

AB066. SOH23ABS_177. Colon cancer resectional surgery in a model III hospital—an important piece of the jigsaw

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Background: Cancer service centralisation improves outcomes. There are proposals to centralise colon cancer care into model IV hospitals. However, these hospitals lack resources and unintended consequences include deskilling of model III hospitals and resource underutilisation. This study examines the quality of oncological and surgical colon cancer care in a model III hospital with co-located surgeons. Methods: Interrogation of a retrospective database of oncological, colonic resections in a model III hospital. Emergency and elective patients with colonic malignancy operated on by a co-located colorectal surgeon were included.

Results: A total of 50 patients (male 28, female 22) over 6 years were identified. Thirty resections were right sided, 17 left sided, and 3 both. Forty-one procedures were laparoscopic or laparoscopically assisted. Nine procedures were emergent. Forty-three were for adenocarcinoma. Only 1 case yielded less than 12 nodes (median, 20; range, 9–43 nodes). Resection margin was negative in 98% of specimens. Thirty-nine patients had primary anastomosis (7 had defunctioning ileostomy). Six of 9 emergencies had primary anastomosis, 4 with defunctioning ileostomy, and 3 had end stoma. Seven patients had Clavian-Dindo III or IV complications. Four patients returned to theatre (2 anastomotic dehisence, 1 ischaemia, 1 negative laparoscopy). Ninety-day mortality was 1 (complications of

cirrhosis). All patients were discussed at multidisciplinary teams (MDTs) in level IV hospital.

Conclusions: In appropriately staffed model III hospitals, the oncological and surgical key performance indicator (KPI) of resected colon cancers can be exceeded. This resource should be harnessed and included in the design of co-located, colon cancer services to provide patients with high quality care.

Keywords: Colonic cancer; model III hospital; surgery; key performance indicator (KPI); centralisation

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Footnote

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