

CURRICULUM VITAE

Richard MILLER MS FRCS

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NAME	Richard MILLER
NATIONALITY	British
GMC #	2457745
MEDICAL SCHOOL	St.Bartholomew's Hospital, London, 1973-1978
QUALIFICATIONS	LRCP MRCS (London) September 1978
	MB BS (London) October 1978
	FRCS (Edinburgh) January 1984
	FRCS (England) May 1984
	MS (London) January 1990

DISTINCTIONS AND AWARDS

HONOURS IN SURGERY MB BS Finals, London University, 1978

PATEY PRIZE, Surgical Research Society, January 1988

HUNTERIAN PROFESSOR Royal College of Surgeons of England 1989-1990

NEW YORK TRAVELLING FELLOWSHIP and ETHICON TRAVELLING FELLOWSHIP Royal College of Surgeons of England 1992

HAMILTON BAILEY PRIZE, International College of Surgeons of England 1992

New England Society of Colon and Rectal Surgeons Award for best paper at the American Society of Colon and Rectal Surgeons Meeting in Anaheim, California, USA June 16 1988

Patey Prize 2002 Supervisor of the Prize Winner, Mr Justin Davies

PREVIOUS POSTS

1.2.79 - 31.7.79	House Surgeon Sir IP Todd Mr OJA Gilmore St Bartholomew's Hospital, London
1.8.79 - 29.1.80	House Physician Dr Dormer Whipps Cross Hospital, London
1.2.80 - 31.7.80	SHO in Casualty Whipps Cross Hospital
1.9.80 - 31.11.81	Demonstrator of Anatomy Professor Lewis Department of Anatomy St Bartholomew's Hospital Medical School, London
Junior Registrar Rotation 1.12.81 - 31.12.83 St Bartholomew's Hospital, London	
1.12.81 - 30.5.82	<u>SHO Urology and Renal Transplantation</u> Mr G Williams Hammersmith Hospital, London
1.6.82 - 31.12.82	<u>SHO General Surgery</u> Mr MG Prinn Harold Wood Hospital, Essex
1.1.83 - 31.6.83	<u>Junior Registrar in Orthopaedics</u> Mr JA Fixsen St Bartholomew's Hospital, London
1.7.83 - 31.12.83	<u>Junior Registrar in General Surgery</u> Mr WS Shand Mr MD Staunton St Bartholomew's Hospital, London
1.2.84 - 31.3.86	Surgical Registrar Mr WM Mee Mr JM Towler Mr R Rothwell-Jackson Mr RV Fiddian Luton and Dunstable Hospital

1.4.86 - 7.2.88 Research Fellow and Honorary Surgical Registrar

Department of Surgery
Bristol Royal Infirmary, Bristol

8.2.88 - 31.5.90 Surgical Registrar,
Royal United Hospital, Bath

1.6.90 - 30.4.92 Senior Registrar in Surgery,
Bristol Royal Infirmary
Tutor in Surgery, University of
Bristol

1.5.92 to 1.10.92 Senior Registrar in Surgery
St Marks Hospital
London

1.10.92 to 7.12.92 Visiting Travelling Fellow (New York Fellowship and Ethicon
Fellowship) Minneapolis St Paul, USA

4.1.93 to 1.12.17 Consultant Colorectal Surgeon, Addenbrookes Hospital, Cambridge

1.12.17 to date Hon Consultant Surgeon, Addenbrookes Hospital, Cambridge

SURGICAL EXPERIENCE

I was trained in the old school of general surgery with the objective however to be a pure colorectal specialist. That meant that on appointment to Addenbrookes in 1993 I was able to perform the full range of what used to be termed “general surgery”. That included breast surgery (mastectomies etc), vascular surgery (elective and emergency aortic aneurysm procedures, surgery for lower limb ischaemia) upper GI surgery (oesophagectomies, gastrectomies) and hepatobiliary surgery (cholecystectomy, surgery for pancreatitis, bile duct surgery). Thankfully now the concept that a single surgeon should be performing all these kind of procedures in such a wide range of specialities is over. I am a great believer that the patient gets the best service from a specialist in the field and whilst in the emergency situation you need a broad range of skills but now, at Addenbrookes, we have a completely separate highly specialised vascular elective and on call service, a separate transplant service and superb hepatobiliary support for liver trauma.

Gastroenterology

I have always wanted to become a colorectal surgeon and have worked with several well-known specialists in both the clinical and research arenas. In Bristol, as a research fellow and Senior Registrar I was able to perform specialist surgical procedures, in particular precise rectal cancer dissection (TME), complex pelvic floor work, challenging anal fistula etc. My research into the continence mechanism gave me a huge experience in anorectal

physiology and understanding of highly specialised radiology which is used to support clinical decision making.

