JAMES McKENZIE MANSON

CURRICULUM VITAE

NAME: James McKenzie Manson

ADDRESS: 37 Southgate Road, Southgate, Gower, Swansea, SA3 2DA

Email: mansonj363@gmail.com

DATE OF BIRTH: 14/11/53

MARITAL STATUS: Married to Emma Frances, nee Rogerson, a graduate of

Liverpool University pursuing a career in general practice

Three children born, July 1992, January 1994, March 1998

PLACE OF BIRTH: Cardigan, Wales

NATIONALITY: British

EDUCATION: Dean Close School, Cheltenham 1964 – 1971

St Andrews University 1972 – 1975 Manchester University 1975 – 1978

QUALIFICATIONS: BSc St Andrews 1975

MB ChB (Hons) Manchester 1978 FRCS Part 1 Edinburgh 1980 FRCS England 1982 ChM Manchester 1989 Accreditation (RCS England) June 1992

AWARDS: Malcolm Medical Bursary

St Andrews 1973

Five Class Medals (awarded annually to first student in each

subject) 1972 - 1975

Medical Graduation Reunion Prize (awarded to most outstanding medical graduating student) St Andrews

1975

Honours in Pathology, Distinction in Pharmacology at 3rd MB

Manchester 1976

Travelling Scholarship

British Mental Health Association 1977

Honours at Final MB ChB Manchester 1978

PRESENT POST: Consultant Surgeon, Singleton & Morriston Hospitals,

Swansea (ABM University Health Board). Retired Mar 31st

2021

APPOINTMENTS HELD

Aug 1978 - Jan 1979

6 months

House Surgeon

University Hospital of South Manchester

Mr D Charlesworth (Vascular Surgery)

Mr R J Barnard (Urology)

Mr D E F Tweedle (General Surgery)

Feb 1979 - July 1979

6 months

House Physician

Victoria Hospital, Blackpool

Dr L Capper

Oct 1979 - July 1980

10 months

Demonstrator in Anatomy University of St Andrews

Aug 1980 - July 1984

Appointed to South Manchester Surgical Rotation. This

period was divided as follows:

SHO in Orthopaedic Surgery and Accident and

Emergency Medicine (6 months)

Wythenshawe Hospital

Mr H Bertfield

SHO in Plastic Surgery and Burns (6 months) University Hospital of South Manchester SHO in General Surgery (6 months) University Hospital of South Manchester

Mr D E F Tweedle

POST-FELLOWSHIP POSTS:

Registrar in General Surgery (12 months)

Stepping Hill Hospital

Mr W G T Bell and Mr P C England

Registrar in General Surgery (12 months) University Hospital of South Manchester

Mr P F Schofield, Mr L Turner and Mr D E F Tweedle

Aug 1984-Mar 1986 Research Fellow 19 months

Department of Surgery, Brigham & Women's Hospital,

Harvard Medical School, Boston, USA

Professor D W Wilmore

Apr 1986 - Sept 1986

6 months

Registrar in General Surgery

Stepping Hill Hospital

Mr M Davies

Oct 1986 - Mar 1987

6 months

Registrar to Prof R A Sellwood (Breast Surgery) and Mr E N Gleave (Head and Neck Surgery)

University Hospital of South Manchester

Apr 1987 - July 1987 Registrar in General Surgery 5 months Wythenshawe Hospital

Mr N MacDonald

Aug 1987 - July 1988 Registrar in Cardio-thoracic Surgery

12 months Mr M D Fitzgerald

Aug 1988 - Sept 1988 Registrar to Prof R A Sellwood (Breast Surgery) 2 months

and Mr E N Gleave (Head and Neck Surgery University Hospital of South Manchester

Oct 1988 - June 1989 Registrar to Mr D Matheson (General and Vascular

Surgery) 9 months and Mr F O W Wilkinson (Urology)

