZ J Surg. 2021. 91(11): 2330-36

FELLOWSHIP TRAINING IN ROBOTIC COLORECTAL SURGERY

pub: November

Peter MacCallum Cancer Centre, Epworth Hospital, Melbourne

Two-tiered program over 12 months:

Robotic console safety course Cart-side assisting

Laboratory animal course Dual-console accreditation On-site proctoring

It is feasible and safe to train Fellows in RoCR surgery without compromising outcomes.

Reference: Waters P, Flynn J, Larach JT et al. ANZ J Surg. 2021. 91(11): 2337-44

POST FRACS TRAINING Aus and NZ in 2021**Trainees**

Clinical 26

Clinical overseas 3

Research 4

(2nd year Trainees 14 signed off: 12)Trainees Education W/E meeting: (*Virtual*) November 6-7

PHILIP DOUGLAS EDUCATION AWARD: Jon Barnard Tweed Hospital

Pre-operative optimization and pre-habilitation in colorectal surgeryFoundation Research Awards: *not awarded***Completed Post FRACS Training 1988-2021 191 (F: 35; M: 156)**

Sydney colorectal meeting cancelled due to Covid

LYMPH NODE YIELD AND OBESITY - DOES OPERATIVE APPROACH INFLUENCE THIS?Retrospective analysis of **22,963** patients from the **BCCA database** 2008-2018**Results:** In most cases an increased BMI did not impact either on the surgical approach or lymph node yield. pub: December

Exceptions: Proctocolectomy and LAR Laparoscopic -> Higher LNY

HAR Laparoscopic -> **Lower** LNYColon - sigmoid Open resection -> **Lower** LNY

Reference: Cheong JY, Young CJ, Byrne C. ANZ J Surg. 2021. 91(12): 270713

ACCREDITED COLORECTAL UNITS: Australia 2021: 27

Reference: CSSANZ Admin. December 2022

ACADEMIC COLORECTAL SURGERY**INITIAL PROFESSORIAL APPOINTMENTS OF COLORECTAL SURGEONS****1973** MT Pheils General + special Colorectal interest University of Sydney**1974** ESR Hughes General + special Colorectal interest Monash University**1991** EL Bokey **Colorectal surgery** University of Sydney

Since these appointments the focus of colorectal surgery in academic departments has been a most significant factor in the development of the specialty.

PROFESSORIAL APPOINTMENTS WITH EXCLUSIVE OR MAIN INTEREST IN C/R SURGERY**1991 - 2023**

| | | |
|-------------|---------------------------|------------------------------------|
| EL Bokey | University of Sydney | Concord Hospital |
| EL Bokey | Western Sydney University | Liverpool Hospital |
| J Cartmill | Macquarie University | Macquarie Hospital |
| P Chapuis | University of Sydney | Concord Hospital |
| D Clark* | University of Queensland | Royal Brisbane and Womens Hospital |
| A Engel | University of Sydney | Royal North Shore Hospital |
| A Eyres* | University of Sydney | Royal Prince Alfred Hospital |
| M Gladman | University of Sydney | Concord Hospital 2012-2017 |
| A Heriot* | Melbourne University | Peter MacCallum Cancer Centre |
| P Hewett* | University of Adelaide | Queen Elizabeth Hospital |
| R Hodder* | Curtain University | Sir Charles Gairdner Hospital |
| Yik-Hong Ho | James Cook University | Townsville Hospital |

| | | |
|--------------|---------------------------------|---------------------------------------|
| I Jones* | Melbourne University | Royal Melbourne Hospital |
| D King* | University of New South Wales | St George Hospital |
| D Lubowski* | University of New South Wales | St George Hospital |
| P McMurrick | Monash University | Cabrini Hospital |
| C Platell | University of Western Australia | St. John of God Hospital |
| A Polglase | Monash University | Cabrini Hospital |
| M Rickard | University of Sydney | Concord Hospital |
| M Solomon | University of Sydney | Royal Prince Alfred Hospital |
| A Spigelman | University of New South Wales | St Vincent's Hospital Sydney |
| A Stevenson* | University of Queensland | Royal Brisbane and Womens Hospital |
| R Stitz | University of Queensland | Royal Brisbane and Womens Hospital |
| D Wattchow | Flinders University | Flinders Medical Centre |

EMERITUS PROFESSORS

| | | |
|------------|----------------------|-------------------------|
| P Chapuis | University of Sydney | Concord Hospital |
| D Wattchow | Flinders University | Flinders Medical Centre |

APPENDIX 1

SIR HUGH DEVINE Kt

MBBS (Hons), MS, FRACS, FACS (Hon), FRCS (Hon)

Surgeon St Vincent's Hospital Melbourne, 1918-1938

Knighted Kt 1936

President RACS 1939-1940

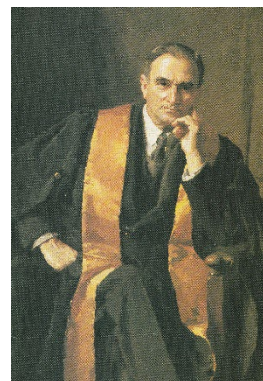
First editor ANZJS 1928

Editorial committee role ANZJS for 20 years

Fig: 144

© Royal Australasian College of Surgeons 1940

Portrait by WB McInnes



Sir Hugh Devine
1878-1959

Hugh Devine had a major influence in the surgery of the alimentary tract during the 1920s and 1930s, both in Australia and overseas. Although he operated extensively on the stomach and duodenum, his main interest was surgery of the colon and rectum. He was intensely ambitious, energetic and fond of sport. His formality showed at golf when he played in a suit and hat. At times he could be imperious, as senior surgeons were inclined to be. His hero was Napoleon. He could be less than friendly to some of his younger surgeon colleagues who may have been perceived as rivals (for example Leo Doyle).

