

I am extremely grateful to the BSGE for the award of this travelling scholarship that enabled me to visit Memorial Sloane Kettering Hospital for a two-week period under Dr Nadeem Abu Rustum this September.

Memorial Sloane Kettering was established upon the amalgamation of the Memorial hospital and Sloane Kettering institute for cancer research. It is widely regarded as being one of the best cancer hospitals in both the USA and world. The main campus is based in the upper east side of Manhattan with additional satellite units being based across New York State. It has close links with Weill Cornell Medicine, which is part of Cornell University. The hospital has a strong history in pioneering new technology and treatments.

Dr Abu Rustum was responsible for the development and initial clinical use of ICG in gynaecological surgery in order to detect sentinel lymph nodes. This technology is now used worldwide. During my observership, I was fortunate enough to observe the current research programme that explores the use of CY5.5, which could be used as an alternative or adjunct to ICG.

The hospital is fortunate enough to own 10 daVinci Xi robots complete with dual consoles. Not only did this allow me to discuss the pros and cons of utilising robotic over straight stick procedure but also gave me excellent insight into how training when using the robot can be facilitated. All of the operating theatres are fully integrated and the hospital uses many different insufflator, trocars and additional surgical equipment that I have not seen used or demonstrated in the UK. The theatres have a 'wall of knowledge' in each theatre. This contains a variety of information relevant to all members of the theatre team. Its use helps promote ease of communication, documentation and planning of procedures. Post operatively the surgeons, anaesthetic teams and ODP all transfer the patients to the recovery to enable complete handover and transfer of care to the recovery team.

From a training point of view the hospital has a comprehensive simulation laboratory in which robotic and laparoscopic skills can be developed. A weekly

grand round in which two lectures were given brought every surgical specialty together. In addition the department had a weekly meeting, which had visiting lecturers from other departments/ institutions. This enables alternate procedures and collaboration as well as research projects to be discussed.

My time spent in the hospital enabled me to gain a much deeper understanding of the US healthcare system. During my visit the government were attempting to reform Obamacare, which helped provide even more fruitful discussions. Working alongside both residents and fellows from the US medical training system allowed me to appreciate the nuances of their training and particular challenges it brings. In return I was in a position to explain to them how the training and healthcare system functions in the UK.

I found my experience of a hospital within a different healthcare system as well as the exposure to alternative surgical techniques and methods of research was truly invaluable. It will inform my approach to patient management both in and out of the operating theatre, which I hope, will lead to benefits for women in the UK. I would highly recommend this experience to any other gynaecological surgeon and would once again like to thank BGSE for their support.