

Report of the AUGIS Travelling Fellowship 2013

Visit to HPB and Liver Transplant Unit at Auckland City Hospital

Jawad Ahmad, Mater Hospital, Belfast

I arrived in Auckland in the middle of their winter but still it was impossible not to fall in love with the place at first sight. I had planned to visit the hepato-pancreato-biliary and liver transplant unit at Auckland City Hospital. Professor John McCall and Mr Adam Bartlett gave a warm welcome and quickly involved me in their team activities. The unit performs about 140 liver resections, 40 pancreatic resections and 50 liver transplants per annum.



Amongst other major resections, I was fortunate to be allowed to assist during a full retrieval and split liver donor, a paediatric transplant and an adult liver transplant. This was a great experience as I picked up quite a few tips in managing difficult liver resections. I was impressed with the Australian made Grays Liver retractor which took all the stress away from assisting a difficult liver resection.



Left to Right: Mr Adam Bartlett, Mr Jawad Ahmad, Professor John McCall

The theatre etiquette is strict and staff are fastidious in implementing this. Face masks are mandatory, photography is not allowed and crowding in theatre premises is not permitted. This ethos was clearly demonstrated when my scrubbing technique was closely observed prior to being allowed to assist with the first case. Adjuncts such as harmonic, CUSA, Argon and microwave were readily accessible and very efficiently set up when required. I was involved in the pre- and post-op care of surgical patients and it was reassuring to know that the standards of care are similar to those currently practiced in the UK and Ireland.

The hospital environment itself was impressive and all patients have a window with stunning views of city skyline and landscapes. The patients could be from any of 188 ethnic backgrounds and some of them don't speak or understand a single word of English. They could arrive from anywhere in New Zealand therefore their families have to be accommodated. This was usually at the nearby Domain lodge which is run by the Cancer Society.

The unit has a strong multidisciplinary team mind-set and the transparency and attention to detail at their MDTs was immaculate. They practice ERAS (enhanced recovery after surgery) and all patients for major resections are seen by a specialist nurse and dietician in preparation for surgery. The patients are inundated with information both face to face and in the form of leaflets. They end up with a nice collection of "visiting cards" in case they need any further information.

The Higher Surgical Training model is similar to ours in the UK with some restrictions on working hours but many of the trainees aspire to be general surgeons. Fourth and final year medical students spend most of their time in the clinical domain, they assist in theatres and are made responsible for some of the ward based activities. In general, I found trainees and medical students quite happy and satisfied with their training.



It was not all work; I did find time for sightseeing. The mounting jetlag and the excitement of assisting at 13 hour transplant case sparked me off to undertake 192m SkyJump... twice! I also visited New Zealand's second largest and most densely populated (8,730 residents) Weiheke Island. Throughout my trip, I found the Kiwis very pleasant and hospitable people. As a gesture of good hospitality, my departure was marked by a 6.6

magnitude earthquake in nearby Wellington, thankfully without any significant damage.

I would like to thank Professor John Windsor, who was my original inspiration to visit Auckland but unfortunately for me, he was on a sabbatical during my travelling fellowship. However, Prof McCall and Mr Bartlett looked after me very well. I am obliged to Mr Lloyd McKie for supporting my fellowship application. I am also grateful to AUGIS for their very generous award which made this memorable experience possible.



