



University of
Leicester



LEICESTER
HPB UNIT

2WW HPB Referrals and USS Interpretation



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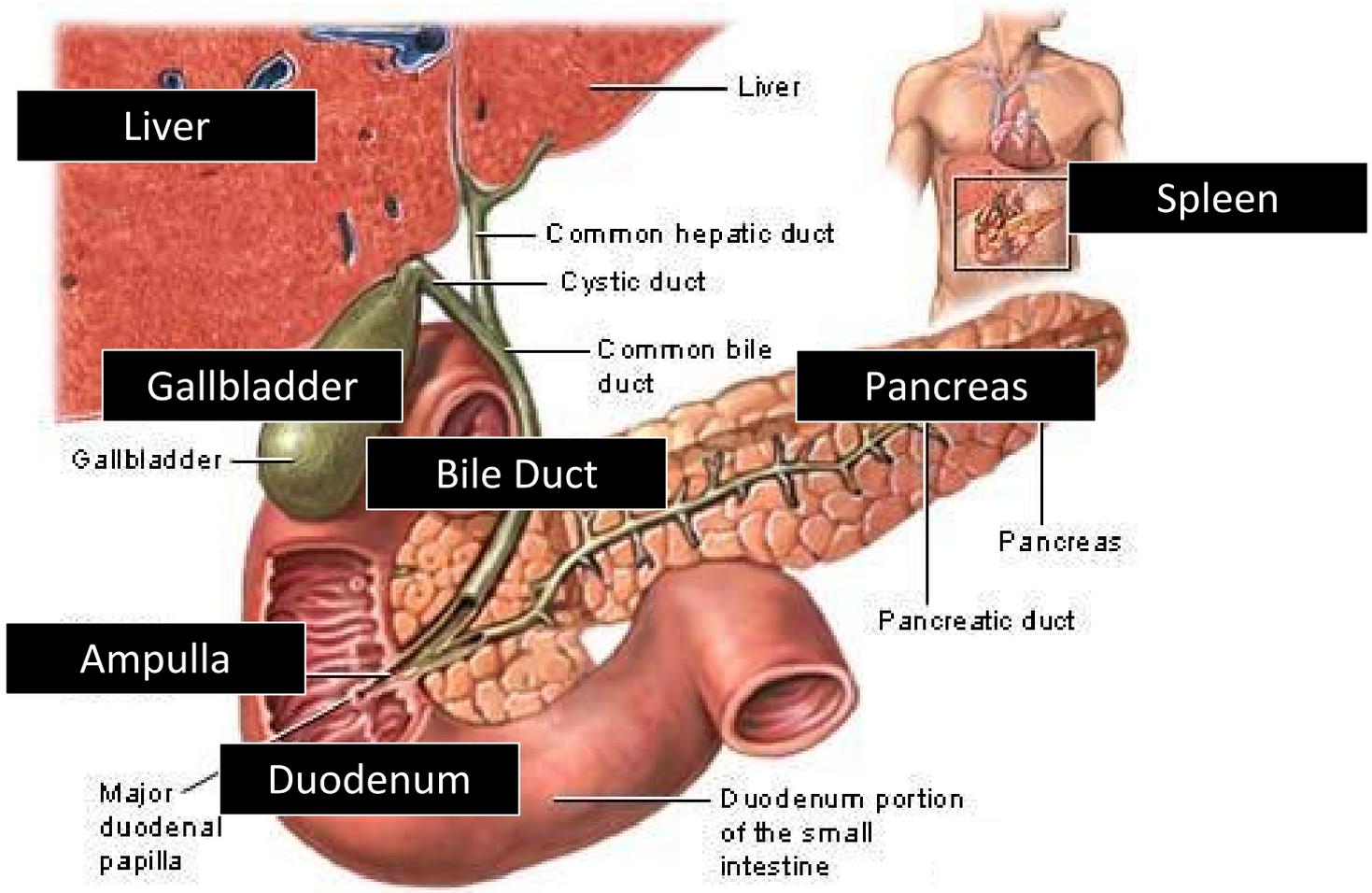


Aims

- Referring with abnormal Imaging
- Referring without abnormal imaging
- 2WW pathway in HPB



