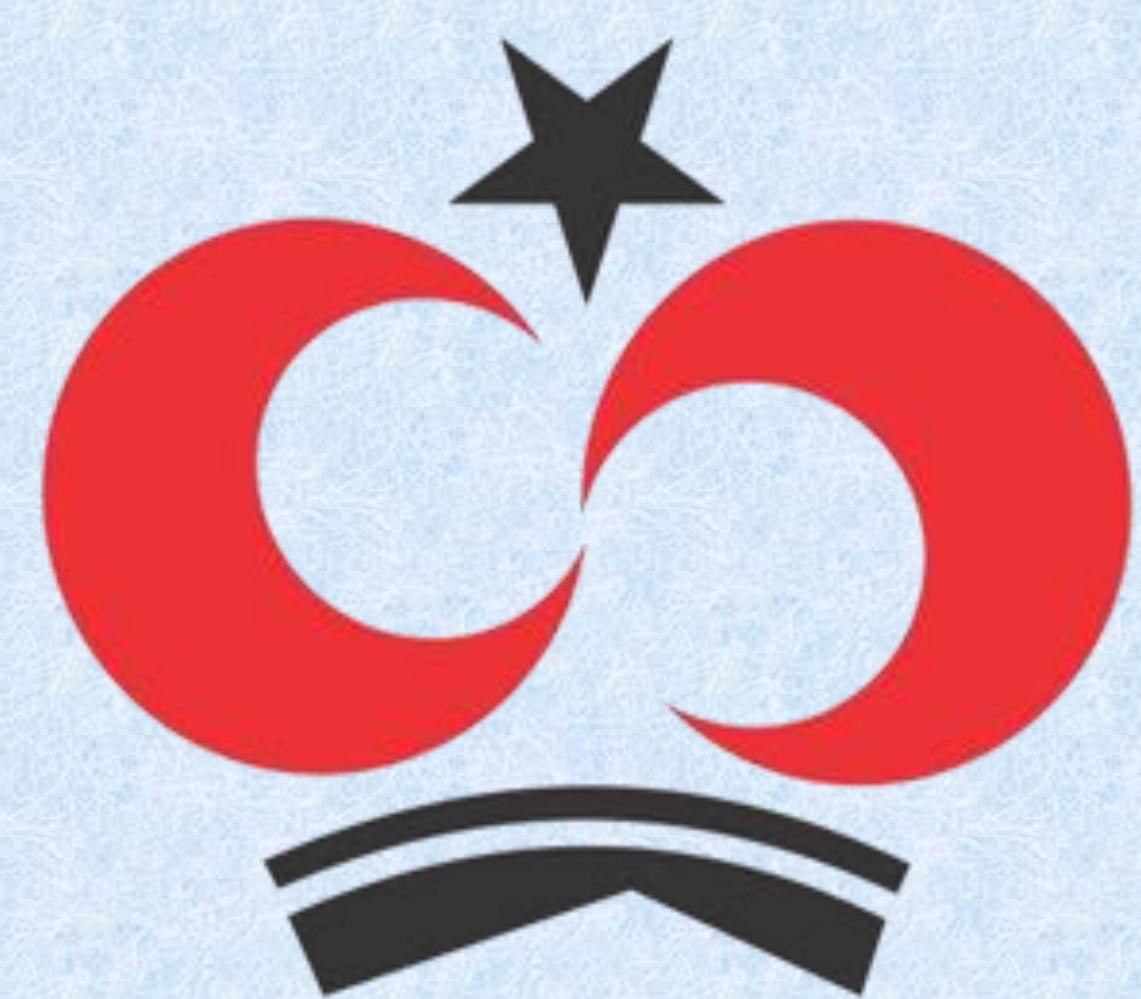




Management of Upper GI Cancers in a Public Sector Hospital, Our experience.

Services Hospital, Lahore

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INTRODUCTION

- Surgical resection remains the cornerstone of curative treatment for upper gastrointestinal (GI) cancers, including oesophageal, gastric, and gastroesophageal junction tumours.
- In public sector tertiary care hospitals, surgical management is often challenged by late-stage presentation, limited infrastructure, and constrained perioperative support

