

**93<sup>RD</sup> ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS FROM 7-11 OCTOBER 2007 AT ERNEST N. MORIAL CONVENTION CENTER, NEW ORLEANS, LA**

<b>Trip Funded by:</b>	College of Surgeons Travelling Fellowship Fund
<b>Attended by:</b>	Dr Swaminathan Ikshuvanam
<b>Reported by:</b>	Dr Swaminathan Ikshuvanam

**Trip Report**

This was a very well attended and hugely successful meeting, with excellent scientific value. I was fortunate to be able to represent the College at this meeting.

We started with the opening ceremony on 8th October, and I was part of the stage party. The Chairman of the ACS, Dr. Gerald Healy, introduced us and this was followed by the American Urological Association Lecture, the keynote lecture, by Dr. Richard Cooper. The topic: The Coming Era of Too Few Physicians. This was an insightful lecture, concentrating on the impending shortage of specialists in the U.S, based on current needs and future projections. It was quite alarming to hear for example that the US will be short of 10,000 physicians by 2020. He went into the reasons for this, primarily the freeze in training positions for Residents since 1996. He called for another 500 medical schools to be set up to address the shortage. This has implications for Singapore, where we need not only clinical specialists but also research scientists/doctors.

We then adjourned for the IRC (International Relations Committee) meeting of the ACS. This is a forum of surgeons from sister colleges and institutions of surgery from all over the world to provide input, obtain assistance and interact with the ACS. The chairman urged all member societies to speak in one voice regarding the shortage of specialists, so that he could lobby Congress. He also expressed concern over the insufficient contact time with Residents, as a result of changes in labour laws – maximum 80 hours a week - which adversely affected their training. The forum felt that more time is needed to train surgical interns, as it is a process of apprenticeship and not didactic teaching alone. Other issues raised included ATLS certification, Surgery in Latin America and measures to reduce costs for third world physicians.

As for the Congress proper, I had to be very selective, as there were so many concurrent sessions. Sometimes two interesting topics would coincide. Still I managed to sit in on a fairly broad range. These included Laparoscopic surgery, advanced Endoscopic Surgery, GERD, Oncoplastic Breast Surgery, Surgery for breast cancer following Neoadjuvant Chemotherapy, Abdominal Catastrophe- the open abdomen, Hernia Surgery and Colorectal Surgery. Sessions attended in part included Training of Residents. I also found out about some other sessions via friends and by media broadcasts.

The details of the scientific sessions are too lengthy to mention here, and I intend to write up some of them as updates and publish them in the chapter newsletter for the benefit of the trainees and all surgeons who may be interested.

The scientific exhibit featured the largest ever collection of surgical equipment, accessories, books and paraphernalia. I took trouble and time to visit these, and picked up several pointers as well as brochures.

The social programme was well organised, but I could only attend the International Fellows' Reception and the cruise on the Mississippi. The latter was extremely entertaining and gave a good insight into the way of life in the deep South, what with jazz, seafood and good entertainment.

**Usefulness of Event to Self & College of Surgeons**

Many take home lessons were stressed, and these will definitely change my practice, hopefully for the better.

For the College, it has opened a forum for exposure to the International Surgical fraternity, and we should strengthen these bonds so as to be of mutual benefit.