As a complete surgeon he was a gifted technician whose sleight of hand could be mesmerising to the observer while he gave an erudite commentary on the procedure. He frequently had an audience of visiting surgeons. In 1924, William Mayo and Franklin Martin from the USA, visited Australia and attended one of his operation sessions.

Devine was an inpatient surgeon at St Vincent's Hospital 1918-1938, and it was during this period that his reputation as a master surgeon began its ascent. He was one of two surgeons in Australia in the 1920s-1930s to have an international reputation. Thomas Dunhill, a contemporary at St Vincent's Hospital, also had international standing due to his thyroid surgery which he continued from 1920 in London.

In addition to Devine's surgical skills, he was a prolific writer and competent administrator. His practice was described as "enormous". He had two consulting rooms at his professional address, one being for the more affluent patients. Patient records were well organised which facilitated the frequent emergence of surgical articles. During his tour of major overseas centers in 1911 he was impressed by the use of the Paul-Mikulicz operation and subsequently adapted and modified the technique in the colon. The proximal defunctioning double barrelled colostomy was introduced for colon resections which reduced operative mortality. This technique was adopted in the USA. [The Devine Enterotome was used to crush the spur of the double colostomy often eliminating the need for a formal colostomy closure operation].

Operations for cancer of the rectum were adapted to the level of the tumour, age and frailty of the patient. The operations were:

Perineo-abdominoanal excision of rectum and anal canal

Perineo-abdomino excision of rectum and pull-through anastomosis to anal canal

Perineal excision of the rectum and anal canal

Devine had a pivotal role in the beginning of the Australasian College of Surgery in 1927. He was President of the College 1939-40 and was instrumental in securing the site in Spring Street for the College by negotiating with the Premier of Victoria. Devine initiated the Australian and New Zealand Journal of Surgery (1928). He was the first editor and then chairman of the editorial committee for 20 years. In 1959 the August issue was dedicated to Devine.

Awards

1936 Knighthood

1945 Honorary FRCS England

Honorary FACS USA

Honorary Member

Association of Surgeons of Great Britain and Ireland

Section Proctology Royal Society of Medicine

International College of Surgeons

Greek Surgical Society

1965 Hugh Devine Foundation Chair in Surgery St Vincent's Hospital Melbourne

1972 The Hugh Devine Medal. The highest honour the RACS can bestow on a Fellow of the College during their lifetime.

Reference: ID Vellar. Hugh Berchmans Devine: Surgical Visionary and Great Australian. ANZ J Surg. 2000. 70, 801-11

APPENDIX 2

THOMAS EDWARD (TED) WILSON

MB BS (Hons), BSc, MD, MS, MSc, MRACP, FRACS, FRCS, FRCSEd, BA

Surgeon St George Hospital 1946-1969
Surgeon Sydney Hospital 1948-1972
© Dr Ken Wilson



Fig: 145

Edward Wilson
1913-1972

A man of few words, doggedly independent and intensely focussed. He was a “learning junkie” as illustrated by his degrees and qualifications subsequent to his graduation in Medicine. The letters after his name earned him the nickname “Alphabet Wilson”. His interest in colorectal surgery was evidenced by his 42 publications on colorectal topics out of a total of 77 in the literature. He was the sole author in every article except one. He preferred to always have a surgical paper in preparation.

In 1948 he initiated the first colorectal outpatient clinic in Australia at Sydney Hospital. His expertise in colorectal surgery was soon acknowledged in Sydney and beyond the metropolitan area. He continued practising a diminishing amount of general surgery, his favourite non colorectal operation was thyroidectomy, the technique for which he learnt from Sir Hugh Poate at Prince Henry Hospital Sydney. As a surgeon he worked rapidly, never pausing for a spell or conversation. His confidence in the operating theatre was palpable. He was impatient but never unkind to the nursing staff. On occasions the timetable pressures of his busy practice (he operated in ten hospitals), interfered with the deftness of his operative technique.

His teaching of students at the bedside was dogmatic, helpful and entertaining, in stark contrast to his lectures which were delivered in a dull monotone voice without any emphases. Ted Wilson was not a medical politician, but he was a strong advocate when required. He and Bill Hughes shared a firm friendship and mutual respect in their quest to promote colorectal surgery. Ted Wilson was the only surgeon to be elected twice for two terms as chairman of the RACS Section of C/R surgery. He served on the committee of the Section for 10 years (1963-1972). His sudden death on October 30 1972 from a stroke at the age of 59 years was a shock to all who knew him as a man of vigour and energy. After his death, the Unit at Sydney Hospital was named “The Edward Wilson Colon and Rectal Unit”.

Fig: 146

ESR Hughes - guest speaker and TE Wilson at Sydney Hospital 1967. They consulted each other frequently on meeting agendas and the progress of colorectal surgery.