METHODS

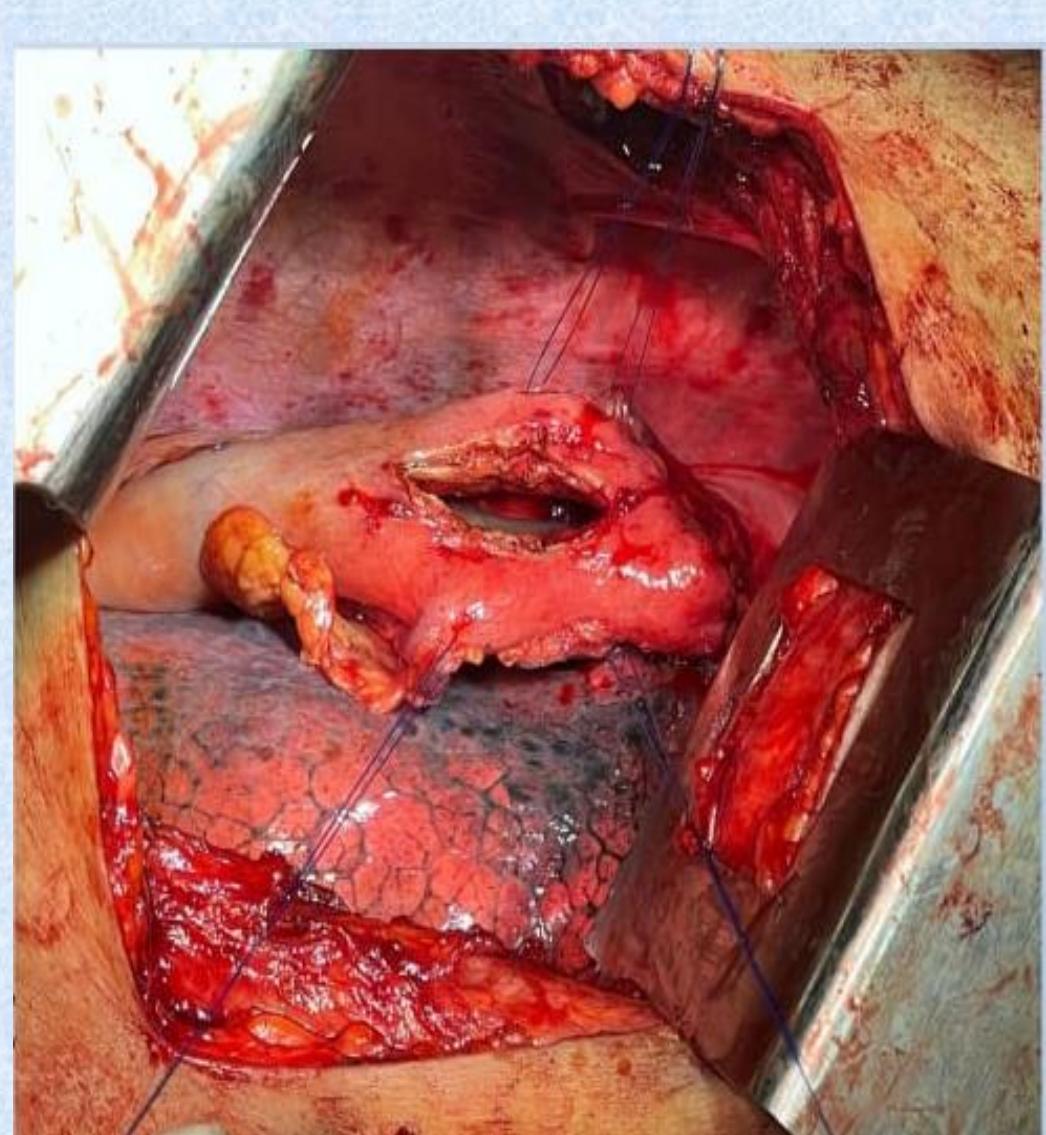
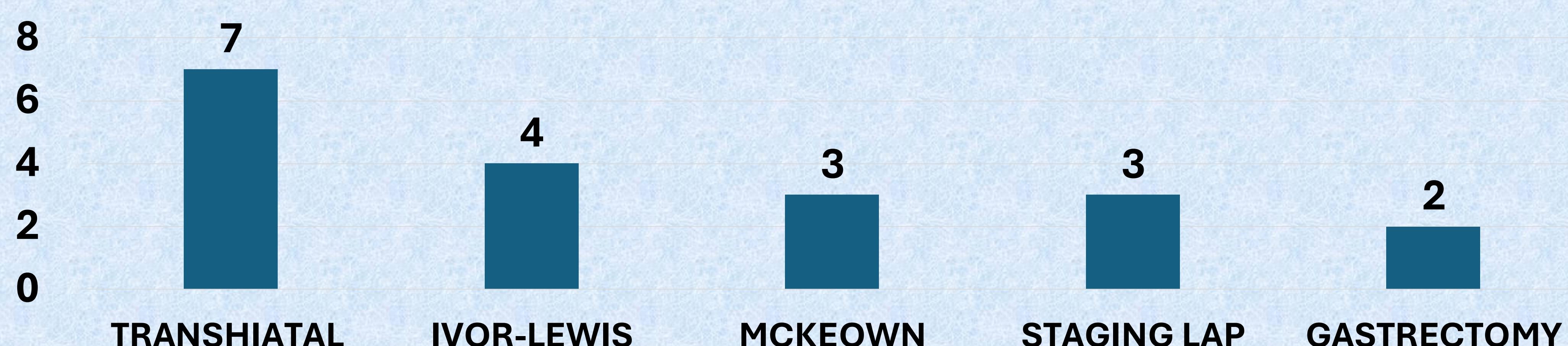
- A retrospective review of patients with histologically confirmed upper GI cancers who underwent surgical intervention at Services Hospital, Lahore between Sep 2022-Aug 2025.
- Data on demographics, tumour site, type of surgical procedure, perioperative course, morbidity, mortality, and short-term outcomes were analysed.