Macclesfield General Hospital

APPOINTED AS SENIOR REGISTRAR IN GENERAL SURGERY TO NWRHA

July 1989 - June 1990 Senior Registrar at Royal Preston Hospital 12 months Majority of duties for Mr J P Lythgoe and Mr H J Done July 1990 - June 1991 Senior Registrar to Mr I MacLennan 12 months at Manchester Royal Infirmary July 1991 - Feb 1992 Senior Registrar to Mr T V Taylor and Mr R 7 months McCloy at Manchester Royal Infirmary Mar 1992 - Sept 1992 Senior Registrar to Mr D Charlesworth and Mr E 7 months S Kiff at the University Hospital of South Manchester Oct 1992 - Jan 1994 Senior Registrar to Mr P F Schofield and Mr D E 16 months F Tweedle at the University Hospital of South Manchester and the Christie Hospital Feb 1994 - Jun 1995 Consultant Surgeon, Neath General Hospital 17 months (West Glamorgan Health Authority) July 1995 - Mar 2021 Consultant Surgeon in Swansea

CLINICAL EXPERIENCE

During my period of surgical training I was exposed to a vast amount of surgical material, both elective and emergency. For much of this time I worked a 1:2 rota and as a senior registrar was 'unofficially' on call 1:1. The responsibility for the running of the unit and the continuity of care of the patients was mine, as was the case in most units at the time.

I received experience and training in specialist surgical fields as follows - colo-rectal surgery, including procedures (often second procedures) for advanced rectal and gynaecological malignancy at the Christie Hospital, with Messrs Schofield, MacLennan, Taylor and Kiff; upper G-I surgery, including performing oesophagectomy and pancreatectomy, with Mr. Tweedle and vascular surgery with Mr. Charlesworth. In addition I spent a year at the busiest cardio-thoracic centre in the UK, affording experience in all aspects of pulmonary and oesophageal surgery – it was here that my interest in oesophageal surgery began.

I have just retired after being a consultant for nearly 28 years years. 1½ years was spent in Neath General Hospital were I had an overall gastro-intestinal brief, and inevitably spent the majority of my time performing colo-rectal surgery. For 18 years I was at Singleton Hospital in Swansea. Here I had 6 colleagues who were/are dedicated colo-rectal specialists and this has enabled me to develop a subspecialist practice in upper gastro-intestinal surgery, which was always my major interest. I now concentrate almost exclusively on my subspecialist interest. I perform no breast surgery, endocrine surgery or elective colo-rectal or vascular surgery.

This focus of interest has enabled me to bring new developments to West Glamorgan (and in several instances the whole of Wales). These include endoscopic ultrasound and laparoscopic ultrasound for the staging of upper G-I tumours, use of expandable metal stents and laser therapy for the palliation of oesophageal carcinoma, laparoscopic anti-reflux surgery and ablation techniques and most recently endoscopic mucosal resection in the management of Barrett's oesophagus and early cancer. I have a large experience of upper GI endoscopy in general and have carried out more than 20,000 such procedures, both diagnostic and therapeutic

I worked in comfortably the largest G-I unit in Wales and one of the largest in the UK. We have first rate radiological, pathological, anaesthetic and intensive care support. Since November 2010 we have performed all our major, certainly resectional, surgery in Morriston Hospital as well as taking emergency admissions. I was on the on-call rota, accepting an average of 30 patients a day, 80 at weekend, until 2018, a total of 40 years of experience of the management of surgical emergencies.

I regularly perform trans-thoracic oesophagectomy, radical gastrectomy, anti-reflux surgery (both laparoscopic and open) and surgery for large hiatus hernia as well as more routine procedures such as laparoscopic cholecystectomy (8 years ago I gave up pancreatic surgery as part of a local re-organisation- all pancreatic surgery for south Wales has now been centralised to Swansea). Audited results for many of these procedures, including the therapeutic endoscopy already mentioned, have been presented at national meetings and/or published in peer reviewed journals, and compare very favourably with the best reported results from any UK unit.

