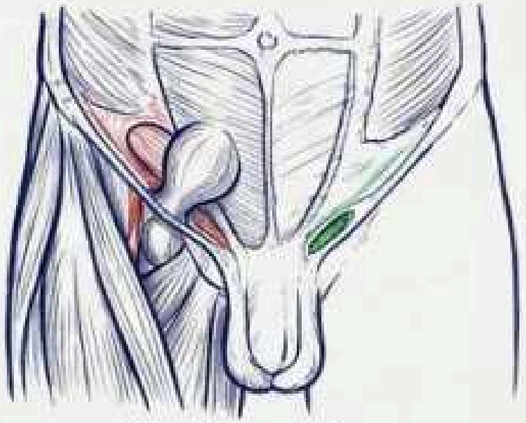
MED 542 B Lecture 4:
Elective Surgery and Surgical Oncology



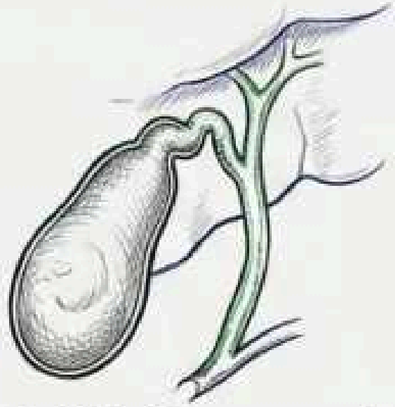
Hernias & Common Electives → Oncology, Staging & The MDT → Evolving Techniques & Day-Case Trends

¶ 4.1

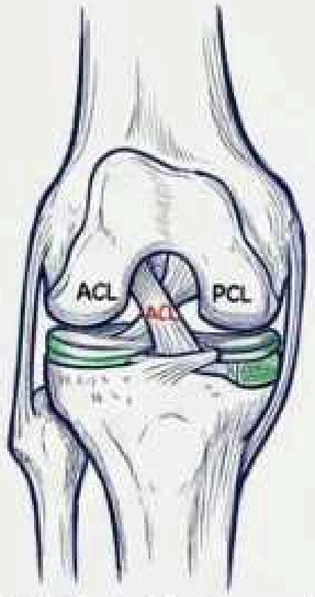
Affects Health & Quality of Life ≠ Immediately Dangerous



