

# **Mr. Tan Arulampalam**

**MB,BS MD FRCS**

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## ***Curriculum Vitae***

May 2014

**Consultant General Surgeon with an interest in Gastrointestinal and  
Laparoscopic Surgery at Colchester Hospital University NHS  
Foundation Trust**

**Clinical Director ICENI Centre**

**Reader Anglia Ruskin University**

**Medical Board Beating Bowel Cancer**

**Medical Adviser to BBC Drama**

**Board of the Association of Surgeons of Great Britain and Ireland  
International Development Group**

**Council of the Association of Laparoscopic Surgeons of Great  
Britain and Ireland**

**Board of the International Society of Laparoscopic Colorectal  
Surgeons**

**Founder member of Surgical Outcomes Club of Great Britain and  
Ireland**

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## PERSONAL DETAILS

### **Mr. Tan Arulampalam** *MBBS MD FRCS*

**Date of Birth:** 20<sup>th</sup> December 1968

**Nationality:** British

**Marital Status:** Married (5 children)

**Permanent Address:** Harrow Lodge,  
Harrow Street,  
Leavenheath, Suffolk  
CO6 4PN

**Contact:** Tel: + 44 (0)1787-211467 (H)  
+ 44 (0)1206-742456 (W)  
Mobile: + 44 (0)7976-789895  
e-mail: laptan1@yahoo.co.uk

**GMC No:** 3676295      **Revalidated May 2013**

**RCS Fellowship N°:** 9014385

**Medical Protection Society:** 203479

## EDUCATION and QUALIFICATIONS

<b>MD</b>	University of London	June 2003
<b>Intercollegiate examination</b>	Intercollegiate Board	May 2003
<b>FRCS</b>	Royal College of Surgeons of England	May 1996
<b>MBBS</b>	St. Bartholomew's Hospital Medical School	June 1992
<b>GCE O and A levels</b>	13 'O' and 3'A' Levels (Rugby School)	1982- 87

## GRANTS, AWARDS and PRIZES

### **Sponsorship Grant for Support of Travelling Fellows (Sri Lanka and India)**

Association of Surgeons of Great Britain and Ireland  
Apr 2010  
Apr 2014

### **Royal College of Surgeons of England Research Grant**

£20,000 Pump Priming Grant  
Oct 2008

### **Overseas Fellowship**

Association of Surgeons of Great Britain and Ireland  
Oct 2007

### **Highly Commended National Oncology Team of the Year**

Pfizer National Oncology Awards  
Oct 2006

### **Best Laparoscopic Short Paper (Co-Author)**

Association of Surgeons of Great Britain and Ireland  
April 2005

### **Educational Grant**

European Association of Endoscopic Surgeons  
June 2003

### **David Dunn Laparoscopic Fellowship**

Association of Endoscopic Surgeons of Great Britain and Ireland (AESGBI)  
May 2003

*This is the major annual award made by the AESGBI. I am using the award to fund a visit to Professor Cristiana Huscher's laparoscopic unit at the San Giovanni Hospital, Rome.*

### **Ronald Raven prize session**

British Association of Surgical Oncology (BASO)  
Nov 2001

### **Best Research Paper of the Year session**

Association of Coloproctology of Great Britain and Ireland (ACPGBI)  
June 2001

*My work on PET in recurrent colorectal cancer was selected as one of the six best research papers of the year by the scientific committee of the ACPGBI*

### **Travel Grant**

University College London, Graduate School  
May 2001

### **Best Scientific Paper Session**

British Nuclear Medicine Society  
April 2001

*A paper on PET for detecting and staging colorectal cancer won third prize out of all the papers presented to the annual meeting of the British Nuclear Medicine Society.*

### **Grant: Clinical Research and Development Committee**

UCLH  
April 2001

*The Trustees of University College Hospitals NHS Trust awarded this competitive major grant in order to fund a research project investigating a new radiolabelled tracer (fluorothymidine). The value of the grant was £30,000 and funded a salary.*

### **Dewar Travel Scholarship**

Rugby School  
July 1987

*This travelling scholarship was awarded by Rugby School on leaving the school and was used to travel to Sri Lanka and report back on the ethnic conflict in the country.*

### **Exhibition**

Rugby School  
1985

*This was an academic scholarship.*



## POSTGRADUATE EXPERIENCE

**CURRENT POST:** Consultant Laparoscopic Gastrointestinal Surgeon  
**Postal Address:** Department of Surgery, Colchester General Hospital,  
 Turner Road, Colchester, Essex CO4 5JL

