

## M-AS 1

### Major surgery for HBP cancer: Experience in Fatmawati Central Hospital, Jakarta

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**Lecture :** Major hepato-pancreato-biliary (HPB) surgery is one of the most invasive abdominal surgeries and is associated with a high risk of morbidity and mortality. Optimal care necessitates the involvement of multiple providers. Because these patient often carries comorbidities with competing mortality risks, no single provider is equipped to deal with all of these patients' needs adequately. Multidisciplinary teams have evolved to facilitate care coordination, reassessments of clinical course, and nimble changes in treatment plans required for this complex group of patients.

In Fatmawati Central Hospital, A Interdisciplinary Team, consist of surgeons, interventional radiologist, abdominal radiologist, hepatologist, nephrologist, liver anaesthesiologist and intensive care specialist and pathologist, have develop a standardized protocol to guide PRE, INTRA and POST operative major HPB surgeries. The following are some potential advantages of an interdisciplinary approach in major HPB surgery: prompt diagnosis and treatment decisions by the most appropriately trained specialists, team working, objective risk assessment and risk prediction to facilitate informed decision making, patient optimisation through shared decision-making, decisions about intended surgical technique and timing, and consent.

Another important aspect was building a trained Operative Team with capabilities to overcome limitations in the utilization of advanced surgical instruments. With proper modification, we managed to performed major liver surgeries as well as major pancreatic resections with optimal preparation.

In conclusion, although significant effort is required, major HPB procedures may be performed safely with good teamwork both before and during surgery.

## Interdisciplinary Protocol

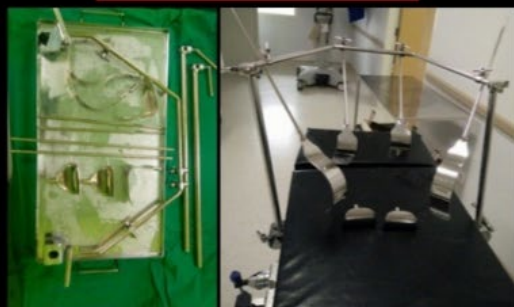


MINISTRY OF HEALTH  
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Timeline	Day-1	Triple-Lumen Catheter Insertion	<b>Radiology Test:</b> Abdominal CT-Scan With Contrast <b>Lab Test:</b> CBC (Diff. Count), ALT, AST, T/D/I Bilirubin, Ur/Cr, Random blood sugar, Albumin, Electrolyte, PT/aPTT, Anorganic phosphate, NGAL Urine	
	0 Hrs Post Op	Vital Signs	<b>Lab Test:</b> CBC (Diff. Count), ALT, AST, T/D/I Bilirubin, Ur/Cr, Random blood sugar, Albumin, Electrolyte, PT/aPTT, Anorganic phosphate, NGAL Urine	
	8 Hrs Post Op	Vital Signs	<b>Lab Test:</b> Ur/Cr	<b>Fluid Balance:</b> Input/Output (0 – 8 hrs)
	16 Hrs Post Op	Vital Signs	<b>Lab Test:</b> Ur/Cr, Procalcitonin	<b>Fluid Balance:</b> Input/Output (0 – 16 hrs)
	24 Hrs Post Op	Vital Signs	<b>Lab Test:</b> Ur/Cr, ALT, AST, aPTT, T/D/I Bilirubin, Anorganic phosphate, Daily Blood Glucose Curve, NGAL Urine.	<b>Fluid Balance:</b> Input/Output (0 – 24 hrs)
	36 Hrs Post Op	Vital Signs	<b>Fluid Balance:</b> Input/Output (24 – 36 hrs) and cumulative balance	
	48 Hrs Post Op	Vital Signs	<b>Lab Test:</b> Ur/Cr, aPTT, Daily Blood Glucose Curve	<b>Fluid Balance:</b> Input/Output (24 – 48 hrs) and cumulative balance
	72 Hrs Post Op	Vital Signs	<b>Lab Test:</b> Ur/Cr, ALT, AST, aPTT, d-Dimer	<b>Fluid Balance:</b> Input/Output (48 – 72 hrs) and cumulative balance

## LIVER-RESECTION

### Access and Exposure



hand-made local  
multifunction retractor

### Vascular Control



feeding tube and  
Dower catheter

### Parenchymal Transection



manual clips applicator  
home-made "water-jet" device