

Mr Marco Adamo
Consultant Laparoscopic & Bariatric Surgeon

**Division of Surgery
Bariatric Service**

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To
Mr Mark Thomas
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Request for funding for Bariatric Metabolic fellowship 2013/14. Appendix

Background information

The Fellowship in Bariatric surgery will be based in the bariatric unit at University College London Hospitals NHS Foundation Trust. UCLH unit of bariatric surgery has been established in July 2007 and has two full time bariatric surgeons (Mr Adamo and Mr Jenkinson) with a third surgeon involved in bariatric surgery and UpperGI cancer surgery (Mr Hashemi). Non consultant cover is also provided by an Associate Specialist (Mr ElKalaawy). Comprehensive multidisciplinary expertise is provided by two Obesity Physicians (Dr Battheram and Prof Finer), a Psychiatric/psychology team, two senior bariatric dieticians and two bariatric nurses practitioner. Anesthetic support is provided by a team of five bariatric anesthetists led by Dr Hasan. The unit aims to deliver high quality advanced bariatric surgery and offers 24 hour on call cover for bariatric emergencies. A caseload in excess of 300 cases is expected for the current year.

Scheduled weekly clinical activities of the Unit include:

- Six bariatric theatre sessions
- Three sessions for new bariatric patient outpatient
- Four sessions for bariatric follow-up outpatient
- Multidisciplinary meeting
- Joint multidisciplinary ward round
- Endoscopy

Purpose and rationale

This post is intended to be a Fellowship for Senior UpperGI/Surgical Trainee or surgeon post CCT with pre-existing documented advanced laparoscopic skills and a specific interest in bariatric surgery. The fellowship is designed to provide training aiming to build specific skills and competencies in bariatric surgery with focus on:

- Patient selection criteria
- Bariatric outpatients
- Multidisciplinary process
- Preoperative patient preparation
- Surgical technique of most of the currently performed bariatric procedures
- Postoperative care
- Management of complications
- Bariatric follow-up and support group
- Bariatric emergencies

Objectives

- **Clinical:** fellow is expected to become experienced in the clinical management of the bariatric patients with regards to the entire patient journey through the bariatric pathway. Specific emphasis will be put on the multidisciplinary approach to patient selection, procedure selection and management of metabolic sequelae.
- **Technical:** fellow is expected to be involved in the majority of the bariatric operations and to acquire a progressive degree of competency. The fellow is expected to become able to assume the role of primary surgeon, defined as been able to perform (under limited supervision) key elements of the different procedures performed.

Duties

Fellow will be responsible for the pre-, peri and postoperative care of bariatric patients. He will be also in charge of data collection, audit and patient preparation for the MDT discussion. Fellow is expected to attend to the majority of bariatric theatre sessions and bariatric outpatients. He/she will be working jointly with the other two non consultant surgeons in order to provide cross cover and continuous service. However He/She will be allocated to specific sessions and will not compete for training opportunities. No duties will be scheduled for general surgery.

Duration and timing

Fellowship will be for six months extendable for further six months subject to approval. Performance assessment will be carried out by interview every two months.

On call

Fellow will take part to the on call rota for bariatric surgery (non resident). Details and frequency have to be defined. No commitments will be expected for general surgery on calls.

Outline procedural/clinical experience (numbers)

Fellow is expected to take part in at least 50 elective bariatric operations (mainly laparoscopic gastric bypass and laparoscopic sleeve gastrectomy) every six months and to have a primary role in at least 20% of those.

In six months fellow is expected to assess at least 25 new bariatric patients, 50 follow up patients and to prepare 100 patients for discussion at the multidisciplinary meeting. A specific bariatric logbook will be kept and updated by the Fellow as record of his/her activity.

The fellowship has the full support of the hospital management.

Thank you in advance for your consideration of this request.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Marco Adamo', written in a cursive style.

Marco Adamo