



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

Services Hospital, Lahore

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INTRODUCTION

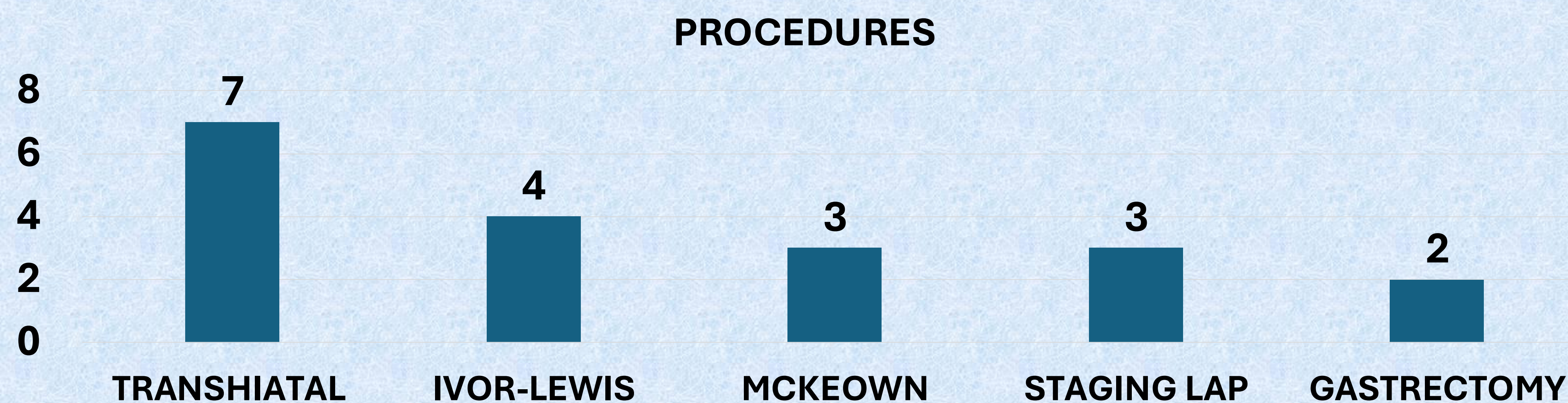
- Surgical resection remains the cornerstone of curative treatment for upper gastrointestinal (GI) cancers, including oesophageal, gastric, and gastroesophageal junction tumours.
- In public sector tertiary care hospitals, surgical management is often challenged by late-stage presentation, limited infrastructure,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

