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Study of colorectal cancer resection patterns across the state of Victoria using validated administrative data algorithms

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**January/February 2020**  
**25 50 75 years ago**

**25 years ago**

Yii MK, Saunder A, Scott DF. Abdominal surgery in HIV/AIDS patients: indications, operative management, pathology and outcome  
*ANZJSurg 1995;65:320-326*

Despite the increasing number of patients with the human immunodeficiency virus (HIV) infection, surgical experience with these patients remains limited. A retrospective review over a 9 year period (January 1985 to December 1993) was undertaken to determine the indications, operative management, pathologic findings and outcome of major abdominal surgery in these patients. A total of 51 procedures were performed in 45 patients; 30 patients had acquired immunodeficiency syndrome (AIDS) and 15 patients had asymptomatic HIV infection. Indications included gastrointestinal bleeding, complicated pancreatic pseudocysts, cholelithiasis, bowel obstruction, immune disorders, acute abdomens, elective laparotomy, colostomy formation, menorrhagia and Caesarean section. Pathologic findings directly related to the HIV infection were found in 81% of the AIDS patients and 35% of the asymptomatic HIV infected patients ( $P < 0.05$ ). These included opportunistic infections, non-Hodgkin's lymphoma, Kaposi's sarcoma, immune disorders, lymphadenopathy and pancreatic pseudocysts. It was noted that AIDS patients had more complications than asymptomatic HIV infected patients with most complications related to chest problems and sepsis (61 vs 7%;  $P < 0.01$ ). Emergency operations carried a higher complication rate than elective operations though this was not significant. The hospital mortality was 12%. On follow up, 13 of the 25 AIDS patients had died with the median survival of 7 months, while three of the 14 asymptomatic HIV infected patients had died with the median survival of 40 months. Of the remaining patients, the 12 AIDS patients had a median postoperative follow up of 7 months and the 11 asymptomatic HIV infected patients had a median postoperative follow up of 29.5 months. Despite impaired immune function, surgical treatment of HIV infected patients with abdominal pathology can be practised with acceptable mortality and morbidity and be of major benefit to these patients.

To WW, Ngai CS, Ma HK. Pregnancies complicated by acute appendicitis  
*ANZJSurg 1995;65:799-803*

Appendicitis is one of the most common acute abdominal conditions that requires operation during pregnancy. The maternal and fetal complications occurring in such situations are well known. However, the diagnostic and therapeutic challenges of acute appendicitis complicating pregnancy persist in current surgical practice. Thirty-eight obstetric cases who had an appendectomy performed during pregnancy between 1986 and 1993, were reviewed. In 31 cases, acute appendicitis was proven at laparotomy, and by subsequent histopathology. In the confirmed cases, seven occurred in the first

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trimester, 12 in the second trimester, eight in the third trimester and four in the immediate postpartum period. Two miscarriages occurred in the first trimester group, and two late abortions and two preterm (26 and 28 weeks) deliveries occurred in the second trimester group. In the third trimester/postpartum group, all babies survived, but four patients had Caesarean sections with the appendectomy and the incidence of perforated/gangrenous appendices was highest. Perinatal outcome was worst, with the highest fetal wastage rate if the acute appendicitis occurred in the second trimester, although maternal morbidity appeared to be the same across different gestational periods.

## 50 years ago

Eddey HH. Parotid calculi  
*ANZJSurg 1970;39:225-231*

A review of 25 operations in 23 patients suffering from calculi in the parotid salivary gland has been undertaken.

It is apparent that there are two distinct groups: (1) a minute calculi associated with sialectasis and recurrent parotitis, and (2) a single calculus impacted at some site in either the main duct or in one of its two main tributaries from the superficial and deep lobe with varying degrees of sialadenitis.

The treatment of multiple minute calculi is parotidectomy with preservation of the facial nerve, but gustatory sweating is a penalty that is paid by nearly half these patients. Removal of a calculus in the main duct is easy and without problems.

A calculus in either of the two main contributing ducts requires parotidectomy, and this is relatively easy if there is no significant inflammatory change in the gland, and can be accomplished with preservation of the nerve. It is, however, associated with a high risk of gustatory sweating. The more the associated sialadenitis (which parallels the length of history) the more difficult the procedure.

