

A total of 701 new cases of CaP were diagnosed from 2001 to 2009. Males were predominately affected than females (male: female: 392:309). Cancer incidence rates were seen to rise with age in both sexes, with a peak in the 50-60 age group. Furthermore, the detection rate of CaP was also on the rise. The commonest histological type was adenocarcinoma. Of the South Asian countries, we observed the highest ASR in Sri Lanka. Cancer incidence rates among the migrant South Asian population were highest in the UK followed by USA and Singapore. All migratory populations had considerably higher rates of CaP compared to their native counterparts.

Conclusion

The incidences of CaP in the migrant South Asians were considerably higher than their native counterparts. Furthermore, the ASR of Sri Lankan population is considerably higher than other South Asian populations. Further studies are necessary to analyse the risk factors in the migrant populations and to analyse the reason for the considerably higher rates of CaP in Sri Lankans.

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IATROGENIC BILE DUCT INJURIES OBSERVED DURING ENDOSCOPIC RETROGRADE CHOLANGIOGRAM; IS THERE A CHANGE WITH MORE FORMAL TRAINING IN LAPAROSCOPIC SURGERY?

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Introduction

The incidence of iatrogenic bile duct Injuries (IBDI) has changed in the recent past. In Sri Lanka the current generation of surgeons have had formal training in laparoscopy cholecystectomy (LC) compared to those in the introductory period. We analyzed the patterns of IBDI detected during ERC during two time periods (2003-2010 and 2011 to date) for any significant differences in injury patterns.

Methods

Retrospective analysis of the ERC findings of patients with IBDI from 2003 to 2016 was done in a tertiary care unit. Injuries were categorized by Bismuth-Strasberg classification (A-E). E(1-5) were considered as major

injuries.

Results

Over 13 years, 87 patients with IBDI were referred for ERC. Majority (80%) were females. Mean age was 45 years (range 17-81). In the early period (2003-2010) only 55% of injuries were due to LC, while 77% were with LC in the latter period ($p=0.02$). In the early period 67% were major injuries (Bismuth E 1-5) while 45% were major in the post-2010 group ($p=0.047$) on univariate analysis. However in a multifactorial analysis there was no difference in the injury severity based on the time period ($p=0.068$) or the type of surgery ($p=0.271$). Conversion rates to open surgery and the fraction of injuries needing surgical reconstruction were not significantly different between periods.

Conclusion

The proportion of IBDI due to LC, compared to open surgery has risen significantly. Formal training in LC appears not to have affected the severity of IBDI conversion rate or the percentage of patients requiring surgical reconstruction. The study is limited by including only IBDIs diagnosed by ERC.

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OUTCOMES FOLLOWING LAPAROTOMY AND LAPAROSCOPIC ABDOMINAL SURGERIES: PRELIMINARY RESULTS FROM 3 SURGICAL UNITS IN NATIONAL HOSPITAL OF SRI LANKA

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Introduction

Laparotomy and laparoscopic abdominal surgeries are commonly known to be followed by complications resulting in significant morbidity and mortality in patients.

Methods

All in-ward patients, who had undergone intraperitoneal surgeries of three surgical units of the