

CURRICULUM VITAE

EMIN CARAPETI
BSc. MB BS MD FRCS (Gen.)

PERSONAL DETAILS

NAME: Emin Assatour CARAPETI

AGE: 41

DATE OF BIRTH: 26.11.64

MARITAL STATUS: Single

NATIONALITY: British

GMC REG No: 3322709

MPS REG No: 173900

CCST COMPLETED: 30 Sept 2000

MEMBERSHIP OF LEARNED SOCIETIES:

British Medical Association

Royal Society of Medicine

The Association of Coloproctology of Great Britain and Ireland

SECONDARY EDUCATION:

ST. BENEDICT'S SCHOOL, LONDON	1981-83
GCE 'O' Levels: 9 (6A, 2B, 1C) GCE 'A' Levels: 4 (2A, 2C)	
Biological sciences prize Deputy Head Boy	

UNIVERSITY EDUCATION:

GUY'S HOSPITAL MEDICAL SCHOOL	1983-89
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UNDERGRADUATE AWARDS AND PRIZES:

Gowland Hopkins Prize in Biochemistry	1985
Medical Research Council BSc Award	1986
Charles Oldham School Prize in Ophthalmology	1988

QUALIFICATIONS:

BSc 2:1 (Honours) in Experimental Pathology Immunology and Microbiology	1986
MB BS	1989
ATLS (Instructor recommendation)	1992
FRCS (England)	1993
MD (University of London)	1999
FRCS (Gen. Surg.) part III	2000

HIGHER SURGICAL TRAINING:

Specialist Registrar in general surgery, South East Thames	1993-2000
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SUBSTANTIVE CONSULTANT APPOINTMENT:

General and Colorectal Surgeon
Guy's and St Thomas's Hospitals NHS Trust

May 2001

PREVIOUS APPOINTMENTS:

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| Oct 2000-Apr 2001 | Locum Consultant Surgeon
St Mark's (and Central Middlesex) Hospitals |
| Apr 2000 - May 2000 | Senior Colorectal Fellow (Inflammatory Bowel Disease)
Mount Sinai Hospital, Toronto Canada
Working with Prof. Z Cohen and Dr R McLeod |
| Oct 1999 - Sept 2000 | Year 6 SpR: St Mark's Hospital
Resident Surgical Officer (Fellow in Colorectal Surgery)
Working with Prof. R J Nicholls, Mr J M A Northover,
Prof. R K S Phillips, Mr A C J Windsor and C R G Cohen |
| Oct 1998 - Sept 1999 | Year 5 SpR: King's College Hospital
Working with Messers J A Rennie, and A J M Leather
Gastrointestinal and colorectal surgery |
| Aug 1996 - Sept 1998 | Robert Luff Research Fellow
St. Mark's Hospital for intestinal and colorectal disorders
Clinical research undertaken towards MD degree of the
University of London. |
| Oct 1995 - Aug 1996 | Year 3 SpR: Lewisham Hospital
Working with Mr W J Owen, R Edmondson and Miss J Linsell
General and vascular surgery |
| Oct 1994 - Sep 1995 | Year 2 SpR: Eastbourne District General hospital
Working with Messers P L Brooks and G H Evans
General and vascular surgery |
| Oct 1993 - Sep 1994 | Year 1 SpR: Kent and Sussex Hospital, Tunbridge Wells
Working with P G Bentley, T G Williams and A J Cook
General surgery and urology |

