

THEME

# Emergency HPB Surgery

Convenor

Tom Wilson

Venue

Adelaide - InterContinental Hotel



Date

Monday 23 October – Tuesday 24 October 2017

Topics

1. ***"The sick gallbladder"***

- Cholecystitis
  - Biliary colic or cholecystitis – do they justify a different approach?
  - Empyema/abscess
  - Chemotherapy induced cholecystitis
  - Subtotal cholecystectomy
  - Could it be cancer?
  - Is there ever a case for delayed cholecystectomy?

2. ***"Fixing the blocked drain"***

- Jaundice
  - Known duct stones, what approach? Debate: Endoscopic or operation.
  - Mirizzi – recognition and management
- Cholangitis

3. ***"The dying pancreas"***

- Acute pancreatitis
  - Severe acute pancreatitis
    - Severity assessment
    - Does early ERCP help?
    - When do you need ICU support?
  - Fluid collections and necrosis
    - Percutaneous approaches
    - Endoscopic approaches
    - Minimally invasive surgery
    - Open surgical drainage/debridement
  - Paediatric pancreatitis

#### 4. ***“The injured liver”***

- Liver
  - Mechanisms/classification
  - Massive transfusion protocols/Coagulation failure – transfusion TEG
  - Control of bleeding
  - RAPTOR –
    - Rapid assessment/resuscitation
    - Radiological intervention – embolization, intra-aortic balloons
    - Trauma management
    - Operative intervention
- Pancreatobiliary complex / duodenum
- Iatrogenic injuries
  - ERCP – perforation
  - PTC – haemorrhage/bile leak
  - Surgical - Bile duct injury
    - Avoidance
    - Management

#### 5. ***“The sick liver”***

- Variceal bleeding
  - Endoscopic intervention
  - TIPs
  - Surgery – when all else fails
- Emergency surgery with portal hypertension
  - Surgery with portal hypertension
    - Pre-operative preparation
    - At operation

#### 6. ***Acute HPB problems in Oncology patients***

- Acute GI complications in chemotherapy patients
- GI, liver and biliary complications of SIRT
- Liver and biliary complications of ablative therapies
- Biliary tract obstruction complicating advanced malignancy
  - When to stent?
  - When to palliate?

#### 7. ***“Keeping a balance - the Acute General Surgeon and the HPB Surgeon”***

- Keeping the “specialist” surgeon on the “general roster”
- When to call the HPB surgeon
- Effects on surgical training