Hepato-Pancreatico-Biliary & Liver Transplant Surgery

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Ansh Liver Clinic
Prevention to Cure
(Division of ANSH MEDICARE SOLUTIONS PVT. LTD.)
CIN : U74999MH2016PTC284829

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What is HPB Clinic?
This clinic will addresses the entire spectrum of surgical options for diseases of the liver (Hepato), pancreas (P) and Biliary system (gall bladder and bile duct).

What are the services provided by the HPB department?
- Benign (non-cancerous).
- Malignant (cancer) diseases of the liver, pancreas, gall bladder and the bile duct.

What are the symptoms and signs of cancer of the liver, gall bladder and pancreas?
Most patients would present with the following:
- Pain in abdomen
- Jaundice
- Unexplained weight loss
- Abdominal distension
- Fatigue

Why is it important to detect these cancers early?
- If you have any of the above symptoms and have one of the risk factors, it is essential to get investigated as soon as possible in order to detect it early.
- Only a small proportion of patients are deemed to have a cancer that can be cured completely by surgical resection.

How do you detect or diagnose HPB cancers?
- Majority of the HPB cancers are detected with the help of a CT scan and certain blood cancer markers (CEA, AFP, CA 19.9) which are elevated.
- In addition, some of the patients will need to undergo additional MRI scan.
- Patients with pancreatic cancers may need to undergo an Endoscopic ultrasound in order to stage the disease and undergo a biopsy.
Cancer of the liver can be of two types:-

a) **Primary liver cancer/ Hepatocellular cancer (HCC)**
   - It is the fifth most common cancer in the world
   - third most common cause of cancer mortality and if left untreated, 5 year survival rate is approximately 7%.
   - Can be seen on a background of cirrhotic or a normal liver
   - Risk factors for cirrhosis are Alcohol, Hepatitis B, Hepatitis C, diabetes and fatty liver.

b) **Secondary cancers**
   - These spread to the liver from other organs like intestine, breast, pancreas and ovaries.
   - Around 50% of patients with intestinal cancer will develop cancer spread to the liver.
   - Majority of these can be offered a surgical liver resection with a possibility of cure.

**What is the treatment of liver cancer?**

Only 30-40% of liver cancers are resectable, once diagnosed as this can be a silent condition and most patients present in the advanced stage.

**What are the other treatment options in liver cancer (if curative resection is not possible)?**

There are a few options like
   - Transarterial chemo-embolisation (TACE) (special technique to give directed chemotherapy).
   - Radiofrequency ablation (RFA) (burning of liver tumours with special needles).
   - Most patients with cirrhosis of the liver will need a liver transplant if the cancer is restricted to the liver.
PANCREATIC CANCER

Burden of disease:
- The life time risk of getting pancreatic cancer is 1 in 71 (1.41%). 22 people die every day from pancreatic cancer as only 10% are diagnosed in time for potentially curative surgery.
- Surgery is the only curative option with 5 yr survival of 30-35% as without an operation, the 5 year survival is 0%.

Risk factors for pancreatic cancer
- Elderly people (age >60 years)
- Chronic pancreatitis
- Obesity
- Diabetes
- Family history of pancreatic cancer

What is the treatment of Pancreatic cancer?
Only 10-15% pancreatic lesions are amenable to curative resection at the time of diagnosis as this can be a silent disease until symptoms appear.

What are the other treatment options in pancreatic cancer (if surgery is not possible)?
- The only other alternative options that are available are chemotherapy and radiotherapy. Both are palliative in intent and cannot cure the disease.

GALL BLADDER CANCER

What is the incidence?
- Extremely high incidence of gall bladder cancer in northern India belt around the Ganges river.
What are the risk factors?

- Gender - twice more common in women than men.
- Chronic cholecystitis and cholelithiasis. (Stones in the gall bladder).
- Chronic typhoid infection of gallbladder.

What is the treatment?

- Surgery is the only curative option. Unfortunately, only a small proportion of patients detected with GB cancer have an operable/curative tumour.
- Other treatment options- If inoperable, some cancers can be downstaged with the help of chemotherapy and radiotherapy.

COMMONEST BENIGN CONDITIONS IN THE HPB CLINIC

Pancreatitis- Acute and Chronic
Pseudocyst of the Pancreas

Pancreatic lesions

- Serous and mucinous Cysts
- IPMN
- cystadenomas

Focal Liver Lesions

- Hemangioma
- Adenoma
- Focal nodular hyperplasia(FNH)
- Hydatid cyst
- Amoebic and pyogenic liver abscess
The liver clinic offers a complete guidance on liver transplant by the Hepatologist and transplant surgeon.

The evaluation includes addressing the need for liver transplant, detailed clinical work-up and helping patients to understand what to expect prior, during and after a transplant.