In the treatment of bilateral disease after parotidectomy and duct excision on one side, it may be possible to perform superficial parotidectomy on the contralateral side if indicated, providing that the anatomy is such that the duct of the deep lobe forms the main duct and that this is demonstrated by a preoperative sialogram.

Salivary fistula does not occur, although in one patient, in whom the duct of the deep lobe was not ligated during removal of the superficial lobe and the main duct, a leakage of saliva occurred for three months, but ceased following repeated aspiration and the use of hyoscine methobromide.

Although calculi in the parotid salivary gland and duct are not nearly as common as calculi in the submandibular salivary gland or duct, they present not infrequently and their treatment requires proper appreciation of the size and number of the calculi, of the site of impaction of single calculi and of the degree of inflammatory changes present in the gland itself.

Ong GB, Kwong KH, Cheng FC, Extraperitoneal transduodenal choledochoduodenostomy for removal of overlooked common bile duct stones  
*ANZJSurg 1970;40:166-170*

An extraperitoneal approach for removing overlooked common bile duct stones is described. By the use of this approach, stones that have been overlooked at the lower end of the common bile duct after surgery of the biliary tract are found to be most suitably handled. The recovery of the patient after operation is rapid. It is especially useful in patients who have had repeated operations on the biliary tract and in whom stones are still present. However, there is a limitation in its use, as exploration of the rest of the abdomen is not feasible. Thirteen patients out of 425 operated on from 1964 to 1968 suffered from recurrent pyogenic cholangitis and had residual stones lodged at the lower end of the common bile duct. Many of them had undergone several operations, and a method of extraperitoneal approach of performing a transduodenal choledochoduodenostomy with the extraction of the retained calculus from these patients is described. This method is only satisfactory as a secondary procedure, and cannot be used for exploration. It is a safe method, and is advantageous because operation can be carried out easily without dissecting through dense adhesions. The patient may undergo the operation in the morning, be eating in the afternoon and be discharged from hospital within a week.

## 75 years ago

Jenkins JA. Carcinoma of the rectum with special reference to sphincter control  
*ANZJ Surg 1945;15:15-24*

Radical operation for carcinoma of the rectum must necessarily continue to be the method of choice in the majority of cases for which surgery is employed. A brief description is given of the procedure adopted in cases in which the sphincteric mechanism cannot be saved and the exceptional case in which conservative surgery is possible is dealt with in greater detail. Conservative surgery is performed after the creation of an initial defunctioning colostomy. Based upon this experience the following conclusions can be made:

1. The non-striped internal sphincter plays a most important part in control of the anal sphincteric mechanism. Its significance has not been recognized in conservative surgery of the rectum.
2. Resection of the rectum must abolish its intrinsic nerve supply very extensively, if not totally.
3. Recovery of the tone must therefore be dependent upon the integrity of local nerve plexus and is therefore theoretically possible.
4. Those normal reflex changes which influence the tone of the internal sphincter become inoperative. Defaecation reflexes are lost in extensive resection.

5. The external sphincter plays an important part in voluntary and reflex responses to effort and in temporary control. Since it can be preserved together with its nerve supply in conservative surgery of the rectum, its retention is well worth consideration.

6. Any operation involving division of the ano-rectal ring results in poor sphincteric control.

7. The Hochenegg pull-through operation gives the most satisfactory results.

8. Impulses from the pelvic colon may give the patient warning of imminent action of the bowels, and this action may be temporarily restrained by voluntary contraction of the *sphincter ani externus*.

Wells WJC. A knot tying technique  
*ANZJSurg 1945;15:49*

The tying of knots with forceps is more time-consuming than the ordinary method of using the fingers, but a simple method (see Figures 1 - 4) is suggested for those occasions where the use of forceps is desirable. It consists in making the first loop of the knot on the forceps before passing the ligature round the tissue to be tied. This maneuver can be accomplished in the space of time that the assistant is cutting the last ligature and is picking up the next pair of forceps for tying. If the ligature spool is held in the palm, and the end of the ligature between the thumb and index finger, it is then easy to make the first loop of the knot with forceps. When the ligature is now passed behind the pedicle and grasped in the forceps, the first part of the knot is already tied. A simple instrument is depicted. It makes easy the use of a non-touch technique where it may be considered obligatory.