Note the logo on ESR's shirt embroidered by the nursing staff.
© Sydney Hospital 1967



APPENDIX 3

SIR EDWARD (BILL) HUGHES Kt, CBE
MB BS (Hons), MD, MS, FRCS, FRACS, FACS

Sir Edward in his study 1984
Painting by Karl Grimm

© Courtesy of the Hughes family



Fig: 147

A SURGEON WHO CHANGED THE PERSPECTIVE AND STATUS OF COLORECTAL SURGERY IN AUSTRALIA

THE MAN

The word that first comes to mind is dynamo because of his energy as a “mover and shaker”. Bill had the ability to energise those working with him. His momentum could be exhausting to his colleagues. His was a colourful personality that varied from intense and serious to hilariously humorous and fun loving. He was an incomparable medical politician, innovator and a very effective organizer. He was constantly thinking how the status quo could be improved. When a project was “on the table” his focus was intense and effective. With such a mindset his ambitions for colorectal surgery were rapidly achieved.

CAREER

- 1949** St Mark’s Hospital London
- 1954** Outpatient Surgeon Royal Melbourne Hospital
- 1963** Inpatient Surgeon Royal Melbourne Hospital
- 1960s** Large practice established with marked colorectal content. At times he would have 30 private patients in Melbourne hospitals. Created a dedicated follow up system in private practice
- 1965** Sims Commonwealth Travelling Professor. Appointed by RCS Council. In 98 days he visited 11 countries, gave 20 podium presentations and performed 77 operations
- 1967** Elected to Council RACS
- 1968** Court of Examiners RACS
- 1972** Private patients now treated at Cabrini Hospital
- 1974** Invited & appointed to Chair of Surgery Monash University
- 1975** President RACS 1975-1978
- 1978** Colorectal cancer patients treated now exceeded 2000
- 1984** Retired from Chair at Monash University
215 surgeons attended his valedictory day of lectures at the RACS

HONOURS

- 1971** Commander British Empire **CBE**
1977 Knighthood **Kt**
1977 Sir Hugh Devine Medal RACS (first recipient)
1981 Hughes Room dedicated at Royal Australasian College of Surgeons
1984 Sir Edward Hughes Medal (Monash University Undergraduate prize)
1996 ESR Hughes Lecture (Section of Colorectal Surgery RACS)
1998 ESR Hughes Award for Distinguished Service to Surgery (RACS)
1999 Sir Edward Hughes Memorial Clinical Research Prize in Surgery (Cabrini Hospital)

HONORARY FELLOWSHIPS OF SURGICAL COLLEGES

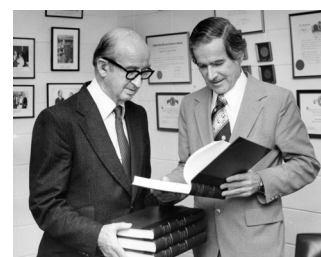
- 1974** Edinburgh
1974 Ireland
1976 America
1977 Canada
1977 Philippines
1985 England

PUBLICATIONS

226 peer-reviewed articles on colorectal surgery

Sir Edward Hughes Kt CBE and his gift of four bound volumes of his publications to Monash University received by Professor Ray Martin, Vice-Chancellor October 1980

Fig: 148



© Monash University Archives 1102; photograph: Rick Croker

NAMED LECTURES/ORATIONS: (13)

| | | | 1948-1980 | |
|-------------|----------------|---------|-----------------------------|--------------|
| 1948 | Arris and Gale | Lecture | RCS England | London |
| 1963 | Anstey Giles | Lecture | SA State Committee RACS | Adelaide |
| 1965 | Moynihan | Lecture | RCS England | London |
| 1967 | Lister | Oration | South Australia AMA | Adelaide |
| 1971 | Bruce Hall | Lecture | St Vincent's Hospital | Sydney |
| 1972 | Hunterian | Lecture | RCS England | London |
| 1975 | Bancroft | Oration | AMA Queensland | Brisbane |
| 1976 | Ismail | Oration | Academy of Medicine | Kuala Lumpur |
| 1977 | Colles | Lecture | RCS Ireland | Dublin |
| 1978 | Connelly | Oration | RACGP | Sydney |
| 1978 | Ochsner | Lecture | Kyoto Medical School | Japan |
| 1979 | Digby Memorial | Lecture | Dept. Surgery University | Hong Kong |
| 1980 | Harry Bacon | Oration | Int. Soc. Uni. C/R Surgeons | Melbourne |

ACHIEVEMENTS IN COLORECTAL SURGERY

- Initiated a new focus on colorectal surgery within Australia
- Accelerated the international recognition of Australian colorectal surgery
- Impetus to Sphincter-Saving Surgery in Cancer and Inflammatory Bowel Disease
- Establishment of an extensive follow up system emphasizing its importance
- Encouraged research in colorectal surgery
- Initiated the Section of Colorectal Surgery RACS
- A forceful influence in the restructuring of surgical training in the RACS
- Important role in the development of stomal therapy

Fig: 149
© mk



QUOTES from BILL HUGHES

About to present a paper to a surgical audience in NZ:

“You lucky people”

Detecting stones in the common bile duct:

“I can feel gallstones the size of sand grains ... with boxing gloves on”

In reply to a colleague who whispers in his ear at a meeting:

“Are you trying to kiss me?”

