

3rd March 2021 | First official session



TUGS ABSTRACT BOOKLET

Table of contents

Contents

WELCOME TO SCIENTIFIC SUNDAYS !	2
ORAL PRESENTATIONS	3
ABSTRACT #1	4
ABSTRACT #2	5
ABSTRACT #3	6
ABSTRACT #4	7
ABSTRACT #5	8
POSTER PRESENTATIONS	9
ABSTRACT #6	10

WELCOME TO SCIENTIFIC SUNDAYS !

TUGS Scientific Sundays aim to provide a free platform to researchers in Upper Gastrointestinal (UGI) Surgery from around the world to present their research to a global audience.

We welcome submissions in all areas of UGI Surgery including oesophago-gastric cancer surgery, bariatric surgery, hepato-biliary surgery, pancreatic surgery, hernia surgery, and trauma surgery. Each abstract submitted until the 15th of a month will be reviewed by our panel of experts. The best amongst them will be accepted for oral presentation on the last Sunday of the following month between 2 -3 PM London time. Other accepted abstracts will be presented as posters on our website.

The best abstract amongst the oral presentations as decided by our panellists will be awarded the **TUGS Prize**. All accepted (both oral and poster) abstracts will also be published in the monthly TUGS Abstract book which will be freely downloadable from our website.

You no longer have to wait for months or travel thousands of miles to present your findings. You can do that to a worldwide audience right from the comfort of your own living room. Welcome to TUGS Scientific Sundays!

Sjaak Pouwels

TUGS Scientific Coordinator

Kamal Mahawar

TUGS Chief Coordinator



ORAL PRESENTATIONS

ABSTRACT #1

Safety and Efficacy of a One Night Stay protocol for patients undergoing elective bariatric surgery at Sunderland Royal Hospital during the COVID-19 pandemic

Shubra Kochar^{1*}, Mohammed Farah¹, Shabeen Ahmed¹, Kamal Mahawar¹

Department of General and Vascular Surgery, Sunderland Royal Hospital, United Kingdom¹

*Mailing and presenting author: kocharshubhradoc89@gmail.com

Presented on the 30th May 2021

Background: We have recently amended our bariatric protocol from 2-3 nights hospital stay before the pandemic to a planned one-night hospital stay since July 2020. The purpose of this study was to evaluate the safety and efficacy of the new protocol.

Materials and methods: We conducted a retrospective comparative study of all patients who underwent bariatric surgery at our bariatric unit from July to September 2019 (Cohort A) and compared it to the cohort during the Pandemic from July to September 2020 (Cohort B).

Results: Demographics in terms of percentage of females, mean age, preoperative weight, and Body Mass Index for Cohort A were 76.9%, 44 ± 11.4 years, 136.2 ± 21.9 kg, 47.8 ± 7.3kg/m² respectively while for Cohort B these numbers were 77.3%, 45 ± 12.3 years, 135.6 ± 26.9 kg and 46.3 ± 7.7 kg /m² respectively. Sleeve Gastrectomy, OAGB, and RYGB constituted 16%, 47.5% ,35% of all procedures in Cohort A and 17%, 43.3%, 36% in Cohort B. The mean and median peri-operative stay for Cohort B during the pandemic were 1.35 and 1.0 day respectively, as compared to 2.5 and 2.0 days for Cohort A. The 30day mortality, reoperation, morbidity, and readmission in Cohort A were 0, 1.3%, 1.3%, 2.6% respectively and for Cohort B were 0, 0, 5.7%, 7.5% respectively.

Conclusion: Our new one night stay bariatric protocol implemented during the COVID-19 pandemic has reduced the peri operative hospital stay. However, it may have increased 30-day minor morbidity and readmissions.

ABSTRACT #2

Malnutrition following One Anastomosis Gastric Bypass: a systematic review

Nanda Bandlamudi^{1*}, Guy Holt², Brijesh Madhok³

Department of Surgery, Royal Derby Hospital, Derby, United Kingdom¹

*Mailing and presenting author: nandakbandlamudi@gmail.com

Presented on the 30th May 2021

Introduction: One Anastomosis Gastric Bypass (OAGB) has gained popularity, but malnutrition remains a concern. With this study we aimed to review the literature to examine the incidence, presentation and management of malnutrition following OAGB.

Materials and methods: This systematic review was undertaken following the preferred reporting items for systematic reviews and meta-analysis (PRISMA) guidelines.