My experience at St Mark's Hospital provided excellent training in rare and more esoteric coloproctological problems. I have seen the role of procedures like Soave excision of rectal mucosa in the management of radiation proctitis and haemangiomas and Kock continent ileostomy after anal excision. It has also improved my understanding of the problems associated with short gut and visceral myopathies and the role of the specialist nutrition teams, familial cancer syndromes etc.

Endoscopy

I was the first surgeon in Cambridge who could endoscope. There was significant resistance at first to the concept of surgical endoscopy but thankfully we have moved on and now all GI surgeons (5 upper and 8 lower GI) are proficient endoscopists and so support their gastroenterology colleagues in providing an excellent service.

I have been closely involved in open access endoscopy and have a wide experience of diagnostic and therapeutic colonoscopy. My own figures for colonoscopy include a 98% completion rate and zero perforations in over 7000 cases.

TEACHING EXPERIENCE

In every post since qualification I have been involved in teaching. I got valuable experience in teaching techniques as a Demonstrator of Anatomy in London. Initially I taught in far too much detail in a lecture style, which put the students to sleep. Shorter, targeted interactive sessions, proved much better. Adding a little humour also helps. I have been the Royal College Tutor in Cambridge, set up the MRCS course here, arranged the basic surgical training program and been a member of the Higher and Basic Surgical Training committees. The money raised from MRCS courses was used as a fund to support trainees education. I recently set up the program to teach the FY1s co-ordinated via whatsapp. I enjoy teaching and give it a high priority.

RESEARCH EXPERIENCE

THESIS WORK

I spent 21 months as a research fellow at the Bristol Royal Infirmary. The post was funded by the Medical Research Council and was centred on an investigation of the role of anorectal sensation in the continence mechanism. It was supervised by Mr Neil Mortensen (now Professor) who was Senior Lecturer in Surgery at the Bristol Royal Infirmary at the time and Dr Fernando Cervero, Reader in Physiology at the University of Bristol. This combination of surgeon and pure physiologist provided an excellent combination to guide and advise on the conduct of the work.

The hypothesis was addressed in a variety of ways. Initial studies demonstrated that in health the anal canal is highly sensitive but this is severely impaired in patients with incontinence. The sampling reflex was then investigated in detail in controls and patient groups which involved developing a number of new techniques, ambulatory physiology for one. The work was subject to peer review at all stages through publications in the British Journal of Surgery and resulted in a number of national and international prizes including the Patey Prize at the Surgical Research Society. I have also been awarded a Hunterian Professorship for an abstract based on some of the thesis work.

I gained a thorough working knowledge of anorectal physiology, both practical and academic. I performed much of the routine physiological and specialist radiological investigations in addition to my personal research. I was also able to gain experience of the management of a wide variety of complex colorectal patients.

EARLY POST THESIS RESEARCH

Following my post as research fellow I moved to the Royal United Hospital in Bath I continued to be actively involved in research. I studied a series of pouch patients using ambulatory physiological techniques that I had developed and showed the sphincters worked in very different ways to maintain continence. It also shed light on the reasons for incontinence in these patients. I also undertook an extensive investigation into the differences in pelvic floor function between patients with normal and slow transit constipation.

I set up anorectal physiology at the hospital. We had a £4500 grant to develop 24 hour ambulatory anorectal recording based on magnetic tape. This was a collaborative project involving the Department of Medical Physics in Bath, the Department of Clinical Measurement in Exeter and the Department of Surgery in Bristol. It culminated in the appointment of a research fellow in Bristol, Graham Duthie who was appointed as a consultant in Hull and is now a well-established expert in sacral nerve stimulation.

I continued by collaboration with Fernando Cervero into sensory aspects of the autonomic nervous system. We had a grant for £25,000 for a pilot project to study the electrophysiological properties of sensory receptors in the human gut by the Wellcome Foundation. We were successful in obtaining the first recordings ever from an afferent fibre in the human colon.

ADDENBROOKE'S HOSPITAL 1993 - to date

Clinical

I started in Cambridge as a General surgeon with an interest in Coloproctology but rapidly consolidated the colorectal service so within a year or two was exclusively performing colorectal work electively. Until I was able to build up the other specialities I had to continue supporting a much wider range of service in the emergency setting. Addenbrookes now has a separate emergency vascular rota and the GI teams, upper and lower, are the on call service but all the hepatobiliary admissions are transferred to the HPB team the next day. This means we have a truly specialist service with the exception of thoracic trauma. I hope to be able to incorporate the Papworth thoracic team into this service but negotiations are still progressing, slowly. With Papworth on site in 2018 I hope this service will improve.