### PREVIOUS EMPLOYMENT:

<u>Date</u>	<u>Grade</u>	<u>Speciality</u>	<u>Hospital</u>	<u>Consultant</u>
1. August- November 1992	HO	General Medicine and Rheumatology	Whipps Cross	Dr. J. Lanham Dr. D.V. Doyle
2. December 1992- January 1993	HO	General Medicine and Neurology	Whipps Cross	Dr. C.R.A. Clarke Dr. M.D. Morris
3. February- April 1993	HO	General Surgery	Homerton	Mr. W.H. Allum
4. May- July 1993	HO	Orthopaedic Surgery	Homerton	Mr.T.M. Bucknill
5. August 1993- January 1994	SHO	Accident and Emergency	Royal London	Mr. A.W. Wilson
6. August 1994- January 1995	SHO	Neurosurgery	National, Queen Square	Prof. L. Symon Prof. D.G. Thomas
7. February- July 1995	SHO	General Surgery	Whipps Cross (Barts Rotation)	Mr. J.M. Wellwood
8. August 1995- January 1996	SHO	Orthopaedic Surgery	Homerton (Barts Rotation)	Mr. K.C. Kong
9. February- August 1996	SHO	General and Vascular Surgery	St. Bartholomew's (Barts Rotation)	Prof. J.S.P. Lumley Mr. S.F. Purkiss
10. October 1996- March 1997	SpR	General, Vascular and Breast Surgery	Oldchurch	Mr. G.A. Ponting
11. April- September 1997	SpR	General, Vascular and Colorectal Surgery	Oldchurch	Mr. S.K. Shami
12. October 1997- September 1998	SpR	General Surgery	Newham	Mr. M.G. Lord Mr. N.R. Fieldman
13. October 1998 - March 1999	SpR	General, Vascular and Colorectal Surgery	Whittington	Mrs. C.L. Ingham Clark Mr. C.R. Bishop
14. April- September 1999	SpR	General, Vascular and Breast Surgery	Whittington	Mr. A.J. Wilson
15. October 1999- September 2001	Research Fellow	Colorectal Cancer Imaging	University College London Medical School	Prof. I. Taylor Prof. P.J. Ell
16. October 2001- September 2002	SpR	General, Colorectal & Laparoscopic Surgery	Chase Farm	Mr. M.W.N. Ward Mr. S.J. Warren
17. October 2002- September 2003	SpR	General, Colorectal & Laparoscopic Surgery	Colchester General	Prof. R.W. Motson

My clinical training began at St. Bartholomew's Hospital medical school and was consolidated by busy house jobs at Whipps Cross Hospital (Medicine) and the Homerton Hospital (Surgery). Practical skills were then gained during a 6-month job at the Royal London Hospital Accident and Emergency department. The major benefit of working at this institution, a level one trauma centre, was that as well as gaining robust day to day experience in emergency medicine and trauma I was able to complete and pass my ATLS course. By this stage I had accomplished a majority of the practical procedures appropriate to the level of training. I sat the "old" primary FRCS examination and passed this in 1994 before being appointed to the Barts Surgical SHO rotation.

### ***Senior House Officer Experience***

The rotation began with a 6 month appointment at the National Hospital for Neurology and Neurosurgery, Queen Square working with Professors David Thomas and Lindsay Symon. The exposure to and variety of neurosurgical experience was immense and although the bulk of the work involved ward based activities, I gained experience in craniotomy and burr holes as well as managing severe head injuries. I became competent at reading CT and MRI films and took the opportunity to write 2 case reports.

I moved on to an extremely challenging general surgical post at Whipps Cross Hospital working mainly for Mr. Wellwood, but also operating with Mr. Brearley. I gained valuable operative experience and became competent at basic SHO procedures such as varicose vein surgery, hernia surgery, small bowel resections and raising stomas. More importantly this was my first experience of advanced laparoscopic surgery including groin hernia and colorectal surgery. I assisted in groin hernia surgery as part of the MRC laparoscopic versus open mesh hernia trial and was the main post operative clinical assessor in the first 6 months. During this time I researched and published a series of 2000 laparoscopic cholecystectomies without operative cholangiography and presented this work to the Association of Surgeons of Great Britain and Ireland.

My orthopaedic posting was at the Homerton hospital and as well as basic orthopaedic surgery I took part in primary hip, back and arthroscopic surgery. The final post in the rotation was based at St. Bartholomew's Hospital working as SHO to Professor Lumley on the Vascular Surgical Unit. As a senior SHO I was able to consolidate my operative experience both on my own firm and working with Mr. Purkiss on the General and Gastroenterology firm. During this attachment I passed my final Fellowship and was appointed to the North Thames Specialist Registrar training programme.

## ***Specialist Registrar Experience***

My own goals for the period of training as a Specialist Registrar were twofold. Firstly, to be competent at the basic clinical skills of surgical decision making, caring for critically ill surgical patients and operative technique. The second aim was to organise a research project with the aim of obtaining an higher degree by thesis. Achieving both these goals would equip me to take on the responsibility of a Consultant Surgeon.

My first two years were spent in district general hospitals (Oldchurch and Newham General). The teaching and supervision were excellent and the experience lay the foundations for a solid understanding of surgical pathology and operative management. The experience was very “general”, but sub-speciality interests included Vascular, Breast and Pan-gastrointestinal surgery. In addition, I took my first steps towards establishing practical skills in laparoscopic surgery. Supervised training in laparoscopic surgery with a substantial time investment meant that I was able to learn the various pitfalls. I also attended the IRCAD-EITS centre in Strasbourg, France. The course was run by Professor Marescaux and his team and this further fostered my interest in the technique.

