

Surgery care outcomes in Cholangiocarcinoma patients

Pornsiri Janthapan

KhonKaen University, Thailand

Abstract

Background: Care outcomes could reflex quality of care.

Objectives: The objective this study was to evaluated surgery care outcomes in Cholangiocarcinoma(CHCA/CCA) patients.

Method: A retrospective study was designed. The data retrieved from medical records of 77 cholangiocarcinoma patients who were admitted to surgical ward, Srinagarind Hospital between 1st Jan – 31st Dec 2017. The statistical analysis were, means \pm SD and percentages.

Result: A total of 77 patients were included, 43 (55.84%) men and 34 (44.16%) women, mean age 63 ± 10 years). There were 49 (63.6%) patients got invasive medical procedure, Endoscopic Retrograde Cholangiopancreatography (ERCP) (n = 14, 28.6%), Percutaneous Transhepatic Biliary Drainage (PTBD) (n = 17, 34.7%), Ultrasound guide biopsy (n=6, 12.2%), Other procedure (CT abdomen, EGD, ENBD, MRCP, Liver biopsy, TACE, ATB and change treatment plan) (n=12, 24.5%). Chemotherapy (n=2, 2.6%). Palliative care (n=6, 7.8%) and operation (n = 20, 25.3%). 54 patients (70.1%) got nutritional screening, high risk for malnutrition 40 (74.07%), 62 patients (80.5%) could ambulated in 24-48 hour after operation. Pain level after operation 72 hours was minimal, mean score 2.1, patients with bleeding were 3 (15.0 %), surgical site infection were 1 (5.0 %). acute pancreatitis after ERCP procedure were 4 (28.57%). Septicemia and septic shock after PTBD procedure were 2 (11.76%).

Conclusion: Most of CCA patients were treated with invasive medical procedure and surgery. The complications that could be monitored were pancreatitis after invasive procedure and bleeding in patients who got surgery. Giving information skill and guideline should be developed, in order to prevent the complication after procedure.

Keywords: Cholangiocarcinoma, Surgery care outcome

Biography:

Miss Pornsiri Janthapan has completed Bachelor degree of Nursing at the age of 22 years from Walailak University and Program of nursing specialty in oncology nursing from Chiang Mai University. She is the register nurse at ward 3A surgical and orthopedic department, Srinagarind hospital.

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