- September 1993 **Northwick Park Hospital**
Locum registrar in **breast and endocrine** surgery with Mr. M. Burke. Busy comprehensive breast unit also undertaking thyroid, parathyroid and parotid surgery.
- Sep 1991 - Aug 1993 **Northwick Park Hospital pre-fellowship surgical rotation**
- Sep 1991 - Feb 1992
SHO in Accident & Emergency with Mr T. Welch
- Mar 1992 - Aug 1992
SHO in orthopaedics and trauma to Mr C. J. McCullough; special interest in hand surgery & rheumatology,
- Sep 1992 - Feb 1993
SHO in urology and general surgery with Mr A. D. Mee. Experience in urological and cystoscopic techniques.
- Mar 1993 - Aug 1993
SHO in general & vascular surgery to Mr J. D. Lewis. Specialist vascular firm; with laparoscopic and general surgery under Mr S. Chadwick.
- Feb 1991 - Jul 1991 **King's College Hospital**
SHO in Accident and Emergency with Dr E. Glucksman.
- Aug 1990 - Jan 1991 **U.M.D.S (Guy's campus)**
Prosecutor in anatomy with Professor M. Berry. FRCS part I completed during this period.
- Feb 1990 - Jul 1990 **The Royal Free Hospital**
House surgeon to Professor K. E. Hobbs, (general & hepatopancreatobiliary), and Mr A. Kaisary (urology).
- Aug 1989 - Jan 1990 **Eastbourne DGH**
House physician to Dr Alistair Macleod, (cardiology and general medicine) and Dr Conrad Athulathmudali, (medicine & geriatrics).

SURGICAL TRAINING

My basic surgical training was divided between district general hospital practice and university teaching hospitals. I gained experience in all surgical sub-specialities while continuing to cover general surgical emergency admissions. During this period I developed an interest in gastrointestinal and colorectal surgery. After three years as specialist registrar in general surgery, I spent two years at St. Mark's Hospital undertaking research on surgical and pharmacological treatments of benign anal diseases. Clinical duties in anorectal physiology and pelvic floor imaging allowed me to develop expertise in investigation and treatment of benign anorectal and pelvic floor disorders. The subsequent clinical year was spent in a teaching hospital gastrointestinal surgical unit and finally as a Fellow in Colorectal Surgery at St. Mark's Hospital. This is largely a tertiary referral practice which has consolidated my experience in colorectal surgery, completing level III training with comprehensive expertise in performing all major complex and intermediate procedures under consultant supervision and solo. During this year I had the opportunity to work at Mount Sinai Hospital in Toronto as exchange senior colorectal fellow in a unit with a unique practice in the surgery of inflammatory bowel disease.

Career Aims:

It is my ultimate career aim to become a consultant colorectal surgeon in a teaching hospital, to pursue my interests in colorectal cancer, inflammatory bowel disease and pelvic floor surgery, and to continue clinical research, teaching and audit.

Clinical Experience:

During my basic training I gained much experience in conventional and laparoscopic surgical techniques, and performed many major procedures under supervision and solo.

Endoscopy and colonoscopy

Throughout my training I have been involved in diagnostic and therapeutic upper gastrointestinal endoscopy. I have performed numerous oesophageal dilatations, insertion of PEG tubes and performed therapeutic injection of bleeding peptic ulcers.

I have gained experience and competence in diagnostic and therapeutic colonoscopy. In addition I have been closely instructed in more advanced colonoscopic techniques by internationally famed endoscopists during my year at St. Mark's Hospital, developing a special interest in colonoscopy and colonoscopic therapy such as submucosal excision of polyps, endoscopic dilatation of strictures as well as endoscopic stenting of colorectal cancer. As locum consultant I run a weekly colonoscopy list and currently have a caecal (or terminal ileal) intubation rate of 94% as determined in a recent internal audit.

Upper gastrointestinal surgery

I have assisted at and personally performed a number of gastrectomies for cancer as well as benign disease, and assisted at numerous oesophagectomies through abdominal and combined thoraco-abdominal approaches.

Colorectal surgery

I have performed numerous colorectal resections including low rectal resection for cancer, total mesorectal excision (TME), endoanal ultra-low handsewn as well as stapled colo-anal anastomoses and colo-pouch anal anastomoses. I am competent in the management of primary as well as recurrent colon and rectal cancer and I have performed (and assisted) major pelvic exenteration for locally invasive or recurrent rectal tumours as part of a multidisciplinary team involving gynaecologists and urologists. I keep up to date with the advances in multi-modality treatment of rectal cancer.

I have received advanced training (level III) in the surgery of inflammatory bowel disease at St Mark's Hospital and Mount Sinai Hospital (Toronto) and performed major pelvic and abdominal surgery for Crohn's disease and UC. This includes restorative (pelvic pouch) proctocolectomy both stapled and hand sewn techniques, complex conservative abdominal surgery as well as resections for Crohn's disease including surgery for intestinal failure and high output enterocutaneous fistulae.