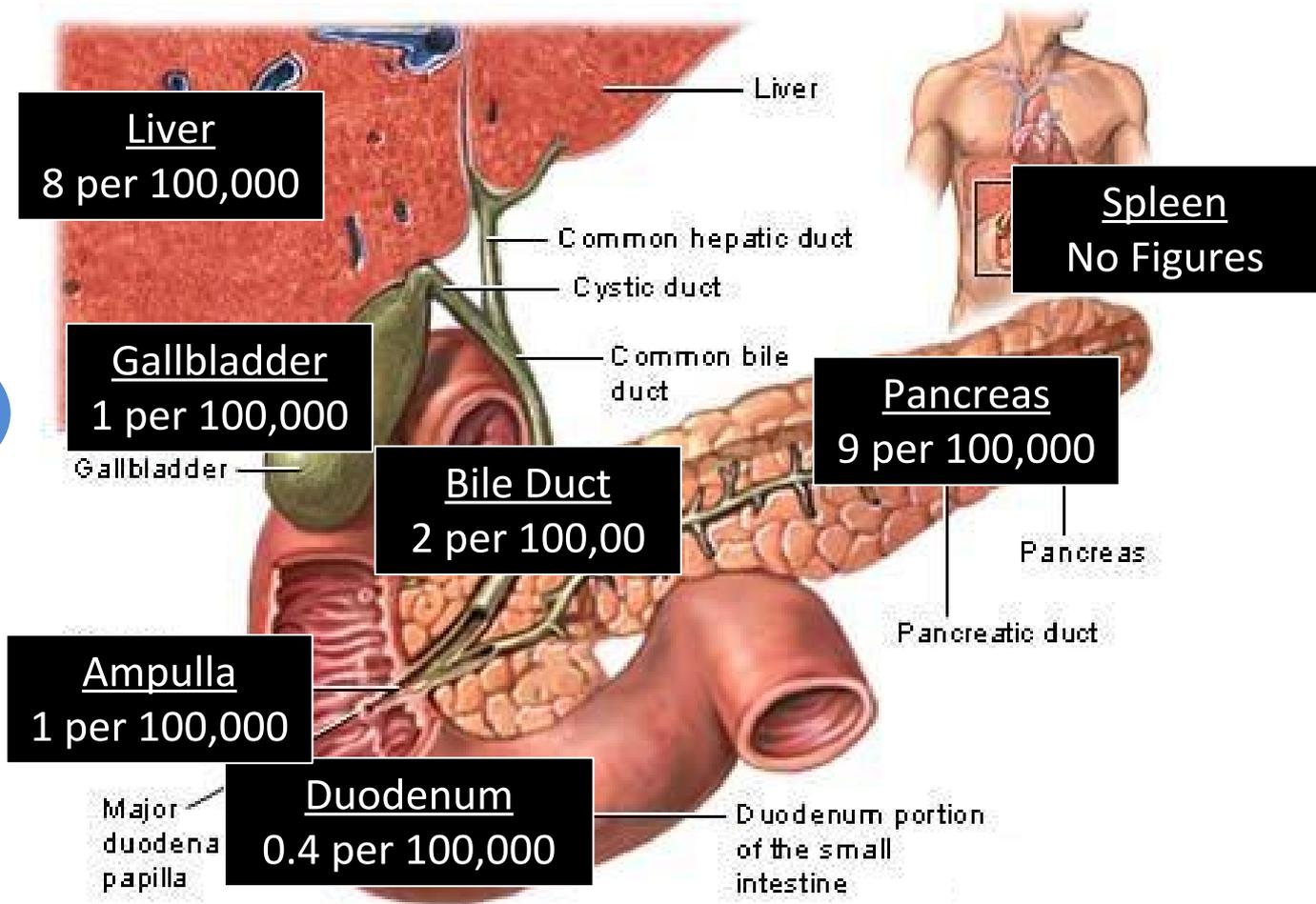
Tumour Sites Covered by HPB





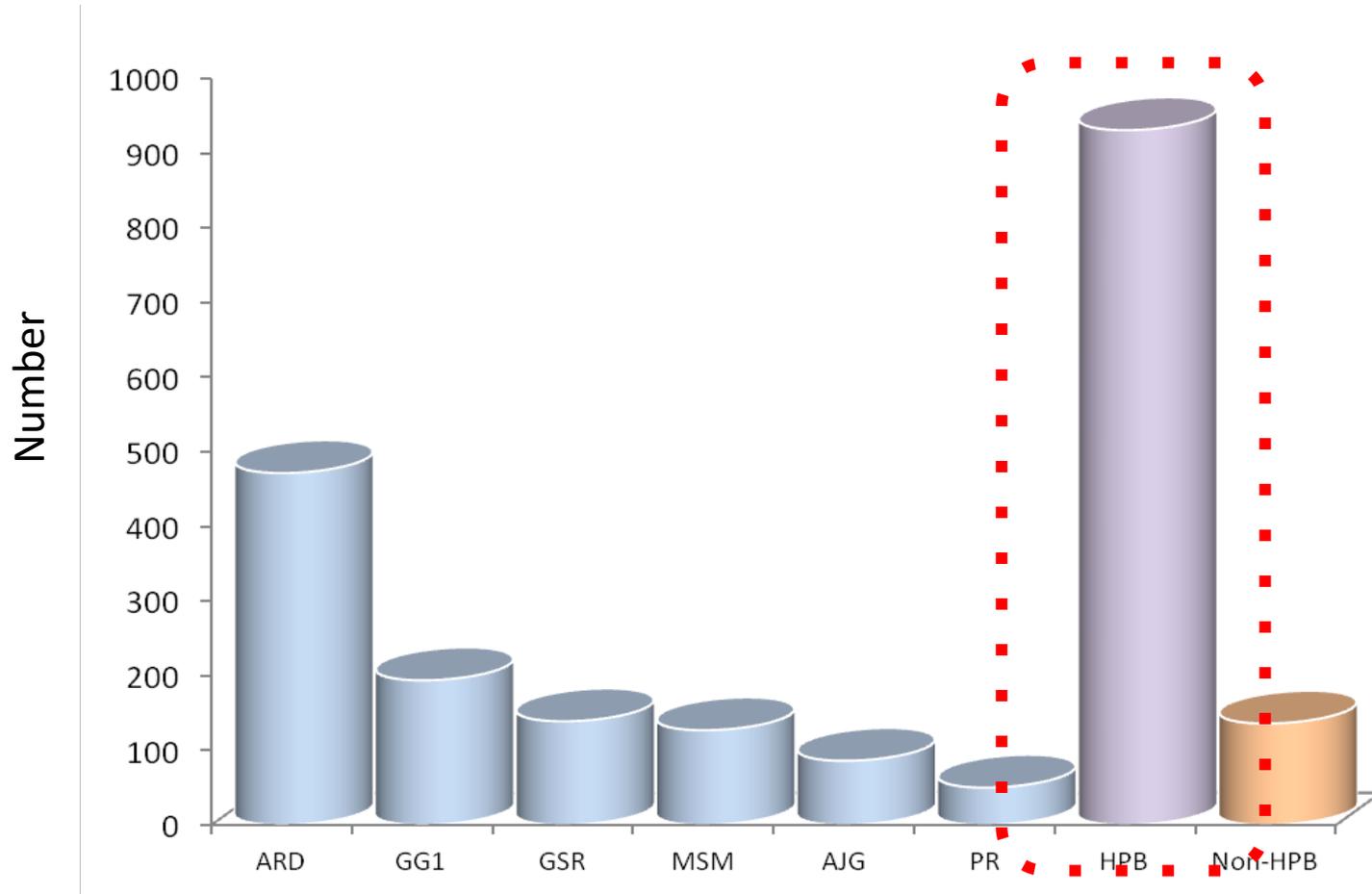
Incidence

Breast Cancer
123 per 100,000



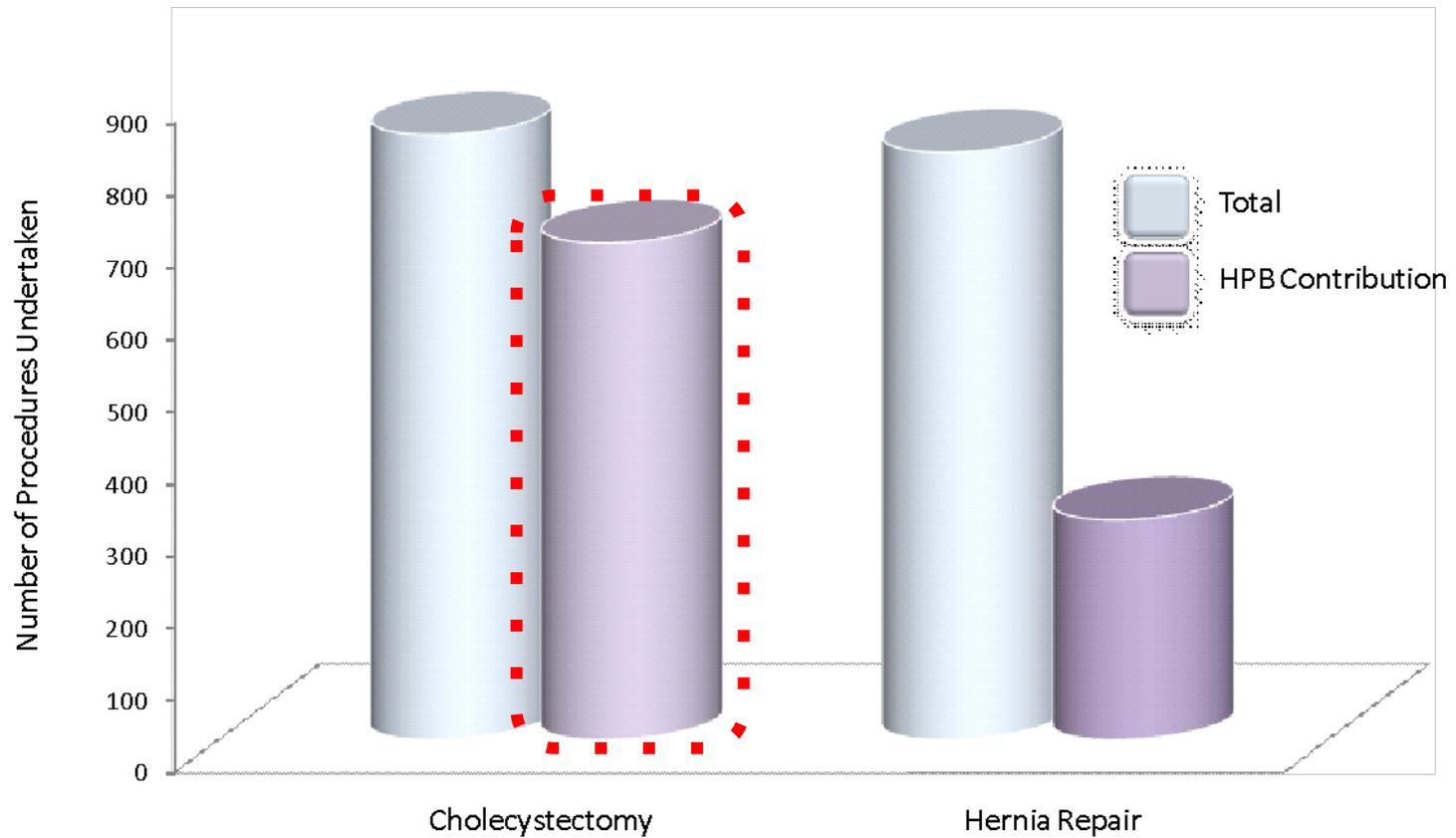


Endoscopic Intervention e.g. ERCP





