COMMENT ON

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A Owais, T Wilson, N Sethi, MI Aldoori. Whose appendicectomy? Do laparoscopic appendicectomies impair SHO training? *Ann R Coll Surg Engl* 2008; **90**: 577–80

COMMENT 1

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Laparoscopic appendicectomy: training implications

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Owais and colleagues have concluded that the proportion of acute appendicectomies performed by SHOs in a district hospital have remained relatively static during a period of prolific growth of laparoscopic appendicectomy.

While we agree with the authors' comments regarding the effects of changes in working patterns, we believe that the increasing use of laparoscopic appendicectomy is further eroding operative opportunities for SHOs.

We conducted a prospective study of acute appendicectomy at Leeds Teaching Hospital NHS Trust between August 2007 and February 2008.¹ Overall, 117 appendicectomies were performed: 99 (85%) laparoscopic, 8 (7%) open and 10 (8%) laparoscopic conversions. All were performed by SHOs or SpRs. SHOs performed 15 (15%) of the laparoscopic appendicectomies, 5 (62%) of the open appendicectomies and 4 (40%) of the laparoscopic conversions.

In institutions embracing laparoscopic appendicectomy, the majority of appendicectomies are performed by SpRs. We believe that Owais and co-workers failed to demonstrate a reduction in SHO operative experience due to the relatively low utilisation of laparoscopic appendicectomy during the study period.

Our findings emphasise the need for the development of laparoscopic skills early in surgical training supported by expansion of college-run courses.

Reference

1. Laughlan KA, Needham PJ, Botterill ID, Ambrose NS. Laparoscopic appendicectomy: training implications. Birmingham: ASiT Conference, March 2008.

AUTHORS' RESPONSE 1

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We agree with Laughlan and colleagues that the proportion of laparoscopic appendicectomies performed in our district general hospital is considerably less than those performed in a teaching hospital, and that this could explain why our study did not demonstrate the reduction in SHO operative experience we expected to find. Nevertheless, we believe that our data are likely to reflect the situation in many district general hospitals, with the change in working patterns having a far greater influence on SHO training experiences over the last 10 years. Despite this, the data provided by Laughlan and co-workers suggest that the further popularisation of laparoscopic appendicectomy is likely to contribute to the depletion of SHO training opportunities. This serves to highlight the pressing need to re-examine the way in which junior surgeons are trained.

COMMENT 2

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Lack of laparoscopic training at the junior level

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The article by Owais and colleagues rightly addressed the potential negative effect of the implementation of the European Working Time Directive (EWTd) on training opportunities for junior doctors. A significant reduction in the number of open appendicectomies performed by the SHOs has been demonstrated. Although the SHOs did not perform any of the laparoscopic cases, their proportion of overall appendicectomies remained the same.