My training in Vascular, General, Breast and GI surgery continued at the Whittington and importantly I performed elective aneurysm repairs as well as the full range of peripheral vascular anastomoses. I presented work to the ASGBI relating to the concept of an emergency surgical clinic. The pressures on General Surgical and Casualty department staff were such that novel solutions to the problem needed to be assessed. The project was conceived and supervised by Celia Ingham Clark and appears to have had local benefits.

After two years in research I commenced advanced training in Coloproctology and Laparoscopic Surgery at Chase Farm Hospital. As well as a large volume colorectal cancer practice I was able to gain experience in a wide variety of benign conditions including management of inflammatory bowel disease, fissures and anorectal sepsis. Laparoscopic work included groin and incisional hernia surgery and advanced colorectal resections.

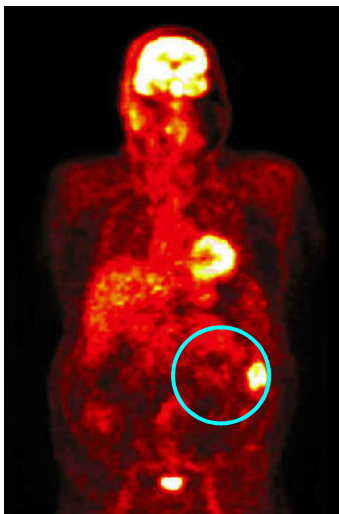
The experience gained at Chase Farm was taken to an higher level at Colchester General Hospital where I worked for Professor Roger Motson. The whole approach to laparoscopic surgery was on a different plane. Working in the only purpose built laparoscopic theatre in England, I was mentored through advanced laparoscopic colorectal cases as well as hernia surgery. More than adequate provision was made for operative training with close supervision being the cornerstone. The structure and style of the firm allowed me to take on many of the responsibilities necessary to run a surgical team. There was also a keen academic interest resulting in papers being presented to the ASGBI and the EAES on laparoscopic bile duct exploration. Other work included poster presentations on laparoscopic colonic surgery for diverticular colo-vesical fistulae to the European Association of Coloproctology and the EAES. Data on laparoscopic resection for ileo-colic Crohn’s disease has been submitted to the ASGBI. In addition, an ongoing and revised research programme has been initiated within the department.



## RESEARCH EXPERIENCE

My research into positron emission tomography (PET) was conducted between September 1999 and October 2001 and resulted in the award of the degree of Doctor of Medicine by the University of London in June 2003.

PET is a functional imaging modality that is able to detect cancer cells based on the abnormal metabolism of certain organic chemicals within the cell. My interest in PET was cultivated by the knowledge that cancer cells metabolise glucose in a different way to normal healthy cells. If one injects a cancer patient with picomolar concentrations of fluorine-18 labelled glucose, a radiotracer known as FDG, the substance accumulates in the cancer cells at higher concentrations than normal cells. Using highly sophisticated detection scanners one can acquire a detailed image of where the tumour is in any one of the transaxial, sagittal or coronal planes (figure below). In fact, this data set can be re-processed on a computer workstation into a three dimensional image



Descending colon cancer (circled)

Because the cellular changes that are detected by PET precede the structural changes that are related to cancer transformation and detected by conventional imaging modalities such as CT and MRI, there is a potential to detect tumours at an earlier stage. My thesis examined the role of FDG PET imaging in cancer imaging using colorectal cancer as a model. At the time of the project I worked in one of the only units in the UK with a full ring multicrystal state of the art PET scanner and the research group was the only unit publishing substantial data on this subject in the UK. This machine has recently been upgraded to a combined PET/CT scanner of which there are only about 40 in the world. The data acquired from my research has been presented to a number of learned societies and been published as original papers, book chapters and in various electronic media.

The work evolved further as we studied a new radiotracer, FLT, previously unused in the UK. I was awarded a grant of £30,000 to initiate this work. During the research period I have submitted numerous grant applications as well as research ethics applications. In addition, because the work involved radioactive material applications had to be made to the appropriate authorities. I also have experience in cell culture techniques and autoradiography while working with endothelin-1, an angiogenic growth factor for colorectal cells in vitro.

The results of my work have been encouraging and although at first glance the technique appears a remote esoteric subject, PET is now part of the mainstream of imaging modalities in surgical oncology both in Europe and North America. The situation in the UK has mirrored these developments. I have personally benefited from my time in research through the self discipline needed to organise and see the work through, acquiring a questioning approach to published data and translating this approach to my daily surgical activities. I am confident in supervising research myself and have continued clinical research at Colchester General Hospital and the University of Essex. I am currently supervising 3 junior surgeons in clinical projects with a view to publication in peer reviewed journals. In addition to this I have accepted the responsibility of supervising the projects of students conducting research towards

MD's. I carry out teaching and supervision of postgraduate nursing students in advanced prescribing as well as those taking the Advanced Theatre Practitioner Diploma (Anglia Ruskin University).

I have continued my portfolio of personal research in collaboration with colleagues in the Surgical Department as well as Dr. Bruce Sizer in the Department of Oncology. Current clinical projects include investigation into training in advanced laparoscopic surgery, the timing and efficacy of laparoscopic surgery for patients suffering from locally advanced rectal cancer who have received long course chemoradiotherapy and laparoscopic colorectal surgery.

