

British Hernia Society

Annual Report

Jan 2021 to April 2022

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Developments of Society

The British Hernia Society (BHS) has had many developments this year. It became a Charitable Incorporated Organisation in January 2021 and has a Constitution and Finance Regulations which were passed at the AGM in March 2021. There are ten Trustees of the Charity who all sit on the Board.

The Society has grown significantly over the last few years and had over 1200 members at the beginning of 2022.

Board members

We have seen a number of changes in the Board this year. We are delighted to have two patient representatives on the Board, Ms Sue Hill and Ms Jackie Bullock. Sue and Jackie are providing invaluable insight in to the work of the society from a patient perspective.

We have had some changes in Board members this year. Mr Duncan Light and Mr Al Windsor have both moved on in 2022. We thank them for their dedication and hard work over many years and wish them all the best in their future endeavours. Mr Brian Stephenson, the previous Treasurer, returned to the Board as a Trustee to provide assistance with financial matters during the Covid pandemic which had created a hiatus in the charitable banking sector. We are grateful for his support and wish him well when he retires from the Board in October 2022.

We are delighted to welcome Ms Nasra Alam to the Board as Trainee Representative. Nasra was elected in December 2021 and is a strong addition to the Board.

Subcommittees

To progress the work of the Society, three subcommittees have been created:

Abdominal Wall Reconstruction

The Abdominal Wall Reconstruction Subcommittee recognise the rapid and widespread developments that have occurred in hernia management in the last decade. The evolution of complex component separation, both minimal access and open, has happened at an amazing pace. However, it remains a fact that the majority of ventral/incisional hernia repairs that are undertaken in the UK do not happen with these new techniques.

As a committee we believe that it is more important, initially, to disseminate and consolidate techniques that will prevent the formation of incisional hernia and would like to promote 'one safe and effective' way to repair a standard ventral/incisional hernia. To that end we will be ensuring that all 'general' surgeons are familiar with, and practice techniques such as small bites closure and a retro muscular (Rives-Stopppa) repair. Having established the widespread use of basic techniques, we would like to create and support specialist units to extend and provide more complex repairs.

Education and Training

The BHS Education sub-committee aims to establish educational activity in hernia surgery in the UK by creating networks in hernia surgery education and programs of education.

Registry

The BHS Registry sub-committee (RSC) was formed in Jan 2020 as an operational group to develop the new BHS Registry. This exciting, ground-breaking project for the British Hernia Society will steer the course of product development in the years to come and ensure patient safety is at the top of industry's agenda.

The RSC oversees the development and introduction of the registry for all hernia repairs in the UK and other countries that wish to be involved. The work of the committee includes raising funding, recruiting surgeons, developing the dataset, introducing the software package, publicity, governance, quality, audit, reporting and education.

The Education and Training Subcommittee and Registry Subcommittee have patient representatives amongst their members. The individual reports of the subcommittees are given later in this document.

Audit and Surveys

The BHS has undertaken the Global Practice of Inguinal Hernia Repair study in collaboration with the GLACIER study. This survey aims to capture such variations amongst an international cohort of surgeons. The data will aim to provide insight into the current practice of inguinal hernia repair on a global level, and hopefully provide the basis for focussed prospective research geared towards areas of considered best practice.

Website

In April 2022, a new website was launched for the Society with updated content and a more modern interface. We thank Harsha Jayamanna, our Website, Membership and Communications Board Member, for his inspired design and sedulous effort in transforming the site.

Abdominal Wall Reconstruction Subcommittee report - January 2021 to April 2022

Members:

Toby Hammond, Chair

Dominic Slade

Sanjoy Basu

Jonathan Hodgkinson

Oliver Warren

Alastair Windsor

The AWR Subcommittee joined with the Association of Coloproctology of Great Britain & Ireland (ACPGBI) Abdominal Wall Subcommittee in Jan 2022

Members:

Dominic Slade, Chair

Toby Hammond

David Messenger

Rhiannon Harries

Akash Mehta

Subcommittee Aims:

Promote safe & standardised care to prevent & manage incisional and parastomal hernias through education & training of:

1. How to open & close the abdomen
2. Management of the open abdomen
3. Principles of midline ventral/ incisional hernia repair including retrorectus repair +/- component separation techniques and adjunctive measures
4. Stoma management, including:
 - a. Stoma formation
 - b. Parastomal hernia prevention
 - c. Parastomal hernia management

Projects:

Abdominal midline closure survey

A questionnaire designed to be asked by a trainee and answered by a consultant surgeon with answers being directly uploaded to a web-based survey tool (Redcap). The purpose is to capture national practice and help drive quality improvement in making surgeons aware of evidence-based closure techniques.