Hernia repair

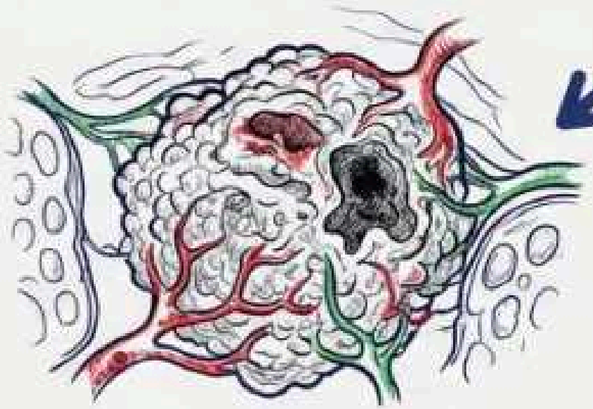


Gallbladder removal

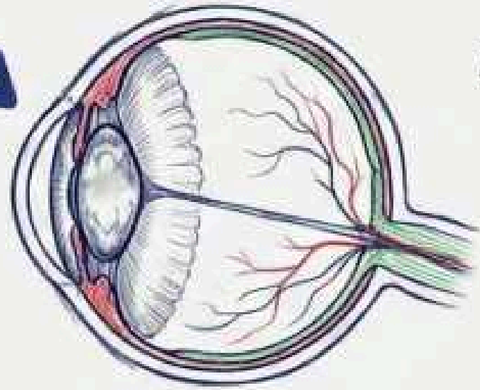


Joint replacement

Elective Surgery: The Majority of Operations

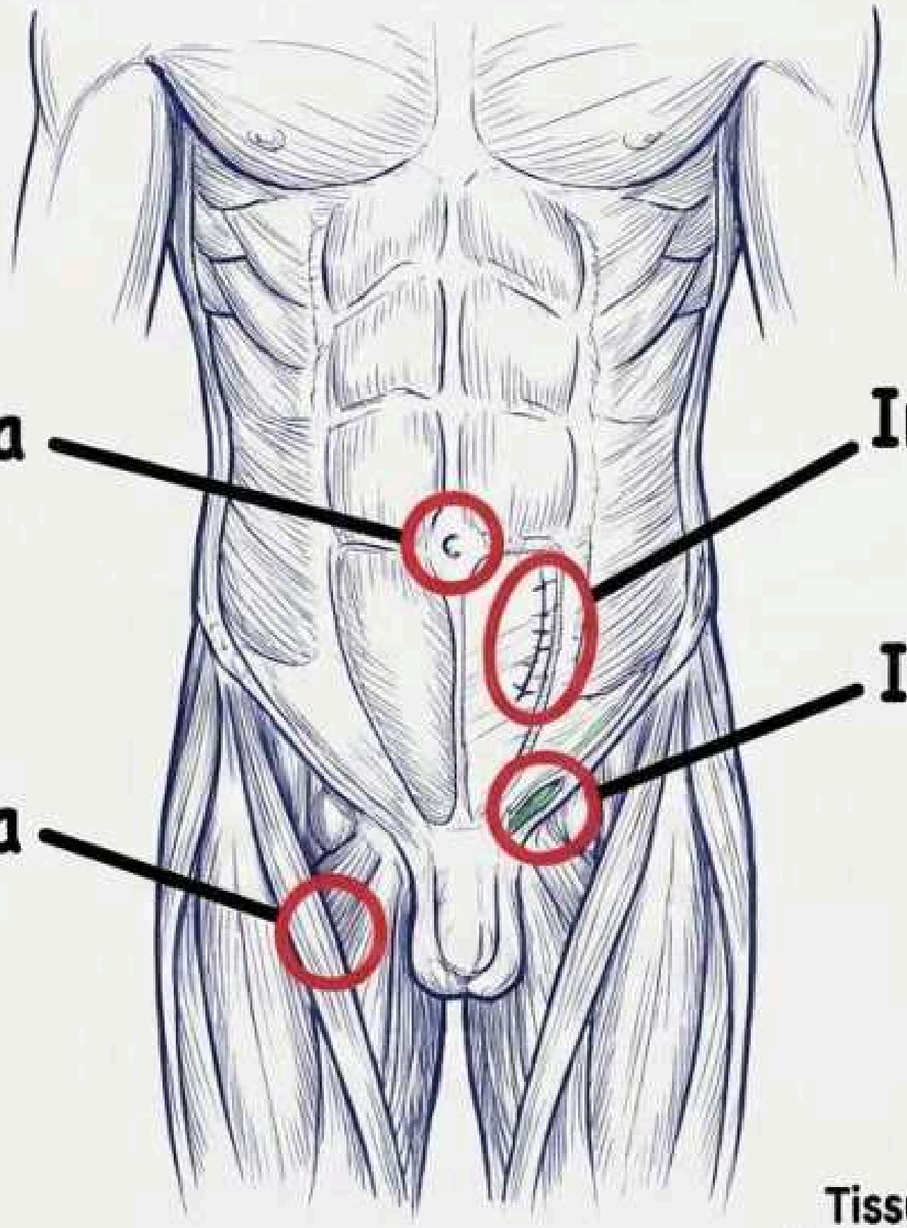


Cancer operations



Cataract surgery

¶ 4.2



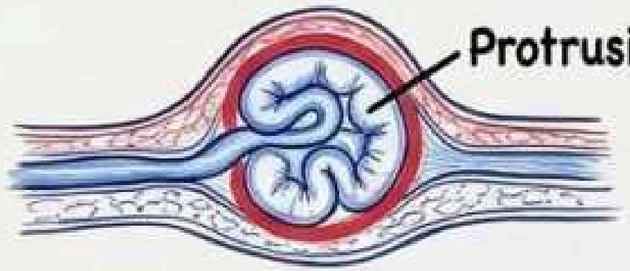
Umbilical Hernia

Incisional Hernia