## **MANAGEMENT and ADMINISTRATION**

I took the post of Clinical Director in General Surgery and Clinical Lead in Process Re-Engineering (2005-2012). This role has involved helping the Trust refine and restructure elective processes for the benefit of patient care. The efficiencies have involved the establishment of a short stay ward, same day admissions and nurse led discharge. I have also helped set up a system to cover all general surgical elective work during periods of leave. I have implemented a surgeon of the week emergency rota so as to free up emergency surgical team of elective commitments. Department of Health performance figures for 2007 confirm Colchester Hospital as number one acute trust for financial performance in England and Wales.

Since being appointed at Colchester I have written a successful business case for £870,000 which has been approved by the local Strategic Health Authority. The project involved leading a team to plan and develop laparoscopic services. I have obtained funding for 2 integrated laparoscopic operating theatres, a laparoscopic nurse specialist, administrator, secretary, audit clerk and laparoscopic simulators. The change in service delivery with the implementation of a short stay surgical ward, fast track surgical recovery plan and nurse led discharge underpin this piece of work. The next phase of the project is to raise funding for an education centre.

I have been the clinical lead for implementing an enhanced recovery programme (ERP) for patients undergoing elective colorectal surgery starting in 2004. The ERP has had the effect of reducing hospital stay by 2 days on average and we have more than 1500 patients through the programme. The next development in elective surgery that I am involved in is nurse led discharge.

I have represented the Surgical Department on the Research and Development committee at Colchester Hospital.

I have represented the medical staff on the Patients Charter Task Force at Newham General Hospital. This duty involved sitting on a multidisciplinary committee that addressed various aspects of healthcare delivery and improving access and the journey that the patient took through the system. This was in the context of an hospital set amongst a very deprived area in East London with a large multiethnic mix. The experience was a refreshing and important insight into the running of the institution and was very different to my medical training to date.

A management course was piloted at Newham General Hospital whilst I was working there and I was able to attend this. The course consisted of four sessions dedicated to explaining the management structure within the NHS at that time as well as how the system worked. The course was directed at SpR's across the specialities and was run on a voluntary basis. During this time I was also responsible for managing a consultant waiting list along with the admissions manager.

At the Whittington Hospital I was responsible for the general surgical rota from consultant to houseman grade. This was a particularly demanding task because cover had to be arranged for the emergency take at each level. In addition, an SpR day time rota was instituted so that I had to timetable duties for all SpR's during the hours of 9am until 5am. Cover had to be arranged for emergency theatre, casualty, clinics and study/ leave periods.

I have been the Royal College of Surgeons Tutor at Colchester Hospital. The biggest challenge facing the Trust and the Deanery is the establishment of the ST run- through training grade alongside the European Working Time Directive.

## **HEALTHCARE OUTREACH**

I have visited China as part of a UKTI sponsored delegation looking to extend teaching to institutions in Jiangsu Province. This trip in 2008 led to the signing of a memorandum of understanding in 2010.

In March 2012 I joined a UK government delegation advising the National Transitional Council of Libya on rebuilding the healthcare system and delivering training within this system.

I am in discussions regarding a project to promote laparoscopic colorectal surgery in Sri Lanka and other low-income countries.

## **AUDIT**

I am currently auditing the outcome of laparoscopic rectal surgery.

I have actively participated in surgical audit during my surgical career to date. The importance of audit within the framework of clinical governance is fundamental. As such the two most important projects that I have undertaken so far are focused on colorectal cancer and laparoscopic management of common bile duct (CBD) calculi. At Chase Farm Hospital I maintained the surgical colorectal cancer database along with the basic surgical trainee. This was essential to the smooth running of the multidisciplinary meetings and delivering the most appropriate care to an individual patient. As a result of this work and the communication, patients were fast tracked through their various treatment pathways.

More recently I have audited the results of over 200 common bile duct explorations at the time of laparoscopic cholecystectomy at Colchester General Hospital. This data has provided an insight into the excellent clinical results as well as the benefits when training junior surgeons. An audit of laparoscopic ileo-colic resections has just been completed.

At the Whittington Hospital I was involved in auditing data assessing the impact of an emergency surgical clinic and presented this data to the Association of Surgeons of Great Britain and Ireland. The purpose of this work was to try and implement and assess novel solutions to the pressures on surgical workload in the Casualty department which resulted in unnecessary bed occupancy. Other audit projects that I have co-ordinated include time to surgery for patients with fractured neck of femur and outcome in patients referred to a neurosurgical unit with subarachnoid haemorrhage.

## TEACHING

I enjoy teaching and find that as well as being able to help medical students and junior surgeons understand both the fundamental and newer concepts in clinical surgery, I can keep up to date myself. I believe this is an important aspect of being a good doctor and surgeon.

1. **Laparoscopic training:** I teach clinical, operative and didactic sessions at the laparoscopic courses at Colchester. I am on the faculty of European Surgical Institute in Hamburg. Colchester has been nominated a European training centre so I now teach laparoscopic surgery to surgeons from across Europe. I am regularly training surgeons in laparoscopic colorectal surgery as part of the Department of Health National Laparoscopic Colorectal Training Programme.