Cholecystectomies



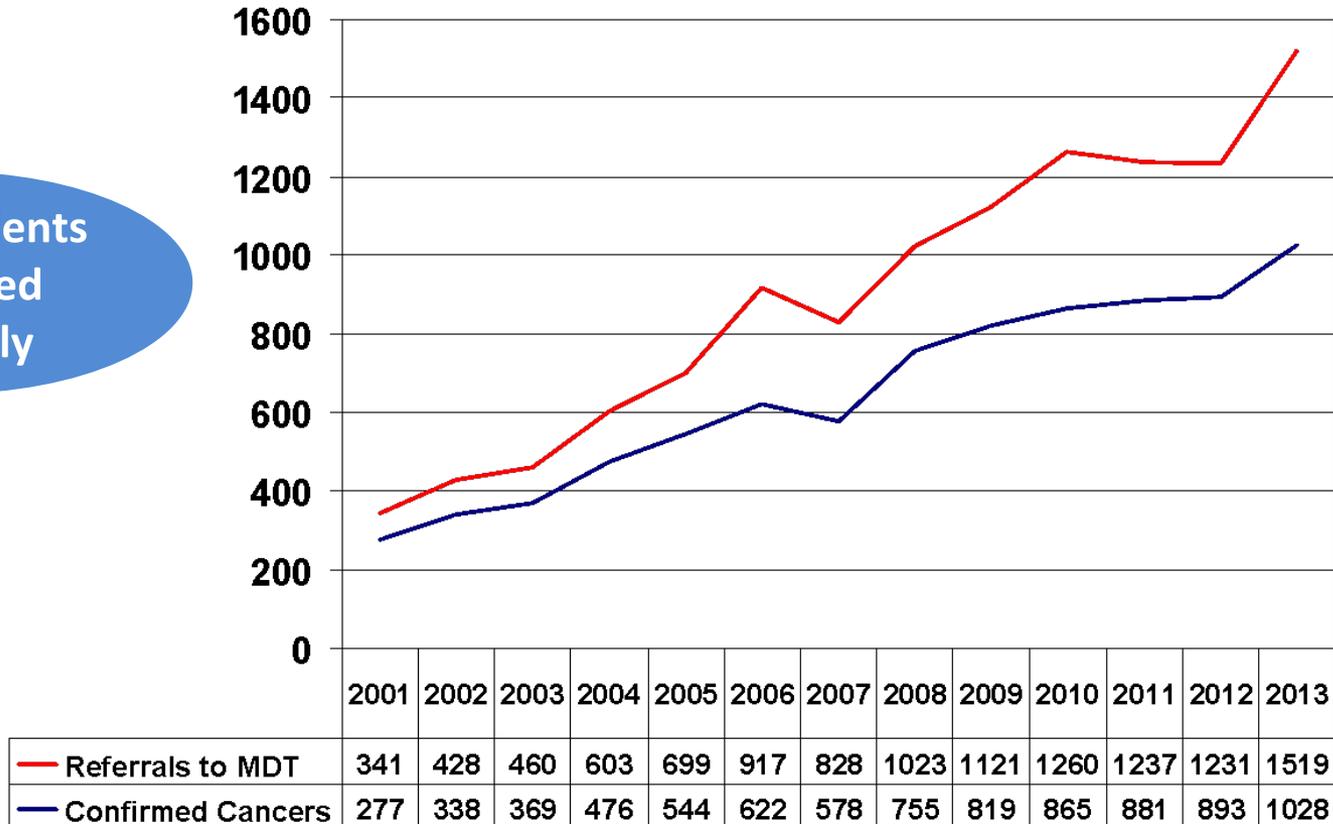


Number of Cancers Discussed

SW, November 2013

HPB MDT REFERRALS 2001 - 2013

3,000 Patients Discussed Annually

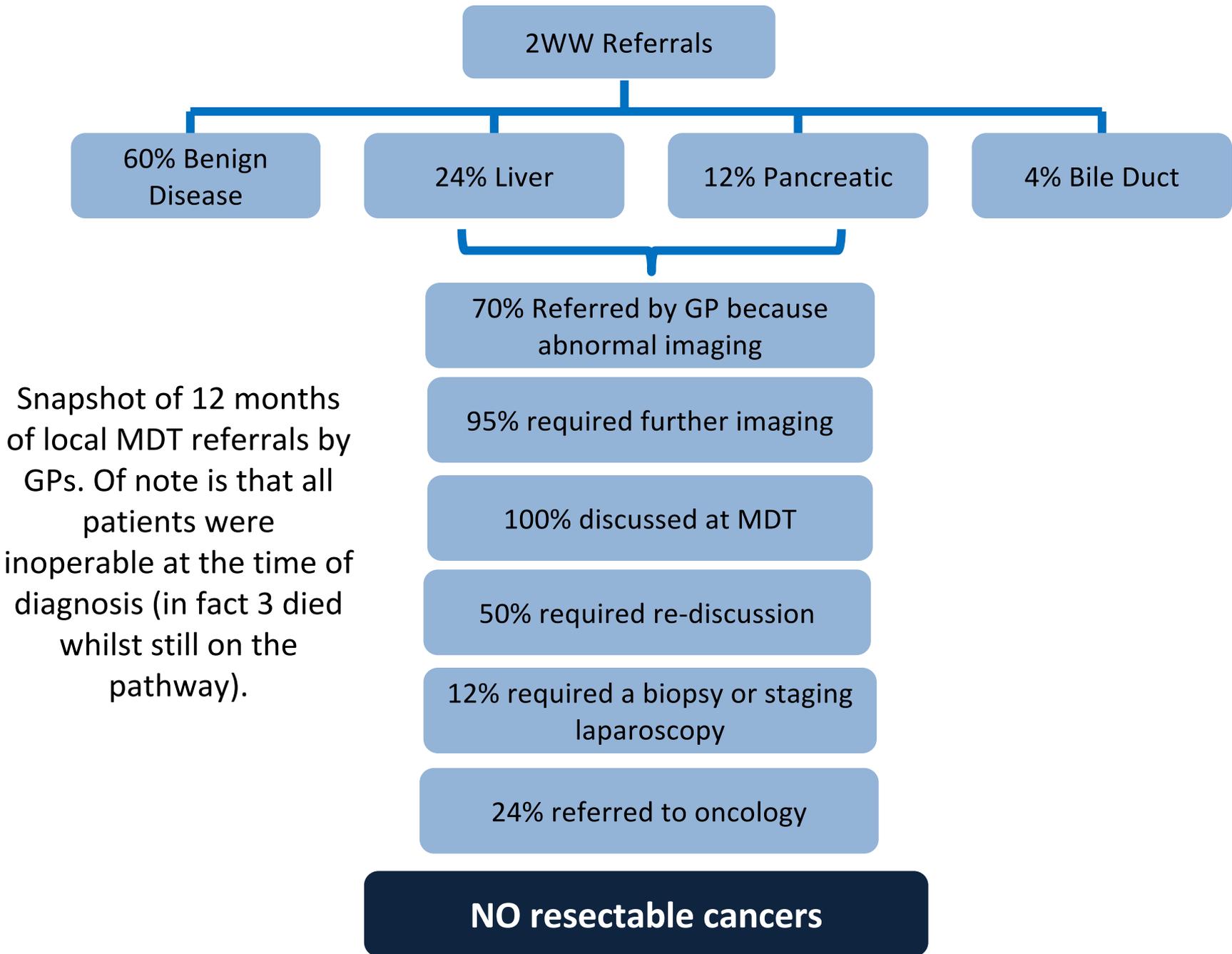