Inguinal Hernia

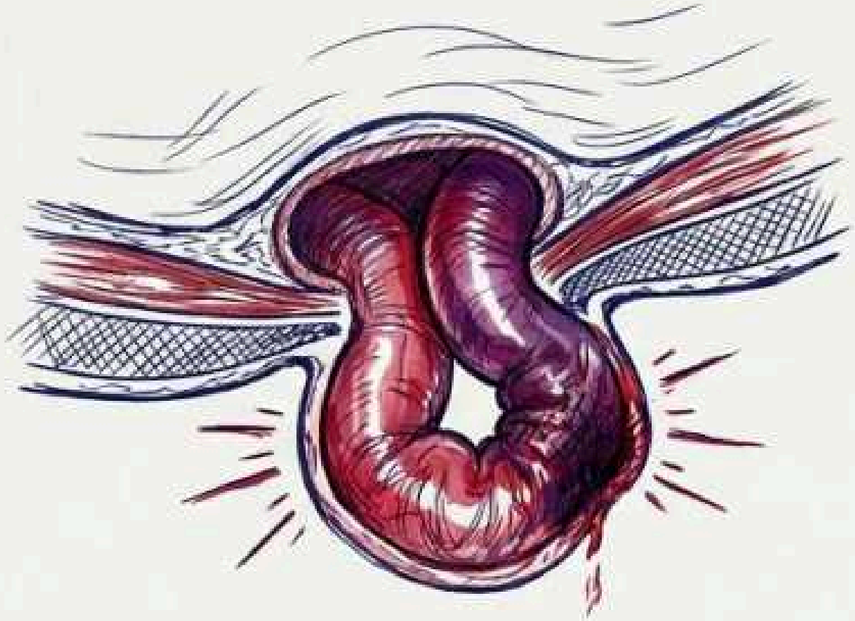
Femoral Hernia

Inguinal:	Much more common in MEN. ↑
Femoral:	More common in WOMEN. ↑



Tissue (Bowel/Fat) + Weak Wall + Straining = Protrusion/ Lump

¶ 4.3



Trapped Bowel

↓

Blood Supply Cut

↓

Severe Pain / Tense Lump

↓

EMERGENCY!

Note: Femoral hernias carry higher strangulation risk.