This has gone live and is being rolled out through the registrar research networks.

National Open Abdomen Audit

The aim is to establish which management options/ treatment modalities are used nationally to manage the open abdomen.

The plan will be to run the audit through the registrar research networks.

The launch date will be April 2023.

Close audit when have 500 responses or after a year.

Parastomal hernia projects

- a. Project 1 - to develop a descriptor set for studies on parastomal hernias

We have produced and sent out a Delphi consensus questionnaire.

The premise being that the treatment of parastomal hernias is complex with different options available. One of the challenges of putting surgical techniques into practice is understanding which patients they work best for. Unfortunately, published studies show lots of variation in how they describe patients in their studies. We would like to address that by agreeing on a set of key descriptors which can be used in future parastomal hernia studies.

- b. Project 2 - to develop a Delphi consensus document for the management of parastomal hernias

We have put together a global collaborative of hernia surgeons, patient representatives and stoma nurses with a specific interest in the management of parastomal hernias.

The EHS guidelines showed that the evidence base regarding PSH repair is not strong and current attempts to strengthen it are likely to take many years. Surgical innovation moves faster than the published literature, and we know that surgeons adopt and discard techniques due to poor performance faster than case series, registries and RCTs can detect.

The aim of the collaborative is to share best practice, mistakes made and learnt from, management pathways, and technical modifications to recognised techniques in the

management of parastomal hernias. The Delphi method will be used to develop a non-evidence based expert consensus document with a focus on patient safety and improving their outcomes regarding the management of parastomal hernias.

We have recently completed round 2 of the Delphi process.

A further 3 rounds are planned with final round to be at EHS in Oct 2022

Education & Training

We are in the process of setting up national teaching, training, mentorship & coaching programmes at all career levels:

- **Foundation Year Drs & Core Trainees:**

Amending the Basic Surgical Skills (BSS) Course to transition from teaching the mass closure of the abdomen using loop 1/0 nylon to single layer aponeurotic closure using small bites technique.

Action to date:

We have submitted a formal request and evidence based supporting statement to the BSS committee.

Response awaited.

- **Core Trainees to ST4 trainees:**

We are in the process of developing a Principles of Abdominal Wall Surgery (PAWS) course. This is a lecture based & hands on practical workshop focusing on:

- c. how to close the abdomen
- d. how to manage the open abdomen – mesh mediated fascial traction closure
- e. how to create the ‘perfect’ stoma
- f. how to perform a standard Rives-Stoppa hernia repair

A pilot course has already been successfully run out at the Dukes Club meeting, Sept 2021, with very good feedback.

A draft course manual is near completion

- **ST5 trainees to early year consultants:**

A standardised Cadaveric AWR course.

It solely covers the open management of midline incisional and large primary ventral hernias. The course is delivered over 2 days combining lecture-based tutorials and hands-on cadaveric training. The programme includes:

Day 1:

- Clinical assessment, patient selection & risk factor optimisation
- CT interpretation & peri-operative planning (inc. anaesthetic considerations – epidurals & need for deep muscle relaxation)
- Loss of domain, including use of chemical component relaxation and/ or progressive pneumoperitoneum (PPP)
- Consent, Managing patient expectations and the British Hernia Registry
- Planning the skin incisions & need for an abdominoplasty
- What mesh shall I use, whether & how to fix in place?
- Drains, abdominal binders, post-operative care & management of complications
- MDT discussion – Putting it all together (4 - 6 cases)

Day 2:

- Lecture - Surgical anatomy of the abdominal wall for AWR
- *Fleur de lis* abdominoplasty incision – Video demonstration & practical session
- Retrorectus dissection – Video demonstration & practical session
- Posterior component separation (Transversus Abdominis Release) – Video demonstration & practical session
- Anterior component separation – Video demonstration & practical session
- Closing the *Fleur de lis* and umbilicus reconstruction – Video demonstration & practical session

The course was run in Nov 2021 with members of the subcommittees as faculty and received excellent feedback.

