

26<sup>th</sup> September 2021 | Fifth official session



**TUGS ABSTRACT BOOKLET**

# Table of contents

## Contents

<b>WELCOME TO SCIENTIFIC SUNDAYS !</b> .....	2
.....	4
<b>ORAL PRESENTATIONS</b> .....	4
ABSTRACT #1 .....	5
ABSTRACT #2.....	6
ABSTRACT #3.....	7
ABSTRACT #4.....	8

# 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

### Rare Case of Mirizzi Syndrome with Cholecystocholedochal fistula

Joel Joy Thomas<sup>1\*</sup>, Hafsa Younus<sup>1</sup>, David Khoo<sup>1</sup>

Department of General Surgery, Queens Hospital (BHRUT), London, United Kingdom<sup>1</sup>

\*Mailing and presenting author: [tjoeljoy@gmail.com](mailto:tjoeljoy@gmail.com)

Presented on the 26<sup>th</sup> September 2021

**Background:** Mirizzi syndrome is a rare complication of chronic gallstone disease, which results in common bile duct (CBD) obstruction secondary to impaction of gallbladder in gallbladder neck or cystic duct. It was first described by Professor Pablo Luis Mirizzi, in the year 1948.

**Materials and methods:** Here we present the case of a 51-year-old woman with a history of right upper quadrant pain, jaundice and asthenia, and preoperative imaging that suggested Mirizzi syndrome. Intraoperatively, MS with cholecystocholedochal fistula was diagnosed and successfully treated.

**Results:** A subtotal cholecystectomy was done via a laparoscopic approach and the GB mass involving cystic duct, duodenum and gallbladder was removed. A large CBD stone identified on dissection was removed and gall bladder wall flap was preserved. At this stage, a fistula between gallbladder and CBD was noted, and a cholecystoduodenoscopy was performed. Cystic duct was left open with a drain in-situ and a Roux-en-Y Hepatojejunostomy was performed two days later.

**Conclusion:** This is a case report of successful management of an adult patient with Type III mirizzi syndrome. MS is a dangerous condition because it can easily lead to iatrogenic biliary tract lesions due to impaired anatomy and severe tissue inflammation. We suggest considering Mirizzi syndrome as a differential in cholecysto-choledocal lithiasis with unclear preoperative imaging.

## ABSTRACT #2

### Structured format, training and Audit improves the quality of Operative notes

**Raunaq Chhabra<sup>1\*</sup>, Erbaz Riyaz Momin<sup>1</sup>, Niklesh Wasnik<sup>1</sup>, Mihir Vaidya<sup>1</sup>, Manmohan Kamat<sup>1</sup>**

Department of General Surgery, Hinduhradaysamrat Balasaheb Thackeray Medical College and Dr R. N. Cooper Municipal General Hospital, General Surgery, Mumbai, India<sup>1</sup>

\*Mailing and presenting author: [raunaq.chhabra24@gmail.com](mailto:raunaq.chhabra24@gmail.com)

Presented on the 26<sup>th</sup> September 2021

**Background:** Maintaining good medical records is an integral part of good medical practice. Operative notes are one such record. In Our institute there is no uniform format of operative notes. With this Audit we analysed the deficiencies in the existing formats, made a new structured format based on the Royal College of Surgeons official guidelines and our department's needs, held training sessions to sensitise the trainees and faculty about the need, use and method of better documentation.

**Materials and methods:** A prospective audit was conducted starting October 2020 to December 2020. A total of 97 notes were analysed. In the first audit, 45 operative notes entered in October 2020 were scrutinised and reviewed for completeness. These were compared to 52 operative notes filled in December 2020 post introduction of a new structured format and training. Results of both the audits were compared to assess the impact on documentation.

**Results:** There was an improvement in documentation in almost all deficient fields. Pre-implementation <50% of notes included important demographic data, post-implementation it improved to >75%. Diagnosis was mentioned in 51% notes earlier which increased to 84% post-implementation. Operative findings were written in 57.6% of the notes pre-implementation, it increased to 94.2% post implementation. Only 8.9% of the notes mentioned the name of the doctor compiling the notes earlier, whereas post-introduction of new structured format name was mentioned in 67.3% of notes.