2. **Masters Programme:** I have been the lead academic developing a masters programme in minimally invasive and robotic surgery. The course is open to UK and international medical graduates and is based on modules in core laparoscopic skills, speciality topics (GI surgery, urology, vascular and gynaecology), research methodology, Global leadership and a dissertation. The course is in its third year and a distance-learning model is in development.

3. **Clinical teaching:** I have established an MRCS Viva course at Colchester General Hospital and hope to appoint a permanent Clinical Teaching Fellow post to aid undergraduate and postgraduate surgical teaching in the Trust. I have taught undergraduate students as well as basic surgical trainees on the wards and in seminars. I now teach medical students attached to my department (Imperial College and Cambridge University) and am a recognised clinical teacher for Cambridge University. I take part in teaching on the SHO surgical course at Colchester. As well as bedside teaching I have given lectures on surgical topics at all of the hospitals that I have worked at. In 1996 I helped to run the MBBS examination at St. Bartholomew's Hospital with Professor Lumley's Senior Registrar. I have taught surgery to overseas doctors on the PLAB examination course. In 2014 I took on the role of medical student surgical tutor.

4. **Basic science:** I have lectured to BSc students on the tumour biology course at UCL (2001 & 2002). I was invited to deliver a lecture that comprised part of the solid tumour-imaging module. This was then included in the final examination and I had to mark this section of the examination scripts. I am now exploring novel technologies such as nanotechnology and endomagnetics.

4. **Surgical courses:** I teach on the Royal College of Surgeons Basic Surgical Skills Course in Colchester. I have taught on the Whipps Cross Higher Surgical Course. I have taught on the clinical sessions at the Whittington Hospital MRCS course and the Royal College of Surgeons of England STEP - MRCS College days. The remit for teaching on the Whittington course was to examine trainees at the MRCS level on the abdominal system, communications skills and surface lumps. I ran the abdominal system section on the Royal College of Surgeons of England STEP study days. Unfortunately, this part of the STEP course has been dropped in favour of smaller regional study programmes. I have organised sub-speciality higher surgical teaching for Colorectal sub-speciality trainees in the Northeast Thames Deanery. The teaching for the latter involved lectures at Chase Farm Hospital in benign and malignant colorectal disease as well as care of the critically ill patient. I have also played an active part in a study day for SpR's at Oldchurch Hospital.

5. **Invited lectures:** I am faculty on the Laparoscopic Colorectal courses run by the European Surgical Institute in Hamburg. I have also delivered a series of invited lectures for the Royal Society of Medicine Section of Coloproctology. Postgraduate teaching has also included teaching seminars at the Nuclear Medicine Satellite Course of the 34<sup>th</sup> International Diagnostic Course in Davos, Switzerland (2002). This course is a major international course aimed at Radiologists and Nuclear Medicine physicians from across the world. My expertise in positron emission tomography (PET) led to an invitation to run four 90 minute seminars on PET in colorectal cancer to groups of 25 doctors. The sessions consisted of a lecture followed by a multimedia interactive session. The data presented was published in the course handbook and cases were included in a teaching CD-ROM.

I have taken the Grand Round at St. Mark's Hospital, Harrow at the invitation of Professor Robin Phillips. I was invited as an external speaker to address the surgeons and gastroenterologists at the hospital on the state of the art in PET scanning for colorectal cancer.

Essex Stoma Group (Chelmsford)	2004
Royal Society of Medicine Section of Coloproctology President's Day (Colchester)	2005
Royal Society of Medicine Section of Coloproctology Overseas Meeting (Rome)	2005
Association of Laparoscopic Theatre Staff (Glasgow)	2005
Barnet and Chase Farm Annual Colorectal Meeting (Chase Farm)	2005
Association of Laparoscopic Theatre Staff (Galway, Ireland)	2005
Colorectal Workshop (Vellore, India)	2006
Association of Laparoscopic Surgeons (Leeds)	2006
Royal Society of Medicine (London) Oncology Section – Hot Topics in colorectal surgery	2007
Association of Laparoscopic Surgeons of GB & I (Manchester)	2007
Invited Speaker Sri Lankan College of Surgeons (Colombo)	2007
Guest Speaker Indian Association of Gastroenterology (Delhi)	2007
Invited Faculty FICARE meeting (Sao Paolo) Complete Response to Chemoradiotherapy in Rectal Cancer	2007
ASGBI Visiting Faculty to Workshop and Sessions of The College of Surgeons of Sri Lankan	2008
Association of Surgeons of Great Britain and Ireland Overseas training (Bournemouth)	2008
Association of Coloproctology-Expert video session (Harrogate)	2009
Invited Faculty FICARE meeting (Sao Paolo)	

Complete Response to Chemoradiotherapy in Rectal Cancer	2009
Speaker at Anglia Ruskin University Anaesthesia Meeting	2010
Invited lecture RSM section of Coloproctology (Krakow, Poland)	2010
SMART Symposium, University College London	2011
SILS Symposium, FICARE 2011 (Sao Paolo, Brazil)	2011
Association of Laparoscopic Surgeons Industry Commercial Break (Cork, Ireland)	2012
Society of American Gastroenterological Endoscopic Surgeons (Baltimore, USA)	2013
ALSGBI Emergency Surgery Symposium (Glasgow, Scotland)	2013
ALSGBI trainees symposium (RCS England, London)	2013
Patient Voices Symposium (RCS England, London)	2014