Whilst undertaking research, I gained expertise in the assessment of pelvic floor disorders and incontinence using anorectal physiological testing, endoanal ultrasound and contrast defecography, and assisted in perineal procedures for benign anorectal disorders. As resident surgical officer at St. Mark's, and as locum consultant, I have carried out surgery for faecal incontinence including sphincter repair and cloachal repair, surgery for rectocele and pelvic floor failure and prolapse, and complex fistula surgery. I lecture and instruct on anorectal disease and pelvic floor assessment, imaging and surgery on various courses such as the Whipp's Cross part III FRCS course and the advanced colorectal workshop and postgraduate colorectal courses at St Mark's Hospital. In addition, I have expertise in surgical management of functional disorders, such as constipation and mega-colon and rectum.

RESEARCH

My early experience in research was a project undertaken at Guy's Hospital Medical School during my intercalated BSc degree in pathology and immunology. The project involved characterisation of foetal and adult human colonic and gastric mucin in health and disease using histochemical and immunohistochemical laboratory techniques on fresh as well as formalin fixed tissue. This work was written up as a BSc thesis and also resulted in a publication (see below).

During the two years as clinical research fellow at St. Mark's Hospital I was involved in the development of a variety of topical pharmacological agents for treatment of benign anal diseases as well as setting up a day case haemorrhoidectomy programme. Under guidance of my supervisors, I was responsible for the design, execution and analysis of many dose-ranging studies in healthy volunteers as well as clinical trials in patients with anal fissure, haemorrhoids and faecal incontinence. The work showed that novel pharmacological agents (including topically applied agents) can have a therapeutic potential in the clinical setting, often as first line treatment alternatives to surgery, or as agents facilitating surgery. Results of this work (and similar work from other centres) have had an important impact in the recent changes in clinical practice with regards to treatment of some common anal conditions such as chronic fissures.

This work was written as a thesis and was awarded the degree of Doctor of Medicine (MD) of the University of London in 1999.

Throughout my training I have been involved in teaching at various levels. This has included both basic sciences as well as clinical teaching for medical students and junior doctors, advanced trauma life support instruction to all grades of doctors and surgeons and teaching on FRCS part II courses and basic anastomotic workshops. In addition, I have taught at a more advanced level on part III FRCS courses, advanced anastomotic workshops and colorectal lecture courses to senior, post-graduate trainees and consultants. I enjoy teaching greatly and intend to continue doing so as a consultant.

PUBLICATIONS

Papers

1. **E A Carapeti**, M A Kamm, P J McDonald, R K S Phillips. Double blind randomised controlled trial of effect of metronidazole on pain after day case haemorrhoidectomy. *Lancet*, 1998; **351**: 169-172
2. C J Vaizey, **E A Carapeti**, J A Cahill, M A Kamm. Prospective comparison of faecal incontinence grading systems. *GUT*, 1999; **44**: 77-80
3. **E A Carapeti**, M A Kamm, P J McDonald, S J D Chadwick, D Melville, R K S Phillips. Randomised controlled trial shows that glyceryl trinitrate heals anal fissures, higher doses are not more effective, and there is a high recurrence rate. *GUT*, 1999; **44**: 727-730
4. **E A Carapeti**, M A Kamm, P J McDonald, S J D Chadwick, R K S Phillips. Randomised trial of open versus closed day case haemorrhoidectomy. *British Journal of Surgery*, 1999; **86**: 612-613
5. **E A Carapeti**, M A Kamm, B K Evans, R K S Phillips. Topical phenylephrine increases anal sphincter resting pressure. *British Journal of Surgery*, 1999; **86**: 267-270
6. **E A Carapeti**, M A Kamm, B K Evans, R K S Phillips. Topical diltiazem and bethanechol decrease anal sphincter pressure without side-effects. *GUT*, 1999; **45**: 719-722
7. **E A Carapeti**, M A Kamm, R K S Phillips. Randomized controlled trial of topical phenylephrine in the treatment of faecal incontinence. *British Journal of Surgery*, 2000; **87**: 38-42
8. **E A Carapeti**, M A Kamm, R John Nicholls, R K S Phillips. Randomised controlled trial of topical phenylephrine for faecal incontinence in patients after ileo-anal pouch construction. *Diseases of colon and rectum*, 2000; **43(8)**: 1059-1063
9. **E A Carapeti**, M A Kamm, R K S Phillips. Topical diltiazem and bethanechol decrease anal sphincter pressure and heal anal fissures without side effects. *Diseases of colon and rectum*, 2000; **43(10)**: 1359-1362.
10. A J Malouf, G N Buchanan, **E A Carapeti**, R J Guy, J P S Thomson, C R G Cohen. A prospective audit of fistula-in-ano at St Mark's Hospital. *Colorectal Disease*, 2002; **4**: 13-19

