

## Real-life story - Mr Marcus Brooks

Mr Marcus Brooks is Consultant Vascular Surgeon at North Bristol NHS Trust. He is the clinical lead for Bristol Bath and Western Vascular Network.



Mr Marcus Brooks Consultant vascular surgeon  
**Employer or university** North Bristol NHS Trust  
**Salary range** Unknown

### How I got into the role

I really enjoyed science and technology at school, and although I had considered applying for medicine, I decided to study engineering at the University of Cambridge. However, at the end of the first year I switched to medicine, having decided that I did want to be a doctor after all! My heart was set on a career in surgery as I was fascinated by the technical and practical challenges.

At this time the medicine degree at Cambridge included an eleven-week surgical placement at Addenbrooke's hospital. I gained experience as a student observer in general surgery ? mainly endocrine and lower gastrointestinal surgery. I was also able to watch some liver transplant operations.

I trained before the introduction of the foundation programme ? so once I graduated I worked as a house officer, gaining experience in gastroenterology and general surgery.

After this I worked in emergency medicine where we managed a range of emergencies including major trauma. I gained a broad clinical experience of acute surgical and medical admissions.

I then worked as an anatomy demonstrator at the University of Oxford for six months and gained the equivalent of the first part of my Membership of the Royal College of Surgeons (MRCS). My next job was a rotation for two and a half years as a senior house officer in surgery in North-West London. Nowadays core surgery would be the equivalent.

This job provided some really varied experience in surgery, including orthopaedic surgery, vascular surgery and neonatal intensive care. Whilst at Great Ormond Street Hospital I was very fortunate to be part of a team of surgeons that successfully operated on a pair of conjoined twins. I also gained my first real experience of vascular surgery, such as complex surgery for aortic aneurysms, at St Mary's Hospital in Paddington which is a leading unit in this field.

As this training post progressed I was given increasing levels of responsibility, and assisted with big operations such as lower limb bypass surgery and carotid endarterectomy (surgery on the carotid artery to reduce the risk of stroke). The post concluded with a year in general surgery during which I took my next stage of the MRCS.

I decided to take a break in my training and undertake two years' research at St Mary's Hospital. My research looked at the inflammatory changes associated with complex aneurysm repair. Funding for my period of research was made possible by a research fellowship from the Royal College of Surgeons and part-time surgical jobs.

My higher specialist training in general surgery took place in the North-West Thames area. At this stage vascular surgery was part of general surgery ? it became a specialty in its own right in 2012. This six-year training programme gave me significant exposure to complex vascular surgery.

Once I'd completed my surgical training and been awarded my CCT I headed off to Australia's Gold Coast for nine months to extend my vascular radiological skills. This was partially funded by a Moynihan Travelling Fellowship, a prestigious award from the Association of Surgeons of Great Britain and Ireland.

## **What I do**

I work at the Major Arterial Centre (MAC) for the Bristol Bath Western Vascular Network. As the network clinical lead I head a team of ten vascular surgery consultants working for a population of 1.3 million people. The network also has 7 interventional radiologists, specialist nursing staff, an amputee rehabilitation team and management and administrative staff.

I spend about one and a half days each week in the operating theatre. My theatre days usually start at around 7.30 am when I visit the patients who are having surgery on that day. Then it's on with the surgical list, 50% of which are emergency or urgent operations. It's usually a mix of aortic aneurysm and lower limb or carotid surgery, although operating lists can change at the last minute.

I'm usually finished in theatre by 5.30 or 6.00 pm, although operations can sometimes extend into the evenings. Around half of my lists are in a dedicated 'hybrid' operating theatre (a combined operating theatre and interventional radiology suite). This enables patients to benefit from 'the latest' less invasive endovascular procedures.

Most weeks I have one or two outpatients' clinics at two different hospital sites, where I see routine and more complex cases.

Each week I attend a multidisciplinary team meeting (MDT), where I can discuss cases with surgical colleagues, interventional radiologists, specialist nurses, vascular scientists and trainee doctors. I also spend one day a week in management meetings, where our agenda items include job-planning, rotas, clinical

governance and safety incidents.

As part of my management role we have introduced a new way of working on the wards with a 'consultant of the week' model. This means one consultant takes turns to run the ward on a weekly basis, which is very successful and gives good continuity for patients.

My research interests include pre-operative risk assessment, endovascular surgery and the patho-physiology of aortic aneurysms and dissection. However, my busy clinical and managerial role doesn't leave much time for research at present.

It's an exciting time to be working in vascular surgery as we benefit from the latest technological developments, such as endovascular techniques.

## **The best bits and challenges**

My job is very varied and enjoyable. I recently performed minimally invasive surgery on a 91-year old man who had a large abdominal aortic aneurysm. It was extremely rewarding to see him return to an active life following successful surgery. ?

I love working in vascular surgery as the outcomes are clearly related to the work you have done, and you can often see immediate benefits. ? Vascular surgery involves operating on the whole body, which I also enjoy.

It's an exciting time to be working in vascular surgery as we benefit from the latest technological developments, such as endovascular techniques. Aortic aneurysms can now be repaired using a stent graft inserted into the groin, rather than by open surgery. Lower limb bypasses can often be avoided by using balloon angioplasty and/or stenting. These minimally invasive procedures have many benefits for the patients - they can recover faster and have a lower chance of a major complication.

Vascular surgery is physically and mentally demanding and at times unpredictable. Working with such a great team of like-minded people is also very enjoyable. ? The job is exciting, but you have to take care not to get burnt out.

My job involves working across multiple hospital sites which can sometimes be a challenge. In order for this to work effectively everyone in the whole team needs to be extremely well-organised.

## **Life outside work**

Keeping physically fit is important to me, and it's a good way of managing stress in the job. I've always been involved in various sports including rowing and cycling. I'm also a member of a triathlon club and enjoy running.

I'm married to a consultant radiologist and we have three young children including a new baby. Finding time to spend with the whole family is a priority. My on-call commitment is 1 in 10, which involves working a 24 hour stretch once every fortnight and weekends on call, for which I am usually in most of the days.

## Career plans and top tips for others

I plan to continue in my current role, but in the future would like to develop a national role in vascular surgery. I'd also like to further develop my research interests in endovascular surgery and potentially extend my management role locally.

### Top tips

- when choosing a specialty do something you really enjoy
- be realistic about your strengths and weaknesses ? and consider whether the considerable demands of a career in surgery are for you
- make sure you keep a life outside medicine

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