Figure 1

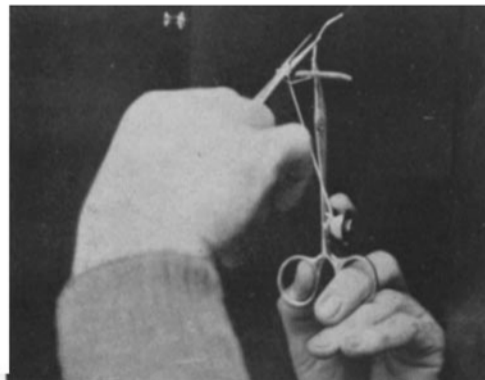


Figure 2

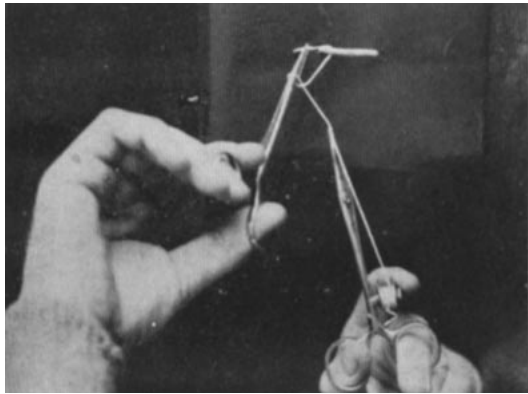


Figure 3

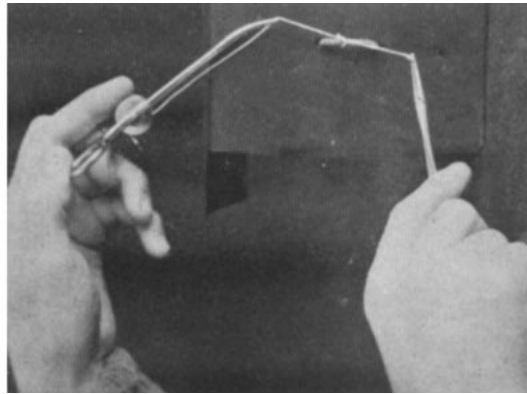
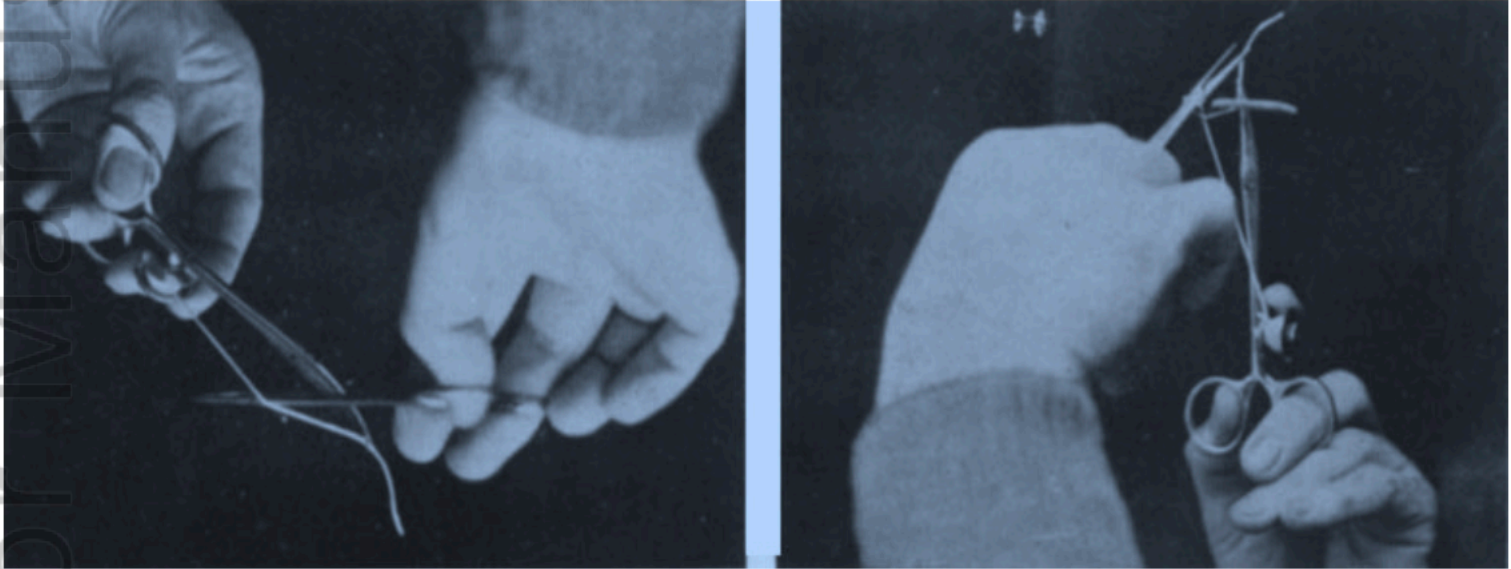
