The Association of Surgeons in Training

OUTCOME FOLLOWING WHIPPLE’S PANCREATODUODENECTOMY IN THE ELDERLY: THE CAMBRIDGE EXPERIENCE


Background: Whipple’s procedure is a recognised surgical treatment for pancreatic malignancies. The safety and feasibility of whipple’s procedure in elderly still remains a debate and evidence in the literature is limited. Aim: To assess the safety of whipple’s procedure in elderly, we reviewed our experience and analysed the operative morbidity and medium term outcome.

Methods: The study was performed in the last five years and all the patients above the age of 75 years were included in this study. The data was collected prospectively and the data collected were; demographics, co-morbidities, pancreatic leak, hospital stay and survival at 30 days, 1 and 3 years.

Analysis: Out of 86 that units met the inclusion criteria, 66 units were successfully contacted. The United Kingdom was the leading contributor of articles with 40% (34/86) of the total articles included, followed jointly by Germany and Sweden with 12% (10/86) each. Forty-nine (74%) followed their own recommendations, leaving 17 (26%) who did not. The UK formed the largest proportion of this group with 10 (58%) units who didn’t implement recommendations internally.

Conclusion: Most surgical units who publish recommendations in the British Journal of Surgery implement changes within department. However, there is significant proportion that don’t “practice what they preach”. We discuss possible reasons for this.

The Outcome of Surgery for Colorectal Cancer in Very Elderly Patients

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Aims: Colorectal cancer (CRC) is predominantly a disease of the elderly, and surgery remains the definitive treatment. Few studies focus on very elderly patients and their post-operative return to function. This study aimed to evaluate this with particular emphasis on pre and post-operative residential status, mobility level and morbidity.

Methods: Retrospective review of data from 86 patients aged 85 or older at a single centre who had undergone surgery for primary CRC between 1993 and 2009 was undertaken. Data included demographics, mode of presentation, operation, length of hospitalisation, complications (pre-defined criteria), and 30-day mortality rates. Pre-operative morbidity and predicted mortality were categorised according to ASA and CR-Possum scores. Functional status was assessed by recording changes in residential care level and mobility.

Results: Morbidity and mortality were less than expected according to ASA and CR-Possum scores, with median predicted mortality risk according to CR-Possum being 15.9%. Actual thirty-day mortality was 8% and seemingly was affected by mode of presentation (elective or emergency) rather than age. More than half of patients experienced no change in residential status (57%) or mobility (56%).

Conclusions: Age alone should not be a barrier to CRC surgery, as outcomes seem favourable in selected very elderly patients.

Compression Syndromes of the Median Nerve at the Wrist and Ulnar Nerve at the Elbow

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Aims: To review outcome of surgically treated adult deliberate self-harm patients.

Methods: Patients admitted between 1995 and 2008 with the diagnosis of self-harm were identified. Data were collected retrospectively.

Results: 39 patients were identified with 78 admissions. 26 admissions were secondary to ingested foreign bodies (F.B) including razor blades, magnets, batteries, pens, coins and toothbrushes. 49 admissions were due to self-mutilation and two admissions for foreign bodies in the rectum. 13 episodes (50%) with F.B ingestion were treated conservatively, 8 (30%) were treated with endoscopic removal of F.B and 5 (20%) episodes required laparotomy. There was one hospital death as a result of aortoduodenal fistula from a bio impacted in the third part of the duodenum. One patient developed gastro-cutaneous fistula as a result of swallowed coins. Self-mutilation varied from minor laceration, insertion of F.B into skin to stab wounds. Total of 49 episodes of self-mutilation were recorded involving 22 patients. 12 episodes (25%) were treated conservatively.

Deliberate Self-Harm in the General Surgical Practice

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Analysis of the Association Between Hereditary Neuropathy with Liability to Pressure Palsies (HNPP) and Bilateral Cubital and Carpal Tunnel Syndromes Requiring Decompression


Aims: To review outcome of surgically treated adult deliberate self-harm patients.

Methods: Patients admitted between 1995 and 2008 with the diagnosis of self-harm were identified. Data were collected retrospectively.

Results: 39 patients were identified with 78 admissions. 26 admissions were secondary to ingested foreign bodies (F.B) including razor blades, magnets, batteries, pens, coins and toothbrushes. 49 admissions were due to self-mutilation and two admissions for foreign bodies in the rectum. 13 episodes (50%) with F.B ingestion were treated conservatively, 8 (30%) were treated with endoscopic removal of F.B and 5 (20%) episodes required laparotomy. There was one hospital death as a result of aortoduodenal fistula from a bio impacted in the third part of the duodenum. One patient developed gastro-cutaneous fistula as a result of swallowed coins. Self-mutilation varied from minor laceration, insertion of F.B into skin to stab wounds. Total of 49 episodes of self-mutilation were recorded involving 22 patients. 12 episodes (25%) were treated conservatively.