## **COURSES**

- 2012 TEO course - Bradford
- 2011 Training the Trainers (Laparoscopic Colorectal Surgery) – Nottingham
- 2011 Advanced Communication skills course – St Helena Hospice
- 2010 Educational Supervisors Course – University of Essex
- 2010 Patient Safety Congress-London
- 2008 Dealing with Poorly Performing Doctors-London
- 2007 1<sup>st</sup> Euro NOTES Meeting-Göteborg
- 2007 NOTES Course-Strasbourg
- 2007 Indian Association of Gastroenterology-Delhi
- 2005 Advanced Laparoscopic Colorectal Surgery-Barcelona
- 2005 Advanced Colonoscopy Training-Colchester
- 2004 Enhanced Recovery Programme-Yeovil
- 2004 National MDT colorectal training-Basingstoke
- 2003 Working together in the pelvis – Royal Society of Medicine
- 2003 Advanced Laparoscopic Surgery Course – Colchester General Hospital
- 2002 Key Advances in the Management of Colorectal Cancer - London
- 2000 Radiation Protection Course (UCL)
- 1998 Advanced Laparoscopic Techniques - Institut de Recherche Contre Les  
Cancers de L'appareil Digestif, Strasbourg, France
- 1998 Total Mesorectal Excision of the Rectum - Prof. R.J. Heald
- 1997 Advanced Anastomosis Workshop - Royal College of Surgeons
- 1997 Vascular Workshop - Chase Farm

- 1996 Advanced Surgery Course - Whipps Cross Hospital
- 1995 Surgeons in Training Education Programme-Royal College of Surgeons
- 1995 Basic Surgical Skills Course - Royal College of Surgeons
- 1994 Applied Basic Sciences Course - Prof. D.Slome
- 1993 Advanced Trauma Life Support Course - Royal London Hospital
- 1992 Bart's City Life Saver Resuscitation Training
- 1992 Ionising radiation course - Claybury Hospital

## **ASSOCIATIONS and LEARNED SOCIETIES**

Fellow of the Royal College of Surgeons of England

Section of Coloproctology, Royal Society of Medicine (past member of council)

Association of Coloproctology of Great Britain and Ireland (ACPGBI)

Association of Laparoscopic Surgeons of Great Britain and Ireland (**member of Council) (ALSGBI)**

European Association of Endoscopic Surgeons (EAES)

International Society of Laparoscopic Colorectal Surgeons (**member of Council) (ISLCRS)**

Organizing Committee for the 2008 International Meeting of the ALSGBI (Colchester)

Organizing Committee of the 2011 meeting of the International Society of Laparoscopic Colorectal Surgeons

Board Member of the Anglia Ruskin University Colchester Hospital ICENI Centre

## CAREER INTENTION

I completed a two-year research post and was awarded an MD by the University of London. My sub-speciality interests are Gastrointestinal and Laparoscopic surgery. I was awarded the 2003 David Dunn Travelling Fellowship by the Association of Endoscopic Surgeons of Great Britain and Ireland and used this to gain specialist laparoscopic training in Italy working with Professor Cristiano Huscher.

As a Consultant General Surgeon, with an interest in Gastrointestinal and Laparoscopic surgery, I intend to develop my practice in three main areas. Firstly, to deliver a competent safe surgical service; secondly, to pursue areas of surgical research interest. Finally, I will be committed to teaching and training both undergraduates and postgraduate students doctors and nurses.

I am a recent past member of council of the Royal Society of Medicine, section of Coloproctology. I was one of only twenty laparoscopic colorectal Preceptors in the UK and I have been responsible for helping establish a laparoscopic colorectal service at Welwyn Garden City, Mansfield, Lincoln, Stoke-on-Trent, and Milton Keynes General Hospital. As a trainer on the National Laparoscopic Colorectal Training Programme I am responsible for training at Manchester, Bedford, Romford, Ipswich and Bury St Edmunds.

I continue to manage my time so that I can continue my media interests. These include an advising role to BBC Drama (Holby City, Silk). I also advise Kudos Film and Television (Law & Order UK), Lime Pictures and have in the past been contracted to give medical advice on Dalziel and Pascoe, Messiah III, Harley Street (Carnival Films) and TalkBack Thames.

I am on the medical board of the charity Beating Bowel Cancer and am committed to raising awareness of the disease amongst the general public and family doctors. I am clinical lead for the DoH Bowel Cancer Awareness campaign for the Essex Cancer Network and on the East of England Strategic Review group. This is a practical involvement in fund raising, advising the charity itself and giving of my expertise and experience.

My major objective is to pursue excellence in surgery both personally but also through research, training and teaching others. I have been interested in surgical outcomes for a long time and feel that the new paradigm for the modern 21<sup>st</sup> century surgeon is the ability to work within safe systems and minimise risk and harm to patients. I will achieve this goal through research, training and education, which I want to be my surgical legacy.



