Mr Rowan Parks, president of GBIHPBA, welcomed 138 delegates to the 3rd GBIHPBA Scientific Meeting with staff from every unit represented within the organisation. He highlighted the clinically-focused nature of the programme and urged delegates to take advantage of networking opportunities and the mock MDT sessions as well as the main programme.

The meeting began with a session devoted to an ERAS update, starting with Mr Ravi Ravindran from Nottingham on *ERAS: Setting up a news service*. He highlighted a common negative view of ERAS as “I felt that I was being sent home from hospital early in order to free up a bed even though I wasn't ready.” He then described how ERAS should be explained and promoted to combat this view. He concluded by saying: “It's time to stop talking about ERAS as a new service - it is a service in development and an MDT approach is the way forward.”

Mr Robert Sutcliffe then discussed *ERAS: Hepato Pancreato Biliary* - taking delegates through studies highlighting key aspects of ERAS including early mobilisation, removal of drains and tubes and encouraging patients to eat. He said units have seen cost savings thanks to ERAS. He also discussed ERAS within the setting of his own unit in Birmingham and raised the issue of more evidence being needed to show effectiveness across different specialities in order to move the process forward.

Prof Chuck Vollmer from Pennsylvania moved on to *The global diversity of the practice of Pancreaticoduodenectomy* and opened by saying: “I want people to ask 'how do I do this, why do I do it that way and are there others of doing it?' He said studies show a wide global variation, volumes can be low and techniques very variable, adding “I believe variations in technique lead to variations in outcomes around the world.”

Prof Vollmer also gave the keynote lecture on *Current insights into pancreatic fistula*, saying: “When I started I was told 'Don't become the pancreatic fistula guy’. Well I became that guy - and I don't regret it.”

In a parallel AHP session, Alex McAfee described her role as the single-handed CNS in her specialty dealing with patients from across Northern Ireland and beyond. A busy service, this means routinely using telephone follow-up. She said: “The pitfalls of this approach include asking the right questions, knowing your patients and relatives who 'guard the gate.

“Sometimes patients want you to infer how they are feeling and, on other occasions, we have to accept that as nurses that we will hear about some things we can't fix. It's also important to hear a patient out and not rush to offer advice before you have heard the full story.” Participants in the AHP session discussed common complaints such as loss of appetite but also psychological problems and the need for diabetic specialist input from the start. “We have to persuade patients to be good to themselves.”

The second session of the day was on surgical tips and started with Prof Thomas van Gulik from Amsterdam who gave a very interesting talk on *Portal Lymphadenectomy*. He was followed by Ms Johanna Laukkarinen from Finland, speaking on *Pancreatic Anastomotic Techniques*. Mr Hassan Elberm from Southampton discussed *Laparascopic distal pancreatectomy*, describing practice in his unit, studies and video displays.

Prof van Gulik took to the stage a second time to give a detailed presentation on *Assessment of resectability of Hilar Cholangiocarcinoma*. He told the room improvements in diagnostic methods were needed - some malign lesions are diagnosed as benign for example. He said patients should be assessed in MDTs and consideration given to the function left behind after a resection.

Lively Liver and Pancreas MDTs – one on the Thursday and one on the Friday - saw trainees sat at the front of the room facing an expert panel on the stage and being treated to the presentation and discussion of four case studies.

Then a session on the Management of common intraoperative complications opened with Mr Krish Menon speaking on *Managing intraoperative bleeding in the liver*' and saying that he was hoping to show delegates how to avoid problems in the future with videos and case studies illustrating his points.

Mr Euan Dickson from Glasgow discussed *Pancreatic resection post neoadjuvant chemoradiation*, describing different management strategies and approaches. He pointed out that while “data is limited and post-op challenges can be tricky, the outcome for patients can be good.” Mr Christopher Halloran from Liverpool spoke on *Approach to the Frozen Calot's*, saying: “It's a tough job, sometimes there isn't a right answer and it's vital to take it slowly.”

A highlight of the day was the series of talks on stages in a HPB surgeon’s career before delegates adjourned for a well-earned break and to enjoy the annual dinner.

Friday opened with Mr Guiseppe Garcia from Leicester on *Turning a patient down for surgery*. He said that the next “big thing” would be finding ways to make the patient fitter before surgery - a “simple concept but hard to get right in practice.” He said surgeons should ask “Is the patient right for the surgery or is the surgery right for the patient? Alternatively can I modify the surgery or can I modify the patient?”

Mr Jeremy French discussed *Severe acute pancreatitis* running through three case studies, pointing out that the dilemma can be over the treatment or how to deal with the patient / other colleagues / external circumstances. Prof Graeme Poston then described *Combination Resection / Ablation in CLM* in a lively and wide-ranging talk, referring to studies, trials and case studies. He described a central dilemma as finding ways to deal with patients who have liver-limited colorectal metastasis who are surgical candidates at diagnoses.

Mr Brian Davidson from London spoke on *Resection or transplantation for HCC within Milan criteria*. He ran through the Milan criteria, trials, studies and other issues such as healthcare economics in different countries and pointed to the 60 / 65 % five-year survival for resection and transplantation.

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