11. **E A Carapeti**, C Kennedy, J Linsell. Gastric outlet obstruction due to recurrent oesophageal carcinoma: Palliation using a self expanding metallic stent. *Journal of interventional Radiology*, 1996: **11**, 101-102
12. **E A Carapeti**, P H Rowe, H J Anderson. The use of oesophageal stents in palliation of advanced oesophageal carcinoma: The experience in a district general hospital. *Diseases of the oesophagus*, 1996: **9**, 140-141
13. **E A Carapeti**, W J Owen. Treatment of Anal Fissure. *Practice Nurse*, 22 March, 1996: 324-329
14. **E A Carapeti**, S Andrews, P G Bentley. Prospective randomised study of sterile versus non-sterile urethral catheterisation. Is aseptic technique essential? *Annals of The Royal College of Surgeons of England*, 1996: **76**, 59-60
15. **E A Carapeti**, A J Cook. Costochondritis following laparoscopic cholecystectomy: A cause for reassessing the choice of port for extraction of the gall bladder? *Minimally Invasive Therapy*, 1995: **4**, 25-26
16. M I Fillippe, **E A Carapeti**, A Sandey. Goblet cell mucin in human foetal colon, Its composition and susceptibility to enzyme degradation: a histochemical study. *Symp. soc. exp. biol.* 1989: **43**, 249-258

Book / Periodical Chapters

1. **E A Carapeti**, R K S Phillips. Haemorrhoids. *Surgery International*; Eds. J S P Lumley, J L Craven. The Medicine Publishing Group, Oxford. 1998, **16(3)**: 66-69.
2. **E A Carapeti**, R K S Phillips. Treatment of Haemorrhoids. In *Recent Advances in Coloproctology*; Eds. J Beynon, N D Carr. Springer Verlag Publ. 2000. Chapter 9, 155-166.
3. **E A Carapeti**, R K S Phillips. Anal Fissure. In *Oxford Textbook of Surgery* second edition; Eds. P J Morris, W C Wood. Oxford University Press 2000. Vol. 2, section **28.3**: 1573-1577.
4. Fiona Hibberts and **E Carapeti**. Patients requiring gastrointestinal / colorectal surgery. In *Nursing the Surgical Patient* second edition; Ed. Rosemary Punder. Publ Elsevier 2005. Chapter 15, 289-325.

Letters / Correspondence

1. **E A Carapeti**, R K S Phillips. Reply to editorial 'Modern treatment for internal haemorrhoids'. *British Medical Journal*, 1997; **315(7112)**: 881
2. **E A Carapeti**, M A Kamm. Response to comments on: Randomized controlled trial of topical phenylephrine in the treatment of faecal incontinence. *British Journal of Surgery*, 2000; **87**: 966.
3. **E A Carapeti**. Prospective randomised multicentre trial comparing stapled with open haemorrhoidectomy. *British Journal of Surgery*, 2001; **88**: 1543-4.