The ambition is to run the course regionally (NE, NW, SE, SW England & Wales) twice a year

Next course planned for Feb/ March 2023 in Bristol.

- **Early year consultants:**

Future concepts - Preceptorship & Mentoring post CAWR course

- **Established Consultants with an AWR subspecialty practice:**

Future concepts - Coaching & Operating 'Buddy Scheme' for complex cases

Education and Training Subcommittee Report 2021-2022

Members

Oroog Aali (Chair)

Christian Wakefield

Balendra Kumar

Srinivasan Balchandra

Duncan Scrimgeour

Susannah Hill

Workstream

The landscape of hernia surgery training has dramatically changed over the last couple of years. The BHS education and training subcommittee has been working hard to ensure access and opportunity to hernia surgery education is enhanced. The committee has successfully completed the first instalment of Hernia Masterclass Webinar series with positive feedback. The committee is well underway in delivering the second instalment as part of continued collaboration with Royal College of Surgeons of Edinburgh. We are aiming for the series to be live by the late 2022. The committee has also collaborated with the European Hernia Society (EHS) to run a two-day cadaveric workshop as part of the EHS congress in Manchester 2022. Our committee members have successfully run live operating hernia course which have proven to be invaluable to trainees in the current climate. The committee has also strived to work on a hernia curriculum to help support education in hernia surgery. There are plans to centralize access to courses on hernia surgery through the BHS website in the future.

Registry Subcommittee Report Jan 2021 - Apr 2022

Members

Liam Horgan (Chair)

Stella Smith

Nasra Alam

Sue Blackwell (patient representative)

John Findlay

Andrei Mihailescu

Aims

The BHS Registry sub-committee (RSC) was formed in Jan 2021 as an operational group to develop the new BHS Registry. The aims of the RSC are to raise funding, develop the dataset, commission the registry, and then open the registry to all surgeons who carry out hernia repairs.

Background

This exciting, ground-breaking project will inform hernia surgery and hernia-related technology for many years to come. The Registry will give real-time data on operative details, implant use and outcomes. The Registry has been designed with and for patients. What doctors think are important outcomes from hernia surgery are not necessarily what patients think are important. Consequently, patient-reported outcome measures (PROMS) will be built into the registry.

By contributing to the registry, we can finally understand what works well, and what doesn't. We can learn from patients' experiences and target surgery accordingly. We hope to ensure that patients get the right operation, at the right time.

Data will be analysed and reported on an annual basis. It will be made public, and readable, to both patients and healthcare professionals. As time progresses, more detailed analyses on specific operations and groups of implants will be reported.

Progress

The RSC has worked hard, holding regular monthly meetings to drive the registry forward. The group have made substantial progress over the past year.

The subcommittee has engaged with key stakeholders including the MHRA, NHS Digital, NHS Improvement, the Association of British Healthcare Industries, the Royal Colleges and Specialist Societies. We have strong connections with the Danish Hernia Registry and the Belgian Registry. This process gathered information on the feasibility of developing a registry, pitfalls from other registry developers, financing, engaging clinicians and linkage to existing databases.

The project is costly, not only to be designed but also to be maintained. The Registry has been developed by the British Hernia Society with Industry funding. Industry funding has been donated on an ethical, and proportionate, basis with all companies having an opportunity to contribute. No single company dominates the funding stream, and no company has access to raw data or influence over the data collected. Industry only has access to reports. We are grateful to our Industry sponsors for their help in developing the Registry and look forward to sharing product information to help inform product design. We have raised enough funding to allow us to design and develop the registry for the first 3 years.

A tendering process was undertaken for the development of the registry. We chose to partner with Dendrite Clinical Systems Ltd. We have been working closely with Dendrite over the past 3 months and we expect a prototype registry to be released later in 2022. This will be trialled for 6 months and then released to BHS surgeons in the UK and Ireland.

Future Direction

Our attention now is on the design and dataset of the registry and bringing a prototype into existence. The other main areas of work are around consent and governance, patient reported outcome measures, publicity and awareness campaigns. We know that we have a significant amount of work to do to make the registry successful and the RSC is committed to this project. In the medium to longer term, the plan is to make the registry compulsory and self-funding. There will be opportunity for research and learning from the registry. Making sure that patients are at the forefront of this project is very important to us. We think that we have made an excellent start on this project, and the RSC will continue to work hard for the BHS Registry.