



AB186. 199. Surgical palliative care: recent trends and developments

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Background: Palliative surgical procedures make up a significant proportion of all surgical cases performed in patients with malignancy. Palliative procedures may be associated with high mortality and morbidity rates, of up to 10% and 40% respectively. A high rate of success has also been demonstrated, with 80% of patients achieving symptom resolution.

Methods: We present the case of a 67-year-old male with advanced relapsed multiple myeloma. He had known osseous lytic lesions and hepatic plasmacytoma. He had a history of a pathological fracture of the femur and fracture fixation. He presented with acute right iliac fossa abdominal pain. He underwent emergency laparotomy and right hemicolectomy for a perforated caecal adenocarcinoma. Histology confirmed

the diagnosis. Re-staging computed tomography of thorax, abdomen and pelvis indicated increased metastatic tumour burden in the liver, likely secondary to the newly diagnosed caecal adenocarcinoma. We review the current literature with regards to the role of the surgeon in the palliative care setting. We look at burn care as a model for critical palliative care.

Results: This case highlights the multifaceted role of palliative surgery. This case illustrates the moral and ethical dilemmas, practical determinants and perioperative considerations of palliative surgery. We review current guidelines, future directions and other perspectives in the literature.

Conclusions: Surgeons have taken the lead in defining the important clinical, educational, research and policy agendas in multidisciplinary palliative patient care, particularly in the perioperative setting.

Keywords: Surgeon; palliative care; symptomatic management; multidisciplinary; end-of-life

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