Treatment Pathway

A

Small Inguinal
+
Few Symptoms

↓

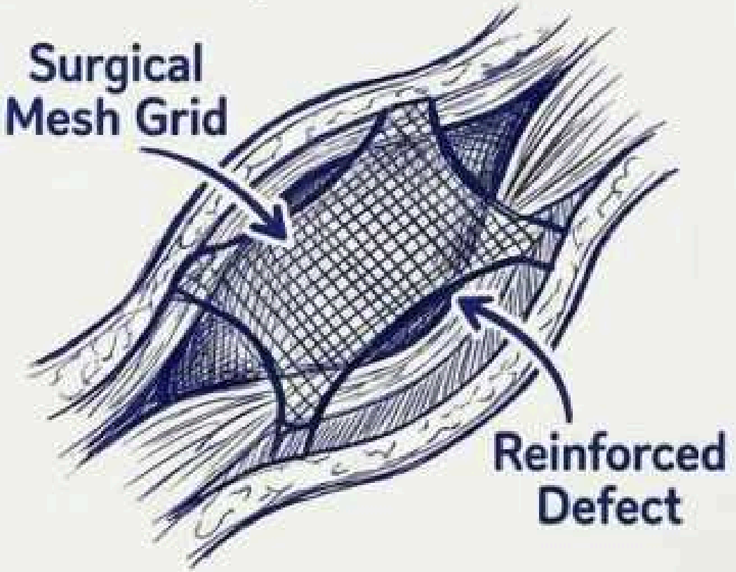
✓ Watch Safely

B

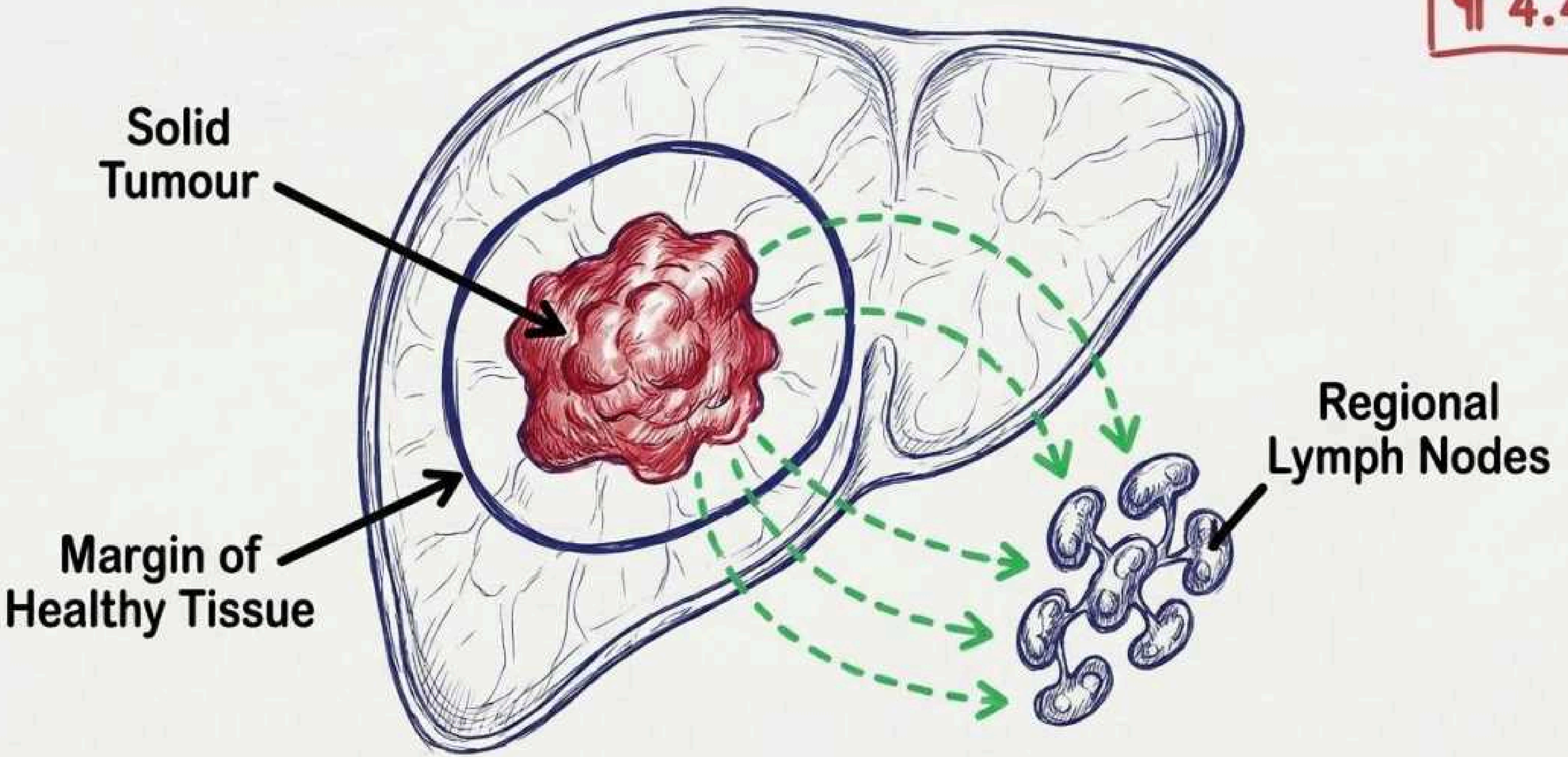
Symptomatic
OR
Femoral

↓

Repair
(Open or Keyhole)