TEACHING/EDUCATION

As a demonstrator in anatomy I instructed all levels of pre-clinical students in gross anatomy, histology and histopathology. I gave several lectures to the senior class on head and neck anatomy. I have also instructed nurses, police cadets and members of the St John's Ambulance Brigade.

At each grade of surgical training I have taught medical students and more recently been responsible for organising teaching schedules. I particularly enjoy teaching and have a bank of teaching slides and quiz questions.

At consultant level my teaching remit was greater than ever. I had a specialist registrar attached to me nearly all the time - these individuals are usually senior and are interested in specialising in upper G-I surgery. I also had a core trainee who is essentially supernumerary to service requirement and is present for training. We had a monthly journal club which I was instrumental in starting.

I talk regularly at postgraduate meetings to mixed audiences including GPs and to fellowship courses on my subspecialty. I am a tutor on the basic surgical skills course in Cardiff about 3 times a year and also now on advanced surgical skills courses. I am now on faculty for the south Wales CCrISP courses and have attended the college faculty day. For about 5 five years I have run a minor surgery course for local GP trainees, recently extended to include principals in general practice and undergraduate students!

In 2004 Swansea took its' first graduate entry medical student intake. I teach anatomy on 5 different "weeks" to these students as well as basic surgical skills (as above – regularly scored as the most popular of the year) and undertake clinical, lecture based teaching (for the subsequent years). I had a final year (Cardiff) student attached to my unit for the majority of the year, and formally teach all the students on the unit on a weekly basis. With the development of the Swansea School I have taken 2 students for 5 week apprenticeships. With development of the Swansea School as a stand alone medical school, with a 4 year course, I am involved even more in the 3rd and 4th years in teaching my special interest. I continue to teach after my retirement.

Since 2002 I have been an examiner for the Intercollegiate Board (exit exam) in general surgery. I am now the longest serving examiner in the British Isles and continue to examine today – next diet September 2024.

I have been heavily involved in the preparation of guidelines for the management of pancreatic cancer, under the aegis of the BSG and AUGIS as well as the local Welsh guidelines for the management of gastro-oesophageal cancer. I am a regular reviewer for the Annals of the Royal College of Surgeons and the British Journal of Surgery, and am on the editorial board of the British Journal of Surgery.

I was on the Surgical Training Committee for Wales and the regional co-ordinator for higher surgical training in south west Wales for many years.

AUDIT

I have been closely involved in the audit process for many years. At Preston I was responsible for collecting and presenting date for 4 consultant surgeons on a monthly basis. In Manchester Royal Infirmary we ran a prospective computerised collection of all audit data, with a weekly meeting of all staff to go through notes and ensure all relevant facts were recorded and accurate. In Withington I was responsible for the organisation of weekly audit meetings rotating through the firms and covering a wide variety of topics.

In Singleton, I was chairman of the audit committee and arranged and chaired monthly audit meetings on a 'rolling' half day for 7 years until last year. These are held in

conjunction with our neighbouring hospital. It is widely accepted that I was responsible for improving the audit process.

ADMINISTRATION/MANAGEMENT

I have always taken an active interest in the administrative side of hospital life. I attended all the surgical division meetings while in Preston and continued to do so at Manchester Royal Infirmary. I am a member of the BMA and gave a presentation at a large meeting (attended by the local MP) of the Cheshire division on the hospital junior's view of the NHS reforms at the time of their implementation.

Like many senior registrars I have had responsibility for making up on-call rotas. In particular I had the task of working out an entirely new system in Preston when 1:2 rotas (which had been in force for many years) were deemed unacceptable, but no new staff were available.