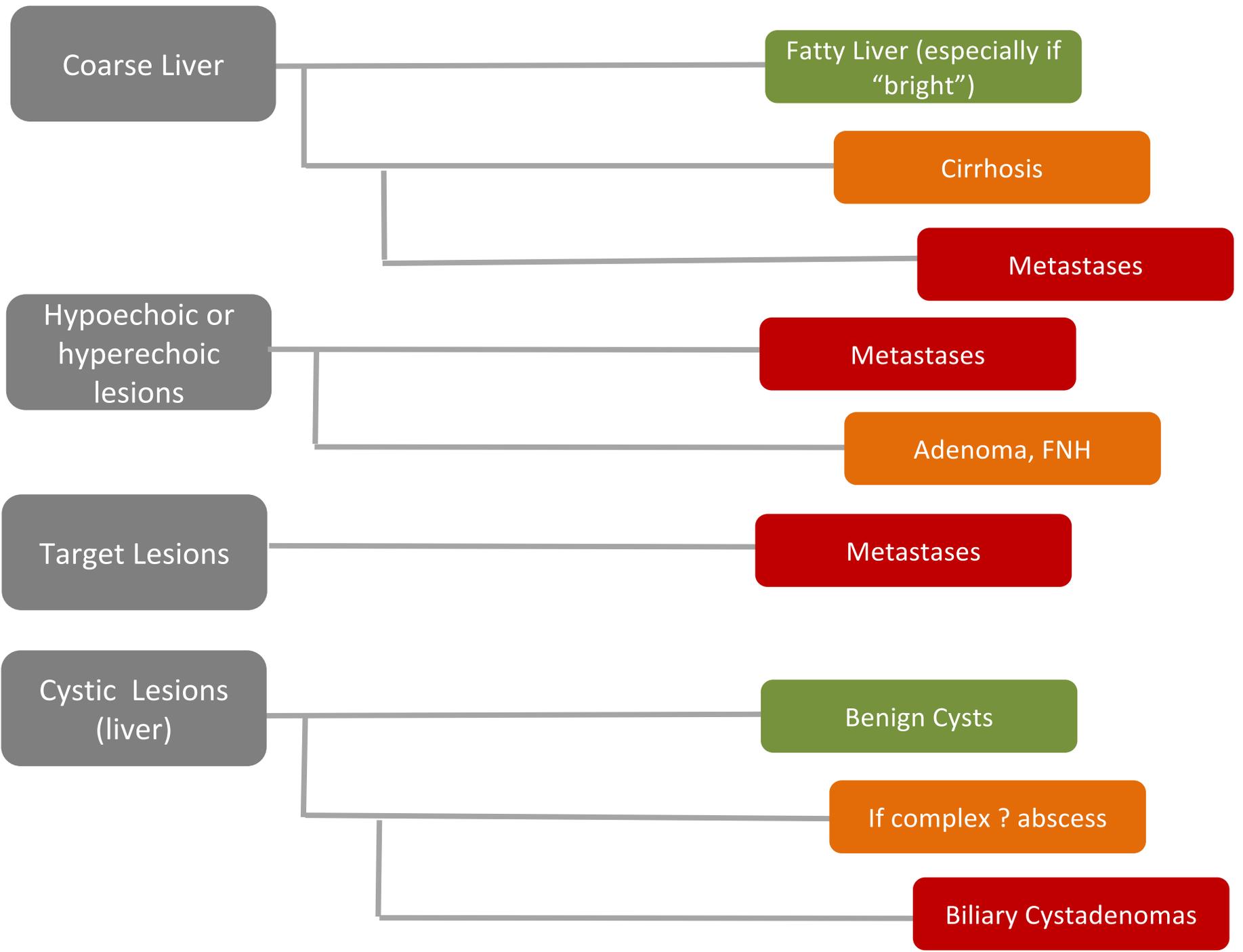
Catchment Area

2.5 Million





Snapshot of 12 months of local MDT referrals by GPs. Of note is that all patients were inoperable at the time of diagnosis (in fact 3 died whilst still on the pathway).





