



RCSI

ROYAL COLLEGE OF SURGEONS IN IRELAND

COLÁISTE RÍOGA NA MÁINLEÁ IN ÉIRINN

Ethicon Grant/Fellowship Report Form

Grant Holder Name	Dr. Anne Collins
Brief biography, including qualification and year of graduation (no more than 100 words)	<p>POSTGRADUATE QUALIFICATIONS</p> <p>FRCSI (Plast) 2015</p> <p>Fellow of the European Board of Plastic, Reconstructive and Aesthetic Surgeons 2015</p> <p>Master of Surgery (MCh) RCSI 2010</p> <p>MRCSI 2007</p> <p>B Med Sci 2004</p> <p>MB BCh BAO 2004</p> <p>POSTGRADUATE AWARDS</p> <p>Dr. Richard Steeven's Scholarship 2015</p> <p>HSE Specialist Registrar Training Abroad Programme</p> <p>Ethicon Foundation Travel Grant 2015</p> <p>FESSH Travel Award 2013</p> <p>Fellowship to the Wrightington Upper Limb Unit, UK</p> <p>Best Overall Paper – IHSS Annual Meeting 2013</p> <p>Research Conference Travel Grant 2013, CUH, Temple St.</p> <p>IAPS Annual Meeting 2012 - Clinical Conundrum 1st prize</p> <p>The Kilner Prize, Best Overall Paper BAPRAS Winter Meeting, London 2008</p> <p>Royal Academy of Medicine in Ireland Surgical Section 1st prize 2008</p> <p>Brendan Devlin Poster Prize Waterford Surgical October Club 2008</p> <p>Mater Hospital, Intern Medal 2nd 2005</p> <p>Surgical Tutor of the Year, Mater Hospital 2nd 2005</p> <p>Academic Scholarship to University College Dublin 1998</p>

Title of Project/Fellowship	Microsurgical Fellowship, St. Vincent's Hospital, Darlinghurst, Sydney, Australia
Year of Award: Commencement Date: Conclusion Date:	2015 3 rd August 2015 3 rd February 2015

Summary

Like its namesake in Dublin, Sr. Mary Aikenhead and the Religious Sisters of Charity founded St. Vincent's hospital Sydney in 1838. This heritage remains ever evident, predominantly due to the sizeable body of Irish health care workers on staff. St. Vincent's has a long-established reputation at the forefront of surgical innovation. Indeed, it was here where the first open heart surgery in Australia was performed in 1977.

My typical fellowship schedule consisted of daily rounds, twice-weekly elective surgery and outpatient clinics, weekly head and neck multidisciplinary team meetings, fortnightly departmental meetings, monthly pathology and skin cancer multidisciplinary team meetings, in addition to morbidity and mortality meetings, research meetings and journal clubs.

Although I have been exposed to a plethora of plastic surgery presentations, my primary focus has been in microsurgery, specifically concentrating on perforator flap reconstruction following resections for indications including breast, head and neck cancer and sarcoma, in addition to traumatic defects and chronic wounds. My operative logbook has expanded exponentially during my time at St. Vincent's Over the last 18 months I have performed 134 free flap reconstructions and 224 microvascular anastomoses. I completed 45 of the former as primary surgeon in addition to 91 of the latter. Considerable technical proficiency is required to be competent in this subspecialty and the intensive training I have received thus far has been invaluable to my development as a microsurgeon and will allow me to excel in this area upon my return to Ireland.

Grant Report

Objectives of Project/Fellowship:

The primary learning objectives of the fellowship included enhancement of my microsurgical skills specifically in the area of perforator flap reconstruction for indications including cancer resection, chronic wounds and traumatic defects.

Did you achieve these objectives?

Absolutely.

In addition to the considerable volume of cases I was involved in either as the primary surgeon, teacher or assistant, I also acquired a subset of additional skills including:

- Comprehensive patient assessment and evaluation of suitability for perforator flap reconstruction
- Thorough understanding of the indications, contraindications and the process of informed consent
- Pre-operative work-up including evaluation of computed tomographic angiographic findings, which have been shown to have a high concordance with surgical findings and a reduction in operative time
- Flap harvesting techniques and how to avoid the inherent pitfalls
- Flap transfer techniques and microvascular anastomoses
- Salvage techniques in the event of vessel thrombosis or the no-re-flow phenomenon
- Flap inseting and contouring to create an aesthetically pleasing shape
- Post-operative management and detection and management of early complications and
- Indications and the decision-making process for later revision surgery

In your opinion, what is the value of your award to:

(a) Yourself

The support of the Ethicon Foundation Travel Grant facilitated my advanced training in microsurgery in a unit with an internationally recognised reputation as a centre of excellence. The working environment in St. Vincent's hospital is extremely supportive and, as a result, I found the transition from the Irish to the Australian Health care system almost effortless. The absence of hierarchy is certainly favourable and the lack of bed crises, which are commonplace elsewhere, means elective surgery takes place as scheduled and cancellations are a rarity. The abundance of hospital administrators ensures the fellow's time can be dedicated to patient care, although involvement in

theatre scheduling is encouraged, should one wish to do so. This allows the fellow to target specific training needs and since the consultants are always present at their lists, supervision and guidance, if required, is readily available.

Regarding breast reconstruction, autologous reconstructions using perforator flaps negates the need for implants and, in patients unwilling to undergo implant-based reconstruction offers an excellent alternative associated with high levels of patient satisfaction. The free DIEAP flap confers distinct advantages to patients compared with the TRAM flap in terms of decreased donor site morbidity and shorter recovery periods. The DIEAP flap has proven reliability with a low complication rate. However, its harvest requires a high level of surgical expertise with a significant learning curve and which necessitating specialist training. The era of the perforator flap further emphasises the position of plastic and reconstructive surgery as an ever-evolving, dynamic and indeed exciting surgical specialty. The adoption of new techniques is becoming more common worldwide and that welcome evolution is reshaping and redefining how post-mastectomy and other cancer-related defects are managed.

(b) The institution in which you worked

As an advanced trainee in Plastic Surgery with fellowships from RCSI and from the European Board of Plastic, Reconstructive and Aesthetic Surgeons, I brought an comprehensive skillset to the unit. My experience allowed me to take a senior role in the complex surgical cases in addition to enabling me to teach and mentor my junior colleagues. I was actively involved in education and research within the department. We established a free flap app which facilitated the collation of data for over 800 free flaps performed by the department since 2008. During the course of the fellowship, I attended and presented at a number of national conferences on behalf of the department. I also participated in training courses and supervised the research projects of junior team members.

(c) In the future for Irish patients

At present, there is a limited application of this innovative, cutting edge technology in Ireland. I feel it is imperative that, as plastic surgeons, we advocate for our patients in this area, ensuring they are offered a comprehensive range of safe and appropriate reconstructive options following cancer resection. This can only be achieved, however, if we are equipped with the necessary knowledge and skills to do so. I feel the microsurgical experience I have obtained at St. Vincent's will be invaluable as I progress to the next chapter of my career upon my return to Ireland.