The combined GI clinics (medical and surgical consultants in the same clinic) are flourishing and mostly deal with the more complicated cases of Crohn's disease.

I have championed the role of the specialist nurse and nurse consultant. We now have an outstanding group of specialist nurse who run the two week wait service for colorectal cancer in addition to all the follow-up protocols and urgent appointments after patient call the "hot line" with problems. We started with one, Karen Goodwin, who moved from ward sister to stoma nurse to nurse practitioner. We now have 4, in addition to the stoma team. They work as independent practitioners with a light touch of consultant oversight. I have promoted nursing excellence and have encouraged nurse development, one from staff nurse on the ward to deputy chief nurse.

Research

I started working with Dr Maher in the Dept of Genetics early in 1993. In 1995 we appointed Miss Cecelia Brassett to investigate familial colorectal cancer with particular reference to microsatellite instability. Miss Brassett was awarded her Mastership in Surgery from the University of Cambridge in 1997 for her thesis "Molecular Genetic Investigation of Colorectal Cancer". Cecilia is currently head of the anatomy department in Cambridge University.

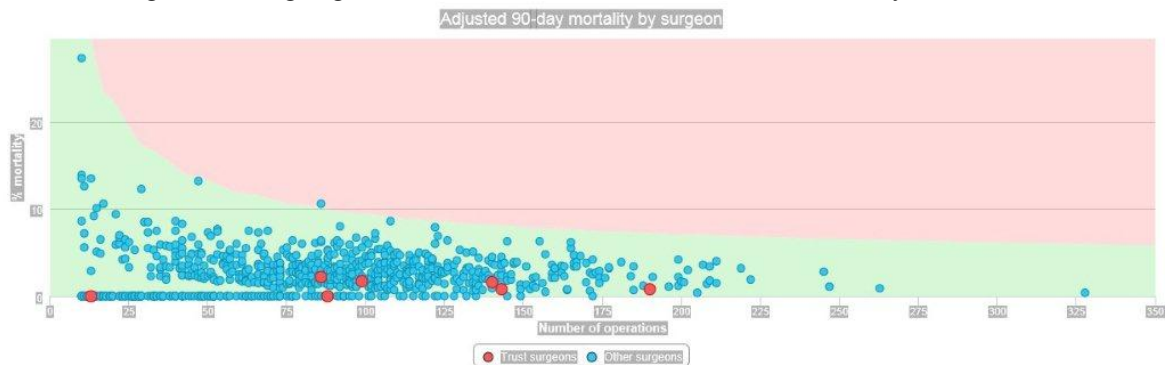
I collaborated with Dr Stephen Middleton in medical gastro-enterology in work looking into nitric oxide in normal gut, diverticular disease and inflammatory bowel disease. For many years I worked with Nick Coleman on the use of cytology to diagnose anal and colorectal cancer. We were funded by grants that Nick Coleman had from the CRC. We appointed Justin Davies as a research fellow. He had been one of the first surgical housemen as they were called then, on my colorectal firm. He was very successful in isolating viable cancer cells from stool which then can be used for screening for colorectal cancer. This research resulted in publications in the Lancet and Nature Cancer Reviews, two of the most prestigious journal in the world. Justin is now a much-valued consultant colleague in Cambridge.

AUDIT

I keep a running personal audit of my own surgery so that I am able to quote numbers of procedures performed, complication rates etc.

I have changed the Department of Surgery audit system which to provide an updated discharge summary system and data base. This has been subsumed by the new EPIC electronic record.

I contribute to the National Colon cancer database (NBOCAP) The funnel plot below shows the figures of 90 day mortality and number of cancer operations. I am represented by the red dot on the far right showing high numbers of resections with a low mortality.



The link to the dataset is:- <https://www.acpgbi.org.uk/surgeon-outcomes/cambridge-university-hospitals-nhs-foundation-trust/>

MANAGEMENT EXPERIENCE

Since September 1993, when I was appointed in charge of general surgery, I have had an increasing portfolio of clinical leadership roles in Cambridge. The objective has always been the same, to build up surgery into specialist units with academic ambition and achievement. Starting with what was general surgery, as consultants retired and finances/politics permitted I appointed breast, upper GI and hepatobiliary specialists and used the national centralisation of speciality agenda to make Addenbrookes the centre of vascular and upper GI networks of care. This was bruising at times as some did not want centralisation, but it has been achieved. This approach focused the excellent transplant unit on their undoubted skills in liver and hepatobiliary surgery. This unit must rank one of the best in the country.