Published Abstracts

1. **E A Carapeti**, M A Kamm, P J McDonald, R K S Phillips. Randomised controlled trial of metronidazole to reduce pain after day case haemorrhoidectomy. *British Journal of Surgery* 1998; **85** (suppl 1): 13
2. **E A Carapeti**, M A Kamm, B E Evans, R K S Phillips. Topical and oral diltiazem lower anal sphincter pressure. *British Journal of Surgery* 1998; **85** (suppl 1): 80-81
3. **E A Carapeti**, M A Kamm, B E Evans, R K S Phillips. Topical phenylephrine increases anal sphincter resting pressure – A possible treatment for faecal incontinence. *Journal of Royal Society of Medicine* 1998.
4. **E A Carapeti**, M A Kamm, B E Evans, R K S Phillips. Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate for fissures. *Journal of Royal Society of Medicine* 1998.
5. **E A Carapeti**, M A Kamm, B E Evans, R K S Phillips. Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate for fissures. *GUT* 1998; **42** (Suppl 1): A97
6. **E A Carapeti**, M A Kamm, R K S Phillips. Glyceryl trinitrate heals anal fissures, high doses do it quicker, but there is a high recurrence rate. *GUT* 1998; **42** (Suppl 1): A97
7. **E A Carapeti**, M A Kamm, P J McDonald, R K S Phillips. Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy. *GUT* 1998; **42** (Suppl 1): A97
8. **E A Carapeti**, M A Kamm, B E Evans, R K S Phillips. Topical phenylephrine increases anal sphincter resting pressure – A possible treatment for faecal incontinence. *GUT* 1998; **42** (Suppl 1): A94
9. **E A Carapeti**, M A Kamm, P J McDonald, R K S Phillips. Randomised controlled trial of metronidazole to reduce pain after day case haemorrhoidectomy. *Diseases of Colon and Rectum* 1998; **41**(4): A34.
10. **E A Carapeti**, M A Kamm, R K S Phillips. Topical phenylephrine increases internal anal sphincter resting pressure. *Diseases of Colon and Rectum* 1998; **41**(4): A36
11. **E A Carapeti**, M A Kamm, P J McDonald, R K S Phillips. Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy. *Gastroenterology* 1998; **114**(4) part 2: A7
12. **E A Carapeti**, M A Kamm, R K S Phillips. Topical phenylephrine increases anal sphincter resting pressure. *Gastroenterology* 1998; **114**(4) part 2: A731

13. **E A Carapeti**, M A Kamm, R K S Phillips. Glyceryl trinitrate heals anal fissures, high doses do it quicker, but there is a high recurrence rate. *Gastroenterology* 1998; **114(4)** part 2: A7
14. **E A Carapeti**, M A Kamm, B E Evans, R K S Phillips. Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate for fissures. *Gastroenterology* 1998; **114(4)** part 2: A7
15. **E A Carapeti**, M A Kamm, R J Nicholls, R K S Phillips. Double blind trial demonstrates that topical phenylephrine improves nocturnal incontinence in patients with ileo-anal pouch. *Colorectal Disease* (Abstract book for the Association of Coloproctology Annual meeting Jersey, 1998).
16. **E A Carapeti**, M A Kamm, R K S Phillips. Topical bethanechol lowers resting anal sphincter pressure and heals fissures without side effects. *Colorectal Disease* (Abstract book for the Association of Coloproctology Annual meeting Jersey, 1998).
17. **E A Carapeti**, A J M Leather. Defining standards in coloproctology: Which data should be used? *Colorectal Disease* 1999, **1**(suppl.1).
18. **E A Carapeti**, Salman Bokhari, J A Rennie, A J M Leather. Colorectal workload and specialist registrar training in a teaching hospital. *Colorectal Disease* 1999, **1**(suppl 1).
19. **E A Carapeti**, Salman Bokhari, J A Rennie, A J M Leather. Unit accreditation in coloproctology: The value of “Index” operations. *Colorectal Disease* 1999, **1**(suppl 1).
20. H Kocher, **E A Carapeti**, J A Rennie, A J M Leather. A year in the life of a UK HST. *Colorectal Disease* 2000, **2**(suppl 1): P8
21. A J Malouf, R J Guy, K V Suba-Rao, **E A Carapeti**, J P S Thomson, R C Cohen. A prospective audit of fistula-in-ano at St. Mark’s Hospital. *Colorectal Disease* 2000, **2**(suppl 1): P16