To a colleague trying to impress ESRH with an indifferent research proposal:

A long silence and an enigmatic expression

Bothersome questions at a social function: “What do you like best about surgery?”

“Removing 1,000 rectums! ”

“and after that?”

“Removing another 1,000 rectums!”

ESR’s “NEAR DEATH” EXPERIENCE

Bill Hughes stamina was legendary and it therefore came as a shock in the operating theatre at Cabrini Hospital one afternoon in the 1960s, when he suddenly became syncopal while operating. He was assisted to the surgeons’ change room where he lay semiconscious, pale and sweating.

Colleagues around him thought he was about to die and made the comment that his large practice would have to be divided amongst more than one surgeon. Bill must have heard that his practice might be divided among surgeons in his “absence”. Observers noted that almost immediately colour returned to ESR’s face, his eyelids flickered, he opened his eyes and insisted on sitting up.

Despite protests he soon returned to the operating theatre and finished the list proving that no one was going to take over his practice - yet.

APPENDIX 4

MURRAY T PHEILS

MB, BCh, MChir, MD, LRCP, FRCS, FRACS, FACS

Assoc. Professor Surgery 1966
Professor of Surgery 1973
Head Dept, Surgery Concord Hospital 1973-1983
Head Academic Surgery University of Sydney 1979-1983

Photograph © NSW State Committee RACS 1979

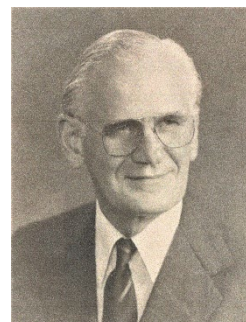


Fig: 150

Murray Pheils
1917-2006

Murray Pheils was born in Birmingham UK on December 2 1917. He came from a medical family in that his father was a well-respected osteopath in a London practice (and a close friend of George Bernard Shaw). Murray became a medical student at St Thomas' Hospital just prior to World War II and retained positions there after graduation until he enlisted in the RAMC in 1942. He served in Africa and Southeast Asia and rose to the rank of Lt. Colonel.

On returning to civilian life, he was hoping to be appointed to an academic position but the economic pressure of a family determined that he secure a clinical job without delay. He remained employed in the NHS. He was appointed as a consultant surgeon to St. Peters Hospital Chertsey in 1951. It was here that Australian postgraduates, on the St Thomas' FRCS course, met MTP for the first time.

Murray's wife Unity was a country girl from New South Wales, and this may have encouraged him to think of Australia for the future. Friendship with John Lowenthal on the London FRCS course in the 1940s would prove helpful when he applied successfully for the position of Associate Professor of Surgery at the University of Sydney in 1966. He became the head of the Department of Surgery at Concord Hospital. He was subsequently appointed Professor in 1973 and excelled in his role as an academic administrator and negotiator and was appointed Head of Academic Surgery, University of Sydney in 1979. He was chairman of the NSW state committee of the RACS (1979-1980) and chairman of the Sydney Colorectal Surgical Society 1983-1984.

Although Murray remained a general surgeon, his main interest was colorectal surgery evidenced by his publications, presentations and postgraduate activity. His most important legacy was the creation of the Concord Hospital Database on Colorectal Cancer with pathologist Ron Newland in 1971. Murray, with the energetic assistance and enthusiasm of Les Bokey, established the Colorectal Unit in 1978. This was always a delicate negotiation in any teaching hospital where general surgeons were in the majority.

In 1981 Ron Newland (Concord Hospital) and Neville Davis (Princess Alexandra Hospital) introduced a newly devised Australian Clinicopathological Staging System (ACPS) for colorectal surgery which was strongly supported by Pheils.

His belief in specialization within surgery undoubtedly laid the foundation for the establishment of the Chair in Colorectal Surgery at the University of Sydney and Concord Hospital in 1991 (Les Bokey).

Murray Pheils had a lifelong interest in the teaching of surgery and interaction with medical students or postgraduates was always relaxed, and beneficial. He was held in high regard by students, his peers and hospital staff for his gentlemanly manner in achieving consensus and progress. The late Professor of Medicine, J Lawrence, referred to the Department of Surgery as a “family” because of the culture established by Pheils. The harmony and co-operative spirit of this relatively new department of surgery was an enduring legacy of Murray Pheils. He retired in 1983 but continued teaching for a further two years.

He had a well-deserved, long retirement until he died peacefully at the age of 89 on December 19, 2006.



Fig: 151

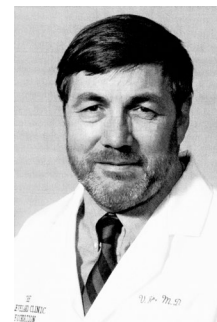
Concord Hospital Academics
(l-r): Les Bokey, Ron Newland, Owen Dent,
Murray Pheils, Pierre Chapuis
©P Chapuis

APPENDIX 5

VICTOR FAZIO and AUSTRALIAN COLORECTAL SURGERY

Department Colorectal Surgery Cleveland Clinic
 Fellow 1973-1974
 Chairman/Head 1975-2011

Fig: 152



Victor Fazio
1940-2015

©The American Society of Colon and Rectal Surgeons

Vic Fazio's influence on colorectal surgery in Australia was unique in that it emanated beyond Australia in another country over a period of 36 years. Fazio's professional standing in the international colorectal community was unchallenged, and despite the surgical successes, accolades, awards, and honorary fellowships he remained a man of humility, compassion and loyalty. He also had a deep and lasting respect for his surgical mentors. These personal characteristics were important features for younger surgeons to observe, appreciate and emulate.