I am a past member of the local District Management Committee and a member of the trust Drug and Therapeutics Committee, the Critical Care Board, the Theatre Users Committee, the Endoscopy User Committee and the Post-Graduate Board

Swansea is the location of the South and West Wales Cancer Centre. As the provision of cancer services in the UK matures and hopefully improves we are in an important and responsible position to influence the delivery of cancer care in an area covering nearly half of Wales. I was the lead clinician for upper G-I cancer in Swansea NHS trust for 6 years and have been responsible for setting up the Upper GI MDT, by common consent, was been a huge success. In addition I was chair for upper G-I cancer for the South and West Wales Cancer Network for 5 years until 2007. In this role I have worked hard to modernise the delivery of care to patients in the network with upper G-I cancer, often not helped by politicians and sometimes by colleagues in smaller hospitals. I had managed to ensure that the vast majority of resectional surgery for upper G-I cancer for the whole region is performed in Swansea. I have been instrumental in setting up referral channels from the appropriate clinicians in most other hospitals in South and West Wales, and have set up a video link between Swansea and Aberystwyth for our MDT.

Sadly, for a variety of political reasons, the OG service in Swansea has been under threat for some time. Patients from Aberystwyth, indeed the whole of the Health Board to our west, quite ridiculously and inappropriately, are travelling to Cardiff for OG resectional surgery. Not only is this absolutely against the wishes of the clinicians in Aberystwyth, the available evidence clearly suggests they can expect substantially inferior outcomes. I continued to work to correct these anomalies and effect the centralisation of all OG resectional work from south west Wales in Swansea, which is, unarguably, the correct approach. Sadly despite all my efforts the OG cancer service in Swansea is no more, and all the surgery takes place in Cardiff. As I have predicted for years the quality of care received by local patients has seriously and significantly deteriorated, all so unnecessary.

I am a former member of AUGIS Council for 3 years and the AUGIS representative on the Joint Advisory Group on G-I Endoscopy (JAG), also for 3 years.

I am a past president of the Welsh Surgical Society.

COURSES

Like any surgeon in my position, I attend a large number of regional and national meetings and courses. I am particularly interested in the practical side of surgery and have been to the 'Surgical Masterclass' (arranged by the Edinburgh College in Aviemore), a 3 day symposium on laparoscopic cholecystectomy in Leeds and Dr Charles Swan's Keymed sponsored week-long colonoscopy course in Stoke. I have attended a 7 day management course arranged for senior registrars by N W region.

Recently my attendance at courses and meetings has been exclusively concerned with upper G-I surgery. I am very happy to travel to see a colleague operate and recently went to Basingstoke twice to watch Myrddin Rees perform liver resections, and also to Stockport to watch William Brough perform laparoscopic fundoplication and Bristol to watch Derek Alderson perform an oesophagectomy (in addition to formal events). I attended the 6th World Congress of the International Society for Diseases of the Oesophagus in Milan in 1995 and the OESO symposium on the gastro-oesophageal junction in Paris in 1996, and recently the 7th World Congress of the ISDE in Montreal.

I am a regular attender (and presenter) at the meetings of the Welsh Surgical Society, the Association of Upper G-I Surgeons, the Association of Laparoscopic Surgeons and the Association of Surgeons.

RESEARCH

My research in Harvard was concerned with growth hormone. This potent anabolic agent has been shown to improve wound and fracture healing and to reduce protein catabolism and nitrogen losses in severely ill patients, especially those with burns following multiple trauma. Although initially supplies of growth hormone were scarce, now biosynthetic techniques have made unlimited quantities available. I examined in detail the effects of growth hormone in the short term (7 days) in paired studies on normal volunteers receiving parenteral nutrition of varying energy intake. There was a significant improvement in nitrogen balance, even when energy intake was inadequate - this is particularly important in patients in whom central venous feeding is dangerous or undesirable. These studies were extended to patients with gastro-intestinal fistulae receiving parenteral nutrition, with similar encouraging results. This work has formed the basis of a ChM thesis which was awarded in 1989 and has been enthusiastically continued in Boston and other international centres.

While at Harvard I was a co-worker in studies designed to examine the effect of endotoxin on volunteers. Endotoxin appears to mediate the majority of responses seen in hypercatabolic patients and further studies with beta-blockers and prostaglandin inhibitors are underway to further elucidate the pathways through which these effects are produced.