Results: Multi-database search identified 1042 articles of which 38 met the inclusion criteria. The incidence of malnutrition requiring in-hospital treatment after OAGB was 1.23% (256 out of 20,665 patients). In majority of the patients 161 of the 256 (62.8%), the biliopancreatic (BP) limb length was not reported. No incidence of malnutrition was reported with BP limb length less than or equal to 150cms in this study. 29.2% (n=75) were reported to develop protein energy malnutrition (PEM), 16.7% (n=43) did not have PEM whereas this is not reported in the rest 53.9% (n=138). Albumin deficiency was reported in 34.7% (n=89), not noticed in 20.3% (n=52), not reported in 44.9% (n=115). Anemia was noticed in 28.9% (n=74), not noticed in 33.2% (n=85), and not reported in 37.8% (n=97). Of the 256 patients, 59 (23%) needed intravenous replacement of micro nutrients, 12 (4.6%) needed enteral feeding and a further 12 (4.6%) patients received parenteral feeding. With regards to surgical intervention, 82 patients (32%) had revision to normal anatomy, 26 (10.1%) were converted to Sleeve gastrectomy and Roux-En-Y gastric bypass each, and shortening of BP limb length was performed in 4 (1.5%) patients. Reversal of malnutrition was noticed in 124 (48.4%) patients, 10 (3.9%) did not respond and the outcome was not reported in 122 (47.6%). Overall 7 out of 20,665 (0.03%) deaths were reported.

Conclusion: Malnutrition following OAGB is a rare but serious complication. There were significant gaps in the reported literature. However, all cases of malnutrition happened when the BP limb was longer than 150cms. A significant number of patients end up requiring enteral and parenteral nutrition as well as revisional surgery. The bariatric fraternity needs to standardize OAGB especially with regards to the BP limb length, and large multi-centre prospective studies will help to improve understanding.

ABSTRACT #3

Locally advanced thyroid cancer invading the esophagus: What should we do?

Denise Zhang^{1*}, Kelvin Voon¹, Nurullisa Rashid¹

Department of General Surgery, Hospital Pulau Pinang, Penang, Malaysia¹

*Mailing and presenting author: dezhang15@hotmail.com

Presented on the 30th May 2021

Background: 85% of differentiated thyroid cancers are papillary, with remaining being follicular and Hurthle cell types, 10% and 3% respectively. These tumours frequently invades into surrounding structures, mainly aerodigestive tract. The commonly affected invasions are the trachea, larynx, recurrent laryngeal nerve, strap muscles and oesophagus. Surgical resection is the mainstay management for locally advanced thyroid cancer.

Materials and methods: A 65-year-old lady presented in January 2021 with an enlargement of thyroid gland over eight months with hoarseness of voice and lost of weight. She was fine-needle biopsied and showed to be papillary thyroid carcinoma. A staging computed topography was done, the thyroid was enlarged with retrosternal extension, tracheal deviated and medialisation of the vocal cord was noted. Posteromedially, it showed the oesophagus was compressed with significant narrowing. There was no distant metastasis seen. OGDS was also done for a preoperative assessment, further confirmed the oesophageal invasion and tracheal deviation. She was proceeded for a total thyroidectomy, mini sternotomy and transhiatal oesophagectomy with gastric pullout.

Results: Post operative was complicated with pleural effusion which required active drainage which then resolved by day 10 post surgery. She was discharged home well and planned for radioactive iodine radio ablation therapy by oncology. Upon her follow up in the clinic post operative 2 months, her hoarseness of voice recovered, tolerating solid food well.

Conclusion: Transhiatal approach for oesophagectomy in her case is more suitable as the incisions made during combined operations, made it more feasible to proceed with this approach. Perioperatively, her complications were minimal.

ABSTRACT #4

The global level of harm amongst surgical professionals (GLOHASP): Inferences from a multicentre cross-sectional cohort study

Abouelazayem M^{1§}, Viswanath YKS^{2§}, Bangash AH^{3*}, Herrera-Kok JH⁴, Cheruvu C⁵, Parmar C⁶, Demirli Atici S⁷, Yang W⁸, Galanies M⁹, Di Maggio F¹⁰, Isik A¹¹, Bandopyadaya S¹², Mahawar K¹³

GI & HPB Service, Department of Surgical Oncology, Tata Memorial Hospital, Mumbai, India¹
 St Georges Hospital¹ James Cook University Hospital² STMU Shifa College of Medicine, Islamabad, Pakistan³
 Complejo Asistencial Universitario de León⁴ University Hospital North Midlands⁵ Whittington Hospital NHS Trust⁶
 University of Health Sciences Tepecik Training and Research Hospital⁷ The First Affiliated Hospital of Jinan University⁸
 University Hospital JWK Minden⁹ St Thomas Hospital¹⁰ Istanbul Medeniyet University¹¹ Shrewsbury and Telford
 Hospital NHS Trust¹² Sunderland Royal Hospital¹³

Equally contributed to the project§

*Mailing and presenting author: hhaider4@gmail.com

Presented on the 30th May 2021

Background: Medical workers, including surgical professionals, experienced psychological burnout & resulting physical harm affecting their personal plus work-life since the beginning of the pandemic. This global study investigated the Covid pandemic impact on psychological & physical health.

Methods: This global cross-sectional survey (Feb 18, 2020 -Mar 13, 2021) involved 66 countries & 545 participants. The primary outcome was to assess psychological burnout (PB), fulfilment and self-reported physical level of harm (SRPLH). A validated Stanford Professional Fulfilment Index (SPFI) score with a self-reported physical level of harm (SRPLH) was employed. We used a practical overall composite level of harm score (OCLHS) calculating level of harm (LH) gradient 1-4, combining PB with SRPLH score.