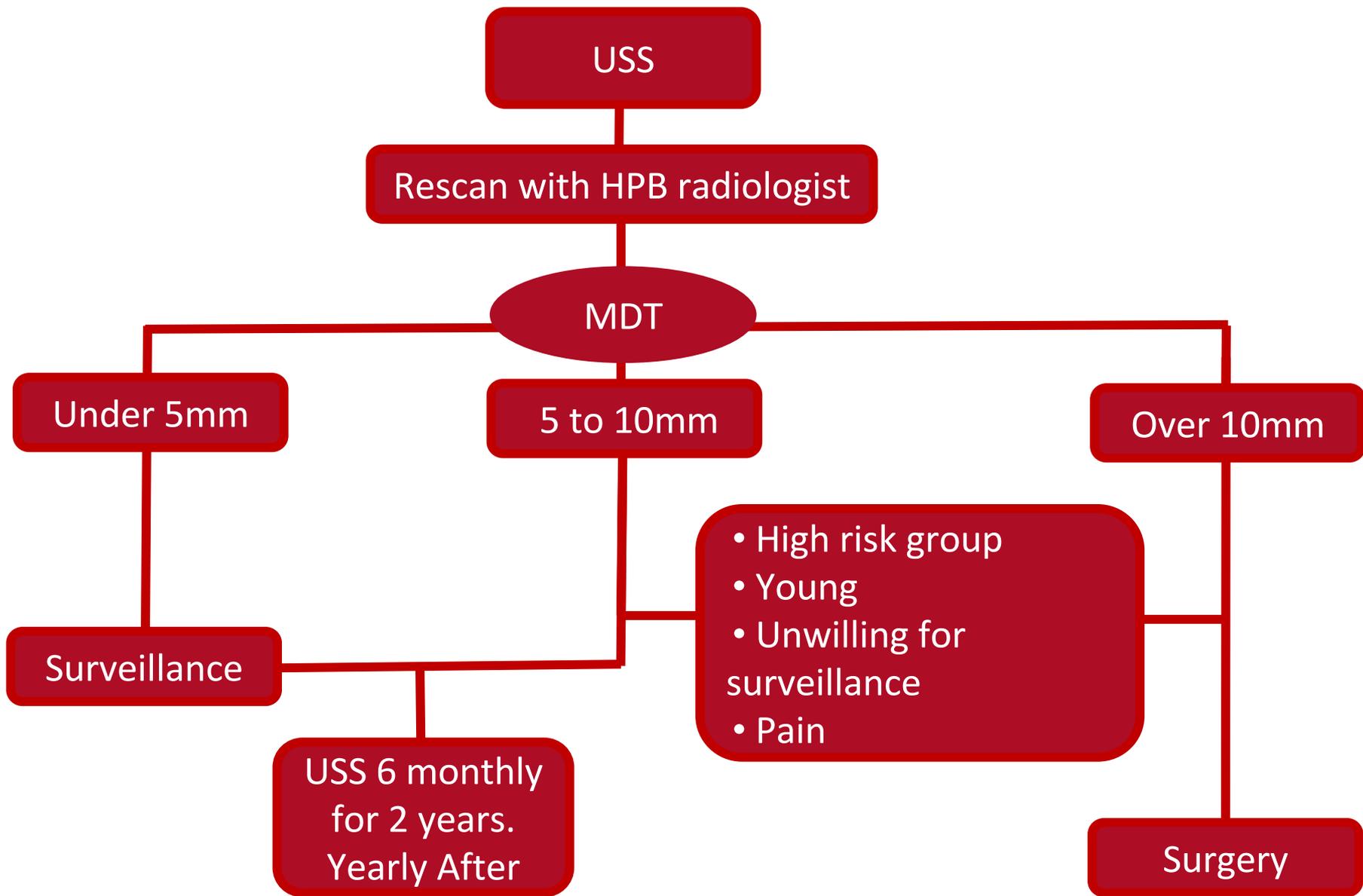
Gallbladder Polyps

- Most gallbladder polyps are cholesterol deposits within the gallbladder wall or turn out to be stones
- True gallbladder polyps are linked to increased risk of gallbladder cancer
- The causation is not as clearly defined as for colorectal polyps
- Malignancy risk correlates to size



Gallbladder Polyps





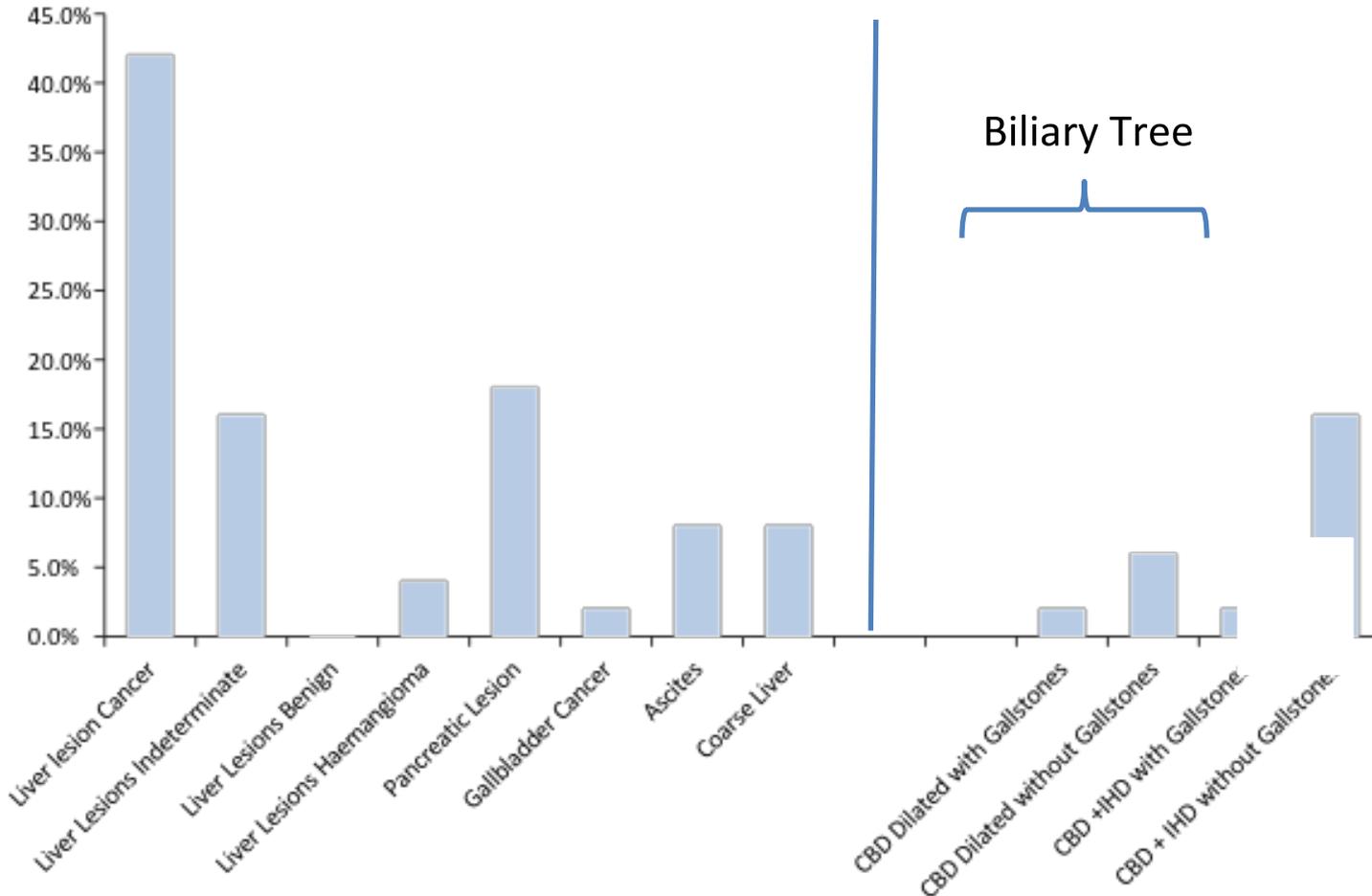


Fatty Liver and NASH

- Fatty liver and NASH are increasingly common
- Fatty liver in a patient with metabolic syndrome and only mildly deranged LFTs will probably have a marginal benefit from routinely seeing hepatology
- Fatty liver with raised ALT needs viral screen and autoimmune screen
- Any features of cirrhosis, needs referring to hepatology