**Conclusion:** Introduction of a new structured format, sensitisation and training sessions led to an improvement in documentation in all the fields of operative notes.

## ABSTRACT #3

### Utility of Telementoring as an intraoperative time out tool during laparoscopic cholecystectomy for prevention of biliovascular injuries

Uttam Laudari<sup>1\*</sup>, Prabin Bikram Thapa<sup>2</sup>

Department of Surgery, Hospital for Advanced medicine and surgery, Kathmandu, Nepal<sup>1</sup>

Department of Surgery, Kathmandu Medical College, Kathmandu, Nepal<sup>2</sup>

\*Mailing and presenting author: [youttam@hotmail.com](mailto:youttam@hotmail.com)

Presented on the 26<sup>th</sup> September 2021

**Background:** Intraoperative time out during laparoscopic cholecystectomy prior clipping, cutting or any ductal structures is standard practice. This case series highlights the use of telementoring as an adjunct to intraoperative time out tool during cholecystectomy.

**Materials and methods:** Out of 96 cholecystectomies from January 2021 to September 2021, total three cases were salvaged from major Biliovascular injuries with use of Facebook video call as intraoperative time out tool during laparoscopic cholecystectomy with expert surgeon outside vicinity of operation theatre.

**Results:** Our first case had shrivelled gall bladder, during surgery cystic duct and common hepatic duct junction was perceived as infundibulocystic junction and common bile duct was nearly clipped. In second case patient had unrecognizably contracted cystic duct, site of safe dissection and bail out procedure in form of subtotal cholecystectomy was done. In the third case injury to right hepatic artery was prevented. We were able to prevent major Biliovascular injuries in these cases with use of telementoring.

**Conclusion:** Such tools are cost effective and definitely boost the confidence of surgeon during surgery in case of any complexity, or help in stopping the procedure and timely referral.



## ABSTRACT #4

### **Bariatric surgery on social media: a cross-sectional study**

**Juan-Pablo Scarano-Pereira<sup>1\*</sup>, Alessandro Martinino<sup>2</sup>, Francesca Manicone<sup>2</sup>, María-Luisa Scarano-Pereira<sup>3</sup>, Álvaro Iglesias-Puzas MD<sup>1</sup>, Sjaak Pouwels MD, PhD<sup>4</sup>, Julio Mayol MD, PhD<sup>1</sup>**

Universidad Complutense de Madrid, Facultad de Medicina. Madrid, Spain<sup>1</sup>

Università la Sapienza di Roma, Facoltà di Medicina e Odontoiatria. Rome, Italy<sup>2</sup>

Université Polytechnique de Paris. Paris, France<sup>3</sup>

Department of Intensive Care Medicine, Elisabeth-Tweesteden Hospital, Tilburg, The Netherlands<sup>4</sup>

\*Mailing and presenting author: [jscarano@ucm.es](mailto:jscarano@ucm.es)

**Presented on the 26<sup>th</sup> September 2021**

**Background:** To date, Bariatric Surgery (BS) represents a viable option for the treatment of obesity and its associated risks. Nevertheless, there is still a lack of knowledge that may lead patients to seek information on different sources other than their doctor, such as social media.

**Materials and methods:** By using the search terms “Bariatric surgery”, “Metabolic surgery”, “Obesity surgery” and “Weight loss surgery”, all the public Twitter accounts and Facebook pages dedicated to BS were studied. The most relevant metadata from each account was collected and analyzed with descriptive statistics.

**Results:** 293 Facebook pages and 122 Twitter accounts were analyzed, being most of them created in the US (42%). No significant differences were found between the mean of followers of both platforms. Medical centers were the biggest creator category with 69.24% of the total number of followers. Although the promotion of medical services accounted for the 68.65% of the total number of followers, the promotion of medical products had a significant higher mean of followers. ( $p = 0.002$ )

**Conclusion:** The current study provides a comprehensive perspective on social media and BS. Doctors and businesses acknowledge the importance of these platforms for informing patients about these procedures and promoting their services, being usually the latter their main objective. The high number of followers that this commercial content has, along with the relative lack of followers in educational groups, could lead to undeliberate decisions in detriment of the patients and their well-being.