PRESENTATIONS TO LEARNED SOCIETIES

1. South East Thames Higher Surgical Training Scheme, Continuum training day, March 1994. *Primary aorto-duodenal fistula.*
2. South East Thames Higher Surgical Training Scheme, Continuum training day, March 1995. *Prospective randomised study of sterile versus non-sterile urethral catheterisation.*
3. South East Thames Higher Surgical Training Scheme, Continuum training day, March 1996. *The use of oesophageal stents in palliation of advanced oesophageal carcinoma: The experience in a district general hospital.*
4. North West Thames Surgical Society, July 1997. *Day Case Haemorrhoidectomy.*
5. South African Surgical Research Society: Cape Town; 16-18 July 1997 *Prospective evaluation of day case haemorrhoidectomy.* E Carapeti and RKS Phillips.
6. Royal Society of Medicine, Section of Coloproctology. Short Paper Meeting, February 1998. *Topical phenylephrine increases anal sphincter resting pressure – A possible treatment for faecal incontinence.* **Short paper** presentation.
7. Royal Society of Medicine, Section of Coloproctology. Short Paper Meeting, February 1998. *Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate (GTN) for fissures.* **Short paper** presentation.
8. British Society of Gastroenterology Annual Meeting – Harrogate, March 1998. *Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy.* **Poster** presentation.
9. British Society of Gastroenterology Annual Meeting – Harrogate, March 1998. *Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate for fissures.* **Poster** presentation.
10. British Society of Gastroenterology Annual Meeting – Harrogate, March 1998. *Topical phenylephrine increases anal sphincter resting pressure – A possible treatment for faecal incontinence.* **Poster** presentation.
11. British Society of Gastroenterology Annual Meeting – Harrogate, March 1998. *Glyceryl trinitrate heals anal fissures, high doses do it quicker, but there is a high recurrence rate.* **Poster** presentation.
12. Royal Society of Medicine, Section of Coloproctology Overseas meeting, Grenoble France, April 1998. *Topical phenylephrine increases anal sphincter resting pressure – A possible treatment for faecal incontinence.* **Short paper** presentation.

Awarded The Royal Society of Medicine Travelling Fellowship.

13. American Society of Colon and Rectal Surgeons. Annual meeting, San Antonio Texas, May 1998. Topical phenylephrine increases resting anal sphincter pressure. **Poster** presentation.
14. American Society of Colon and Rectal Surgeons. Annual meeting, San Antonio Texas, May 1998. Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy. **Poster** presentation. **Winner of the Pennsylvania Society of Colon and Rectal Surgeons Award.**
15. Association of Surgeons of Great Britain and Ireland Annual meeting - Edinburgh May, 1998. Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy. **Short paper** presentation.
16. Association of Surgeons of Great Britain and Ireland Annual meeting – Edinburgh May, 1998. Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate for fissures. **Poster** presentation.
17. American Gastroenterology Association Annual meeting – New Orleans, May 1998. Diltiazem lowers resting anal sphincter pressure – A potential low side-effect alternative to glyceryl trinitrate for fissures. **Poster** presentation.
18. American Gastroenterology Association Annual meeting – New Orleans, May 1998. Glyceryl trinitrate heals anal fissures, high doses do it quicker, but there is a high recurrence rate. **Poster** presentation.
19. American Gastroenterology Association Annual meeting – New Orleans, May 1998. Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy. **Poster** presentation.
20. American Gastroenterology Association Annual meeting – New Orleans, May 1998. Topical phenylephrine increases resting anal sphincter pressure. **Poster** presentation.
21. The Association of Coloproctology of Great Britain and Ireland Annual Meeting – Jersey, June 1998. Double blind trial demonstrates that topical phenylephrine improves nocturnal incontinence in patients with ileo-anal pouch. **Short paper** presentation. **BJS Prize session.**
22. The Association of Coloproctology of Great Britain and Ireland Annual Meeting – Jersey, June 1998. Topical bethanechol lowers resting anal sphincter pressure and heals fissures without side effects. **Poster** presentation. **BJS Prize session.**
23. The Association of Coloproctology of Great Britain and Ireland Annual Meeting – Southport, June 1999. Defining standards in coloproctology: Which data should be used? **Poster** presentation.

