Surgical Treatment for Oesophageal cancer and Pancreas cancer and its consequences

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1. Different Forms of Oesophagectomy
2. Various Pancreatectomies
3. Postoperative consequences

Oesophagectomies
Types of oesophagectomy

- Ivor-Lewis, Lewis-Tanner, 2-phase
- McKeown, 3-phase
- Colon inter-position
- Trans-hiatal
- MIO, Minimally invasive oesophagectomy

2-Phase, Ivor-Lewis, Lewis-Tanner

3-Phase
Transhiatal and now modified to totally closed MIO
Distal pancreatectomy and splenectomy

What should we be looking for

– Early
  – Wound infection/breakdown
  – Anastomotic leak
  – Intra-abdominal collections
– Late
  – Nutritional problems
  – Anastomotic stricturing
  – Recurrence of disease

Early complications

– Leaks and collections in the community
  – Failure to progress, generally unwell, non-specific, maybe fever, maybe discharge from wounds. Catastrophic event unlikely but progressively worse
– Wound infections and breakdowns
  – Superficial dehiscence, discharge
  – irrigation and wait
  – Deep abdominal wall failure
  – Keep (calm) viscera damp and urgent reoperation
Late complications

- Failure to thrive
  - Recurrence, chronic abscess, nutritional insufficiency
  - Chronic diarrhoea
- Dysphagia
  - Stricture, disease recurrence
  - Jaundice
  - Stricture, recurrence
- Diabetes
  - Pancreatic insufficiency

Nutritional failure

- Inadequate calories
  - Supplementation, artificial systems
  - Micro-nutrients
    - Vit D (lipid soluble vitamins), potassium, iron

Diarrhoea

- Bacterial overgrowth
  - Labelled Breath test, antibiotics
  - Pancreatic exocrine insufficiency
    - Faecal elastase, replace with Creon/Pancrex