Mortality after Hepato-Biliary and Pancreatic Surgery (HBPS) in Queensland, Australia

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Introduction: HBPS can be associated with significant morbidity and mortality if patients are poorly selected for major surgery. The Queensland Audit for Surgical Mortality (QASM) records all mortalities associated with surgical procedures within Queensland.

Methods: QASM data associated with HBPS over the last 10 years (2007 - 2018) were analysed. Patients who died from multiple trauma or died from other causes unrelated to HBPS disease were excluded in this study.

Results: One hundred and eighteen patients died of 184 deaths that were recorded. Sixty-six were excluded based on the selection criteria as above.

AGE DATA:
Average age of the patients was 68.3 years
Of the 118 there were:
72 males and 46 females
103 were 50 years of age or over (64 M, 39 F)
15 were less than 50 years of age (8M, 7F)

SURGICAL PROCEDURES:
Liver 24 (20%)
Biliary 103 (87%)
Pancreas 10 (8.5%)

COMORBIDITIES:
Cardiac 65
Respiratory 43
Renal 40

COMPLICATIONS:
58 of 118 were identified.
38 required reoperation and 40 had unplanned admission into ICU

SURGEONS ASSESSMENT OF SEVERITY OF DISEASE AND RISK OF DEATH PRIOR TO SURGERY WERE:
1. Minimal or small 15 (12.5%)
2. Moderate 31 (26%)
3. Considerable 58 (49%)
4. Expected 12 (10%)

Conclusions: 1. Elderly patients with co-morbidities have a significant risk of death after HBPS
2. The surgeons view of death following surgery was considerable.
3. Patient selection for major HBPS surgery is important to reduce the mortality.

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