In 1999 I was appointed a Clinical Director of what at that time was termed Surgery 1 (General surgery, trauma and orthopaedics, urology and the emergency dept). This enabled me to continue developing the specialisation agenda and to support a wider team.

In 2009 I was appointed Divisional Director of Surgery which encompassed GI surgery, vascular, ENT, maxillofacial, plastics, urology, T+O and ophthalmology. Medicine took over ED and paediatric surgery was managed by a developing department of paediatrics (medicine, oncology and surgery).

Throughout this I was still doing the usual full elective and on call commitments of a colorectal surgeon.

By 2012 we had fully fledged specialist units with separate on call rota, hub and spoke arrangements for emergencies and major elective work.

I was and am a strong advocate of the EPIC electronic patient record system and was one of the three people (with Afzal Chaudhry and Carrie Armitage) who presented the successful case to the executive board in Cambridge. This is a completely integrated electronic patient record, which has countless advantages, and a few downsides.

I could not have done this without the support of many people, notably Claudia MacFarlane who as ADO for Surgery covering anaesthetics and theatres operationally. David Neal who was appointed to the Chair of Surgical Oncology really accelerated the expansion of urology and brought the robot and the skills to use it to Cambridge. There are many others, from CEOs down, who have helped this expansion and improvements in surgery at Addenbrookes.

In 2014 the then CEO, Keith McNeil, wanted fewer divisions and for them to be based as much as possible on harmonies of speciality so 5 were eventually agreed on. Mine, as a colorectal surgeon, is division A which includes GI medicine and surgery with endoscopy (Digestive Diseases) and there are 4 others. Some have a better mix of complimentary skills, others more disparate. I decided not to apply, as the term was another 5 years as Divisional Director.

I was soon after appointed as one of the Deputy Medical Directors, supporting the MD, Jag Ahluwalia, in matters operational, IT and informatics, EPIC optimisation, surgical issues and generic back-up.

In December 2017 a new MD was appointed and I felt it would be better for him if he had his own group of deputy MDs so I resigned that aspect of my job and retained the clinics and ad hoc MD work as required.

POSITIONS OF RESPONSIBILITY

Addenbrookes

Lead for anorectal physiology and endoanal US¹

Lead for General Surgery (1993-1999)

Clinical Director – Surgery 1 (1999-2009)

Divisional Director of Surgery (2009-2014)

Deputy Medical Director¹ (2014 – Dec 2017)

Regional

Regional Lead for Colorectal Cancer and MDT lead

Member Higher Surgical Training Committee

Member basic Surgical Training Committee

Regional Representative for ACPGBI

National

Council Member Research/Audit Committee Association of Coloproctology

Royal Society of Medicine section of coloproctology council member

Royal College of Surgeons Tutor

Final FRCS examiner 2007- 2017

MEMBERSHIP OF SOCIETIES

British Medical Association

The Association of Coloproctology of Great Britain and Ireland

St Mark's Association

Association of Surgeons of GB and I

PUBLISHED PAPERS

Blair S, **Miller R**

Volvulus.

Hospital Update 1986;12:711-721

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

Anorectal temperature sensation: A comparison of normal and incontinent patients.

Br J Surg 1987;74:511-515

This paper was shortlisted for the Patey Prize at the Surgical Research Society in 1987

Bartolo DCC, **Miller R**, Mortensen NJMcC

Sphincteric mechanism of anorectal continence during valsava manoeuvres.

Coloproctology 1987;9:103-107

Miller R, Bartolo DCC, Roe AM, Mortensen NJMcC

Assessment of microtransducers in anorectal manometry.

Br J Surg 1988;75:40-43

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

Anorectal sampling: A comparison of normal and incontinent patients.

Br J Surg 1988;75:44-46

Miller R, Bartolo DCC, Locke-Edmunds JC, Mortensen NJMcC
A prospective study of conservative and operative treatment for faecal incontinence.
Br J Surg 1988;75:101-105

Miller R, Bartolo DCC, Roe A, Cervero F, Mortensen NJMcC
Anal sensation and the continence mechanism.
Dis Colon Rectum 1988;31:433-438

Miller R, Lewis GT, Bartolo DCC, Cervero F, Mortensen NJMcC
Sensory discrimination and dynamic activity in the anorectum: evidence using a new ambulatory technique.
Br J Surg 1988;75:1003-1007
This was presented at the Surgical Research Society in 1988 and won the **Patey Prize**

