UPPER GASTROINTESTINAL SURGERY SERVICES

CHAPTER 27

Upper GI Surgery consists of multi-modality treatment of the following disease processes:

- All tumours of the oesophagus;
- All motility disorders of the oesophagus including reflux;
- All tumours of the stomach and duodenum;
- Complex peptic ulcer disease;
- All tumours of the pancreas;
- Surgical management of chronic pancreatitis, and complications of acute pancreatitis;
- All tumours (primary and secondary) of the liver and biliary tree;
- Complex stone disease of the liver and biliary tree;
- Upper GI surgical emergencies (eg perforated oesophagus, duodenum etc);
- Bariatric Surgery.

SWSAHS has the highest incidence in NSW of oesophageal, gastric, and primary liver tumours. Demographic changes in SW Sydney have also lead to a high Asian population with a significant hepatitis B and C positivity rate, leading to increased incidence of hepatocellular carcinoma requiring multi-modality treatment. High intravenous drug usage rates also impact on this incidence.

In 2002/03, the private sector provided 26% of upper GI surgery separations generated by SWS residents.

Upper GI surgery patients are seen at all six SWSAHS hospitals, with major surgery performed at two sites: Bankstown and Liverpool Hospitals. In 2002/03, SWSAHS was 84% self-sufficient in public sector upper GI surgery, providing a total of 2,119 separations and 9,708 beddays, at an average LOS of 4.6 days. Most resident outflows were to Auburn, Concord and St George Hospitals.

At a planned occupancy of 85% and assuming no change in flows, it is projected that adult upper GI surgery services in SWSAHS Hospitals will increase by 9% to 2006 and a further 8% to 2011.

Demand by SWS residents for upper GIT surgery is projected to grow by 9.1% to 2006 and a further 9.3% to 2011.

Current Services

Bankstown Hospital

This is one of the two sites of major upper GI surgery in SWSAHS. Subspecialisation is well advanced, with two surgeons performing upper GI surgery. Three surgeons in SWSAHS perform elective liver resections. In 2002/03, there were 549 upper GI surgery separations, including 5% day only, occupying 3,032 beddays at an average LOS of 5.5 days.

Fairfield Hospital

In 2002/03, there were 353 upper GI surgery separations, of which 7% were day only, occupying 1,299 beddays at an average LOS of 3.7 days.

Liverpool Hospital

This is one of the two sites of major upper GI surgery in SWSAHS. Subspecialisation is well advanced, with six surgeons performing upper GI surgery. Three surgeons in SWSAHS perform elective liver resections. In 2002/03, there were 604 upper GI surgery separations, including 3% day only, occupying 3,461 beddays at an average LOS of 5.7 days.

Campbelltown Hospital

In 2002/03, there were 493 upper GI surgery separations, of which 5% were day only, occupying 1,770 beddays at an average LOS of 3.6 days.

Camden Hospital

In 2002/03, there were 68 upper GI surgery separations, of which 79% were day only, occupying 80 beddays at an average LOS of 1.2 days.

Bowral Hospital

In 2002/03, there were 52 upper GI surgery separations, of which 69% were day only, occupying 66 beddays at an average LOS of 1.3 days.

Non-inpatient

The majority of patients are semi-elective in nature and will be referred from the community or other health professionals to VMO rooms or as consultations in hospital. A weekly Multidisciplinary Upper GI Tumour clinic enables cross specialty cooperation, as well as contact with allied health practitioners.

Research and Teaching

There is an affiliation, under the title of SWAGS (South Western Area Gastrointestinal Service), which includes combined teaching meetings on a monthly basis between gastroenterology and upper GI surgery staff.

For education, there are advance trainees in gastroenterology, basic trainees in Medicine, advanced general surgical trainees and two senior registrars in general surgery, usually one with an interest in Upper GI Surgery. There is potential for formal recognition for Post Fellowship Trainees in Upper GI Surgery.

There is participation in several multi-centre Australasian and oncology studies including ESPAC-3 study (pancreatic cancer), PET scanning in oesophageal cancer, Quality of Life and swallowing function after oesophagectomy and the role of stellate cells in development of pancreatic cancer. Multiple series and case reports currently are in progress.

RECOMMENDATIONS

- Upper GI surgery be an Area-wide service concentrated at Liverpool and Bankstown as the referral hub services and with other Area hospitals following agreed referral protocols.
- An Area-wide roster for Upper GI Surgery be created. This roster be the central referral point and widely advertised.
- Subspecialisation at Bankstown and Liverpool be encouraged:
  - Gastric surgery, severe acute pancreatitis and benign surgery for motility disorders at both Bankstown and Liverpool;
  - Hepatic, pancreatic and biliary malignancy surgery at Liverpool only;
  - Elective Oesophageal cancer surgery will be at Bankstown Hospital;
  - Bankstown and Liverpool to have a combined Gastroenterology and Upper GI ward to permit nursing, allied health skill development and foster cooperation;
  - Purchase appropriate equipment e.g. equipment for complex stone dissolution techniques, RFA equipment and manometry;
  - Develop brachytherapy expertise in the treatment of cholangiocarcinoma.