24. The Association of Coloproctology of Great Britain and Ireland Annual Meeting – Southport, June 1999. *Colorectal workload and specialist registrar training in a teaching hospital. Short paper.*
25. The Association of Coloproctology of Great Britain and Ireland Annual Meeting – Southport, June 1999. *Unit accreditation in coloproctology: The value of “Index” operations. Short paper.*

23. INVITED PRESENTATIONS AND LECTURES

1. Grand Rounds: St Mark's Hospital – London. April 1997:
Prospective Evaluation of Day Case Haemorrhoidectomy.
2. St Mark's Association, Annual General Meeting: 10 October 1997:
Day Case Haemorrhoidectomy.
3. Postgraduate term lecture, St Mark's Hospital – London. Oct 1997.
Modern treatments of haemorrhoids.
4. St Mark's Hospital Advanced Colorectal Workshop. November 1997.
New concepts in treatment of anal fissures.
5. Whipps Cross Hospital Higher (part III) Surgical Course. December 1997
Anorectal physiology and endosonography in the assessment of pelvic floor disorders.
6. Postgraduate term lecture, St Mark's Hospital – London. January 1998.
Modern treatments of haemorrhoids.
7. Advanced Colorectal Lecture Course, St Mark's Hospital – London. January 1998
New topical treatments for faecal incontinence.
8. Postgraduate term lecture, St Mark's Hospital – London. February 1998.
Anorectal and pelvic floor physiology
9. Grand Rounds: Chelsea and Westminster Hospital – London. February 1998.
Pharmacological manipulation of the internal anal sphincter; day-case haemorrhoidectomy.
10. Royal Society of Medicine, Section of Coloproctology Overseas meeting - Grenoble France, April 1998. *Techniques in rectocele repair.* Symposium and panel discussion.
11. Royal Society of Medicine, Section of Surgery Teaching Day / AGM – St Mary's Hospital, London. 5th June 1998. *Topical Phenylephrine for the treatment of faecal incontinence in patients with ileo-anal reservoir pouch.*
12. Postgraduate term lecture, St Mark's Hospital – London. June 1998.
Anorectal and pelvic floor physiology
13. Gastrointestinal grand rounds: St Mark's, St Mary's, Hammersmith and Chelsea & Westminster Hospitals: Imperial College School of Medicine and Technology. 19th June 1998. *Pharmacology of the anal sphincter and recent therapeutic developments.*

14. Bowel Continence Course, St Mark's Hospital. 10th July 1998. *Drug treatment of faecal incontinence.*
15. St Bartholomew's and the Royal London School of Medicine and Dentistry. Research Meeting 15th July 1998. *Innervation and pharmacology of the anus: recent therapeutic advances.*
16. St Mark's Association, Annual General Meeting: October 1998. *New creams for old anuses.*
17. Association of Coloproctology, South East Chapter meeting: King's College Hospital. February 1999. *Clinical governance and reporting of anastomotic leakage.*
18. North West London NHS Trust. Symposium on Colorectal Cancer: Jan 2001. *Emergency admissions and management.*

PUBLIC APPEARANCE

BBC Radio 4, Tuesday 3 February 1998: 'Medicine Now'. Discussion on day case haemorrhoidectomy; *Lancet* paper profiled. 27 Jan 1998. **E A Carapeti** and R K S Phillips.

BBC 1 morning TV series "City Hospital". Interviews and operating on national TV. Multiple appearances since October 2003 (ongoing).

POSTGRADUATE FELLOWSHIPS AND AWARDS

Royal Society of Medicine Travelling Fellowship to attend the overseas meeting of the Section of Coloproctology in Grenoble, France, April 1998.

Pennsylvania Society of Colon and Rectal Surgeons Award: At the American Society of Colon and Rectal Surgeons Annual meeting in San Antonio Texas, May 1998, for the poster: *Randomised controlled trial of metronidazole to reduce post-operative pain after day case haemorrhoidectomy.*

TEACHING AND ACADEMIC ACTIVITIES

- **Journal referee for *Colorectal Disease* (previously the *International Journal of Colorectal Disease*)**
- **Journal referee for *GUT***
- **Journal referee for *Digestive Diseases and Science***
- **Journal referee for *Diseases of Colon and Rectum***
- **Journal referee for *British Journal of Surgery***

- **Clinical Tutor to The St. Mark's Academic Institute 1996-98**
Involved in the planning and organisation of the curriculum for the St Mark's postgraduate teaching term twice a year.

