

31st October 2021 | Sixth official session



TUGS ABSTRACT BOOKLET

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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

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ORAL PRESENTATIONS

ABSTRACT #1

Laparoscopic Heller's cardiomyotomy with Toupet fundoplication

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Presented on the 31st October 2021

Background: Achalasia cardia is common cause of motor dysphagia caused by loss of inhibitory ganglion in the myenteric plexus of esophagus. The purpose of this article is to study complications associated with achalasia cardia during operation.

Case report: We report a case of 22-year-old male patient presented with complaints of dysphagia and persistent vomiting associated with weight loss for 2 months. After investigations patient was found to be having evidence of smooth narrowing at lower esophagus with dilated proximal esophagus. On doing endoscopy tight GE junction was found with achalasia cardia. After that Laparoscopic Heller's cardiomyotomy was performed at GE junction with Toupet partial fundoplication and patient is doing well on regular follow up. (Video available on the TUGS YouTube channel)

Results: Peroral endoscopic myotomy (POEM) is a safe and effective approach for the treatment of achalasia but in our case, we did Laparoscopic Heller's cardiomyotomy with Toupet partial fundoplication. As per study myotomy results in high rate of postoperative gastroesophageal reflux but addition of fundoplication reduces that risk and partial fundoplication is done to minimize risk of wrap related dysphagia (3). As per studies better reflux control is found with Toupet fundoplication after doing myotomy so we did Toupet in this patient.

Conclusion: We successfully operated on patient according to treatment approach given by Chicago classification and prevention of esophageal cancer is to be done after treating achalasia by using Nonsteroidal anti-inflammatory drugs, Vitamin C and E, fruits, and vegetables.

ABSTRACT #2

Long-term outcomes following minimally invasive oesophago-gastric cancer resection: Ten-year evaluation of an evolved surgical practice in our center.

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Aim: Minimally invasive oesophagectomy (MIO) (laparoscopic, thoracoscopic) was incorporated in our center as a curative surgical management for oesophageal and oesophago-gastric junctional malignancy from 2004. Previously we have reported on safety, feasibility, short-term outcomes, quality of life and complications; this study now reports on eventualities at least a decade after surgery.

Materials and methods: All patients who underwent MIO from 2004 to 2010 were identified. A retrospective analysis of patients' records in conjunction with an updated clinical follow-up was carried out. Patients' demographics, oncologic stage, overall survival, 5-year and 10-year survival, recurrence rate and disease-free survival (DFS) were analyzed.

Results: 120 patients were included. Overall median follow-up was 149 months [range 95 - 197]. 25 (20.8%) patients were alive. Of those deceased Sixty-six (69.5%) succumbed to cancer. 5-year and 10-year survival rates were 32.4% and 24.1%, respectively. Recurrence rate was 52.5% and overall median DFS was 24 months (IQR, 186).

Conclusion: Survival and disease-free survival in this historical cohort of patients who underwent a total MIO for cancer is comparable to published data from similar open series as well as modern reported outcomes from specialist centers. Benefits of a MIO can therefore be realized without compromise to oncological and overall prognosis.

ABSTRACT #3

Management of groin hernias in women at RDE hospital.

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Presented on the 31st October 2021

Aim: Determine the percentage of women with groin hernia undergoing laparoscopic repair at RD&E hospital and if it was offered during clinic visit.

Background: The lifetime risk of groin hernia in women is 3-5.8%. The incidence of missed femoral hernia at re-operation after open repair in women is 41%. The HerniaSurge group has recommended laparoscopic repair of all groin hernias in women as it offers opportunity to identify all types of groin hernias and reduces post-operative pain and recurrence.

Materials and methods: All female patients undergoing groin hernia surgery at RD&E hospital from 1 Feb 2018- 31 Jan 2020 were identified. Patients undergoing surgery after this period were not included as the surgical practice was changing due to COVID-19 pandemic. Electronic patient records including clinic letters, operative notes, radiology reports and follow up letters were reviewed.

Results: 117 female patients undergoing groin hernia repair were identified. During clinic visit, rationale for laparoscopic surgery was documented only in 29/117 while discussion regarding material risks of surgery was documented in 51/117. Only 41/117 (35%) patients underwent laparoscopic hernia repair.

Conclusion: The current practice at RD&E requires improvements in terms of documentation of material risks associated with groin hernia repair and offering laparoscopic repair for women with groin hernias. For the next cycle, we aim to present at the local audit meeting and then collect further data to evaluate improvements in practice.