RESULTS

| | |
|--------------------|------------|
| Esophageal cancers | 14 (73.6%) |
| Gastric cancers | 05 (26.4%) |

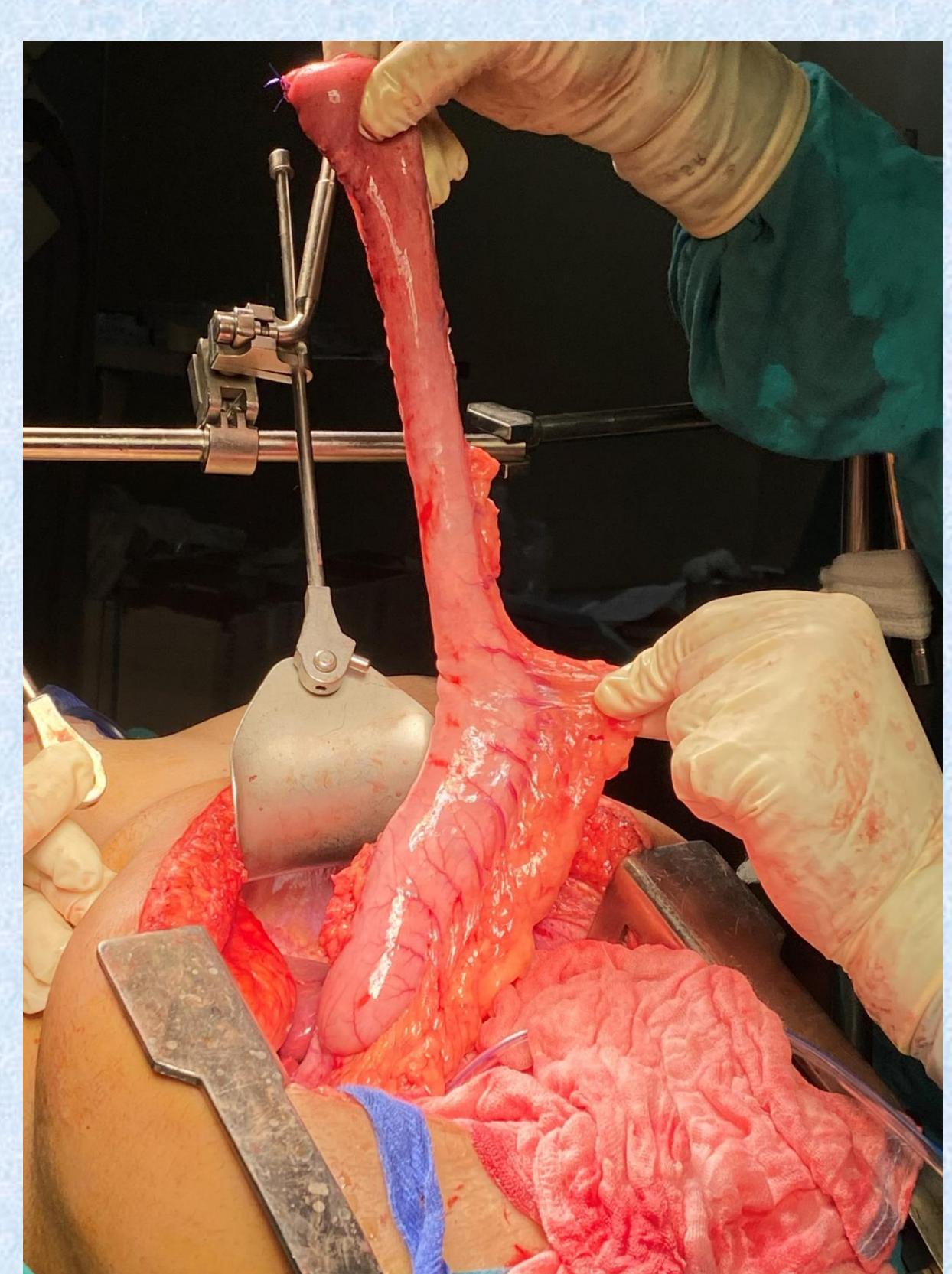
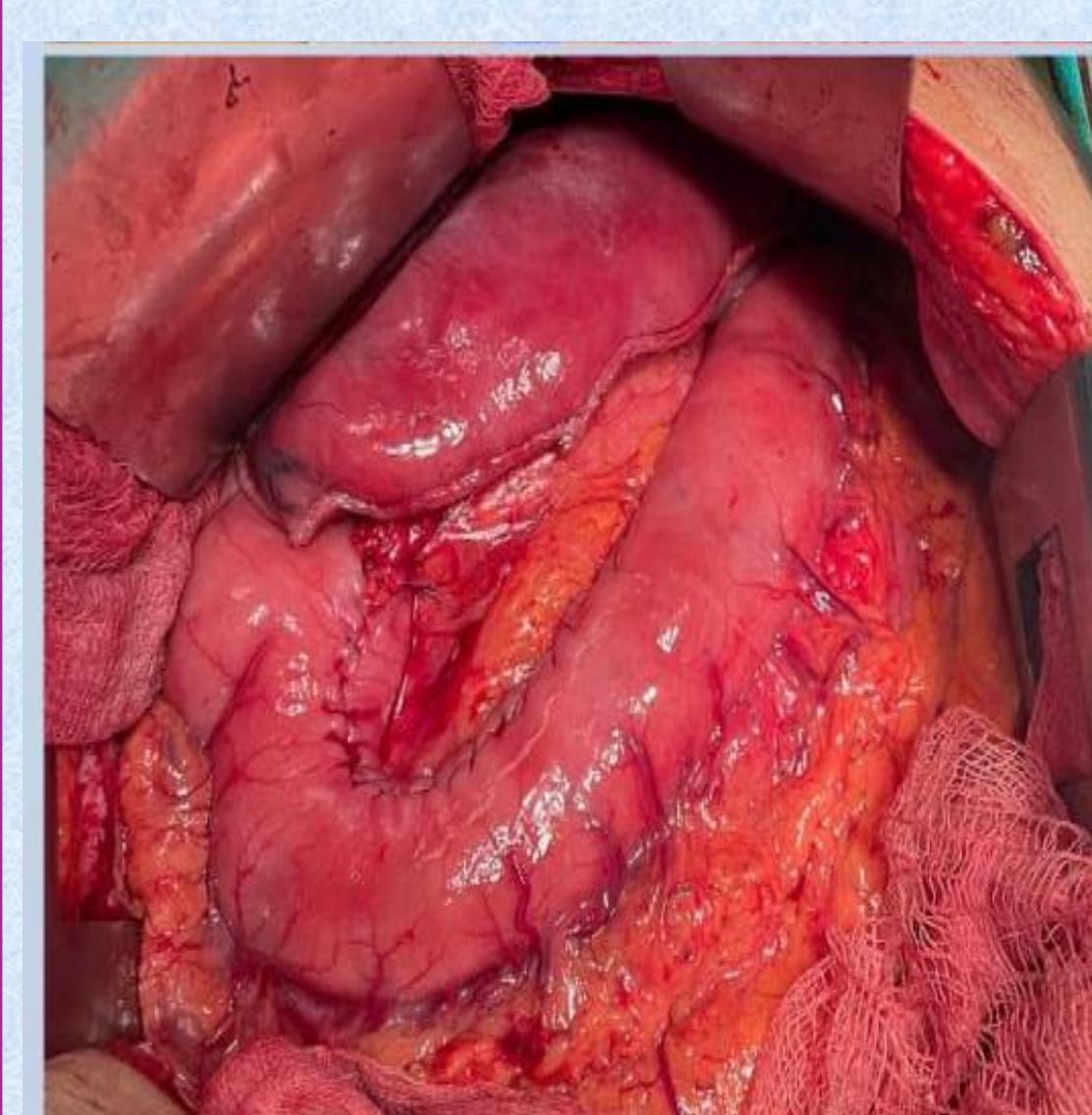


PROCEDURES



| ONCOLOGICAL OUTCOMES | N |
|-------------------------|----|
| R0 resection | 16 |
| R1/R2 resection | 00 |
| Irresectable disease | 03 |
| Median lymph node yield | 18 |
| Positive margins | 00 |

| COMPLICATION | N |
|---------------------------|----|
| SSI | 04 |
| Anastomotic leak | 03 |
| Respiratory complications | 06 |
| Mortality | 03 |
| Cardiovascular | 01 |



CONCLUSION

- Surgical management of upper GI cancers in public sector tertiary care hospitals is feasible but constrained by late presentation and limited perioperative resources.
- Despite these challenges, acceptable outcomes can be achieved with conventional open surgical techniques.
- Investment in early detection, perioperative optimization, and minimally invasive surgical capacity is essential to improve long-term outcomes in this patient population.

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