

"I really love the breadth of work in plastic surgery and the fact that you see people of all ages from babies to elderly people."

Miss Lilli Cooper is a trainee plastic surgeon, ST4 at the Queen Victoria Hospital, East Grinstead, West Sussex.

Miss Lilli Cooper

Plastic surgery trainee

Employer or university

Queen Victoria Hospital, East Grinstead, West Sussex



- **How I got into
the role**

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I was an all-rounder at school and took A levels in Chemistry, Biology and English. My decision to study medicine came a few years after leaving school. From the age of 18 to 19 I travelled and worked

on a gap year. As I had an Australian passport, I decided to study a combined arts and sciences degree at the University of Melbourne. I majored in anatomy and physiology [1] and it was studying these subjects that made me consider medicine as a career.

I applied for medical school and was accepted by the University of Birmingham for their four year accelerated medical degree for graduates. This was a fantastic experience and part of my training included a six-week student selected module in children's plastic surgery at Birmingham Children's Hospital.

During this time I was able to observe some really amazing operations, for example for children who needed to have their skulls reshaped. I also saw a highly effective multidisciplinary team (MDT) in action, and was impressed by the excellent on-going relationships that were built with the children and their families. I did a second six-week module in adult plastic surgery and it was at this stage that I decided that I definitely wanted to be a surgeon.

After graduating from medical school I did my two-year foundation training [2] at Bristol Royal Infirmary. The four-month rotations included respiratory [3] medicine, geriatric medicine and trauma and orthopaedic surgery in the first year. The second year included colorectal [4] surgery (part of general surgery) and intensive care [5] medicine. I was also lucky enough to secure a four-month rotation in anatomy demonstrating, that gave me enough time to study for and pass my Membership of the Royal College of Surgeons exams (MRCS).

During foundation training [2] I successfully applied for core training in surgery, but before I started I gained useful experience in craniofacial plastic surgery, in Mexico.

My core surgical training took place in London at the Royal London and Royal Free hospitals. This provided further experience in ENT, plastic and upper gastrointestinal and renal transplant surgery

- **What I do**

- **Expand / collapse**

I'm now in my second year of higher specialist training in surgery in London. We have to cover the syllabus for plastic surgery from the Royal College of Surgeons and the General Medical Council. I've learnt a lot so far, about surgery for hand and lower limb trauma, skin cancer, burns and breast reconstruction.

My work at the Queen Victoria Hospital is very varied. About once every 10 days I'm on-call for 24 hours and then have the following day off. Being on-call means I deal with the emergency plastic surgery cases at the hospital. We don't have an A&E department, but we do have a minor injuries unit and a trauma clinic.

At the start of my on-call day we have a trauma meeting with the on-call consultant, the senior theatre nurses and the site practitioner nurse and there's a handover with the outgoing on-call team. We then do a ward round of all of the trauma patients in the hospital.

At the trauma clinic, patients are referred to us and I decide (with the help of colleagues) whether they

need emergency or planned surgery. I'm also available to see patients from the outpatients' clinics and I also provide advice to colleagues in the nurse-run post-surgical clinics.

The afternoons of my on-call day are usually spent in the operating theatre. During higher specialist training the operations increase in complexity and we are taught many different techniques by the consultants who are always available to answer questions.

An example of a relatively straightforward operation is a nail-bed repair, where we carefully clean and stitch back together cuts to the finger tip where the nail grows. However, even the simplest of operations can sometimes be unexpectedly complex. Another surgical procedure that we learn towards the start of our training is removing skin cancers, where it is vital that we know exactly how much tissue to remove. Our work is always assessed and we can only perform procedures once we have demonstrated competency.

Operations can last from around 20 minutes for something straightforward to between six and eight hours for more complex microsurgery, for example where someone has lost a finger.

During a typical week I normally spend about three full days in the operating theatre. I also see patients in outpatients' clinics and attend regular ward rounds.

My job also involves teaching - twice a week we teach our colleagues common conditions to ensure we cover the RCS syllabus. I'm also involved with the British Association of Plastic and Reconstructive Surgeons, evaluating new technology and innovation in plastic surgery.

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**The best bits
and challenges**

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I really love the breadth of work in plastic surgery and the fact that you see people of all ages from babies to elderly people. Plastic surgeons treat the whole body and also have an interesting mix of emergency and non life-threatening operations. I enjoy working as part of an MDT with different colleagues and using different skills when operating on soft tissue, blood vessels, bone and tendons.

Plastic surgery is often technically difficult and challenging, and there may be difficult clinical decisions to make. However, there are always senior colleagues available to help.

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**Life outside
work**

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Maintaining a good balance between work and life outside is vital. You're a better doctor if you're happy, supported and healthy. I always make time for life at home, to see friends and family and also enjoy tennis and cycling.

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**Career plans
and top tips for
others**

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At present I'm keeping my options open about my future sub-specialty. I'd like to develop my skills in microsurgery and also further my interest in lower limb and hand trauma surgery. I have at least four years to go until I achieve my CCT [6] and become a consultant and will spend this time rotating in different hospitals to cover all areas of the RCS curriculum and achieve the Fellowship of the Royal College of Surgeons (FRCS).

- it's a big advantage to take your MRCS exams during the second year of foundation training [2]
- be really organised – know what you have to do and do it
- find someone you respect to be your mentor who can help you achieve a two and five year plan – otherwise you might find that things you had hoped for don't happen
- take opportunities as they come and help others when you can – they will also help you

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Links

- [1] <https://www.healthcareers.nhs.uk/glossary#Physiology>
- [2] https://www.healthcareers.nhs.uk/glossary#Foundation_training
- [3] <https://www.healthcareers.nhs.uk/glossary#Respiratory>
- [4] <https://www.healthcareers.nhs.uk/glossary#Colorectal>
- [5] https://www.healthcareers.nhs.uk/glossary#Intensive_care
- [6] <https://www.healthcareers.nhs.uk/glossary#CCT>