Interview with Antonio Sitges-Serra

Starting back at the very beginning, what or who got you interested in the field of surgery? And what aspect of that influenced you to go into endocrine surgery?

When I think back of the motivations that led me to get into surgery it's clear that a most important one was my father's career as a general surgeon. He was the best of his time not only because his performance in the operating room but also because of his commitment to his profession, responsibility and his thorough understanding of the complexity and broad spectrum of general surgery. He had a comprehensive view of surgical disease and was well acquainted with Internal Medicine, Pathology, Microbiology and Pathophysiology. Because of my interest in medical physiology as a medical student, he later pushed me to consider Endocrine Surgery as this was an area waiting for proper development.

I trained as a general surgeon and practiced this specialty for almost 15 years before subspecializing in Endocrine Surgery in the mid 90's. Endocrinology had been one of my favourites subjects during my undergraduate medical studies. As a surgical resident, I had the opportunity to diagnose the first two patients with primary hyperparathyroidism ever seen at the hospital where I was training; this encouraged me to write my doctoral thesis on the impact of autoanalyzers in the diagnosis of hyperparathyroidism.

Then, during the 70's and 80's, I had the chance to train or meet with some of the pioneers of this surgical subspecialty such as Dick Welbourn (whose Hammersmith Hospital courses in London are now considered as the craddle of Endocrine Surgery in Europe), Ivan Johnston, Per Ola Granberg, Sam Wells, Jonathan van Heerden, Orlo Clark and Norman Thompson who definitely were role models in my early surgical career. The opportunity of creating an Endocrine Surgery Unit at the Hospital del Mar in Barcelona in the mid 90's was crucial for my devoting almost 100% of my surgical activity to endocrine disease for the last 20 years.

I am proud of having been a founding member of the European Society of Endocrine Surgeons and, quite unexpectedly, to be given the opportunity to organize the 3rd

ESES Congress in Barcelona, and very honoured to be its President for the next two years.

From a clinical point of view, how would you, as a European surgeon, comment on endocrine surgery in Turkey?

I am a bit acquainted with Turkish Endocrine Surgery, having attended some of the courses and congresses organized in Turkey, and also by reading the interesting literature published by leading Turkish surgeons, mostly on multinodular goiter, a field also of my interest. Endocrine Surgery is well developed in Turkey and is continuously growing. Bringing the 2016 ESES Congress to Istanbul is a the most precious European recognition of the continuing presence of Turkish endocrine surgeons in European and international meetings. There is no doubt that Endocrine Surgey will continue to grow in your country not only from the clinical point of view but also in the research and teaching fields.

If a surgeon would be awarded with the Nobel Prize, who would be your nominee? Why?

There are four surgical topics very dear to me that, I think, have brought an enormous progress to the development of surgery as it is practiced today: parenteral nutrition, genetics, organ transplantation and the acquired post-traumatic immunesuppression syndrome. Each of these four major surgical advances bears associated the name of an outstanding academic and clinical surgeon: Stanley Dudrick, Sam Wells, Thomas Starzl and Jonathan Meakins.

What do you value most in your fellows and residents in training?

What you expect of a young trainee is very simple but highly demanding: commitment, reliability and responsibility. Then follow surgical skill and hunger of knowledge (passion for continuous learning). These are the clues to become a proficient and learned surgeon. In addition, honesty and modesty are essential to ensure patients' safety and that the surgeon will always put patients' interest before his own personal, economical, promotional or publication interests. These two virtues are now all important since sound surgical practice (and Medicine in general) is currently threatened by conflicts of interest and nonsense competition.

What do you think is the most significant advance in endocrine surgery in recent years?

Progress in Endocrine Surgery is multifactorial and comes from many fields of biomedical research. In the diagnostic area, radioimmunoassay and its derivates have made it possible to accurately measure peptide hormone plasma levels. Imaging techniques have revolutionized parathyroid surgery and the follow-up of patients with papillary thyroid cancer. Genetics have provided a new dimension in the diagnosis and management of hereditary endocrine surgical diseases.

Engenieering has provided the surgeon with new tools to improve hemostasis, speed up thyroidectomy and monitor the recurrent laryngeal nerve function. Laparoscopy, when used judiciously, reduces surgical trauma and shortens the postoperative hospital stay of adrenalectomy. First class cytology has become essential in the management of thyroid nodules (to the point that no thyroid surgery should be performed in institutions without trained cytopathologists). Advances in anesthetic techniques have also been extremely useful in minimizing postoperative discomfort and allowing same day hospital discharge in selected thyroid and parathyroid cases.

How far should the general surgeon - without any particular endocrine surgery fellowship training - go in endocrine surgery?

Endocrine surgery is a medical-surgical specialty. It is not just a repertoire of surgical techniques. Surgeons operating on endocrine glands should have a thorough understanding of the diagnostic subtleties and pathophysiology of endocrine disease and their implications in both short- and long-term postoperative outcomes. Furthermore, volume/outcome studies have made it clear that a major issue in preventing surgical complications is to regularly practice a specific surgical technique.

This means that general surgeons will have less and less role in treating endocrine surgical conditions. Promoting Endocrine Surgery through regionalization and proper training of endocrine surgeons is the right way to avoid misdiagnosis, unnecessary surgery, unwanted reoperations, postoperative complications and failed surgeries, the most common mistakes observed when endocrine procedures are performed by untrained general surgeons.

Do you have any particular words of wisdom that you would like to convey to current and/or future surgeons involved with endocrine surgery?

Train as a general surgeon to learn the principles of surgical practice: preoperative assessment, infection and pain control, fluid therapy, decision-making, basic surgical techniques, etc. Then train as fellow under the leadership of a proficient and respected mentor that can teach you the intricacies of endocrine surgey. Learn how

to operate using a meticulous technique. The main challenge that has to overcome a general surgeon is to learn how to move in the neck, particulalry if he or she has done a lot of abdominal or laparoscopic surgery.

Dissecting neck structures requires a thorough knowledge of a complex anatomy and a fine and careful technique. Finally, be sure you acquire early on the necessary background in Endocrinology and related basic sciences to understand surgical endocrine disease. Endocrine Surgery is a beautiful medical-surgical discipline that can fill anyone's clinical and academic expectations and, because it deals mostly with benign or less malignant disease, it is also a very rewarding specialty from the personal and humanistic point of view.