

"Understanding what has brought people to my clinic is fascinating, and I like to know how their condition impacts their life."

Professor Simon Kay is a consultant plastic surgeon at Leeds Teaching Hospitals NHS Trust. He led the team of surgeons who recently performed surgery to provide a double hand transplant for a patient who had lost both hands during an accident.

Professor Simon Kay

Consultant plastic surgeon

Employer or university

Leeds Teaching Hospitals NHS Trust

Portrait of Prof Kay with hand transplant patient Mark Cahill

How I got into the role

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When I was about five I suffered severe burns to one of my hands. After surgery at a specialist centre one finger remained deformed and despite further specialist referrals I elected to have it removed when I was fifteen.

This experience made me aware of the psychological impact of surgery in childhood and of hand deformity in general and strongly influenced my future career choice. After A levels I went to Oxford University to study medicine and delighted in the study of anatomy and of the function of the body as well as human behaviour.

After medical school I did a series of house jobs (the equivalent of [foundation training](#) ^[1]) and also gained some experience in general surgery. With the Fellowship of the Royal College of Surgeons (FRCS) exams behind me I started specialist training in surgery

which took seven years at that time.

I had always wanted to be a surgeon, and plastic surgery appealed. It is the only specialty bounded by concept not anatomy or tissue type, and plastic surgeons operate in all parts of the body. The concept of reconstruction presents a fantastic challenge.

I moved to Yorkshire and became a consultant, developing my experience in upper limb plastic surgery, children's hand surgery and microsurgery here at Leeds Teaching Hospitals NHS Trust.

What I do

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I work in both the children's and adult hand clinics and see patients referred from all over the UK and Europe. The range of conditions we treat is very varied. These include adults with upper limb nerve and vascular problems. The surgery is very complex and I work closely in a multidisciplinary team alongside vascular surgeons, radiologists, neurosurgeons, orthopaedic surgeons, paediatricians, physiotherapists and clinical psychologists. Collaborative working is vital.

I run an adult hand surgery outpatients clinic once a fortnight when I usually see between 18 and 25 patients with my colleagues. The team is not hierarchical and I always listen to the views of junior surgeons who will often be very well-informed about the latest techniques. We often ask one another for help.

The operations I perform are often very difficult and time-consuming. However, I don't see my patients as technical problems – I'm also interested in their personal situation and the problems they are facing as a result of their condition. We need to understand the psychological aspects of hand injury and deformity, which is why a psychologist usually participates in my outpatients' clinics.

The technical aspects of the surgery are naturally very important. However, the human hand is so much more than just a part of the body which has physical functions such as grasping and pinching. There is both beauty and power in the human hand, and it has a vital role to play in communication.

Our children's hand surgery clinic is the largest in the UK. I usually spend half a day a week with my young patients in the outpatients' clinic. Children's hand problems are divided between birth deformities such as missing digits and birth injuries, where the nerves are damaged during delivery. I generally see babies from the age of 12 weeks onwards.

Reconstructive surgery may involve replacing a missing digit from the hand. At Leeds Teaching Hospitals we have pioneered the transfer of digits from the child's own body.

For example a missing finger or thumb can often be replaced with a toe to create a functioning hand. I occasionally operate on newborn babies, but more often surgery on infants takes place between four and seven months of age.

I also run a transplant hand clinic about once every two to three months.

About two days a week are spent in surgery – I usually start operating at around 9.00 am and finish between 4.30 and 5.00 pm. The operations vary in length from an hour and a half to seven hours or longer. Again, my work is highly collaborative and I work closely with surgeons from different specialties.

Preparations for our recent double hand-transplant surgery started the day before the operation when we heard a suitable donor was available. The patient, who had been waiting two years for his surgery was invited into hospital where he was given immunosuppressant drugs. Surgery began by indentifying structures in the stumps of the patient's hands and preparing the donor hands before the transplant.

This operation, which was the first of its kind, took ten hours to perform. Eight consultant plastic surgeons were involved in four teams, with two teams working on each hand, one for the transplanted hand and one for the stump. All the junior surgeons in our department were also able to observe and participate.

Another important part of my work is teaching and lecturing at Leeds and Bradford Universities. My current research is a clinical evaluation of transplantation. I've also spent twenty years as honorary visiting professor at Umea University in Sweden, which I visited two or three times a year. I'm also editing a text book on plastic surgery and I teach postgraduate students all over the UK.

The best bits and challenges

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I love the contact with patients that this job provides. Understanding what has brought people to my clinic is fascinating, and I like to know how their condition impacts their life. A holistic ^[2] approach is central to success in reconstruction.

When an operation goes well the feeling is one of immense pleasure. For example, giving a child a new thumb means they can get on with their life normally without any stigma attached. Parents are grateful for anything one can do for their child which also makes my job very rewarding.

I don't find the surgery itself stressful. If I did I'd have found another specialty to train in. Understanding people and family dynamics can be more challenging, although I find human behaviour complex and interesting.

It's important to keep up with the latest developments in surgery and to read all the relevant medical literature, and fitting that in can be a challenge.

Life outside work

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I find it hard to achieve a good work life balance as my hobby is surgery! However, maintaining outside interests is important and I enjoy walking with my dogs and spending time with family. I also enjoy sailing with friends in North Wales. A supportive family is a big help and I'm very fortunate in this respect.

Career plans and top tips for others

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I plan to continue developing the strength and expertise of our team here at Leeds Teaching Hospitals in the area of transplantation and microsurgery. I hope that my trainees understand that plastic surgery is not just about being a good technician. It's also about understanding people and their motivations.

- don't let anyone put you off- plastic surgery is competitive but if you want to train in this specialty then do it
- learn human anatomy and keep learning it in the finest detail – it will be your road map
- read medical history from 1750 onwards - especially from France and Britain: it will ground you in humility!

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Links

[1] https://www.healthcareers.nhs.uk/glossary#Foundation_training [2]
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