



EP 024

Short-term Outcomes Of Hepatic Resection At A Newly Established HPB Unit In A Resource Poor Province Of Pakistan

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Background : The first Hepato-Pancreatico-Biliary (HPB) center was established in 2021 at Shaukat Khanum Memorial Hospital and Research hospital (SKM&RH), Peshawar in the Khyber Pakhtunkhwa province of Pakistan. Being a resource poor province with minimal exposure to complex HPB surgery brought it sown challenges including trained workforce, lack of equipment and financial constraints. We compare our 1 year outcome and discuss the challenges faced in setting up a new HPB unit where non-existed before.

Methods : We retrospectively analyzed our prospectively maintained database for all liver resections performed by a single liver surgeon to determine the short-term outcomes at our newly established HBP center. The Intra-operative variables studied included the type of liver resection, demographics, indication for surgery, and average blood loss. Postoperative variables included surgical complications such as bile leak (BL), surgical site infection (SSI), and post-operative hepatic liver failure (PHLF). Patients were also reviewed for length-of-stay (LOS), 30-day mortality, and 90-day mortality rate. Data were collected from the hospital information system (HIS) and analyzed using SPSS 20.

Results : A total of 27 patients underwent elective liver resections in the study period. 15 (55.6%) were male and 12 (44.4%) were females. 63% of the patients were less than 60 years with 37% aged ≥ 60 . Most common indication for surgery was hepatocellular carcinoma (37%). 44.4% of the cohort underwent segmentectomy, 14.8% underwent sectionectomy and 22.2% underwent right lobectomies whereas 18.5% underwent non-anatomical liver resections. 59.3% of the surgeries were completed laparoscopically, 5 cases were converted to open due to intraoperative complications (conversion rate of 23.8%), and 6 (22.2%) were open liver resections from the start. Mean blood loss was 414mls. Post-operative complications were seen in 5 (18.5%) of the patients which included 2 (7.4%) cases of PHLF, 1 (3.7%) case of bile leak, 1 (3.7%) case of SSI with 1 (3.7%) patient requiring relook surgery. Our center had 1 (3.7%) case of 30-day mortality due to PHLF and 1 (3.7%) case of 90-day mortality due to disease progression.

Conclusions : In conclusion, our study yields comparable results to international standards. This study has several limitations, including a retrospective design and a small sample size. Our newly established HBP department has been working in accordance with the international guidelines to optimize the peri-operative outcomes inspite of being in a resource poor setting and with limited financial capacity.

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