



## Service Priorities and Programmes Electronic Presentations

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### **The Localized On-site Surgical Colorectal Cancer (CRC) Service in the Pok Oi Hospital (POH)**

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#### **Introduction**

In the past, the cluster-based surgical CRC service was centralized in the Tuen Mun Hospital (TMH), in which all CRC referrals were pooled and subsequent work-up were done. Selected patients would have surgery allocated in the POH and followed up in the TMH after their operations. The TMH CR surgeons needed to travel to the POH to perform the CRC operations once a week. The cluster 2016 data revealed that about half of these patients were accommodated in Yuen Long (YL) and Tin Shui Wai (TSW). There is thus a need for on-site CRC service in the POH.

#### **Objectives**

1. To develop on-site surgical CRC service in the POH, from diagnosis to peri-operative care and subsequent follow-up, particularly for patients living in the locality (YL and TSW). 2. To avoid unnecessary inter-hospital travels undertaken by the surgeons and the patients. 3. To start on-site CR nurse service in the POH for patient education and counseling.

#### **Methodology**

Since July 2017, a designated TMH CR surgeon stayed in the POH and formed a multidisciplinary task force among anesthetists, GI physicians, physiotherapists, dietitians, stoma therapists, CR cancer manager and nursing staff members. Eligible patients, whom had their CRC diagnosed in the POH and their CRC diagnosed-and-referred under the colon assessment PPP program, were managed in the POH. However, patients required neoadjuvant treatment, with advanced tumours mandated multiple organs resection, had their CRC emergency operated, while those declined cases of surgery were excluded. All patients' demographic and peri-operative data were prospectively collected and analyzed.

#### **Result**

During 1 July- 31 Dec 2017, 55 CRC patients received the on-site surgical CRC service in the POH. 74.6% (41) of them lived in YL (27) and TSW (14). They were all subsequently staged and they received CR nurse education and counseling. Nineteen eligible patients had elective operations performed: 8 right hemicolectomy, 1 left hemicolectomy and 10 sigmoidectomy. 73.7% (14) of them lived in YL (7) and TSW

(7). All except one were successfully managed by laparoscopic method. The median post-operative length of stay was 5 days. There was no mortality. One (5.3%) patient, who was on anticoagulant, was complicated with oozing around stoma and required exploration and hemostasis. Conclusion: The localization of service can be achieved while patients live in the locality being managed in the regional hospital. The on-site CRC service in the POH can provide a safe "through-train" treatment to patients suffering from colorectal cancers.