Miller R, Bartolo DCC, James D, Mortensen NJMcC
Air-filled microballoon manometry for use in anorectal physiology.
Br J Surg 1989;76:72-75

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC
Differences in anal sensation in continent and incontinent patients with perineal descent.
Int J Colorect Dis 1989;4:45-49

Miller R, Orrom WJ, Cornes H, Duthie G, Bartolo DCC
Anterior sphincteroplasty and levatorplasty in the treatment of faecal incontinence.
Br J Surg 1989;76:1058-1060

Miller R, Bartolo DCC, Orrom WJ, Mortensen NJMcC, Roe AM, Cervero F.
Improvement of anal sensation with preservation of the anal transition zone ileoanal anastomosis for ulcerative colitis
Dis Colon Rectum 1990;33:414-418

Miller R, Orrom WJ, Mortensen NJMcC, Bartolo DCC
Ambulatory anorectal physiology in patients following restorative proctocolectomy for ulcerative colitis: A comparison with normal controls.
Br J Surg 1990;77:895-897

Murray GD, **Miller R**
Statistical comparison of two methods of clinical measurement
Br J Surg 1990;77:384-387

Duthie GS, Bartolo DCC, **Miller R**

Resting anal canal pressure studies poorly reflect actual pressures recorded during ambulatory monitoring.

Dis Colon Rectum 1990;33:6-7

Miller R, Duthie GS, Bartolo DCC, Roe AM, Locke-Edmunds J, Mortensen NJMcC

Anismus in patients with normal and slow transit constipation

Br J Surg 1991;78:690-692

Miller R, Bartolo DCC

Faecal incontinence

Surgery 1991;93:2212-2216

Orrom WJ, **Miller R**, Duthie GS, Bartolo DCC, Mortensen NJMcC.

Comparison of Anterior Sphincteroplasty and Post Anal Repair in the treatment of idiopathic faecal incontinence.

Dis Colon Rectum 1991;34:305-310

Gotley DC, Barham CP, **Miller R**, Arnold R, Alderson D

The Sphinctometer: a new device for measurement of lower oesophageal sphincter function.

Br J Surg 1991;78:933-935

Orrom WJ, Bartolo DCC, **Miller R**, Mortensen NJMcC, Roe AM

Rectopexy is an Ineffective Treatment for Obstructed Defaecation.

Dis Colon Rectum 1991;34:41-46

Miller R, Roe AM, Eltringham WK, Espiner HJ

Laparoscopic fixation of sigmoid volvulus: (Surgical Workshop).

Br J Surg 1992;79:435

Baraham CP, Gotley DC, **Miller R**, Mills, Alderson D

Pressure events surrounding oesophageal acid reflux episodes and acid clearance in ambulant healthy volunteers.

Gut 1993;34:444-449

Brassett C et al

Microsatellite instability in early onset and familial colorectal cancer.

J Med Genet 1996;33:981-985

Brassett C et al.

Frequency of germline mismatch repair gene mutations in Early onset and familial colorectal cancer.

Cancer Research 1997

Lokitionov A, O'Neill IOK, Silvester KR, Cummings JH, Middleton SJ, **Miller R**
Quantitation of DNA from exfoliated colonocytes isolated from human stool surface a novel non-invasive screening test for colorectal cancer

Clin Cancer Research 1998;4:337-342

Jones OM, Smeulders N, Wiseman O, **Miller R**

Lateral ligaments of the rectum: an anatomical study.

Br J Surg 1999;86:487-489

Pilkington SA, Bateman AC, Wombwell S, **Miller R**

Anatomical basis for impotence following haemorrhoid sclerotherapy

Ann R Coll Surg Engl 2000;82:303-306

Roberts PJ, Morgan K, **Miller R**, Hunter J, Middleton S

Neuronal Cox-2 expression in human myenteric plexus in active inflammatory bowel disease

Gut 2001 Apr;48(4):468-72

Jones OM, **Miller R**

The lateral ligaments of the rectum: the emperor's new clothes?

Dis Colon Rectum 2001;44:1723-4

Roberts PJ, Riley GP, Morgan K, **Miller R**, Hunter JP, Middleton SJ

The physiological expression of inducible nitric oxide synthase (iNOS) in human colon

J Clin Pathol 2001;54:4:293-7

Lomas DJ, Sood RR, Graves MJ, **Miller R**, Hall NR, Dixon AK

Colonic carcinoma: MR imaging with CO₂ enema – pilot study

Radiology 2001; 219:558-562

Ng CS, Doyle TC, Pinto EM, Courtney HM, **Miller R**, Bull RK, Freeman AH, Dixon AK

Caecal carcinomas in the elderly: useful signs in minimal preparation CT

Clinical Radiology 2002 ;57:359-364

NG CS, Doyle TC, Dixon AK, **Miller R**, Arends MJ

Histopathological correlates of abnormal pericolic fat on CT in the assessment of colorectal carcinoma.

