

Observership- The Chris O'Brien Lifehouse, Sydney, Australia February 24th-28th 2020

David McGoldrick, Specialty Registrar ST5
BDS MB BCh MRCSI



Introduction and Aim

I undertook an observership at the Chris O'Brien Lifehouse in Sydney, Australia in February 2020. The Lifehouse opened in 2013 and provides a comprehensive and internationally renowned Head and Neck Oncology service delivered through a large multi-disciplinary team. This is a world renowned centre for cancer care, based in central Sydney. It is also a major research centre with links to the University of Sydney. There are currently 140 clinical trials underway at the centre. In 2016 they performed over 1500 Head and Neck Oncology operations including 162 free-flap reconstructions.

I was under the supervision Professor Jonathan Clark and Dr James Wykes for this visit. Professor Clark holds Consultant positions at both the Lifehouse and Royal Prince Alfred Hospitals and is also a Clinical Professor at the University of Sydney. He has over 220 publications and has an international reputation in Head and Neck Oncology. Dr Wykes is the Director of the fellowship programme at the Lifehouse. He previously trained as a fellow there and also in the UK.

I arranged this observership with two primary objectives. Firstly, it would give me exposure to a leading Head and Neck Oncology service in another health system. I would be able to see first-hand how their systems operate and how they deliver care to their patient cohort. I hoped to see some different ways in which cancer care can be delivered and learn from this.

Secondly, and perhaps most importantly, the observership would allow me to introduce myself to the unit and build a relationship with them with a view towards an application for a post-CCT fellowship in Microvascular Reconstruction. I am tailoring my training with a view towards specialisation in this area and see an international fellowship as key to my development. The unit takes on four fellows every year and these positions are highly competitive. The next posts available are in 2022, when I am due to complete my training, and this visit would hopefully demonstrate my commitment to apply for and undertake a fellowship in the unit.

Summary of Visit

Monday

I arrived at the unit and met with the department manager. The building itself is very impressive. It was custom built in 2013 and is located opposite the Royal Prince Alfred Hospital, Sydney's major hospital. The day started with the weekly MDT. In many ways the process was similar to the UK system although it was a very large team. There was also an in-depth discussion on the management options for many of the cases, which was perhaps in more detail than in some of the units I have worked in previously. An interesting aspect to the MDT is that 1 or 2 patients are also brought to a video-linked clinic room each week. This allows for multiple consultants to examine and speak with the patient and was a really interesting option to have available for challenging cases.

For the afternoon I shadowed one of the current fellows in A/Prof Palme's clinic. A/Prof Palme is the head of the department and has a large Head and Neck practice. The caseload was in many ways similar to our UK clinics although there were some patients under review for rarer pathologies and many had travelled a large distance for review.

Tuesday

This was a full clinic day. In the morning I attended clinic with Dr James Wykes, the fellowship director at the Lifehouse. Once again it was an interesting clinic with a wide range of pathologies. Given the geography of Australia many patients travel large distances for appointments, although many I met had specifically sought treatment at the Lifehouse due to its reputation. After clinic I attended a ward round with one of the fellows. There is a dedicated Head and Neck ward and the facilities are very impressive. All patients have private rooms, many with balconies!

In the afternoon I attended clinic with Prof Clark. This was a very busy clinic with many patients being followed up for complex pathologies such as neurofibromatosis or angiosarcoma. I also saw two patients who had undergone a Rohner procedure. This is a two stage rehabilitative process used for composite reconstructions in extensive benign disease. Patients first have implants placed in the planned fibula flap and then some months later the flap is harvested and inset. This is all guided by 3D planning and allows for osseointegration and then immediate dental rehabilitation. It is very impressive and demonstrated the treatment options and planning available in this unit.

Wednesday

I attended a list with Dr Wykes in a peripherally attached unit in Wollongong. This list is often utilised for a free flap case but a number of minor procedures were being performed that day. It was interesting to see the Australian hospital set-up in another of the units, although it was very similar to the UK in many respects. An interesting aspect to Head and Neck surgery in Australia is the multiple pathways to specialising in this area. ENT, OMFS but also general surgery have pathways leading to sub-specialising in Head and Neck oncology. The resident assisting in the list that day had completed her initial training in general surgery and was moving into Head and Neck surgery.

Thursday

This was the major case day and involved an interesting and complex case. The case involved a very large tumour requiring a subtotal glossectomy, bilateral neck dissection and reconstruction with an ALT flap. The tumour was accessed by a lingual release which was a really interesting technique to see. The theatre was very well equipped and ran efficiently. Both fellows were the primary surgeons on the case and it was really good to see how supported they were by the consultant staff.

Friday

I was lucky to visit on the week when the monthly facial nerve MDT and clinic took place. This was a really interesting clinic in an area I have not had much exposure to. Patients with established facial palsy, primarily due to Bell's palsy, attended for a detailed assessment and management. A large MDT of Head and Neck, Plastic surgeons, physiotherapists and speech pathologists were all present when the patient was examined and this allowed for a very comprehensive treatment plan for each patient to be formulated.

Summary

I really enjoyed my visit to the Chris O'Brien Lifehouse. Although brief, the team was very inclusive and I feel I got a good overview of how the unit runs. Fellowship appointments at the unit are competitive and having been exposed to the high level of clinical care and research output, I can see why. I hope that by having visited the unit I have demonstrated a commitment to applying for a fellowship there.

Acknowledgments

I would like to thank Prof Clark, Dr Wykes and Lydia Zammit (Dept. Manager) for their support in organising the visit. I would also like to thank BAOMS for their very generous financial support to my visit.

David McGoldrick
March 2020