Prof. Matthew Albert: Teaching and Training for surgeons are important in TaTME

Received: 01 March 2017; Accepted: 30 March 2017; Published: 04 May 2017.
doi: 10.21037/ales.2017.03.23
View this article at: http://dx.doi.org/10.21037/ales.2017.03.23

The 2017 Digestive Disease Institute Week (DDI Week) organized by the Cleveland Clinic was held successfully in Boca Raton, Florida, from Feb. 14th to 18th. As a grand feast in the field of digestive disease, the symposium attracted numerous experts from all over the world to get together to have deep discussion for hot topics in the digestive field, including Transanal Endoscopic Surgery (TES), Transanal Total Mesorectal Excision (TaTME), fecal Incontinence and Rectal Prolapse, etc.

During this symposium, Prof. Matthew Albert from Florida Hospital, Orlando, Florida, gave an impressive presentation about the Complication of TaTME, earning a lot attention. Seizing this opportunity, the Editorial Office of *Annals of Laparoscopic and Endoscopic Surgery* (*ALES*) was honored to have an interview with Prof. Albert (*Figure 1*).

Figure 1 picture with Prof. Albert.

At the beginning of the interview, Prof. Albert briefly told us his medical track from Orlando, Florida, to New Orleans, Boston, Houston, Texas and back to Orlando, Florida. He now practices at Florida Hospital. Specializing in minimally invasive colorectal surgery, Prof. Albert, over the last seven years, has devoted his practice significantly to the development of TAMIS, research in transanal surgery, and TaTME, for rectal cancer.

During the interview, Prof. Albert introduced to us the current status of application of TaTME in the USA: Surgeons in USA have worked hard to improve care in rectal cancer. First and foremost is to try to shift some of the rectal cancer surgery into centers that have higher volumes of expertise. In that regards, USA surgeons are far behind the rest of the world. Thus, uptake of TaTME is more challenging in USA since many surgeons do not have the adequate volume of rectal cancer surgery, to become proficient in new technique. Prof. Albert also introduced to us the training program in his center with training 12–15 surgeons at a time via cadaver lab and live surgery, of which surgeon number reached 200 in the USA and this year another 100 training. Though it's hard to measure the exact uptake, we still could see that people are embracing the new surgical treatment for rectal cancer, especially distal rectal cancers.

As for the difficulty for performing a successful TaTME, Prof. Albert thought that anatomic planes are more challenging and require practice repetition, training, and education. Even for expert surgeon, it still requires practice and learning. Moreover, Prof. Albert also told some of his suggestion for young surgeons for the learning of TaTME: taking good advantages of online resources (education online, video, TaTME App) and taking formal training program.

Prof. Albert also concluded the conditions appropriate for performing TaTME in patients, how to avoid and manage complications with TaTME to pelvic dissection as well as his opinion to the future treatment for rectal cancer.

At the end of the interview, Prof. Albert excitedly shared with us the interesting experience when the first time he performed the TaTME unintentionally. He also told us what made him feel proud of his career as a doctor—the fact we have a long lasting legacy that someone has changed the face of rectal surgery with the development of TAMIS, TaTME and the development of flexible, transanal access ports which put everyone on the path to do this operation for the benefit of our patients! (*Figure 2*).

Figure 2 Prof. Matthew Albert: Teaching and Training for surgeons are important in TaTME (1).
Available online: http://www.asvide.com/articles/1504

Interview questions

(I) Based on your experience, here would you like to tell us in which condition TaTME is the best choice for our patients and what's its advantage compared to other surgery?
(II) Compared to the traditional laparoscopic surgery, what do you think is the difficulty or challenge for surgeon to learn and perform a successful TaTME?
(III) So your suggestion for our young surgeons to do TaTME is to practice and practice?
(IV) In this symposium, there's a topic about how to avoid and manage complications with TaTME to pelvic dissection, would you share with us your idea?
(V) TaTME is a way for treating rectal disease. With the fast development of technique and technology, what's your idea to the future treatment for rectal cancer?
(VI) Do you still remember the first time when you performed the TaTME?
(VII) What are some of the things that you feel proud of your career as a doctor?

Expert Introduction

Prof. Albert earned his medical degree from Tufts University School of Medicine in Boston, Massachusetts. Following his graduation from medical school, Prof. Albert completed his residency training in General Surgery at Tufts-New England Medical Center in Boston, Massachusetts. He founded the Center for Colon & Rectal Surgery in July 2004.

As a premier colorectal surgeon in Orlando and a daVinci® Certified Robotic Surgeon, Prof. Albert is arguably one of the busiest physicians in the area. He continually receives complex cases from around the region while attentively meeting the needs of local-area patients. Prof. Albert is a well published and highly regarded expert, having presented scientific work and research at many national and international surgical society meetings. His clinical interests include laparoscopic surgery, robotic surgery and TransAnal Minimally Invasive Surgery (TAMIS). TAMIS is a revolutionary technique to remove polyps and some cancers from the rectum. Working closely with a 3-surgeon team, Prof. Albert helped pioneer this innovative procedure in 2009. With regard to pelvic floor disorders, Prof. Albert has become an expert on laparoscopic and robotic repair of rectal prolapse (e.g., robotic rectopexy). He is sited as a Top Doc in Orlando Magazine.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, *Annals of Laparoscopic and Endoscopic Surgery*. The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/ales.2017.03.23). The author has no conflicts of interest to declare.

Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/ales.2017.03.23
Cite this article as: Gao S. Prof. Matthew Albert: Teaching and Training for surgeons are important in TaTME. Ann Laparosc Endosc Surg 2017;2:84.

Available online: http://www.asvide.com/articles/1504

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