Br J Radiol 2002;75:31-37

Davies RJ, Freeman A, Morris LS, Bingham S, Dilworth S, Scott RA, Laskey RA, **Miller R**, Coleman N

Analysis of minichromosome maintenance proteins as a novel method for detection of colorectal cancer in stool

Lancet 2002;359:1917-19

Scott IS, Morris LS, Bird K, Davies J, Vowler S, Rushbrook SM, Marshall AE, Laskey RA, **Miller R**, Arends MJ, Coleman N

A novel immunohistochemical method to estimate cell-cycle phase distribution in archival tissue: implications for the prediction of outcome in colorectal cancer
J Pathol 2003;201:187-197

Davies RJ, Scott IS, Morris LS, Rushbrock SM, Bird K, Vowler SL, Arends M, **Miller R**, Coleman N

Increased expression of minichromosome maintenance protein 2 in active inflammatory bowel disease
Colorectal Disease 2004 Mar; 6(2): 103-10

Chohan DPK, Goodwin K, Wilkinson S, **Miller R**, Hall NR

How has the two week wait rule affected the presentation of colorectal cancer
Colorectal Disease 2005;7:5 450-453

Davies J, **Miller R**, Coleman N

Screening tool for colorectal cancer using stool
Discovery Medicine 2005;5(26) 175-179

Tang T, Lim PB, **Miller R**

An approach to haemorrhoids
Colorectal Disease 2005;7:143-147

Davies RJ, **Miller R**, Coleman N

Colorectal Cancer Screening: Prospects for Molecular Stool Analysis
Nature Cancer Reviews 2005;5:199-209

White V, **Miller R**

Colorectal Cancer: Prevention and early diagnosis
Medicine 2007;36:6:297-301

Scarpini C, White V, Muralidhar B, Patterson A, Hickley N, Singh N, Mullerat J, Winslet M, Davies J, Philpips M, Stacey P, Laskey RA, **Miller R**, Nathan M, Coleman N

Improved screening for anal neoplasia by immunocytochemical detection of minichromosome maintenance proteins.
Cancer Epidemiol Biomarkers Prev 2008;17(10) 2855-2864

White V, Scarpini C, Barbosa-Morais N, Ikelle E, Carter S, Laskey RA, **Miller R**, Coleman N

Isolation of stool-derived mucus provides a high yield of colonocytes suitable for early detection of colorectal carcinoma.

Cancer Epidemiol Biomarkers Prev 2009;18(7) OF1-OF8

This paper was featured on the cover of the journal as recognition of the group's contribution to cancer research

Dennis R, Tou S, **Miller R**

Colorectal cancer: Prevention and early diagnosis
Medicine 2011;39:5:243-249

Usher-Smith J, **Miller R**, Griffin S
Predicting survival in patients with colorectal cancer
BMJ 2017;357:1136 Editorial

CHAPTERS IN BOOKS

Miller R, Mortensen NJMcC
Anorectal physiology.
LM Nyhus (Ed) Surgery Annual 1989 p 303-326

Miller R
Assessment of sensory function.
Kumar D, Waldron D, Williams NS (Eds)
Clinical Measurement in Coloproctology 1989

Davies RJ, **Miller R**
What is the role of Prophylactic Surgery in the prevention of colorectal cancer
Evidence based oncology
(ed C Williams) 2003 BMJ publishing Group 104-109

CASE REPORTS

Miller R, Bowley N
Ureteric Amyloidosis.
Urol 1984;131:112

EDITORIALS

Juliet Usher-Smith, **Richard Miller**, Simon Griffin
Predicting Survival in Patients with Colorectal cancer
BMJ 2017;357:j2772

INVITED LECTURES

Miller R

The Role of the Patey Prize.
Surgical Research Society 1990

Miller R

Studies in Ambulatory Physiology.
Principles of Colon and Rectal Surgery Course, Minneapolis 1992

Miller R

Strictureplasty in Crohn's disease: Past, present and future
Association of Surgeons meeting, Dublin 2002

PRESENTATIONS WITH PUBLISHED ABSTRACTS

Cervero F, **Miller R**, Mortensen NJMcC

Temperature sensation in the anorectum of normal humans.
Physiology Society
J Physiol 1987;387:52P