Results: The final analysis included 517 (94.9%) surgical professionals barring medical students. The PB was evident in 57.7%; it statistically significant relation with age ($p=0.002$) & scope of practice ($p=0.005$). As much as 94% of those calculated to have the highest grade of SRPLH (52/55) were < 50 years of age ($p<0.001$), whereas 89% of those calculated to have the highest grade of SRPLH (49/55) were calculated to be feeling professionally unfulfilled ($p<0.001$) without significant association with gender.

Conclusion: We found PB professional unfulfillment (PU) to be more frequent among younger professionals in the public sector & correlated with a high level of SRPLH impacting surgical services. Overall composite severe level of harm (OCSLH) was associated with professionals < 50 years. The PB, SRPLH, OCLH, amongst woman professionals matched male counterparts, underscoring their buoyancy.

ABSTRACT #5

Preoperative Albumin-Globulin Ratio (AGR) and its association with perioperative and long term outcomes in Patients Undergoing Pancreatoduodenectomy

Rajesh Shinde¹, Varun Sarodaya^{1*}, Vandana Agarwal², Shailesh Shrikhande¹

GI & HPB Service, Department of Surgical Oncology, Tata Memorial Hospital, Mumbai, India.

Department of Anaesthesia, Critical Care and Pain, Tata Memorial Hospital, Mumbai, India

*Mailing and presenting author: sarodaya99@gmail.com

Presented on the 30th May 2021

Background: Systemic inflammatory response is involved in natural progression of cancers by different pathways. Albumin- globulin ratio (AGR) has been reported to have impact on prognosis in various solid tumors.

Objective: To study the significance of AGR on perioperative and long term outcomes in patients undergoing PD.

Methods: This is a post-hoc analysis of pancreatic surgery database from January 2012 to March 2017. Cut off value for AGR was calculated by using receiver operating curve and study cohort was divided in group I (AGR >1) and group II (AGR <1). Two groups were compared for perioperative and long term survival outcomes.

Results: Two groups were comparable with respect to clinico-demographic variables. Group I and II had similar perioperative outcomes ($p > 0.05$) like median hospital stay (14 days versus 15 days), clinically relevant postoperative pancreatic fistula (16.6% versus 15.7%), haemorrhage (3.1% versus 2.6%), bile leak (1.4% versus 0.65%), overall morbidity (30.1% versus 28.9%) and postoperative mortality (2.7% versus 3.9%). With median follow up of 3 years, median survival, overall survival and disease free survival was similar in both groups.

Conclusion: AGR at the cut off value of >1 was not associated with adverse perioperative and long term oncological outcomes after PD.



POSTER PRESENTATIONS

ABSTRACT #6

Acute appendicitis in the COVID-19 era: a complicated situation?

Joel M Bowen^{1*}, Jonathon R C Sheen², Helen Whitmore³, Chloe Wright¹, Kirk K Bowling⁴

Department of General Surgery, Torbay and South Devon NHS Foundation Trust¹ Department of Trauma & Orthopaedics, Torbay and South Devon NHS Foundation Trust² Department of Colorectal Surgery, Torbay and South Devon NHS Foundation Trust³ Department of Upper G.I. Surgery, Torbay and South Devon NHS Foundation Trust⁴
Mailing author: joel.bowen@nhs.net*

Accepted on the 26th May of 2021. Please find the online poster on: <https://www.tugsglobal.com/1st-session>

Purpose: The aim of this study was to investigate the impact of the COVID-19 pandemic on the nature of pathology found in patients undergoing appendicectomy for acute appendicitis at our centre. Our null hypothesis was that there would be no difference in the proportion of patients presenting with complicated appendicitis during the first year of COVID-19 vs the year prior.

Materials and methods: We performed a retrospective study of all appendicectomies performed at our centre between 11th March 2019 to 10th March 2021. Patients were then grouped into Group 1 ('pre-COVID') - 11th March 2019 to 10th March 2020, and Group 2 ('COVID') - 11th March 2020 (the date upon which the pandemic was declared) to 10th March 2021.

Results: Following application of our exclusion criteria (elective case, appendicectomy for indication other than appendicitis, diagnostic laparoscopy without appendicectomy, no histological sample received), the groups totalled at 293 and 233 cases respectively. Within Group 1, complicated appendicitis accounted for 37.9% of cases (111/293). This compared to a rate of 51.9% (121/233) in Group 2. The Fisher's exact test statistic value was <0.00001, meaning the result was significant at $p < 0.05$, thus disproving our null hypothesis. The same result was also reached when applying the test to complicated appendicitis vs uncomplicated appendicitis.

Conclusion: Our study found a significant increase in the proportion of complicated appendicitis in the first year of the COVID-19 pandemic compared to the previous year.