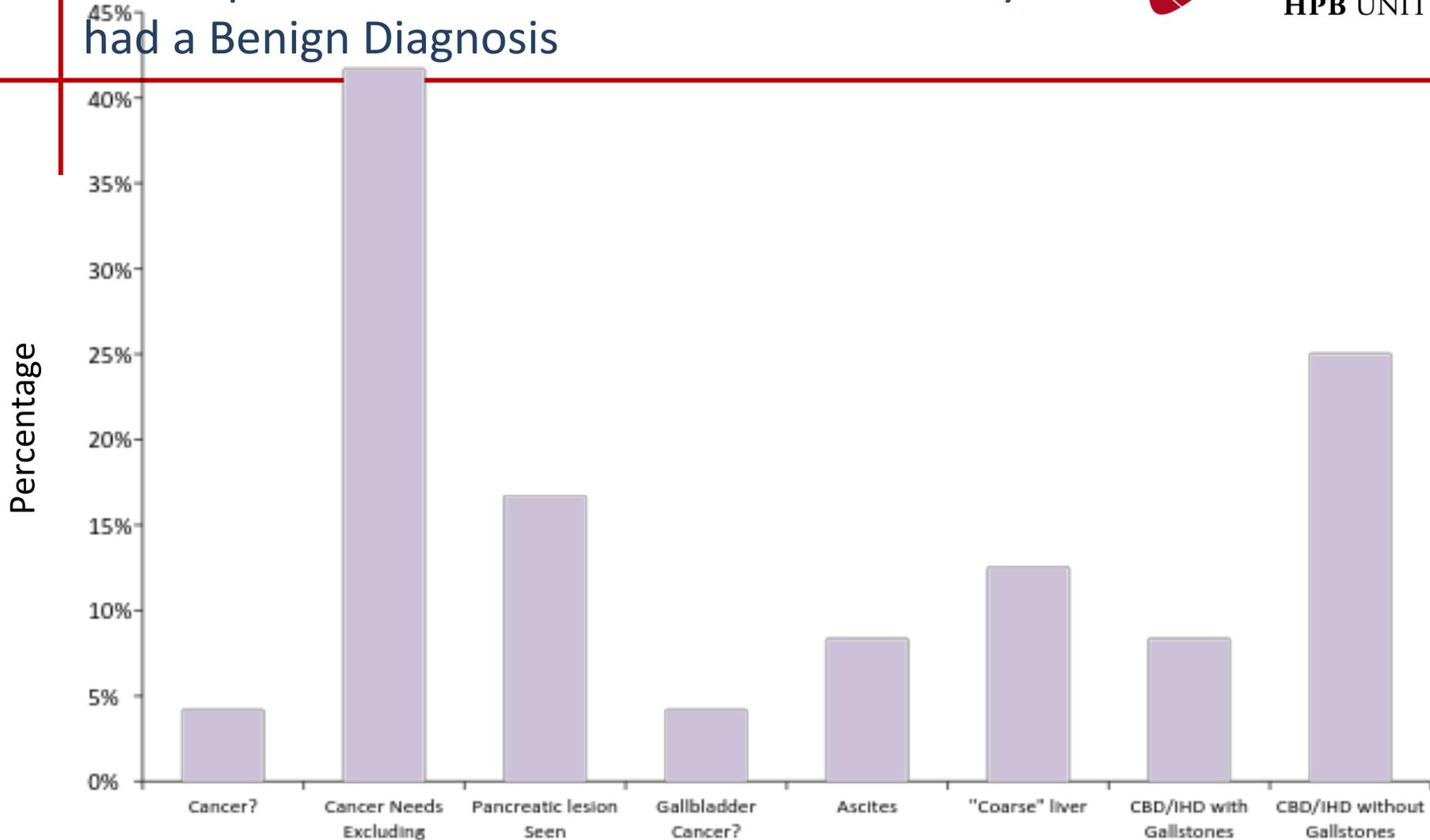


Typical Abnormal Imaging on USS



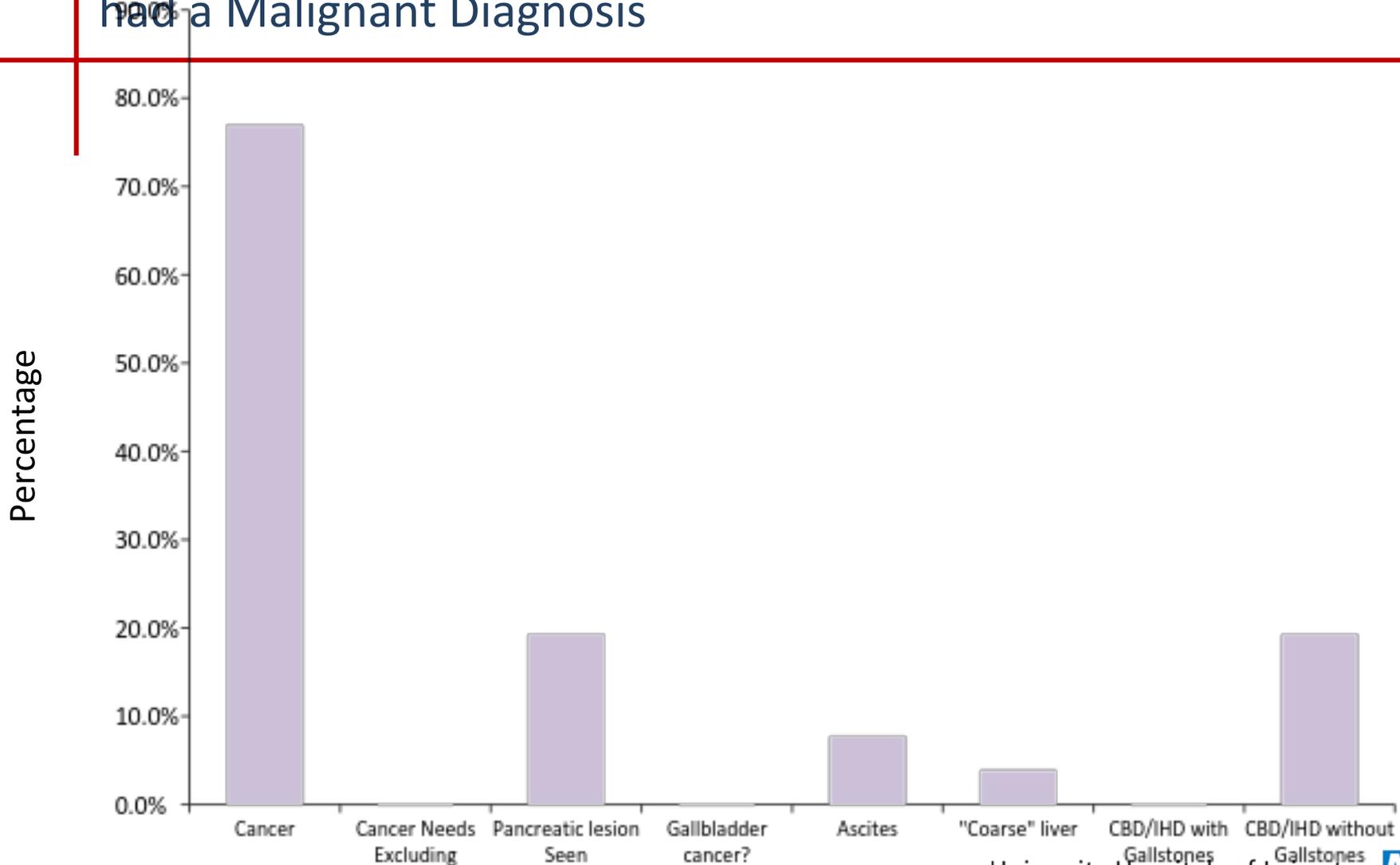


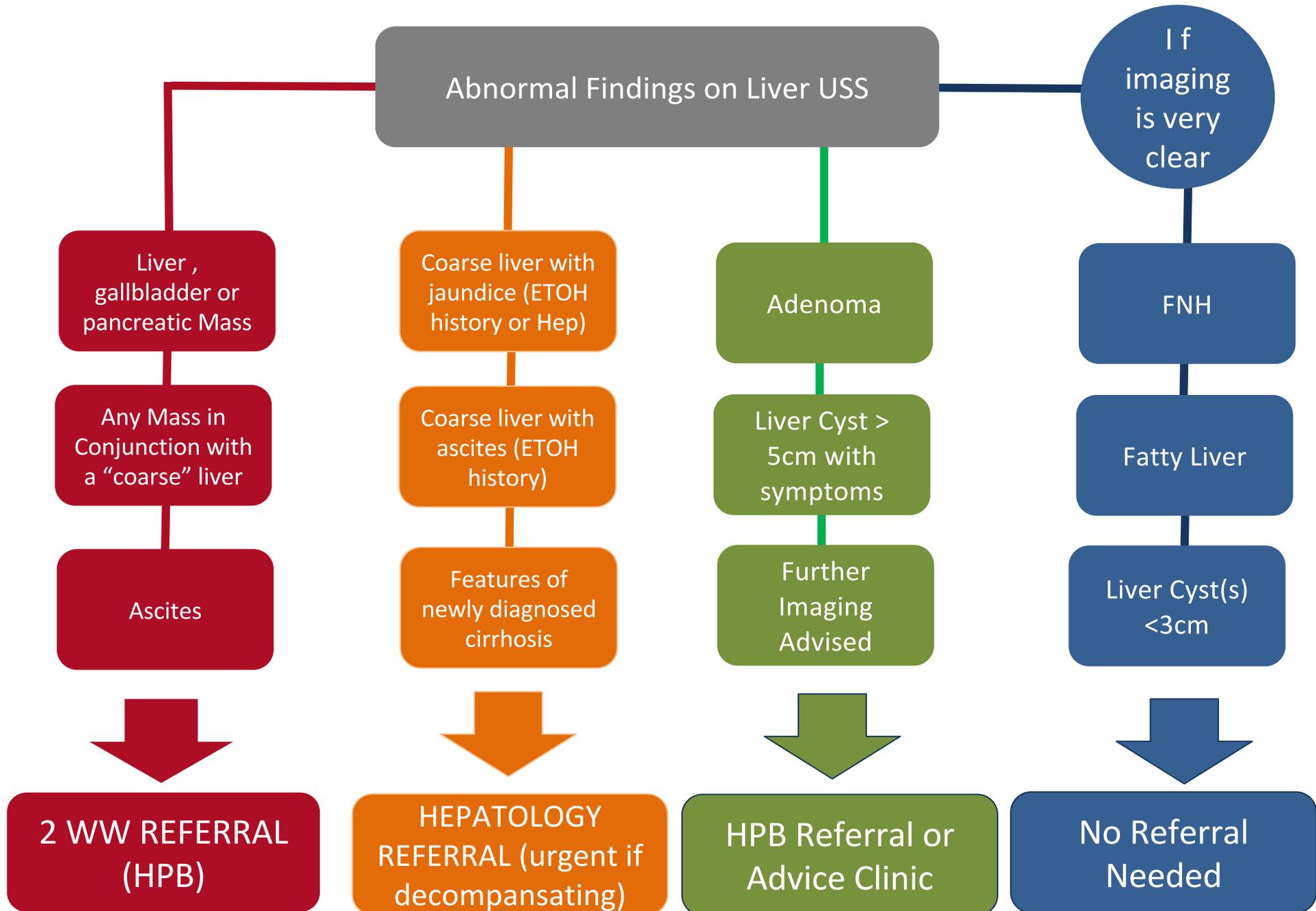
USS Reports in those Patients who Ultimately had a Benign Diagnosis





USS Reports in those Patients who Ultimately had a Malignant Diagnosis





Abnormal Findings on Biliary Tree USS

Dilated CBD with no gallstones +/- jaundice

Dilated CBD with IHD dilatation

Duct dilatation with mass in liver or pancreas.



2 WW REFERRAL (HPB)

Dilated CBD with gallstones & abnormal LFTs

Dilated CBD post cholecystectomy with abnormal LFTs

Gallbladder Polyps >10 mm



URGENT HPB REFERRAL

Dilated CBD with GS & normal LFTs

Dilated CBD post-cholecystectomy with normal LFTs

Gallbladder polyps between 5mm to 10mm



HPB Referral or Advice Clinic

Gallbladder polyps <5 mm with no pain



Surveillance USS Annual



Intercept Policy of the HPB Unit

Conclusion:

- Heterogenous liver with a simple cyst and several hypoechoic lesions, further imaging suggested to further evaluate the liver.
- Gallbladder polyp.
- Possible pancreatic mass.

Referral to the Hepatobiliary MDT is advised. LGH ext. 4619 Fax. 4708. In addition a copy of this report has been sent to the MDT Coordinator.(MDTHEP)