Miller R, Bartolo DCC, Roe AM, Cervero F, Mortensen NJMcC

Anorectal sensation: Its role in the continence mechanism.
British Society of Gastroenterology
Gut 1987 28:A1361

Miller R, Bartolo DCC, Roe AM, Mortensen NJMcC, James D

Consumer guide to anorectal manometry: A comparison of micro-transducer, water and air filled microballoon systems.
British Society of Gastroenterology
Gut 1987 28:A1361

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

Differences in anal sensation in continent and incontinent patients with perineal descent.
British Society of Gastroenterology
Gut 1987;28:A1361

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

The sampling reflex: A comparison of normal and incontinent patients.
British Society of Gastroenterology
Gut 1987;28:A1361

Miller R, Bartolo DCC, Cervero DCC, Mortensen NJMcC

Ambulatory anorectal manometry: A new method for the investigation of anorectal function.

This paper won the **Patey Prize** at the Surgical Research Society in January 1988

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

Ambulatory anorectal manometry: technique and application.

Dis Colon Rectum 1988

This paper won the **New England Society of Colon and Rectal Surgeons Award** for best paper at the American Society of Colon and Rectal Surgeons Meeting in Anaheim, California USA June 16 1988

Duthie GS, Bartolo DCC, **Miller R**, Mortensen NJMcC, Virjee J

Is anismus due to reduced anorectal sensation in slow transit constipation?

British Society of Gastroenterology

Gut 1989;30:A714

Duthie GS, Bartolo DCC, **Miller R**, Mortensen NJMcC, Virjee J

Anismus does not adversely affect the outcome of colectomy and ileorectal anastomosis for slow transit constipation

British Society of Gastroenterology

Gut 1989;30:A735

Miller R, Orrom WJ, Bartolo DCC, Mortensen NJMcC, Roe AM

Rectopexy is an ineffective treatment for obstructed defaecation.

British Society of Gastroenterology

Gut 1989;30:A735-736

Miller R, Bartolo DCC, Orrom WJ, Mortensen NJMcC

Successful restorative proctocolectomy is related to reduced pouch activity on ambulatory manometry

British Society of Gastroenterology

Gut 1989;30:A735

Gotley D, **Miller R**, Arnold R, Barham P, Alderson D

The artificial oesophagus and a new device for measuring lower oesophageal sphincter pressure.

Surgical Research Society (June 1990)

Br J Surg 1990;77:1414

Duthie GS, Bartolo DCC, **Miller R**

Estimation of the incidence of anismus by laboratory tests.

Surgical Research Society (Jan 1991) and Tripartite SRS meeting in Salzburg May 1991

Br J Surg 1991;78:747

Farouk R, Duthie GS, Bartolo DCC , McGregor AB, **Miller R**

Restoration of continence after prolapse repair is due to recovery of the internal anal sphincter.

Surgical Research Society (July 1991)

Br J Surg 1991;78:1501

Farouk R, Duthie GS, Bartolo DCC, **Miller R**

Internal anal activity is intermittently disrupted in neurogenic faecal incontinence with little effect on ambulatory pressures

Surgical Research Society (July 1991)

Br J Surg 1991;78:1502

Barham CP, Gotley DC, **Miller R**, Alderson D

Acid clearance in gastro-oesophageal reflux disease: studies in ambulatory subjects.

Surgical Research Society Plenary session for the Patey Prize (January 1992)

Br J Surg 1992;79:442

Farouk R, Duthie GS, Bartolo DCC, **Miller R**

Prolonged internal sphincter relaxation/inhibition: an underestimated problem in incontinence?

Surgical Research Society (January 1992)

Br J Surg 1992;79:465

Brassett C, Froggatt J, Williams GH, Koch J, **Miller R**, Maher ER

Microsatellite instability in non-HNPCC familial colorectal cancer

Presented at the European Society of Human genetics, London, April 1996

PRESENTATIONS WITHOUT PUBLISHED ABSTRACTS

Miller R, Williams G

Ureteric Amyloidosis

Section of Urology, Royal Society of Medicine, April 1982

Miller R, Bartolo DCC, Mortensen NJMcC

The anorectal angle revisited: A prospective evaluation of the treatment of faecal incontinence.

Association of Surgeons Meeting, April 1987

Miller R, Bartolo DCC, Mortensen NJMcC

Anorectal temperature sensation: a possible factor in the continence mechanism.

Section of coloproctology, Royal Society of Medicine, Weisbaden, West Germany, May 1987

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

Does preservation of the anal transition zone influence sensation after ileoanal anastomosis?