Fazio's surgical experience was vast (~26,000 operations), made possible by his being able to operate in three theatres working synchronously, named by Ian Jones as a butterfly technique as Fazio "flitted" between cases to deal with critical phases of each operation or overcome difficulties.

His contributions to the surgical literature were equally impressive (500+ scientific articles and ten textbooks). Fazio was especially concerned with training, education and certification, which was exemplified by his years of service on the American Board of Colorectal Surgery which included a term as President 1991-1992 and senior examiner 1989-2005. The Cleveland Clinic department became a "Mecca" for surgical aspirants. Lars Pahlman of Sweden stated it was the "perfect place to train". Australian Fellows described the Resident appointments as fantastic experience.

In 1995 Vic Fazio was elected President of the American Society of Colon and Rectal Surgeons. A large group of Australian surgeons registered at Fazio's first annual meeting as President of the ASCRS in Seattle June, 1996. Up to Fazio's retirement in 2011, 28 Australians had become Fellows under Fazio's guidance and invariably they achieved important roles in colorectal surgery on their return to Australia.

Within the training scene of colorectal surgery in the United States there arose criticism periodically that Australian Fellows were blocking opportunities for American trainees in the Clinic's Colorectal Department due to bias in selection. Fazio dismissed this criticism by insisting that the quality of the candidate was the only criterion for selection.

In addition to training positions Fazio issued numerous invitations to Australian surgeons to present papers at the Clinic, for example the Rupert B Turnbull and David Jagelman Memorial lectures. Such invitations greatly enhanced the international status of those surgeons. Despite the fact that Vic Fazio lived in the USA for a few years more than half his life he retained his Aussie persona, sense of humour and most of his Australian accent. His lesser-known contribution to Cleveland was the initiation of an annual cricket match played on the Cleveland Browns (baseball) stadium.

APPENDIX 6

VALE: Colleagues no longer with us

| | | | |
|-------------------------|------|--------------------------|------|
| Hugh Devine | 1959 | David Failes | 2014 |
| Dan Lane | 1972 | John McLeish | 2015 |
| Edward Wilson | 1972 | Victor Fazio | 2015 |
| Fred Collins | 1977 | Jack Mackay | 2016 |
| Harry Cumberland | 1997 | Sol Levitt | 2017 |
| Edward Hughes | 1998 | John Oakley | 2018 |
| Peter Ryan | 2002 | Sam Sakker | 2019 |
| Walter Hughes | 2005 | Terence O'Connor | 2020 |
| Murray Pheils | 2006 | Desmond Hoffmann | 2020 |
| Joe Tjandra | 2007 | Grahame Ctercteko | 2021 |
| Geoff Mumme | 2008 | Ian Fielding | 2021 |
| Neville Davis | 2008 | Brian Miller | 2021 |
| Philip Douglas | 2009 | Alan Cuthbertson | 2021 |
| Roy Fink | 2014 | Russell Stitz | 2023 |

| | |
|---|-------------|
| Head Colorectal Unit Royal Brisbane hospital | 1988 |
| Chairman Section Colon and Rectal Surgery | 1993 |
| President CSSA | 1997 |
| President AMA Queensland | 2002 |
| President RACS | 2005 |
| Director Australian Medical Council | 2023 |
| Chairman Medical Staff RBWH | |
| Colonel Royal Australian Army Reserve | |
| Health Commissioner Queensland | |
| Hon member ASCRS | |
| Hon member ACPGIBI | |



Fig: 153

Russell Stitz
1943-2023

©Sydney Colorectal Surgical Society

As the final editing of this document was taking place news of the death of Russell Stitz was received. Russell had battled a long illness with fortitude and optimism, still attending to his many interests and professional obligations. He was the ultimate professional who was not only a distinguished practitioner of his craft but achieved much success in teaching and medical administration at all levels of the surgical profession. He was always uniquely well organised in whatever task he undertook. Once Russell was elected to the Council of the Royal Australasian College of Surgeons, it was no surprise to his peers that he became President. His success in this role was appropriately acknowledged when he was awarded the Sir Hugh Devine medal. Russell was a pioneer and leading Australian exponent of laparoscopic colorectal surgery. He performed the first laparoscopic bowel resection in Australia in July 1991. His influence by example in practice and his many invitations to lecture in Australia and internationally, greatly accelerated the acceptance and development of this new form of surgery. Notwithstanding these professional successes, Russell was a modest and congenial colleague who will be sadly missed by those who had the privilege of knowing him.