Lecturer on the postgraduate teaching term

Demonstrator in anorectal physiology and anal endosonography

- **Tutor on the St. Mark's (Imperial College) Advanced Colorectal Workshop**
Advanced anastomotic techniques including ileal pouch and stoma construction

- **Lecturer on the St. Mark's advanced lecture course in coloproctology**
Three advanced courses each year in coloproctology and gastroenterology

- **Lecturer on Whipps Cross Higher (Part III) Surgical Course**
Seminar teaching on anorectal and pelvic floor physiology and endoanal ultrasound

- **Member of Faculty, Royal College of Surgeons of England Higher Surgical Training Course: Colorectal Module**

- **The Royal College of Surgeons part II FRCS / MRCS course (CSIG)**
Clinical teaching and vivas held at Northwick Park and St Mark's Hospital and Guy's and St Thomas' Hospital

- **Teaching for medical students and junior doctors**
Advanced trauma life support (ATLS) courses for SHOs, house officers and medical students, Lewisham and Eastbourne Hospitals 1995-96; lectures and practicals

Formal regular ward rounds and tutorials for medical and dental students, house officers and SHOs from the King's College, UMDS and St Mary's Hospital Medical Schools, Imperial College since 1993

Anatomy demonstrator (prosector) UMDS 1990

RELEVANT COURSES ATTENDED

1. Advanced Trauma Life Support (ATLS): provider course; The Royal Free Hospital, March 1992. Recommended for instructor status.
2. Suturing and anastomosis workshop: basic/intermediate level; Northwick Park hospital, October 1992.
3. FRCS part II course; St. Bartholomew's Hospital, March 1993.
4. Basic endoscopic technique: Introductory course; Joyce Green Hospital, October 1993.
5. "Plain Abdominal X-ray in the Acute Abdomen": Radiology course; Kent and Canterbury Hospital, December 1993.
6. Laparoscopic workshop: theory and 'hands on' techniques; The Royal College of Surgeons of England, March 1994.
7. Advanced anastomosis workshop; The Royal College of Surgeons of England, February 1995
8. Annual course in hepato-pancreatobiliary surgery; The Royal Postgraduate Medical School, Hammersmith Hospital, November 1995.
9. Section of coloproctology - RSM teaching day; Arrowe Park Hospital, Wirral, December 1995
10. Gastroenterology teaching day; St. George's Hospital, January 1996.
11. Section of coloproctology - RSM teaching day; Leeds February 1997.
12. Practical statistics for medical research; Imperial College School of Medicine, Hammersmith Hospital, January 1998.
13. Trans-anal endoscopic microsurgery course; The Royal College of Surgeons of England, January 1999.

GENERAL INTERESTS

I have always been interested and involved in team sports, playing rugby football and basketball for school teams and at county level, and association football for Guy's Hospital (captain of first eleven 1989) and University of London (ULU) teams. I was a member of the team, which won the ULU premier league championship in 1989. Currently I play occasional five a side or seven a side football and excel more in the social rather than the athletic aspects of the game. I also run to keep fit but this increasingly involves gentle jogging three to four times a week, and play tennis and squash badly. Otherwise I am more of an armchair sportsman although recently I have taken up golf. At present my handicap is very significant indeed.

I enjoy modern technology, in particular personal computers and digital photography and videos. I am competent in the use of various application softwares such as word-processors, statistics and presentation packages, databases, graphics and photographic software. I am also a keen amateur photographer.

My other interests are cinema and films having been a member of the British Film Institute, listening to classical music and going to the opera and classical concerts when possible. At home I enjoy DIY and decorating and I have an ever-increasing interest in cooking.

REFEREES

Professor R J Nicholls BA, M.Chir., FRCS (Eng), FRCS (Glasg).
Consultant Surgeon
St Mark's Hospital
Watford Road
Harrow, Middlesex.

Mr J M A Northover MS, FRCS.
Consultant Surgeon
St Mark's Hospital
Watford Road
Harrow, Middlesex.

Mr G H Evans M.Chir., FRCS
Consultant Surgeon
Eastbourne District Hospital
King's Drive
Eastbourne, East Sussex.