Clinical controversies in Inflammatory Bowel Disease, Bologna, Italy, September 1987

Miller R, Bartolo DCC, Cervero F, Mortensen NJMcC

Dynamic activity and sensory discrimination in the anorectum: Evidence using a new ambulatory technique.

This paper was read in the plenary session for the **Moynihán Prize** at the Association of Surgeons Meeting in Harrogate, April 1988

Miller R, Bartolo DCC

Anterior sphincteroplasty and levatorplasty in the treatment of faecal incontinence.

This paper was shortlisted for the Registrar Prize at the Wessex Surgeons Meeting, Haslar, Portsmouth, October 1988

Orrom WJ, Bartolo DCC, **Miller R**

Anterior sphincteroplasty and levatorplasty in the treatment of faecal incontinence.

Tripartite meeting of the Section of Coloproctology of the Royal Society of Medicine, June 1989

Miller R, Bartolo DCC, Mortensen NJMcC, Roe AM, Locke-Edmunds JC

Does pelvic outlet obstruction cause slow transit constipation?

Tripartite meeting of the Section of Coloproctology of the Royal Society of Medicine, June 1989

Miller R, Orrom WJ, Mortensen NJMcC, Bartolo DCC

Ambulatory pouch-anal activity following restorative proctocolectomy for ulcerative colitis: A comparison with normal controls.

Tripartite meeting of the Section of Coloproctology of the Royal Society of Medicine, June 1989

Barham P, Gotley D, **Miller R**, Alderson D

A new device for investigating lower oesophageal sphincter function

6th Congress of Surgical Investigation in Spain 1990

Duthie GS, Bartolo DCC, **Miller R**

Resting anal canal pressure studies poorly reflect the actual pressures recorded during ambulatory monitoring

Am Soc Colon Rectum Surgeons Meeting 1990

Jones O, Smeulders N, **Miller R**

The Mesorectum: an anatomical study

RSM, Section of Coloproctology November 1997

Lomas DJ, Sood RR, Graves I, Joubert I, Franklin HJ, Hall NR, **Miller R**

MR Colography with carbon dioxide

Imaging Oncology and Science, Birmingham, May 2000

Xanthis A, Olafimihan O, **Miller R**, Fearnhead NS, Davies RJ, Hall NR

Retrospective Audit of local recurrence after standard abdominoperineal resection: Do we really need ELAPE

Poster presentation at the ACPGBI 2015

LETTERS

Miller R et al Correspondence. Br J Surg 1987;74:1189

Miller R Correspondence Surgery 1992;10:136b

GRANTS AWARDED

Cancer Research Campaign 1986

£1200 equipment grant

Bristol and Weston Regional Health Authority 1987

£5500 equipment grant to develop ambulatory physiology

Wessex Regional Health Authority 1988

£4500 equipment grant to develop ambulatory physiology

Wellcome Foundation

£31,000 project grant for research into ambulant physiology. In conjunction with DCC Bartolo.

Medical Research Council 1990

£66,000 project grant for a 2 year study of ambulatory anorectal physiology in conjunction with Mr D Bartolo.

Frances and Augustus Newman Foundation 1990

£11,500 capital equipment grant for research into gastro-oesophageal reflux.

Northcott Devon Medical Foundation 1991

£7400 capital equipment for research into gastro-oesophageal reflux.

Wellcome Foundation 1991

£25,000 pilot grant for research into sensory electro-physiology of the human colon. In conjunction with Dr Fernando Cervero

Addenbrooke's Hospital Endowment Fund 1993

£24,493 equipment grant to set up anorectal physiology for research into functional results after rectal resection.

£11,500 for technicians salary - 1st year

Addenbrooke's Hospital Endowment Fund 1995

£34,200 grant with Dr E Maher to fund a research fellow for 1 year.

Title of project "Molecular investigation of Colorectal Cancer"

Addenbrooke's Hospital Endowment Fund 2000

£39,396 Grant for "Early detection of colorectal adenocarcinoma using antibodies against proteins of the pre-replication complex" with Dr N Coleman.

Association of International Cancer Research 2001

£39,619 grant with Drs Coleman and Davies for research into colon cancer screening.

INTERESTS AND HOBBIES

I like the countryside, walking in this country and abroad. I have taken over patches of land purely so they can be managed for conservation and now have barn owls and kingfishers in one area. I am a keen fisherman and have fished in the UK all over the world (Iceland, Argentina, Russia, Alaska). Gardening has been an increasing pleasure, thankfully with expert guidance. I shoot, mostly in East Anglia and stalk on occasions in Scotland.