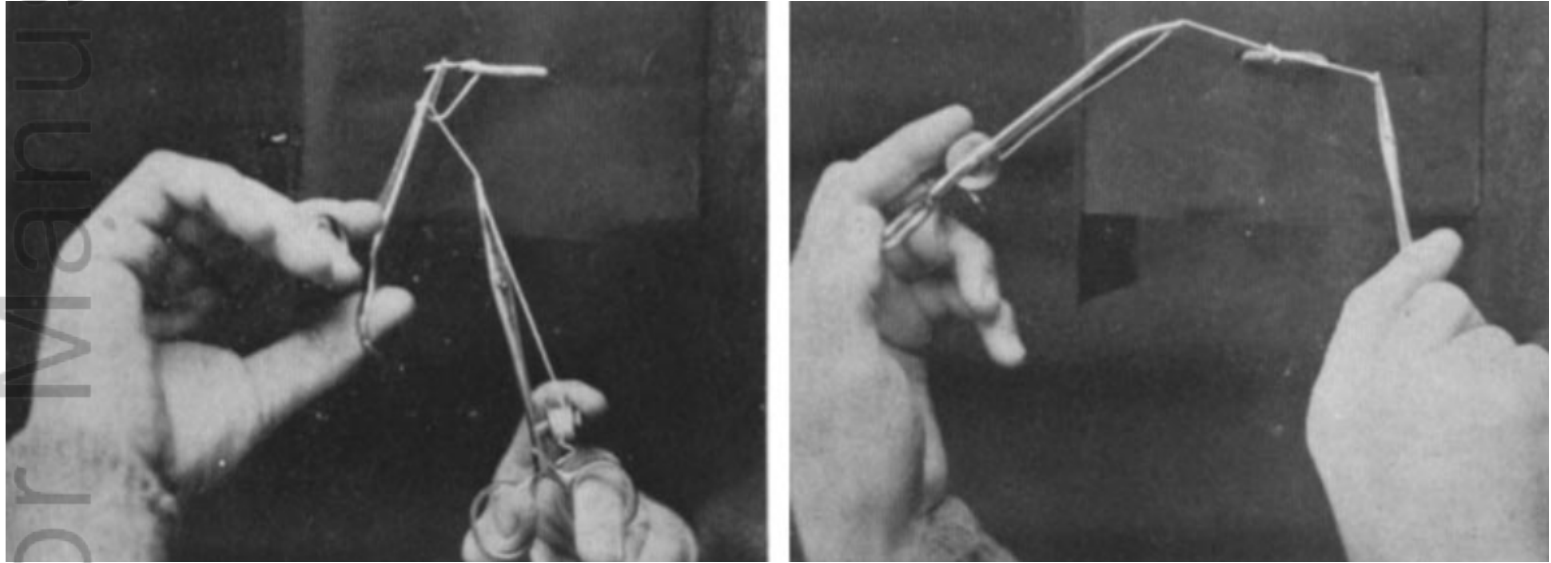


Figure 4

(THERE ARE NO LEGENDS FOR THESE FIGURES)



ANS\_15709\_Jan Feb 2020 Figures 1 and 2.tiff



ANS\_15709\_Jan Feb 2020 Figures 3 and 4.tiff