## PUBLICATIONS

### PAPERS

- Enhanced recovery program following colorectal resection in the elderly patient.**  
Pawa N, Cathcart PL, **Arulampalam TH**, Tutton MG, Motson RW.  
*World J Surg.* 2012 Feb;36(2):415-23. doi: 10.1007/s00268-011-1328-8.
- Screening for colorectal cancer: established and emerging modalities**  
Pawa N, **Arulampalam T**, Norton JD.  
*Nat Rev Gastroenterol Hepatol.* 2011 Nov 1. doi: 10.1038/nrgastro.2011.205.  
[Epub ahead of print]
- Laparoscopic nonresectional suture rectopexy in the management of full-thickness rectal prolapse: substantive retrospective series**  
Wilson J, Engledow A, Crosbie J, **Arulampalam T**, Motson R.  
*Surg Endosc.* 2011 Apr;25(4):1062-4. Epub 2010 Sep 11.
- Laparoscopic aortic surgery**  
Howard A, Mackenzie S, Choksy S, **Arulampalam THA**, Menzies D, Motson RW, Backhouse C  
*Br J Surg* 2011;98:158
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4. **Outcome following laparoscopic rectal resection for cancer: experience with 125 cases**  
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7. **Laparoscopic resection of recurrent ileo-colic Crohn's disease: a 10 year experience**  
**Arulampalam THA**, Harikrishnan K, Motson RW  
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8. **Laparoscopic assisted colonic resection for diverticular fistulae: a 9 year audit**  
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21. **The role of positron emission tomography in the management of recurrent colorectal cancer.**

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23. **Laparoscopic cholecystectomy without operative cholangiogram : 2000 cases over a 5 year period in 2 district general hospitals.**

**Arulampalam THA, Wellwood J, Royston CMS, Taylor OM, Sedman P, Jones BM.**

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1. **Laparoscopic Total Mesorectal Excision following Long Course Neoadjuvant Chemoradiotherapy** (Poster)  
**Arulampalam THA**, Sizer B, Lacey N, Austin, RCT, Motson RW  
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2. **Laparoscopic common bile duct exploration – a feasible and safe operation for specialist registrars**  
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*Association of Surgeons of Great Britain and Ireland, Manchester, May 2003*  
**Eight of the Best General Papers Session**
5. **Whole body FDG-PET for pre-operative evaluation of colorectal liver metastases** (Oral Poster)  
**Arulampalam THA**, Francis DL, Loizidou M, Ell PJ, Taylor I.  
*Tripartite Colorectal Meeting, Melbourne, Australia, October 2002*
6. **Preoperative Evaluation of Colorectal Liver Metastases Using Positron Emission Tomography**  
**Arulampalam THA**, Costa DC, Loizidou M, Ell PJ, Taylor I.  
*Society of Academic and Research Surgery, London, January 2002*
7. **Positron Emission Tomography for the Evaluation of Colorectal Liver Metastases**  
**Arulampalam THA**, Costa DC, Loizidou M, Ell PJ, Taylor I.  
*Royal Society of Medicine, Short papers meeting, London, November 2001*
8. **Positron Emission Tomography for the Evaluation of Colorectal Liver Metastases**  
**Arulampalam THA**, Costa DC, Loizidou M, Ell PJ, Taylor I.  
*British Association of Surgical Oncology, Glasgow, November 2001*  
**Ronald Raven Prize Session**
9. **PET Imaging for Colorectal Cancer**  
**Arulampalam THA**  
*Grand Round, St. Mark's Hospital, November 2001*
10. **Endothelin-1 and colorectal liver metastases** (Poster)  
**Arulampalam THA**, Dawas K, Dashwood MR, Loizidou M, Taylor I.  
*Seventh International Conference on Endothelin, Edinburgh, September 2001.*
11. **PET for the Evaluation of Recurrent or Metastatic Colorectal Cancer**



- Arulampalam THA**, Costa DC, J Bomanji, Loizidou M, Boulos PB, Ell PJ, Taylor I.  
*Association of Coloproctology of Great Britain and Ireland, Harrogate, June 2001.*  
**Best Research Paper of the Year Session**
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  14. **The Role of PET in Primary Colorectal Cancer** (Poster)  
**Arulampalam THA**, Costa DC, Bomanji J, Boulos PB, Taylor I, Ell PJ.  
*The American Society of Colon and Rectal Surgeons, San Diego, USA, June 2001*
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*Association of Surgeons of Great Britain and Ireland, Birmingham, April 2001.*
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**Arulampalam THA**, Wellwood J, Royston CMS, Taylor OM, Sedman P, Mancey-Jones B  
*Association of Surgeons of Great Britain and Ireland, Glasgow, May 1996.*

**Technology in Healthcare – Parliamentary Video Podcast**  
**Arulampalam THA**, Hamilton G  
*For ATP Consulting (November 2006)*

**JOURNAL EDITORIAL AND ACADEMIC COMMITMENTS**

**Reviewer Colorectal Disease (2012-present)**

Invited reviewer for the Colorectal Disease

**Book Reviewer British Journal of Surgery (2012-present)**

Invited reviewer for the BJS

**Editorial Board of the Annals of the Royal College of Surgeons of England (2001 - 2010)**

I was a member of the editorial board and as such my duties include attending two meetings a year at the Royal College of Surgeons of England in London. The main workload is reading and vetting submissions to the Annals and the Bulletin.