Examination of my publication/presentations reveals where my research interests now lie. Recent projects, and publications, include endoscopic ultrasound in the staging of upper G-I cancer, metal stents in the palliation of oesophageal cancer, surgery for liver trauma, audit of laparoscopic cholecystectomy in our institution, laparoscopic ultrasound in the staging of pancreatic cancer, results of local introduction of endoscopic mucosal resection and presentation/publication of my personal series of oesophageal resections and my views on the surgical management of oesophageal cancer.

MEDICO-LEGAL PRACTICE

My involvement in this area of practice dates from 1995 when a very busy colleague was behind time with a report and mentioned my name. I have attended all the appropriate courses on report writing, Court appearance, mostly those organised by Bond Solon, but have also attended varied and different refresher courses more recently.

Since 1995 I have provided nearly 400 formal reports in cases of alleged clinical negligence. I originally had little involvement in personal injury work, but over the last few years have built a considerable practice. I see clients in a medical facility in Swansea, for purposes of consultation and examination. In relation to my entire practice, I have been instructed by a large number of solicitors, including most of the UK firms with the largest medicolegal interest. These include,

Slater and Gordon
Bridge McFarland
Ward Hadaway
Hempsons
Campbell Smith
Harris Fowler
Gasdby Wicks
Drummond Miller
Cian O'Carroll (Ireland – getting a lot of instructions from Ireland now)
Simpson Millar
Grayston's

I provide reports and expert services in the area of upper GI surgery, that is surgery of the oesophagus, stomach, pancreas and gall bladder/biliary tree. I also provide services in cases involving any area of 'general' surgery such as hernia repair, and emergency general surgery, having spent 40 years on an emergency rota, for nearly all of it the senior operating surgeon.

My most high profile work was as the lead expert in what amounted to a class action on behalf of the relatives of nearly 20 patients who had died after oesophago-gastric surgery in Maidstone and Tunbridge Wells hospital between 2010 and 2014, instructed by Thompson, Snell and Passmore. Nearly all of these cases are now settled, in favour of the claimant.

Initially my work was around 50:50 on behalf of defence and claimant, but over the last few years, entirely due to the nature of my instructions, I have prepared more reports on behalf of claimants. I have never been instructed a joint expert, and have been required to attend Court on 4 occasions. On many more the case has been settled at absolutely the last moment.

References are available if required.

SOCIETIES

British Medical Association
Association of Surgeons of Great Britain and Ireland
Association of Upper Gastrointestinal Surgeons of Great Britain and Ireland
British Society of Gastroenterology
Pancreatic Society
Association of Endoscopic Surgeons of Great Britain and Ireland
International Society for Diseases of the Oesophagus

I remain registered with the GMC, and have a licence to practice. I am subject to regular appraisal/revalidation

INTERESTS

Golf, tennis, windsurfing, sailing, skiing. All have suffered recently from relative neglect! Golf has always been my first sport and I played for the university in St Andrews and still, when I can get the time, for the Glamorgan senior team- my handicap has now slipped from 2 to 4 (3.8) according to the new system nobody understands, but I have hopes of reversing the trend.

PUBLICATIONS

CHAPTERS

Manson J McK and Wilmore D W.

Growth hormone in the surgical patient.

In 'Human Growth Hormone: Progress and Challenges'.

Ed. L. Underwood, Marcel Dekker, New York, 255-272. 1988.

Manson J McK and Wilmore D W.

Growth hormone in surgery.

In 'Growth Hormone - Basic and Clinical Aspects'.

Ed. B. Bercu, Plenum Publishing, New York. In Press.

Revised and rewritten upper gastro-intestinal component of Essential Revision Notes For Intercollegiate MRCS. Book 2. Cathy Parchment -Smith, Pastest 2006

ORIGINAL ARTICLES

Owen A W M C, Manson J McK et al.

The phamacokinetics of cefotetan excretion in the unobstructed biliary tree.