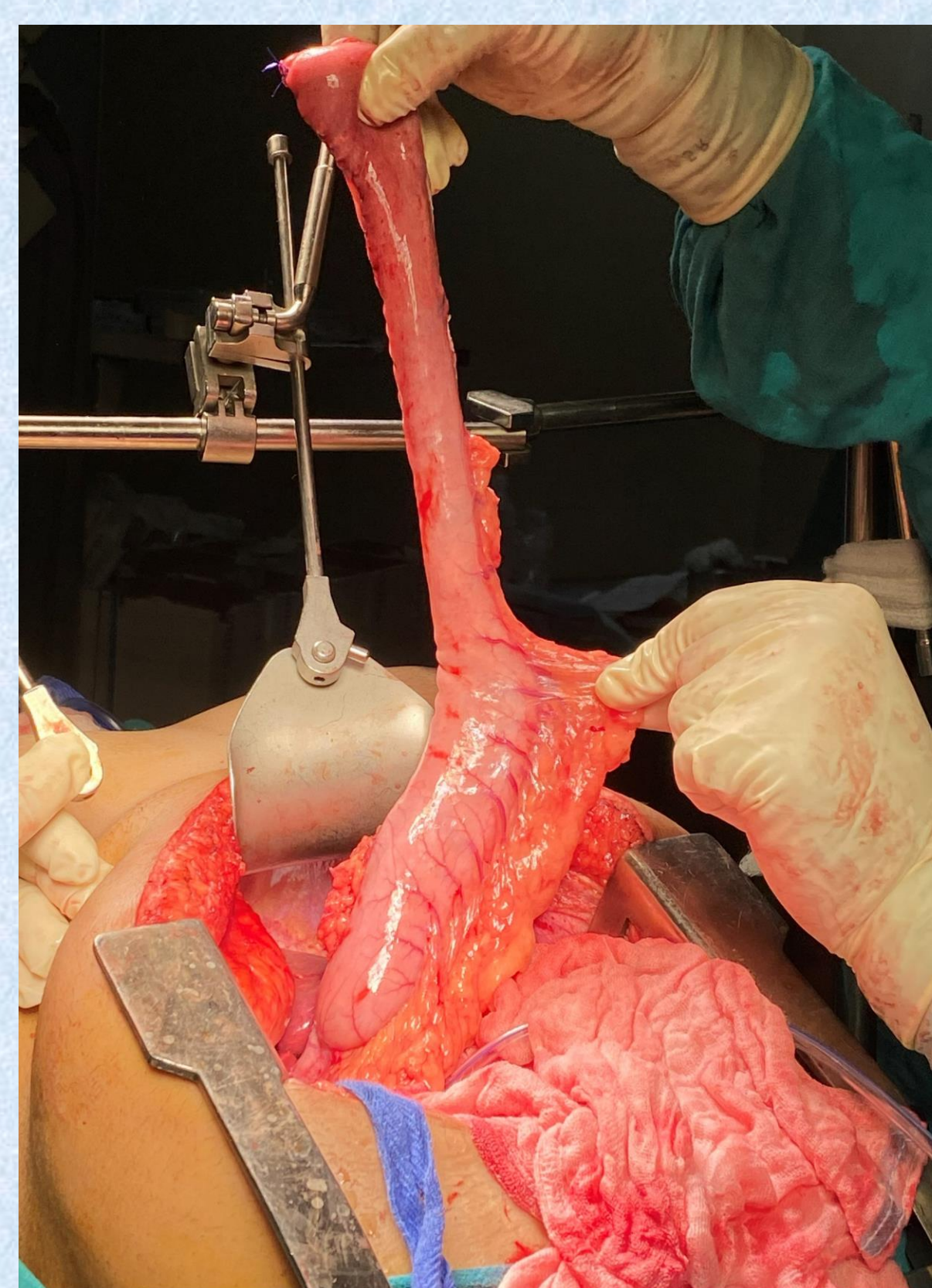
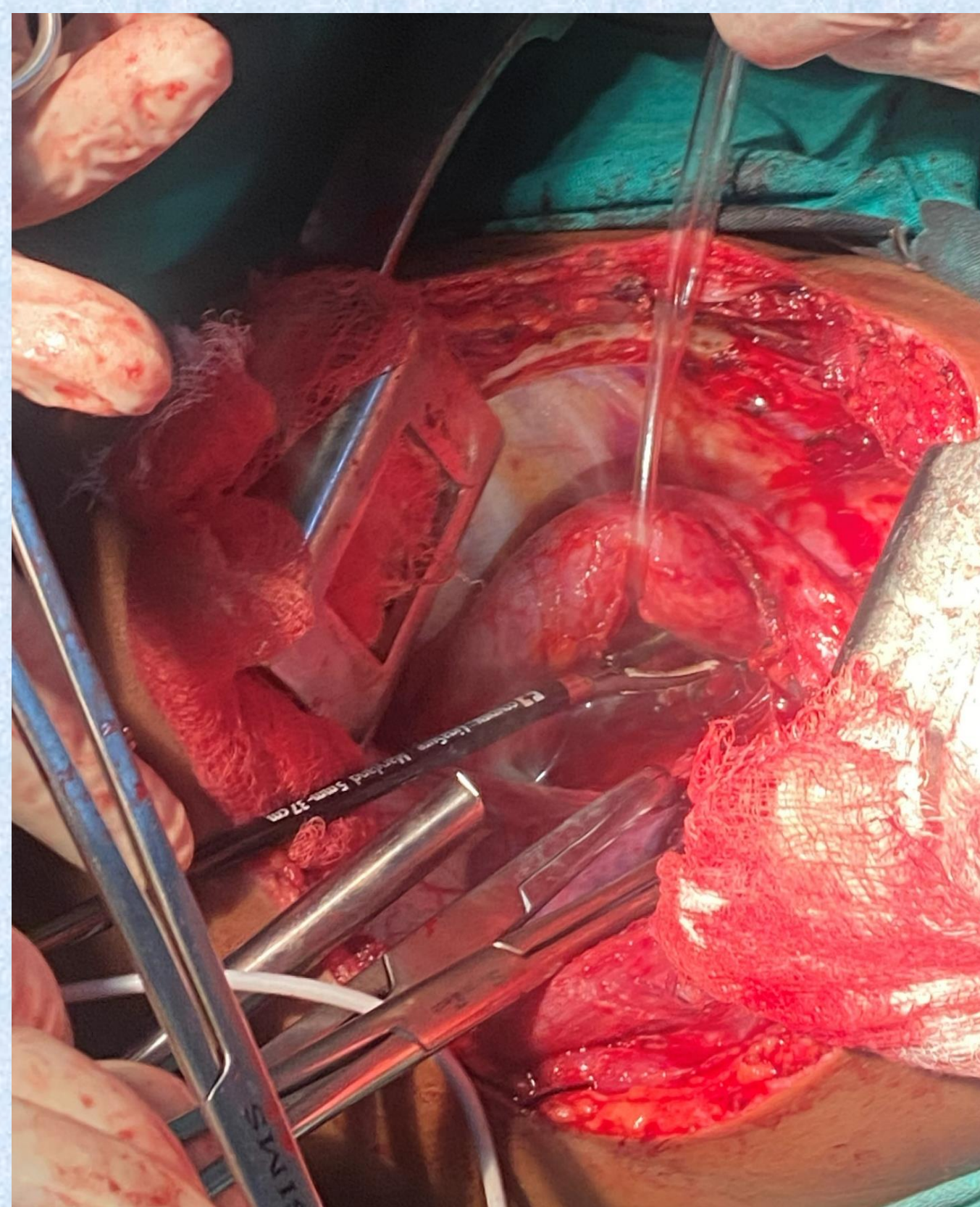
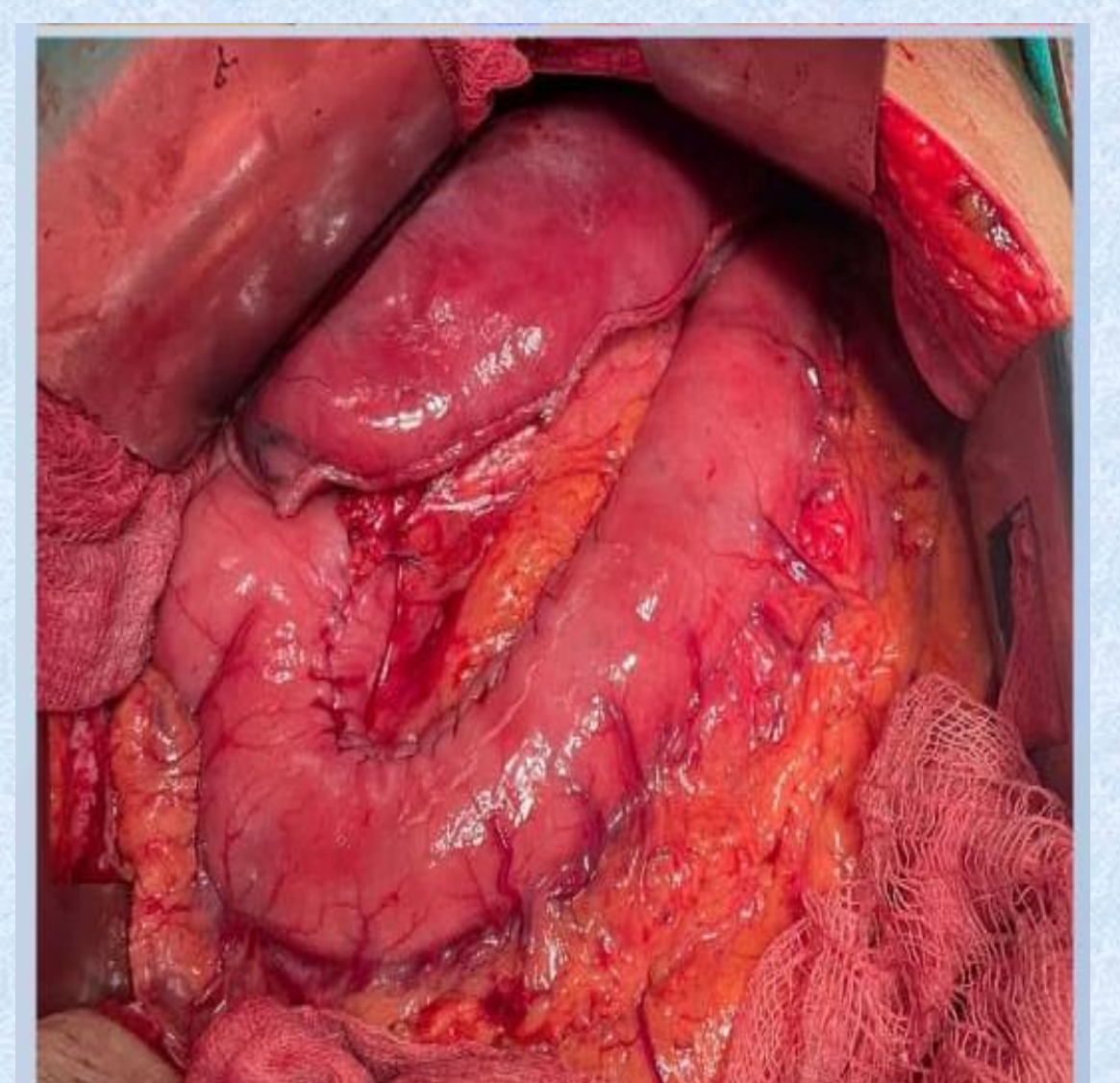
RESULTS

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



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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