**Chaired two free paper two sessions (Colorectal and Pathophysiology) at the 11<sup>th</sup> Congress of the European Association of Endoscopic Surgeons (2003)**

I co-chaired these two sessions at the 11<sup>th</sup> meeting of the EAES.

**Referee for *European Journal of Nuclear Medicine* (2001, 2002)**

I have acted as referee to the journal mentioned with particular reference to work in the field of PET imaging in colorectal cancer.

**Minor Surgery at a Glance** (Eds. Mohan, Winter) – *Blackwell Wiley- in press (2014)*

**Surgical Emergencies in Hospital Medicine** (Eds. Shergill, Sooriakumaran, Arya, Arya, Dasgupta) – *Markellan Group (2011)*

**Recent Advances in Laparoscopic Surgery. - In: Recent Advances in Surgery 32** (Eds. Johnson and Taylor) - *Royal Society of Medicine (2009)*

**PET scanning in surgical oncology. Chapter 14, pages 175-190 In: Recent Advances in Surgery 25** (Eds. Johnson and Taylor) - *Royal Society of Medicine (2002)*

**Colorectal PET imaging cases. In Diseases of the Abdomen and Pelvis (IDKD 34) on CD-ROM** – *The International Diagnostic Course in Davos and University Hospital of Zurich, Switzerland 2002*

**PET and PET/CT of cancers of the oesophagus, stomach and large intestine ; Chapter 45, pages 318-334 In: Clinical Molecular Anatomic Imaging** (Ed. G. von Schulthess) – *Lippincott , Williams & Wilkins 2003*

**Cover Image** – *The Bulletin of the Royal College of Surgeons of England, June 2002*

**Atlas of Endoanal and Endorectal Ultrasonography.**  
(Ed Giulio Aniello Santoro) Springer Verlag 2004 (1<sup>st</sup> Edition) **THA Arulampalam.**  
CGS Huscher. Invited commentary. 215, (2).

## INTERESTS

eCommerce  
media:

I have acted as a medical consultant for an health information and company (Encyclomedica) which compiled a database of medical articles for the world-wide web and digital television. The objective was to produce a resource that was accessible to and easily understood by the public as well as healthcare professionals. I have completed a project for PPP Healthcare (2001), producing surgical factsheets for its Internet site ([www.ppphealthcare.co.uk](http://www.ppphealthcare.co.uk))

I am currently a medical advisor to ATP Consulting.

I have acted as general surgical advisor to BBC television drama for Holby City. I have been involved in this medical drama for over 10 years. The programme is a regular prime time fixture and attracts upto 9 million viewers. I was involved in the whole process from story ideas through to reading scripts. I attended regular medical meetings with the full production team and advise on set for theatre scenes. I have also advised on Messiah III, Dalziel and Pascoe and productions for TalkBack Thames, Carnival Films, Kudos film and television and Lime Pictures.

Leadership:

Head of Rugby School

The duty of being Head of School was significant and varied from administrative work, communications and discipline in the school.

Barts Entertainment's Committee  
Mess President Homerton Hospital  
Clinical Lead Department of Surgery, Colchester Hospital  
Clinical Director, ICENI Centre

Cricket:

Preston Cricket Club, Hertfordshire  
Captain Rugby School 1st Eleven  
Captained Bart's 1st Eleven to United Hospital Cup Final  
I continue to play cricket. Due to family and work commitments as well as a ruptured Achilles tendon, my cricket has taken second place during the summer of 2004-06. I now play social cricket team in Suffolk.

Hockey:

United Hospitals 1st Eleven and Captain Bart's 1st XI

I have been involved in co-ordinating Bart's veterans' overseas hockey tours. In the past I have performed team doctor duties for the London Broncos rugby league squad. I enjoy independent travel abroad and have been trekking in the Andes and taken a tandem paraglider flight. I was a member of the Old Rugbeian Committee. I have been an active member of the organising committee for a Millennium Ball for 650 people at Rugby School.

## REFEREES

**Professor R.W. Motson,**  
ICENI Centre,  
Colchester General Hospital,  
Turner Road,  
Colchester,  
Essex CO4 5JL

Telephone: +44 (0)1245-686791  
Fax: +44 (0)1206-742030  
e-mail: [rwmotson@aol.com](mailto:rwmotson@aol.com)

**Professor T. Rockall,**  
Department of Surgery,  
Royal Surrey County Hospital,  
Eggerton Road,  
Guildford,  
Surrey GU2 7XX

Telephone: +44 (0)1483-571122  
Fax:  
e-mail: [tim.rockall@btinternet.com](mailto:tim.rockall@btinternet.com)

**Professor G. Hanna,**  
Department of Surgery,  
St Mary's Campus,  
Imperial College  
Praed Street,  
London W2 1NY

Telephone: +44 (0)203-3122125  
Fax:  
e-mail: [g.hanna@imperial.ac.uk](mailto:g.hanna@imperial.ac.uk)