APPENDIX 7

**INAUGURAL CLINICAL MEETING SECTION OF PROCTOLOGY RACS
MAY 28 1963**

PROGRAM: *in order of presentation*

| | |
|--|--------------|
| RM Hollings | Sydney |
| Lesions of the anus simulating simple anal fissure | |
| TH Ackland | Melbourne |
| Nonspecific inflammatory lesions of the anus and rectum other than ulcerative colitis | |
| D Lane | Brisbane |
| Obscure cases of bleeding per rectum | |
| JH Pryor | Ballarat |
| Management of the complications of volvulus of the sigmoid colon | |
| NA Meyers | Melbourne |
| Recurrent volvulus of sigmoid colon in a young patient | |
| CHW Lawes | Sydney |
| Ernest Miles and the Gordon Hospital | |
| ESR Hughes | Melbourne |
| The treatment of pilonidal sinus | |
| HE Bacon | Philadelphia |
| Aorto-ileo-pelvic lymphadenectomy concomitant with resection for cancer of the left colon and rectum: a worthwhile procedure | |
| G Houseman | Melbourne |
| Combined anaesthesia for haemorrhoidectomy | |
| J Guest | Melbourne |
| Gas cysts of the colon and rectum | |
| L Sisely | Melbourne |
| Volvulus of the caecum: pneumatosis coli | |
| E Wilson | Sydney |
| Cyst of the rectum probably due to implantation and showing metaplasia of its epithelium | |
| E McMahon | Sydney |
| Use of the colon for replacement in surgery | |
| TF Moran | Pennsylvania |
| Sarcoma of the rectum | |
| HE Bacon | Philadelphia |
| Comparative results following the Miles operation, anterior resection and the pull through in terms of mortality, morbidity and long term survivals | |
| AM Cuthbertson | Melbourne |
| Bowel function following pull through operations of the rectum for carcinoma | |
| WE King | Melbourne |
| Twelve cases of Crohn's disease presenting with steatorrhoea, obstruction or as a colon lesion | |
| M Killingback | Sydney |
| Necrotising colitis | |
| M Smith | Adelaide |
| A case of ulcerative colitis presenting with features difficult to differentiate from multiple polyposis | |

P Ryan Melbourne

Solitary sigmoid diverticulitis

G Pestell Perth

Presentations of papillary tumours of rectum and colon

J Buntine Melbourne

Tension pneumoperitoneum

S Levitt Perth

Modification of the Thiersch operation

IA Hamilton Adelaide

Constipation caused by redundant colon and indication for colectomy

APPENDIX 8

THE SECTION OF COLON AND RECTAL SURGERY GOES AROUND THE WORLD 1969

The focus of the trip was to attend the combined meeting in London of the Section of Proctology Royal Society of Medicine and the American Proctological Society June 23-26. On the way there, visits were made to:

- USA:** San Francisco General Hospital (J Engelbert Dunphy)
Las Vegas
Cleveland Clinic (Rupert Turnbull)
Brooklyn Hospital New York (Charles Ripstein)
Boston Am. Proctologic Society meeting
- UK:** Leeds (Professor Goligher)
London. St Mark's Hospital

Royal Society of Medicine Combined Meeting **RSM - APS - SECT. C/R. RACS**

On the way home brief (R&R) visits were made to
Athens
Bangkok
Hong Kong

The travel group of 32 was:

Brian & **Margaret** Andrea, Bill Armstrong, Don & **Margaret** Beard, Ken & **Mary** Brearley, Tony & **Jan** Carden*, Fred Collins, Pat Cotter, Max Clemons*, Kendall Francis*, Ray Hollings, Tony Hunter, Don & **Joan** Kidd, Mark Killingback, Dan Lane*, Harry Learoyd (Urologist +), Sol Levitt, Peter MacNeil, Graham & **Edith** McKenzie*, Claude Mann*, Brian Morgan*, Dick Opie*, Peter Ryan*, Harry & **Pat** Segal, Alan Sutherland, David Walker, Bob Waterhouse.

* Absentees from photograph + Attended Urology meeting in UK

Fig: 154



On the way home
R and R in Hong Kong

© MK

APPENDIX 9

HOW THE CIRCULAR RECTAL STAPLER CAME TO AUSTRALIA

In 1978 Des Hoffmann attended a colorectal meeting in Spain where John Goligher presented the results of his first 20 patients treated with the Russian SPTU rectal stapler.

The results were impressive and DH, having been Goligher's senior registrar knew the results were authentic. DH was soon to return to Adelaide and decided to include an SPTU in his luggage. As the "Russian Gun" could only be purchased illegally from the Soviet bloc country, during the "cold war", careful planning was necessary. Details of the sale are sparse but a bag and money were exchanged in a darkened lane in the UK.

The SPTU was technically successful but the need to load the staples prior to its use soon resulted in the American EEA stapler becoming the instrument of choice. The SPTU is now housed in the Museum at Calvary Hospital North Adelaide

Reference: J Duggan and M Hoffman

APPENDIX 10

VALEDICTORY MEETING FOR SIR EDWARD HUGHES

Royal Australasian College of Surgeons Melbourne October 27, 1984

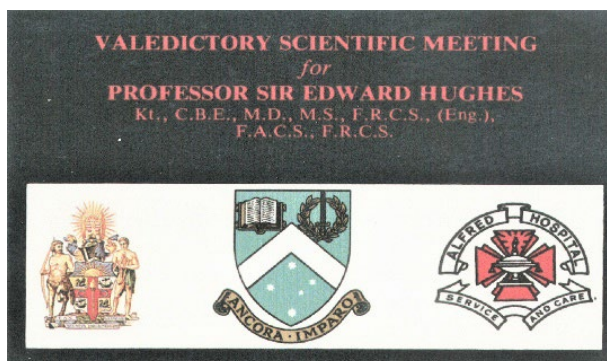


Fig: 155

PROGRAM

The topics were selected to reflect ESR Hughes broad interest and practice in surgery as well as colorectal surgery.

