



BEYOND BOUNDARIES: OUR EXPERIENCE IN DELIVERING COMPLEX HPB CANCER SURGERY IN A PUBLIC HOSPITAL



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BACKGROUND

Hepatopancreatobiliary (HPB) malignancies are complex surgical conditions traditionally managed at high-volume tertiary centers. However, increasing experience in public sector hospitals may allow comparable outcomes.

OBJECTIVE

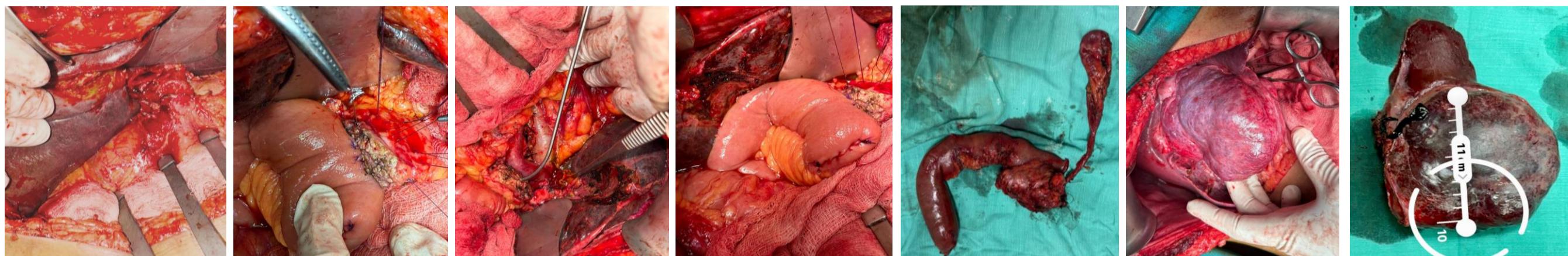
To evaluate the short-term surgical outcomes of patients with HPB cancers managed at a public sector hospital.

METHODOLOGY

- A prospective study 12-month period
 - (August 24- August 25).
 - Total no of patients 16.
- 11 -pancreatic + 4 -gallbladder + 1 hepatic carcinoma

STANDARD SCALE

- Clavien–dindo system.
- Grades surgical complications based on severity.
 - Objective grading system.
- Map outs the required intervention.



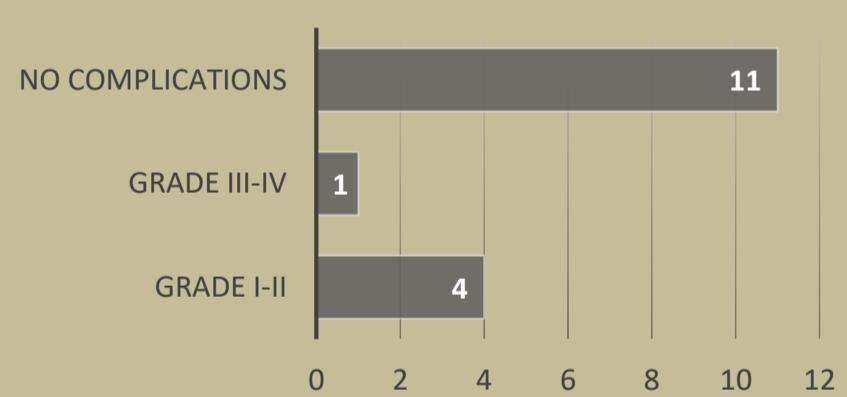
WHIPPLE'S PROCEDURE FOR CARCINOMA OF HEAD OF PANCREAS

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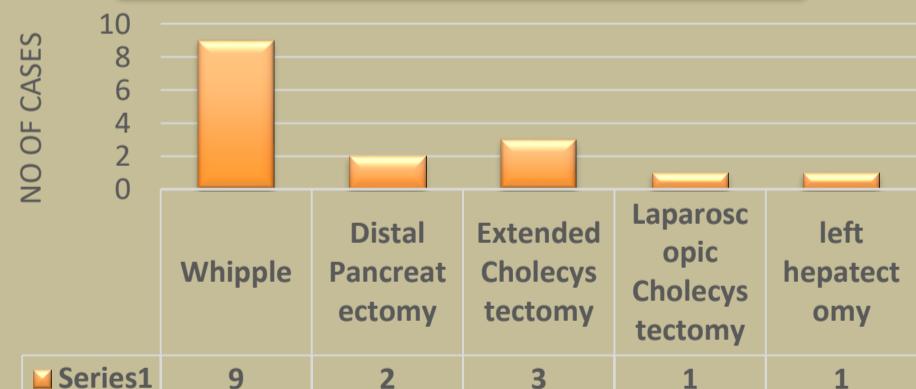
RESULTS CLAVIEN DINDO

Total patients	N=16
Postoperative morbidity	5
Grade I-II complications	4
Grade III-IV complications	1
Grade V complications	0



DISTAL PANCREATECTOMY

DISTRIBUTION OF SURGICAL PROCEDURES



HEPATECTOMY

CONCLUSION

Major HPB resections can be performed safely and effectively in public sector hospitals with acceptable short-term morbidity and no mortality. These results support expanding HPB surgical services in resource-limited settings.



HEPATECTOMY

LIMITATIONS AND SOLUTIONS

Limitations: Poor interdepartmental coordination, non-standardized and delayed reporting, poor referral pathways, and inadequate long-term patient follow-up.

Solutions: Regular interdepartmental meetings, revised protocols, MDTs at Services Hospital Lahore, and liaison with INMOL for streamlined referrals and continuity of care. Though poor long-term patient follow-up remains a challenge.

Keywords: Hepatopancreatobiliary cancers; pancreatic cancer; gallbladder cancer; Whipple procedure; distal pancreatectomy; extended cholecystectomy; public sector hospitals; surgical outcomes.

References:

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2. *Outcomes of Laparoscopic Pancreaticoduodenectomies in a Low-to-Middle-income Country: A Retrospective Cohort Study from South Africa.* International Journal of Surgery Open, 2025.
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