

BSGE TRAVELLING FELLOWSHIP AWARD 2019/2020

A WONDERFUL YEAR IN AOTEOROA

Alison Montgomery, ST6 Obstetrics & Gynaecology

I had the incredible opportunity of taking time out of programme for training during my ST5 year, aided by the BSGE and the Travelling Fellowship Award. I am very grateful to the BSGE for aiding this brilliant training experience. I worked at North Shore Hospital in Auckland, New Zealand in their busy obstetrics and gynaecology department for one year from July 2019 to August 2020. My supervisor was Dr. Prathima Chowdary, a renowned minimal access gynaecologist in Auckland.

The Waitemata District Health Board serves a population of over 700,000 people and is the largest in New Zealand. It also has the second highest gynaecology diagnostic cancer rates in the country. New Zealand is also known for its exceptionally high rates of obesity. According to the WHO, New Zealand is ranked 28th in terms of their obesity levels, with the UK coming in 40th. (The USA ranks at 20). It was therefore not uncommon to find patients with BMI 50+ on an operating list, in clinic or on labour ward.



View from Northshore Hospital, Auckland - looking out over Lake Pupuke & Rangitoto

HIGHLIGHTS & CHALLENGES

A common complaint of O&G training from the GMC survey is difficulty in getting enough gynaecological surgery training. New Zealand trainees work on average 62 hours/week, oncall days are 15 hours long and they are strongly supported to develop their skills even on the most challenging cases. For example, I was able to perform as many total abdominal hysterectomies over the course of a year as I had during the whole duration of my training in the UK. Debriding an infected wound was not uncommon – something I had never had the opportunity to do during my UK training. I recorded 300 logbook cases during the year despite reduced volume during lockdown for COVID. I was also able to build on my experience of multiple laparoscopic entry techniques, an essential skill with high BMI patients. Performing a TAH, a cone biopsy or even a hysteroscopy in women with BMIs >50 is technically highly challenging, but I was able to gain valuable learning experiences during my year in New Zealand.

One of my main interests is in gynaecological oncology and I am currently doing the oncology ATSM. New Zealand has a higher than average incidence of endometrial cancer in women <40 years old, largely due to their increased rates of obesity. It was fascinating to see the different ways they manage endometrial cancer. For instance, one of my first operating lists involved two

women with BMIs 55-65 in their 20's with stage 1A endometrial cancer. They were being managed conservatively with megestrol, mirena coil and hysteroscopic surveillance. The FEMME Trial was recruiting during my time there and will report in the next year or two to observe outcomes in women like this.

New Zealand introduced the ACC programme in the 1970's – the Accident Compensation Corporation. Although unpopular with some lawyers and patient advocacy groups, a no blame culture has some merits in the handling of medical injury and complications. For instance, a woman who returns to theatre for a surgical site infection will get swift compensation and on going support from ACC. As a result, private indemnity insurance even for obstetrics is less than £1,000/year.

RESEARCH

I managed to conduct a multi-centre retrospective study during my stay in Auckland. Although the 'Unfortunate experiment' is part of New Zealand's medical legacy, the ethical approval process for research was efficient and straightforward. Therefore, it only took 6 weeks to design and gain approval for the study.

The study reviewed the use of negative pressure wound therapy (NPWT) following gynaecological oncology surgery and was performed under the supervision of Dr. Lois Eva and Dr. Cecile Bergzoll. As BMI increases, so do the rates of open surgery and the risk of surgical site infection (SSI). NPWT research to date has been very heterogenous with mixed results. Contrary to perceived wisdom, this initial study has shown higher rates of SSI when NPWT is used. These findings will be published soon and a subsequent randomised control trial in New Zealand is currently being planned.

In addition, having previously completed an acute gynaecology and early pregnancy fellowship, I was able to help with the VINO trial at North Shore Hospital. The study is assessing the use of vinorelbine as an oral treatment for ectopic pregnancies. I recruited patients for this novel phase 2 drug trial. Recruitment should end this year with results due out next year. Currently, no oral treatment for ectopic pregnancy exists.

OBSERVERSHIPS – Gynaecology and Bariatric surgery

I was also able to undertake two separate observerships during my time in Auckland. This included a week spent with the Auckland City Gynaecological oncology team with whom I designed my study. They are only one of three Gynaecological oncology centres in New Zealand, accepting patients from a huge geographic area of the north island. I observed a number of complex operations, attend their clinics and MDTs. I was also able to see their strategies in response to dealing with the Covid-19 pandemic.

A real challenge to me working in New Zealand was how to adapt my surgical technique to deal with bariatric cases. Obesity rates are rising globally and will therefore become an increasing challenge in the UK. I therefore arranged to join the bariatric surgeons at North Shore Hospital to see how they tackle extreme obesity. It was interesting so see how they utilised the direct optical entry in the left upper quadrant for all their entries. This was similar to the gynaecology team who favour the veress entry in the same place (lower than Palmer's point). I was able to see the bariatric instruments they used which included a specialised bariatric ligasure and a bariatric endoclose device which I have subsequently used.

THANK YOU

My huge thanks to the BSGE for this travelling fellowship. I learnt so much in my year working in New Zealand, from clinical skills to research to novel therapies. I hope to return one day on a post Covid trip. **Dr. Alison Montgomery, MBChB, BSc, MRCOG, PG Cert (Ultrasound)**