Journal of Antimicrobial Chemotherapy II 1983, Suppl A: 217-221

Schofield P F, Manson J McK.

Indications for and results of operation in inflammatory bowel disease.

Journal of the Royal Society of Medicine 1986, 79: 593-595

Revhaug A, Michie H, Manson J McK et al.

Inhibition of cyclo-oxygenase attenuates the metabolic response to endotoxin in humans.

Archives of Surgery 1986, 123: 162-170

Manson J McK, Wilmore D W.

Positive nitrogen balance with growth hormone and hypocaloric intravenous feeding.

Surgery 1986, 100: 188-197

Grbic J T, Rodrick M L, Gough D B, Moss N M, Revhaug A, Michie H, O'Dwyer S, Manson J McK. Wilmore D W and Mannick J A.

Endotoxin causes an increased sensitivity of lymphocytes to inhibitory effects of prostaglandin E_2 . Surgical Forum 1987, 38: 91-93

Rodrick M L, Grbic J T, Moss N M, Gough D B, Revhaug A, Manson J McK, O'Dwyer S, Michie H, Wilmore D W and Mannick J A.

Endotoxin in vivo may cause a functional blockade of in vitro cellular immune responses. Surgical Forum 1987, 38: 98-100

Manson J McK, Smith R J and Wilmore D W.

Growth hormone stimulates protein synthesis during hypocaloric parenteral nutrition: role of hormonal-substrate environment.

Annals of Surgery 1988, 208: 136-142

Ziegler T R, Young L S, Manson J McK and Wilmore D W.

Metabolic effects of recombitant human growth Hormone in patients receiving parenteral nutrition.

Annals of Surgery 1988, 208: 6-16

Ball CS Manson J McK, Reid F and Tweedle D E F.

The pharmacokinetics of the biliary excretion of ciprofloxacin.

Journal of Hepatobiliary Surgery 1989, 1:319-326

Anderson I D, Manson J McK, Martin D F and Tweedle D E F.

Relief of Metastatic biliary obstruction by stent placement: is it worthwhile?

Surgical Oncology 1993, 1: 113-117

Mann C L A, Neve H J, Manson J McK, Soulsby C, Kincey J and Taylor T V.

Biochemical changes after vertical banded gastroplasty for morbid obesity.

Obesity Surgery 1993, 3: 271-274

Prescott R J, Manson J McK, and Haboubi N Y.

Malignant islet cell tumour arising in chronic pancreatitis.

Histopathology 1993, 22:449-501

Roberts T, Foster P, Ralston A, Kiff E and Manson J McK.

Are all emergency admissions appropriate?

Health Service Journal 1995, Sept 21: 28-29

Patel B, Abbasakoor F and Manson J McK.

A vanishing tumour - spontaneous regression of abdominal lymphangioma.

British Journal Radiology (in press).

Singhvi R, Abbasakoor F and Manson J McK

Insertion of expandable metal stents for malignant dysphagia: assessment of a simple endoscopic method

Ann R Coll Surg Engl 2000, 82: 243-8

Subsequent correspondence and response, Ann R Coll Surg Engl 2001, 83: 219-220

Richards DG, Brown TH and Manson J McK

Endoscopic ultrasound in the staging of tumours of the oesophagus and gastro-oesophageal junction

Ann R Coll Surg Engl 2000, 82:311-7

Subsequent correspondence and response, in press

Taylor AM, Roberts SA and Manson J McK

Experience with laparoscopic ultrasound for defining tumour resectability in carcinoma of the pancreatic head and peri-ampullary region

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First reported case of oesophageal paraganglionoma. A review of the literature of gastrointestinal tract paraganglionoma including gangliocytic paraganglionoma Diseases of the Oesophagus 2004, 17:191-5.

