Successful Scholar

A world-class view

Travel made for invaluable experience for this plastic and reconstructive scholar

Plastic and Reconstructive surgeon Mr John Beer was last year given privileged access to some of the largest and most prestigious medical centres in the US with the support provided by the College’s Hugh Johnson ANZ Chapter American College of Surgeons Travelling Fellowship.

In America, Mr Beer spent time at the MD Anderson Cancer Centre in Houston, Texas, the Paces Plastic Surgery Centre in Atlanta, Georgia, the Memorial Sloan Kettering and Lenox Hill Eye and Ear Hospital in New York and the Massachusetts General Hospital in Boston.

He said that having recently completed his training, he was grateful for the College support to allow him to see the advances being made in plastic and reconstructive surgery, to learn from leaders in the field and to compare different medical and education systems.

Mr Beer’s time in America became part of what turned into an 18-month global research odyssey which also took him to Europe, Japan and East Asia to observe leaders in the field of plastic and reconstructive surgery such as Professor Isao Koshima at Tokyo University Hospital, a leader in the field of super-microsurgery, Professor Hung-Chi Chen in Taiwan, a pioneer in novel approaches to head and neck reconstructive surgery, and Mr Barry Jones in London, a recognised international figure in facial aesthetic and reconstructive surgery.

He said he had returned home with new skills and new approaches to complex cases, a desire to build consultative surgical networks to discuss difficult reconstructive cases and also with a greater understanding of the world-class standard of Australian surgical training.

Now back working at the Austin Hospital, the Skin and Cancer Foundation in Carlton, Monash Health and with a private practice based in Melbourne’s eastern suburbs, Mr Beer said he was unprepared for the sheer scale of the MD Anderson Cancer Centre which covers a geographical area similar in size to the Melbourne CBD.

With a special interest in reconstructive microsurgery particularly as it applies to the head and neck region, Mr Beer was given access to operating theatres, clinics and clinical meetings and worked alongside Dr Peirong Yu, an internationally-regarded figure in microsurgery and the philosophies which he applies to the anterolateral thigh flap and his technique is the one that most young plastic surgeons in Melbourne are trained to do,” Mr Beer said.

“I attended several cases with him which allowed me to see the approach and the philosophies which he applies to head and neck reconstruction.

“I also had the pleasure to meet Dr Hiro Suami, the director of the microsurgical research laboratory at MD Anderson.

“His particular area of interest is in the lymphatic system and through him I was able to learn more about some of the recent advances in lymphatic surgery that are taking place in several places around the world.

“Later in my travelling Fellowship I was able to visit three centres in Japan due to introductions provided to me by Dr Suami.

Mr Beer said that while the type of procedures performed at MD Anderson was similar to those conducted here, the enormous resources available and the large caseloads led to markedly different systems.

“Ther, surgeons are divided into teams to assist in particular reconstructions with each surgeon often assigned to multiple cases through the day and because all the surgeons are on staff, they are often available for cases at fairly short notice, an approach which is different to what we tend to have in Australia.

“The enormous resources at centres like this, where patients fly in from overseas just for an out-patient appointment, are great to experience, but impossible to replicate in a country the size of Australia.

“Yet while the on-staff team approach has its advantages in that it fosters group interaction and expertise and allows surgeons dedicated research time, it can limit skills by limiting exposure to the wide variety of cases that we are asked to treat as plastic surgeons in Australia.”

Mr Beer, who travelled with his wife Dr Alicia Au, an ophthalmologist and oculoplastic surgeon, next visited the Paces Plastic Surgery Centre, the private practice of Dr Foad Nahai, author of plastic and reconstruction surgery texts used by most Australian Trainees.

PAPERS PRESENTED

Ultrasound Assessment of DIEP Perforators
Annual Scientific Congress of The Royal Australasian College of Surgeons
May 2008 Hong Kong
Contributing Author: D McCombe

Radial Artery Anomalies for Cardiac Surgeons
Annual Scientific Congress of The Royal Australasian College of Surgeons
May 2006 Sydney
Contributing Author: M Yi

Ingual Canal Soft Tissue Sarcomas
Annual Scientific Congress of The Royal Australasian College of Surgeons
May 2006 Perth
Contributing Author: M Henderson

Subcutaneous Neurovascular Advancement Flap with Full Thickness Skin Graft in Finger Tip Amputations
Annual Scientific Congress of The Royal Australasian College of Surgeons
May 2003 Brisbane
Contributing Author: WA Morrison

Simultaneous Avulsion of Two Adjacent Flexor Digitorum Profundus Tendons
Annual Victorian Hand Surgery Society Meeting
November 2007 Melbourne
Contributing Author: J Burd

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He said that of the many cases of aesthetic and reconstructive surgery that he saw there the greatest point of difference was in the use of acellular dermal matrix in breast reconstruction which is used to control the inframammary fold, to assist in pocket control, help cover the inferior half of a breast implant and in some cases to minimise the effects of rippling or contour problems.

After a month in New York, Mr Beer visited the Massachusetts General Hospital at the invitation of the hospital chief, Dr William Austen, who had mentored Mr Beer for the Fellowship and co-ordinated his travels through the US.

“One area that I had no previous experience with was migraine surgery of which Dr Austen is a pioneer,” he said.

“From our brow lift experience it has been noted that some patients receive dramatic improvements in the symptoms of migraine which has led to the development of surgical procedures in selected patients.

“We know that it works, but the real key is choosing the right patient and I believe over the next decade it will become much clearer where surgery fits into the treatment of migraine.”

The final stop in the US for Mr Beer, before he headed to the UK to work for three months at King Edward VII hospital in London under Mr Barry Jones, was attending the Annual Scientific Congress of the American College of Surgeons held in Chicago.

There he participated in many formal aspects of the ASC as part of the commitments attached to the Travelling Fellowship, attended many of the scientific sessions and, along with other international scholars, delivered a presentation.

New career focus

Looking back, Mr Beer described his time overseas as an extraordinary opportunity and one which he felt had helped shape his career, not just in terms of his technical skills and knowledge, but also in relation to consultative problem-solving and professional cross-pollination.

“As an individual surgeon in Australia, I think we have more experience than our counterparts in the US despite their enormous resources, not only because we have a broader case mix, but also because all of us here have to constantly take into account the limitations of our resources and ensure we put them to the best possible use,” he said.

“At the same time, in Australia an average patient at every major hospital gets world-class treatment whereas in the US, a patient is not guaranteed that level of care outside major centres and I think we should be very proud of that.

“We may lack the same resources, but not the skills or expertise or commitment and I grew in confidence during this visit knowing Australian surgeons and Australian surgical training are up there with the best.”

With Karen Murphy