

Late last year I had the opportunity to visit the Dermatological Surgery unit at the Oregon Health and Sciences University, USA thanks to support from the BSDS Travelling fellowship. The unit is one of the leading academic Mohs' departments in the US. It is currently led by Ken Lee, who is a former Scientific Committee Chair of the American College of Mohs Surgery (ACMS). Working alongside him are Neil Swanson, co-editor of one of the major skin surgery textbooks, *Local Flaps in Facial Reconstruction* and the dynamic Anna Bar, who also regularly lectures at the ACMS and ASDS.

I visited the unit after completing a fellowship in the UK, after gaining further hands-on training in Vancouver, Canada and before taking up a consultant job at St John's Institute of Dermatology, London.

It was encouraging to see their infrastructure was quite similar to that of our own unit. We have very similar lasers, facilities and staff numbers. I was immediately struck by how efficient the whole service was. Mohs' surgery started each morning from 7:30 am (sometimes 7am!) with one attending, one fellow (Joe Sobanko) and one resident (Gretchen Vanderbeek). Lists typically consisted of 12-15 cases all of which were reconstructed in house and many of which were complex. The session rarely finished later than 2pm after which there was a laser and cosmetic clinic. There were a number of factors which enabled the operation to be so slick. Staff were highly trained yet flexible- nurses for example often ended up cutting frozen sections when technicians were in short supply. I picked up many efficiency tips some of which have already been incorporated with good effect in my own unit. It was frustrating however to see some of the simple clinical freedoms which made a huge difference to the service but which NHS bureaucracy might never allow: nurses, for example, able to take verbal orders for medications without having to fill in mountains of paperwork.

The surgical pearls I gleaned from the Portland team were invaluable. I learned so much not only from the innovative procedures such as Dr Lee's modified single-sling myocutaneous island pedicle flaps¹ but also from seeing more simple procedures done slightly differently.

The fellowship at OHSU as in all ACMS programmes is rigorous, requiring the trainee to participate in over 500 cases of varying complexity. Some prominent UK Mohs' surgeons, such as Richard Barlow and Sunny Varma, are among its alumni. After seeing this training first hand I think it would be difficult for anyone to argue that one could attain anywhere near the same standards by doing substantially fewer cases.

Finally I had the opportunity to find out about some of their research activities. Dr Lee has an NIH grant to look at optical imaging of skin cancer, something that we are increasingly interested in at St John's Institute. They have produced some exciting work in the use of fluorescence confocal mosaicing microscopy for the detection of basal cell carcinoma in Mohs' excisions². The visit enabled me to establish links with some of the academics, such as Dan Gareau a highly driven and talented physicist, who have been very generous in guiding us to set up our own projects.

In summary this was a hugely inspiring and productive trip. I would like to thank the whole OHSU team for their immense support and generosity. They really went out of their way to make me feel welcome in Portland. Finally I would also like to thank the BSDS without whose support this trip would not have been possible.

Below is a photograph of the people I visited.



¹ Willey A, Papadopoulos DJ, Swanson NA, Lee KK. Modified single-sling myocutaneous island pedicle flap: series of 61 reconstructions. *Dermatol Surg*. 2008;34:1527-35.

² Karen JK, Gareau DS, Dusza SW, Tudisco M, Rajadhyaksha M, Nehal KS. Detection of basal cell carcinomas in Mohs excisions with fluorescence confocal mosaicing microscopy. *Br J Dermatol*. 2009;16:1242-50.