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Pilot study of preoperative combined modality treatment for locally advanced operable oesophageal carcinoma: Toxicities and long-term outcome Clinical Oncology 2006, 18: 338-344

A single surgeon's series of transthoracic oesophageal resections Beasley W, Gilmore J, Matthews M and Manson J McK Ann Royal Coll Surg 2014;96:151-156

A personal perspective on controversies in the surgical management of oesophageal cancer

Manson J McK, Beasley W Ann Royal Coll Surg 2014, in press

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Long-term results after laparoscopic reoperation for failed antireflux procedures Dallemagne B, Arenas Sanchez M, Francart D et al British Journal Surgery 2011; 98:1581-7

ABSTRACTS

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Zaman Q, Beynon J, Carr N D, Mason M C, Morgan A R and Manson J McK.

Infantile hypertrophic pyloric stenosis - where should it be managed.

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Fundoplication in the laparoscopic era: early results

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Fundoplication in the laparoscopic era: early results

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*the 6 best presentations from each meeting of the Welsh Surgical Society are (from this date) selected for publication in the Ann R Coll Surg Engl

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Extended colectomy and primary anastomosis for acute malignant distal colonic obstruction – a review

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LETTERS

Manson J McK.

Continuing medical education is a dream

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Dawson R, Manson J McK Omeprazole in oesophageal reflux disease Lancet 356,18 Nov 2000:1770-1

Manson J McK

Intraoperative cholangiography during laparoscopic cholecystectomy Surgical Endoscopy 2002, 16: 1117-1118

Manson J McK Medicolegal claims and intra-operative cholangiography Ann R Coll Surg Eng 2010,92:540 Indications for and results of operation in inflammatory bowel disease.

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Barcelona. June 1985.

Mechanisms of growth hormone mediated nitrogen retention (poster). Annual meeting of the American Society of Parenteral and Enteral Nutrition.

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Positive nitrogen balance with human growth hormone and hypocaloric intravenous feeding.

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Richmond, Virginia. February 1986.

Positive nitrogen balance with human growth hormone.

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Manchester. February 1986.

Growth hormone in the surgical patient (invited talk).

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San Francisco, California. April 1986.

*Effect of intravenous feeding on the liver of normal man.

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Davis, California. July 1986.

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Leicester. July 1986

*The effects of human growth hormone in patients receiving nutritional support.

Annual meeting of the American Society of Parenteral and Enteral Nutrition.

New Orleans, Louisiana. February 1987.

The pharmacokinetics of the biliary excretion of ciprofloxacin (poster).

Ciprofloxacin symposium at the Royal Society of Medicine.

London. April 1987.

*Should we treat fever? Cyclo-oxygenase blockade attenuates the metabolic response to fever in humans.

Annual meeting of the Surgical Infection Society.

Philadelphia, Pennsylvania. May 1987.

Growth hormone in surgery (invited talk).

International Symposium on 'Uses of growth hormone - basic and clinical aspects'. Tampa Bay, Florida. June 1987.

*Sustained anabolic action of human growth hormone in patients receiving human growth hormone.

Annual meeting of the American Society of Parenteral and Enteral Nutrition. Las Vegas, Nevada. January 1988.

Growth hormone in the catabolic state (invited talk). International Workshop on Growth. Gentofte, Copenhagen, Denmark. June 1988.

Mesh repair of large abdominal incisional hernia (video). Royal Society of Medicine, Division of Coloproctology. London. March 1991.

*Metastatic biliary obstruction: is stent placement worthwhile? British Association of Surgical Oncology. London, November 1992.

'Dr Whipple's operation: an underused option'. A review of the indications for and results of pancreaticoduodenectomy, together with my personal results (invited talk). South Wales Gut Club.

Swansea. February 1996.

*Endoscopic ultrasound in the staging of gastro-oesophageal tumours. Welsh Surgical Society.

Abergavenny. May 1996.

Palliation of oesophageal carcinoma - the expandable metal stent (invited talk). South Wales Gut Club.

Cardiff. October 1996.

*Self-expanding metal stents for dysphagia due to oesophageal carcinoma: how good are they? Welsh Surgical Society.

Swansea. November 1996.