Guest Speaker: Mr Ian Todd, St Mark's Hospital, London

The Changing Face of Surgery at St Mark's Hospital over the Last 30 Years

| | |
|---|---------------|
| Gastric Cancer | W Johnson |
| Management of Gallstones | J Watts |
| Chronic Pancreatitis | J Ham |
| Per-operative Cholangiography | G Kune |
| Upper GI Haemorrhage | P Hunt |
| Changing Attitudes in treatment of Breast Cancer | I Russel |
| Is Every Breast Lump a Cancer until Proven Otherwise? | P Nottle |
| Influence of Occupant Restraint on Injury Patterns | G Trinca |
| Alcohol on Wheels | F McDermott |
| Hughes' Contribution to Australian Military Surgery | D Beard |
| Ileorectal Anastomosis - Friend or Foe? | I Cunningham |
| Pelvic Pouches - Old and New | D Failes |
| Elective Resection for Diverticular Disease | M Killingback |
| Treatment of Early Carcinoma of the Large Bowel | A Cuthbertson |
| Problems after Low Anterior Resection | A Polglase |

VALEDICTORY DINNER Saturday 27 October

Camberwell Civic Centre

In attendance:

His Excellency the Governor of Victoria, Sir Brian Murray KCMG, AO, K St J.

Mr Mervyn Smith CBE. President Royal Australasian College of Surgeons

APPENDIX 11

COLORECTAL UNITS AUSTRALIA **40** (December 2022) Accreditation by TBCSSANZ **27** (in bold type)

The years noted with the units represent the year of establishment. In some instances the dates are estimates only as few hospitals documented a commencement date. To obtain such information, a current member of most units was consulted in addition to discussion with the CSSANZ.

| | | |
|-------|-----------------------------------|------------|
| 1970 | Sydney Hospital | NSW |
| 1980 | Concord | NSW |
| 1980 | The Austin | VIC |
| 1982 | Royal Melbourne | VIC |
| 1983 | Royal Adelaide | SA |
| 1983 | St Vincent's Sydney | NSW |
| 1988 | Royal Brisbane and Women's | QLD |
| 1989 | Royal Prince Alfred | NSW |
| 1980s | Prince of Wales | NSW |
| 1989 | St Vincent's | VIC |
| 1990 | Sir Charles Gairdner | WA |
| 1991 | Princess Alexandra | QLD |
| 1991 | John Hunter | NSW |
| 1992 | St George | NSW |
| 1995 | The Alfred | VIC |
| 1995 | Box Hill | VIC |
| 1996 | Queen Elizabeth | SA |
| 1996 | Westmead | NSW |
| 1997 | Western | VIC |
| 1998 | Nepean | NSW |
| 1999 | Monash -> Dandenong | VIC |
| 2000 | Peter MacCallum Institute | VIC |
| 2001 | Frankston | VIC |
| 2001 | Royal Perth | WA |
| 2002 | Flinders Medical Centre | SA |
| 2002 | Launceston | TAS |
| 2002 | Royal North Shore | NSW |
| 2005 | Gold Coast | QLD |
| 2006 | St John of God | WA |
| 2006 | Cabrini | VIC |
| 2006 | Bankstown-Lidcombe | NSW |
| 2006 | Lyell McEwin | SA |
| 2008 | Dandenong | VIC |
| 2009 | Tweed | NSW |
| 2010 | Macquarie University | NSW |
| 2011 | Liverpool | NSW |
| 2011 | Wollongong | NSW |
| 2015 | Sutherland | NSW |
| 2015 | Fiona Stanley | WA |

APPENDIX 12**COLORECTAL SURGEONS - AUSTRALIAN HONOURS**

| | | |
|---------------|----------------|------------|
| EL Bokey | MJ Killingback | T O'Connor |
| PH Chapuis | DW King | PJR Ryan |
| VH Cumberland | DZ Lubowski | RW Stitz |
| DG Failes | M Levitt | BP Waxman |
| VW Fazio | AJ Luck | JRH West |
| AH Gatenby | JR Mackay | PJ Zelas |
| DC Hoffmann | BP Morgan | |
| RM Hollings | GL Newstead | |

APPENDIX 13

ACKNOWLEDGEMENTS

Royal Australasian College of Surgeons

| | |
|-------------------|---|
| Kirsten Burkitt | Manager RACS Library |
| Nicole Maher | Events manager |
| Molly McKew | Program Support Officer, Section of Colorectal Surgery |
| Elizabeth Milford | Archivist |
| | <i>Whose persistent searching among dusty boxes revealed many long forgotten and valuable records</i> |
| Andrea Mills | Librarian |
| Binh Nguyen | Conferences and Events Manager |
| Kelly Phillips | Librarian |

Colorectal Surgical Society of Australia and New Zealand

| | | |
|-------------------|--|-----------|
| Liz Neilson | General Manager | 2006-2021 |
| | <i>A special appreciation for her assistance, patience and information</i> | |
| Leticia Delmenico | Executive General Manager | |
| Marita Beard | Administration Officer | |
| | <i>Thank you for those many prompt replies.</i> | |

