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Short Term Outcomes Of A New Hepato-pancreatico-biliary Cancer Unit In Khyber Pakhtunkhwa Province Of Pakistan

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Background : Hepato-Pancreatico-Biliary (HPB) is emerging as a separate specialty across the world. We started our HPB unit in a resource poor province of Pakistan. It is the first HPB unit in Peshawar City. The hospital is a charity based free cancer hospital (Shaukat Khanum Memorial Cancer Hospital & Research Centre) where 75% of patients get free cancer care. There were many challenges in setting up the unit including lack of trained workforce, equipment shortages/unavailability and financial constraints. In particular lack of a senior mentor made the development and progress more challenging. We also initiated laparoscopic HPB surgeries in particular we are the first unit to start laparoscopic major hepatectomy in Pakistan. We present the initial outcomes with emphasis on short term outcomes of our newly developed unit in a resource poor health care setting and discuss the challenges faced.

Methods : Retrospective review of a prospectively maintained Hospital Information System (HIS) at Shaukat Khanum Memorial Cancer Hospital & Research Centre (SKMCH&RC) between April 2021- December 2022. Base line demographics, peri-operative outcomes and short term oncological results were recorded. Complications were recorded as per Clavien-Dindo classification. 30 and 90 day mortality were recorded. SPSS 20 was used for statistical analysis.

Results : A total of 66 elective HPB cases were performed in the study period. 32 patients underwent pancreatico-duodenectomy, 8 underwent distal pancreatectomy, 21 patients underwent liver resections. 5 patients underwent palliative procedures when found to have advanced disease. The mean operative time was 7.5 hours for Pancreatico-duodenectomy, 5.12 hours for liver resection. Mean Length of stay was 6 days for pancreatico-duodenectomy and 4.5 days for liver resection. There were no 30 day or 90 day mortality. Major complication was SSI (23%). The re-admission rate was 11.3%.

Conclusions : In spite of being a new HPB unit in a resource poor health setting and without a senior mentor guidance we were able to implement an Enhanced Recovery Program and achieve results comparable to accepted standards with minimal mortality. Team development, thinking out of the box for innovative solutions and managing complications in a timely manner were the main learning points from our initial experience

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