Last Verified By: RA25229

Jane Bennett

18/03/2014 1255

Reported By: RA25229

Jane Bennett

18/03/2014

Event Number: E-16855091

Examination Date: 18/03/2014

USS Form Intercepted

Further Imaging or Clinic
Review Decided

Imaging or Clinic
Organised within 2WW of
USS

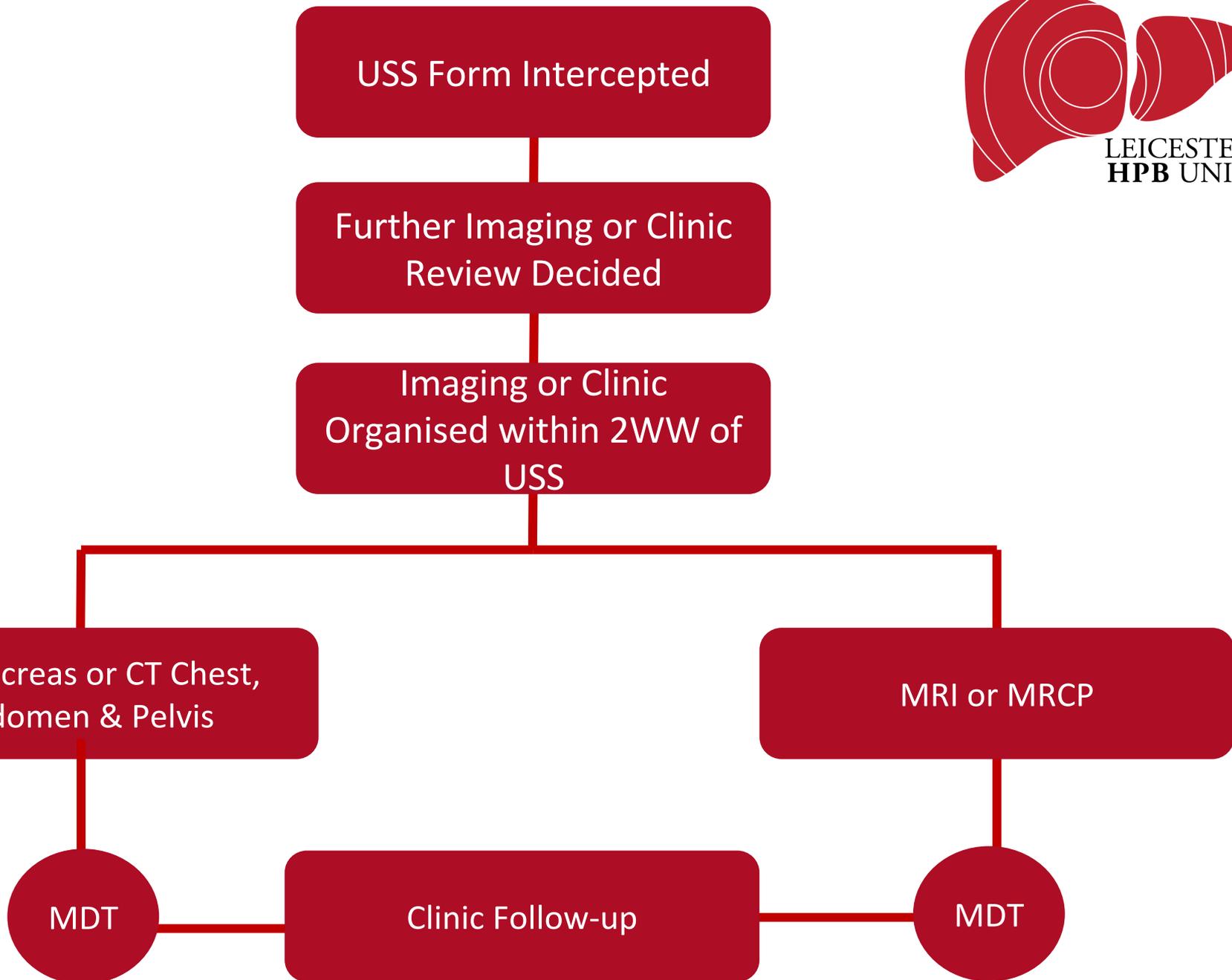
CT Pancreas or CT Chest,
Abdomen & Pelvis

MRI or MRCP

MDT

Clinic Follow-up

MDT



2WW Referral Received

Definitive Cross-Sectional
Imaging

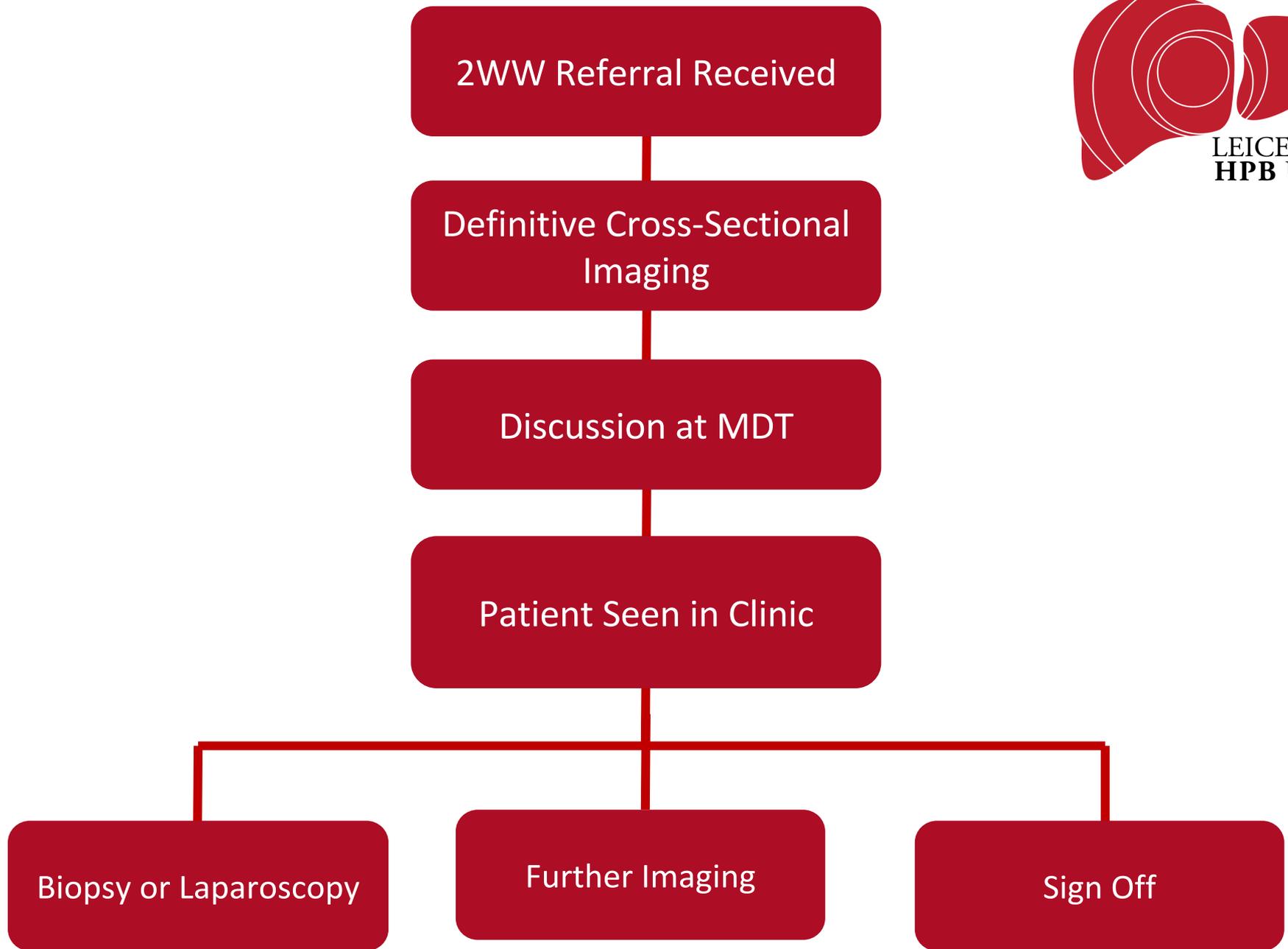
Discussion at MDT

Patient Seen in Clinic

Biopsy or Laparoscopy

Further Imaging

Sign Off





Choose and Book Advice Clinics

- Will be running for HPB from April 2014
- This will be attached to the following service on “Choose and Book”
- HEPATOBILIARY AND PANCREATIC SPECIALISED SURGERY-
H&P-LGH-RWE
- Happy to give advice on any aspects of HPB benign and malignant



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Questions





Summary

- Most GP 2WW referrals are triggered by abnormal imaging
- Systemic signs e.g. weight-loss or jaundice coupled with abnormal imaging is a strong indicator for a 2WW referral
- Most HPB benign disease will still need referral to HPB
- “Choose & Book Advice” clinics available for further information