Editors of Triennial Reports of the CSSA and CSSANZ

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|--------------------------------|-----------|
| Michael Solomon | 1995-1998 |
| Michael Solomon | 1999-2001 |
| Chip Farmer and Ian Jones | 2002-2004 |
| Chip Farmer and Rodney Woods | 2005-2007 |
| Andrew Luck and Rodney Woods | 2008-2010 |
| Ian Bissett and James Moore | 2011-2013 |
| James Keck and Rowan Collinson | 2014-2016 |
| Liz Murphy and Frank Frizelle | 2017-2020 |

Colleagues

I am especially thankful to Pierre Chapuis with whom I have frequently consulted and who has agreed to complete the Timeline should I not be able to do so for any reason. His efforts at the RACS resulted in the recovery of important “lost” documents. His experience as a senior editor with the ANZJS was most helpful in the research and preparation of the material.

I am indebted to colleagues whose assistance has been invaluable. During the gathering of information, they have tolerated my repeated requests with prompt co-operation and some have given me access to their CVs which was not only of great interest but helpful and a privilege:

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Stewart Skinner, Michael Solomon, Allan Spigelman, Andrew Stevenson, Bruce Stewart, Andrew Still, Russell Stitz, James Toh, Bruce Waxman, Cyril Wong, Rodney Woods, Jim Young.

Family and Friends

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Family of colleagues

The assistance of Andrew Cuthbertson, Gordon Hughes, Michael Levitt, Andrew McLeish, and Mary Rose Mumme was much appreciated.

Institutions - Publishers

Australian and New Zealand Journal of Surgery

| | |
|--------------|---|
| Julian Smith | Editor-in chief |
| Simon Goudie | Senior Journal Publishing manager Wiley |

American Society of Colon and Rectal Surgeons

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|---------------|-----------------------------|
| Kristi Conley | Manager Meetings and Events |
|---------------|-----------------------------|

Association of Coloproctology of Great Britain and Ireland

| | |
|--------------|-----------------------------------|
| Adele Sutton | Administration and Events Manager |
|--------------|-----------------------------------|

Diseases of Colon and Rectum

| | |
|-----------------|-----------------|
| Susan Galandiuk | Editor-in-chief |
|-----------------|-----------------|

Wolters Kluwer publishing (Diseases Of Colon and Rectum)

| | |
|---------------|--------------------------|
| Sharon Zinner | Senior Journal publisher |
|---------------|--------------------------|

Royal Australasian College of Physicians

| | |
|-------------|---------------------------|
| Karen Myers | Medical History Librarian |
|-------------|---------------------------|

Royal College of Surgeons of England

| | |
|----------------|-------------------------|
| Morgane Tixier | Publishing Co-ordinator |
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Royal Melbourne Hospital

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|---------------------|-----------|
| Bronte Laffin Vines | Archivist |
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Royal Prince Alfred Hospital

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|---------------|------------------------|
| Mark Anderson | Susman Library Manager |
| Drew Grigg | Visual Arts Department |

South Australian State Committee RACS

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| Maria Cogman | |
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St Vincent's Hospital Sydney

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|---------------|------------------|
| Rolf Schafer | Library Manager |
| Elle Matthews | Senior Librarian |
| Anne Cooke | Librarian |

Sydney Hospital Library

| | |
|-----------|--------------------|
| Fang Fang | Library Technician |
|-----------|--------------------|

Fang supplied me with endless copies of articles, which always always arrived on the same day as the request.

Mark Killingback AM,MS(Hon),FRACS,FRCS Eng,FRCS Ed,FACS(Hon)

EPILOGUE

This personal account of the evolution of *Colorectal Surgery* as practiced by Australian surgeons and documented as a timeline dating from the arrival of the First Fleet to the present day is a scholarly undertaking.

Mark Killingback has composed a compelling and masterly account of the major milestones, especially those events leading to the establishment and acceptance of the specialty with the creation of the RACS Section of Proctology (subsequently the Section of Colon and Rectal surgery), the Sydney Colorectal Surgical Society, the Melbourne Colorectal Society, the Colorectal Surgical Society of Australia and ultimately, the Colorectal Surgical Society of Australia and New Zealand (CSSANZ), not forgetting several university academic Chairs scattered throughout the country.

The practice of colorectal surgery in Australia was very much part of General Surgery until 1976 when Killingback pioneered a transformative change announcing that he had converted to and confined his practice exclusively to colorectal surgery. These were challenging times needing courage and diplomacy as the move to sub-specialisation was resisted by many general surgeons. Nonetheless, there is much supporting evidence here demonstrating significant improvement in the welfare of patients suffering from complex pathologies of the colon and the anorectum.

The narrative throughout the text comes mainly from Society agendas and proceedings of College Meetings, together with Case Reports and leading articles published both in the ANZ J Surg and other peer-reviewed literature and includes the author's personal observations. In addition, the Triennial Reports of the CSSANZ have been a rich source of invaluable historical documentation. Reading the anecdotes and commentaries by one who witnessed and contributed much to the history of colorectal surgery in Australia was not only "*Labor improbus*" but equally *Laboris, et caritatis*. It should reside in every Colorectal Unit.

Pierre Chapuis, AM,DS(Q'ld),FRACS.