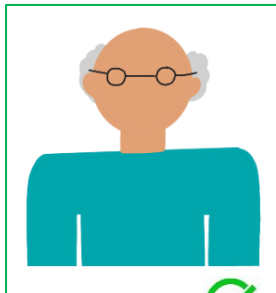


CovidSurg-Cancer

CovidSurg

Clinical scenarios for hepatobiliary and pancreatic cancer

1



INCLUDED



83 year old male with several comorbidities and technically resectable pancreatic cancer, deemed fit for resection. Date for surgery during COVID-19 pandemic. Case re-evaluated and deemed high-risk of extended ITU stay and risk to patient of inpatient COVID-19 exposure, therefore surgery cancelled and referred for palliative chemotherapy

2



INCLUDED



60 year old female with resectable pancreatic cancer. In pre-COVID-19 era she would have received fast-track surgery without biliary stenting then adjuvant chemotherapy. COVID-19 local guideline change, and all cases reviewed to delay as many operations as possible due to lack of capacity and COVID-19 exposure risk to patient. Patient therefore undergoes pre-operative biliary drainage (change to standard fast-track pathway), and referred for neo-adjuvant chemotherapy, with plan for re-assessment and operation at later date (post-pandemic)

3



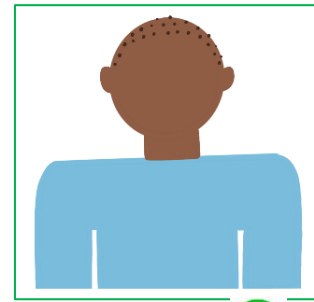
NOT INCLUDED



48 year old female with locally advanced pancreatic cancer. Referred for down-staging chemotherapy and reassessment of response and resectability post-chemotherapy

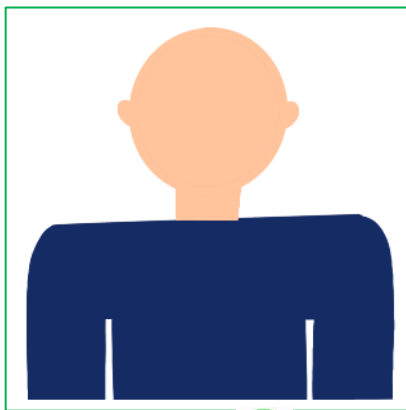
4

62 year old with colorectal liver metastasis and mild COPD, planned for minor liver resection (laparoscopic wedge resection). Operation delayed due to concern that COPD history deemed high risk operation with COVID-exposure, referred for chemotherapy. Tumour progression, requires open major liver resection at 3 months.



INCLUDED ✓

5

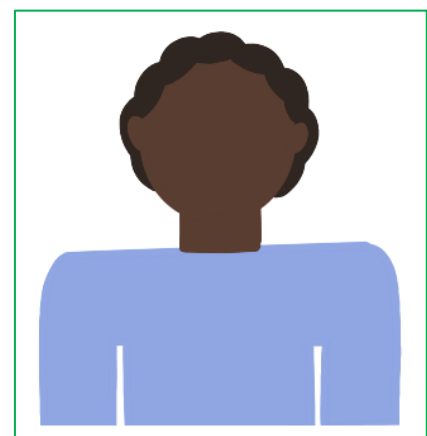


INCLUDED ✓

76 year old male with resectable hilar cholangiocarcinoma. Plan for extra major liver resection (extended left hepatectomy with hepaticojejunostomy). Case reviewed and due to ITU capacity and COVID-19 exposure risk to patient operation cancelled, referred for neo-adjuvant chemotherapy. Unexpected hospital admission with cholangitis requiring repeat-biliary stenting and intravenous antibiotics. Progression whilst on chemotherapy and deemed inoperable at reassessment.

6

68 year old with HCC planned for a laparoscopic minor liver resection (non-anatomical resection segment 3). Undergoes an open minor liver resection as laparoscopic surgery not advised due to risk of COVID-19. Post-operatively tests positive for COVID-19 and has extended inpatient hospital stay with viral pneumonitis, before successful discharge home



INCLUDED ✓