**BAOMS Mini Travel Grant Report and Log Book**

**Location**

Department of Head and Neck Surgery/Oral and Maxillofacial Surgery, Royal Brisbane and Women’s Hospital (RBWH), Brisbane, Queensland, Australia.

**Tutor**

Dr Martin Batstone

**Dates of Visit**

23rd September 2019 – 4th October 2019

**Aims and Objectives**

Two week Observership in Head and Neck (H&N) Oncology and Reconstruction attached to Associate Professor Martin Batstone

1. To experience the pre-operative, operative and post-operative management of patients with H&N cancer requiring complex resection and free tissue microsurgical reconstruction.
2. To understand how healthcare is provided and delivered in a country out with the UK.
3. To forge links (clinical and research) with an internationally renowned H&N unit.
4. To demonstrate my commitment to undertake a one year H&N Fellowship in Dr Batstone’s department.

**Summary**

**Clinical**

Two week Observership involving all aspects of H&N clinical practice. This involved daily OMFS ward rounds, new cancer clinics (Tuesday AM and Friday AM), review clinics (Tuesday AM and PM), H&N multidisciplinary team (MDT) meetings (Friday AM) and the surgical management of patients with H&N cancer (all day operating lists on Wednesday and Thursday).

**Health Service**

This intensive period of observation allowed me to experience how healthcare in Australia is partly state funded. All patients, without means testing, are entitled to free healthcare which was fairly comprehensive for those with H&N cancer. H&N patients were routinely treated in the state hospital within 3 weeks of diagnosis. Patients with private health insurance are entitled to have the surgery undertaken in a private hospital. Surgery is normally provided within 1-2 weeks by the same surgeon. All follow up appointments, irrespective of where the surgery was undertaken, occurs in the state hospital. This is a good system as essential healthcare is still free to all at the point of contact, but, it allows those with more financial means to supplement their healthcare plan privately, alleviating some of the financial strain on the state. My first-hand experience of this enabled me to appreciate the benefits of this system.

**Research and Learning**

Weekly H&N Journal Club (Friday AM before MDT). On the both occasions I attended this session relevant published articles were presented by representative of OMFS, ENT or Plastic Surgery who are involved in the care of patients with H&N cancer. This was an opportunity to review contemporary evidence based clinical practice. I was asked during one session to discuss the role of sentinel lymph node biopsy (SNB) for the node negative neck in Oral Squamous Cell Carcinoma (OSCC), a practice now routinely undertaken at my parent hospital (Queen Elizabeth University Hospital). They were keen to hear my experiences with this practice, the role it may have for minimally invasive disease and if our department were contributing data to a prospective RCT on SNB vs. elective neck dissection. I was asked to report our findings of SNB to RBWH in the future who are still in the process of considering this diagnostic investigation; this is a good example of the collaborative relationship my brief visit fostered.

**The 1 year H&N Fellowship**

I have no doubt that my visit to Brisbane demonstrated my commitment to the Brisbane Fellowship Programme, the interviews for which occur later this year.

**Evaluation**

**Clinical Practice**

It was a privilege to observe Dr Batstone. His internationally recognised published results, meeting his co-workers and patients and watching him operate and lead a department left a great impression.

His team are one of the most efficient and effective surgical teams I have experienced; everybody knows their role, they are hardworking and dedicated. They work hard because the respect they have for him and the respect he has for them.

His composite reconstruction of mandibular osteoradionecrosis with few complications, his reconstruction of total glossectomy with thin ALT or even RFFF flaps and the good patient speech thereafter and the use of intra-oral split thickness skin grafts to sites of wide local excision are just three areas of his clinical practice that have been influential.

He is an excellent teacher and motivator and demonstrated how to lead a unit with modesty and humility.

**Career**

Ultimately it is my intention to be a H&N surgeon in the UK but this trip has given me the opportunity to hopefully work with Dr Batstone and his team in the future. This will only be of benefit to me and my future patients as my career continues to progress.

**Acknowledgements**

I would like to thank Dr Batstone and Dr Borgna who warmly welcomed me to the unit. I would like to recognise Pauline Haley, secretary to Dr Batstone, who organised the Observership. Finally I would like to thank BAOMS for their financial support.

**Total Expenditure**

Flights £1121

Accommodation £940

Currency £640

Transfers, trains and taxis £95

Living costs £214

**Log Book**

24/09/19 Superficial parotidectomy and I-III neck dissection for metastatic SCC

25/09/19 Low level maxillectomy, I-IV neck dissection, buccinator flap repair

02/10/19 Tracheostomy, left MRND, labiomandibulotomy, total glossectomy, extractions of teeth, left ALT reconstruction

03/10/19 WLE SCC left tongue and I-IV neck dissection

WLE right retromolar SCC

Left I-IV neck dissection