This paper covering my experience was presented by my specialist registrar F Abbasakoor. It won the financial prize and Huw Williams medal for the best paper in the prize session.

*Cell salvage in emergency hepatic resection. Welsh Surgical Society.

Swansea. November 1996.

*Cell salvage in emergency hepatic resection. Royal Society of Medicine, Section of Surgery, prize session.

London. December 1996.

 $\hbox{*Laparoscopy and laparoscopic ultrasound in upper gastro-intestinal cancer: how helpful is it? } Welsh Surgical Society.$

Glan Clwyd. May 1997.

*Laparoscopy and laparoscopic ultrasound in upper gastro-intestinal cancer: how helpful is it? Association of Upper Gastro-intestinal Surgeons of Great Britain and Ireland Leeds. September 1997.

Endoscopic ultrasound in the staging of tumours of the oesophagus and gastro-oesophageal junction.

Association of Upper Gastro-intestinal Surgeons of Great Britain and Ireland Leeds. September 1997.

Upper gastro-intestinal surgery: audit of a new specialty (invited talk). South Wales Gut Club. Swansea. February 1998.

*Laparoscopic Nissen fundoplication - getting started. Welsh Surgical Society. Haverfordwest. May 1998.

*Infantile hypertrophic pyloric stenosis - where should it be managed? Welsh Surgical Society.
Haverfordwest. May 1998.

*A simple endoscopic method for the insertion of expandable metal stents in malignant dysphagia (poster) Association of Endoscopic Surgeons of Great Britain and Ireland Brighton May 1999

*Trans-thoracic oesophagectomy – a safe operation Welsh Surgical Society Aberystwyth November 1999

*Trans-thoracic oesophagectomy – a safe operation (poster) Association of Upper G-I Surgeons of Great Britain and Ireland Newcastle September 2000

*Fundoplication in the laparoscopic era: early results Welsh Surgical Society Caernaryon November 2000

*Experience with laparoscopic ultrasound for defining tumour resectability in carcinoma of the pancreatic head and peri-ampullary region Association of Endoscopic Surgeons of Great Britain and Ireland Birmingham April 2001

*Palliative treatment for inoperable gastro-oesophageal cancer: a four year experience Welsh Surgical Society Newport November 2001

*Self-expanding metal stents in the treatment of malignant oesophageal obstruction (video)

Association of Surgeons Annual Meeting, Dublin May 2002

*Self-expanding metal stents in the treatment of malignant oesophageal obstruction (video) European Association of Endoscopic Surgery, 10th Congress Lisbon ,Portugal June 2002

*Outcome of treatment with chemotherapy +/- radiotherapy for patients with inoperable pancreatic cancer, 1993-1999 (poster)

Symposium on gastro-intestinal, liver and pancreatic cancer Venice, Italy June 2002

*Laparoscopic cholecystectomy in elderly patients – gold standard Welsh Surgical Society November 2004

*Extended colectomy and primary anastomosis for acute malignant distal colonic obstruction – a review Welsh Surgical Society November 2004

*CEPOD recommendations for out of hours operating are out of date Welsh Surgical Society May 2005

An audit of 127 consecutive transthoracic oesophageal resections Welsh Surgical Society November 2006

An audit of 127 consecutive transthoracic oesophageal resections Accepted for presentation at the annual meeting of the Association of Surgeons of Great Britain and Ireland (poster). Manchester, April 2007

Meet the experts – laparoscopic Nissen fundoplication Invited talk, annual meeting of the Association of Surgeons of Great Britain and Ireland Bourmnemouth, May 2011

Is JAG good for surgical endoscopy? Invited talk, annual meeting of the Association of Surgeons of Great Britain and Ireland Bourmnemouth, May 2011

*Early results of the introduction of upper GI endoscopic mucosal resection to a local health board Welsh Surgical Society May 2013

*Negative appendicectomy rate and the diagnostic value of imaging in suspected appendicitis
Welsh Surgical Society

May 2013

*Denotes paper presented by co-author