## Universitair Ziekenhuis Gent, Ghent (Belgium)

**ackground**: At the time of undertaking the Swiss Hernia Days Travelling fellowship, I had just completed a post-training fellowship in complex abdominal wall reconstruction and colorectal surgery in Royal Devon and Exeter Hospital, Exeter. I commenced my appointment as a Consultant Colorectal Surgeon (with an interest in complex abdominal wall reconstruction) at Swansea Bay University Health Board, UK in March 2020, a fortnight after my trip to Ghent and the week the UK went into national lockdown due to the CO-VID-19 pandemic.

**Host and Institution:** The Swiss Hernia Days Travelling Fellowship was kindly hosted by Prof. Frederik Berrevoet and his amazing surgical team at the University Hospital in Ghent, Belgium.



Late lunch on the final day with Professor Berrevoet and Dr Matthias

**Ghent City Centre:** Ghent is a port city in the Flemish Region and is the third largest city in Belgium. The centre of the city is a very pretty with medieval architecture to stroll around and lovely river front bars to sample local Belgian beers. Ghent University Hospital is one of the largest hospitals in Belgium and is closely linked to Ghent University. It has over 1000 beds and employees around 6000 employees.

My Experience, Monday 9<sup>TH</sup> – Wednesday 11<sup>TH</sup> March 2020: On the Monday morning, I was warmly welcomed to the department by Prof. Berrevoet and he introduced me to his team (Dr Orla, Dr Matthias, and Dr Natalie) at UZ Gent. That day I first observed a robotic flank hernia repair, and watched Dr Matthias undertake a beautiful pre-peritoneal dissection and with synthetic mesh placement. This was followed by an open recurrent midline incisional hernia repair with adhesiolysis for dense adhesions. The last case of the day I observed was a diagnostic laparoscopy for chronic pain following a TAPP repair of inguinal hernia 10 years ago. Prof Berrevoet took down some adhesions and the mesh was excised.

**On Tuesday,** I observed a transinguinal pre-peritoneal mesh repair by Dr Matthias. This was followed by an abdominal wall closure after the Urology team had undertaken a difficult cystectomy with removal of tumour deposits from the abdominal wall. The final case of the day was another joint case with the Urologists for an open incisional hernia repair and ileal conduit formation in a patient who previously had a cardiac transplant.

**On Wednesday,** I observed a transinguinal preperitoneal repair that required conversion into a lichtensten repair as the hernia was a pantaloon hernia containing colon and bladder. This was followed by laparoscopic bilateral totally extraperitoneal inguinal hernia repair. We then enjoyed a late lunch sat outside in the only few hours without rain for my entire stay in Belgium.

I would like to thank Swiss Hernia Days for supporting an invaluable experience in an excellent abdominal wall unit, led by Professor Berrevoet.



## **Rhiannon Harries**

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