¶ 4.4



Main Curative Treatment = Remove Tumour + Healthy Margin + Regional Lymph Nodes

¶ 4.5

$$f\left(\left[T_{\text{size/extent}} + N_{\text{lymph nodes}} + M_{\text{metastases}}\right]\right) = \text{Cancer Stage}$$

Cancer Stage → Guides Treatment

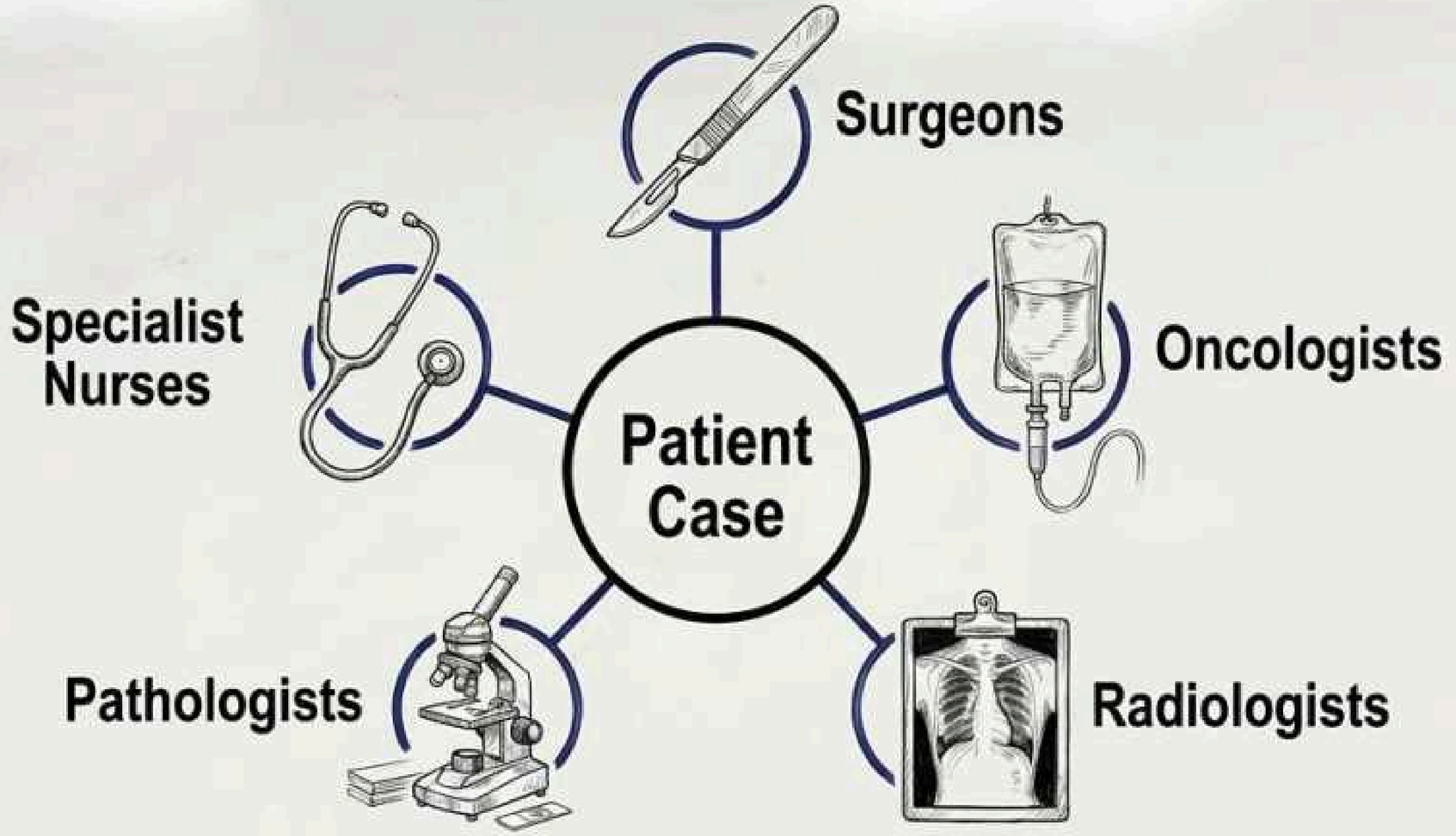
Cancer Stage → Predicts Outcome

Imaging (Ref: Medicine 534 B)

Surgical Findings

Microscopic Pathology

¶ 4.6





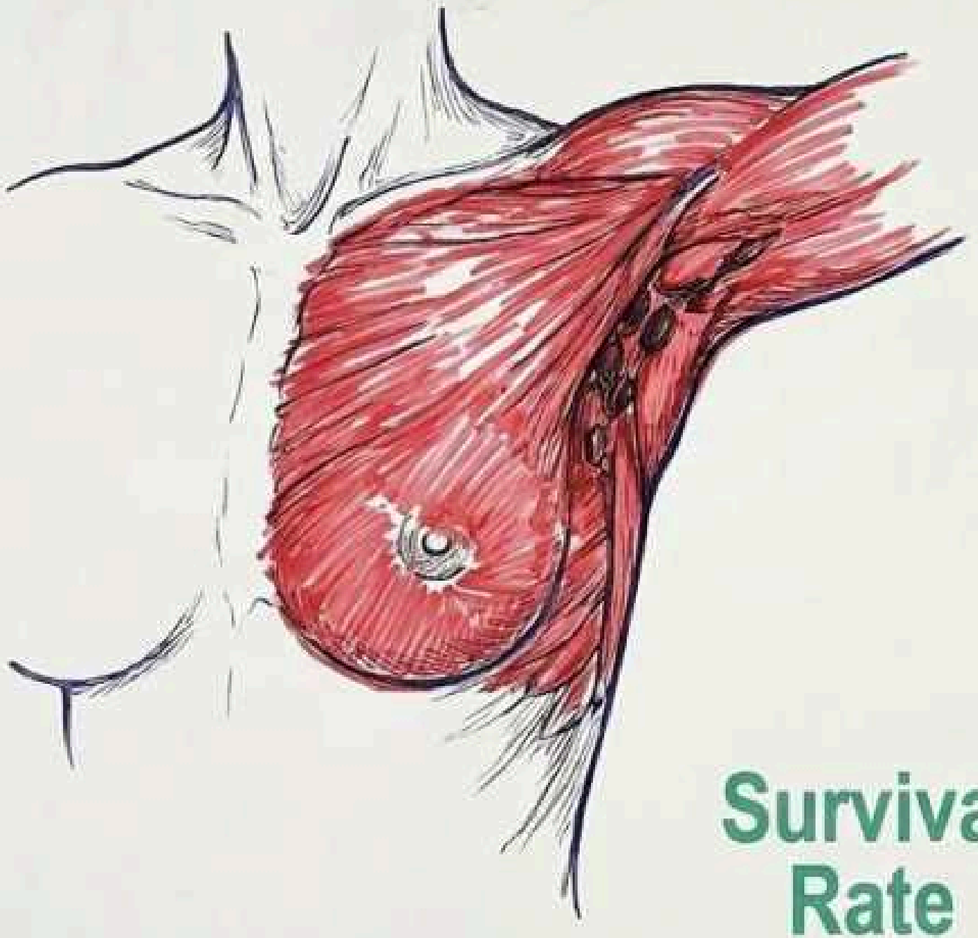
Neoadjuvant Treatment
(Chemo/Radio/Drugs)
Goal: Shrink tumour

Surgery

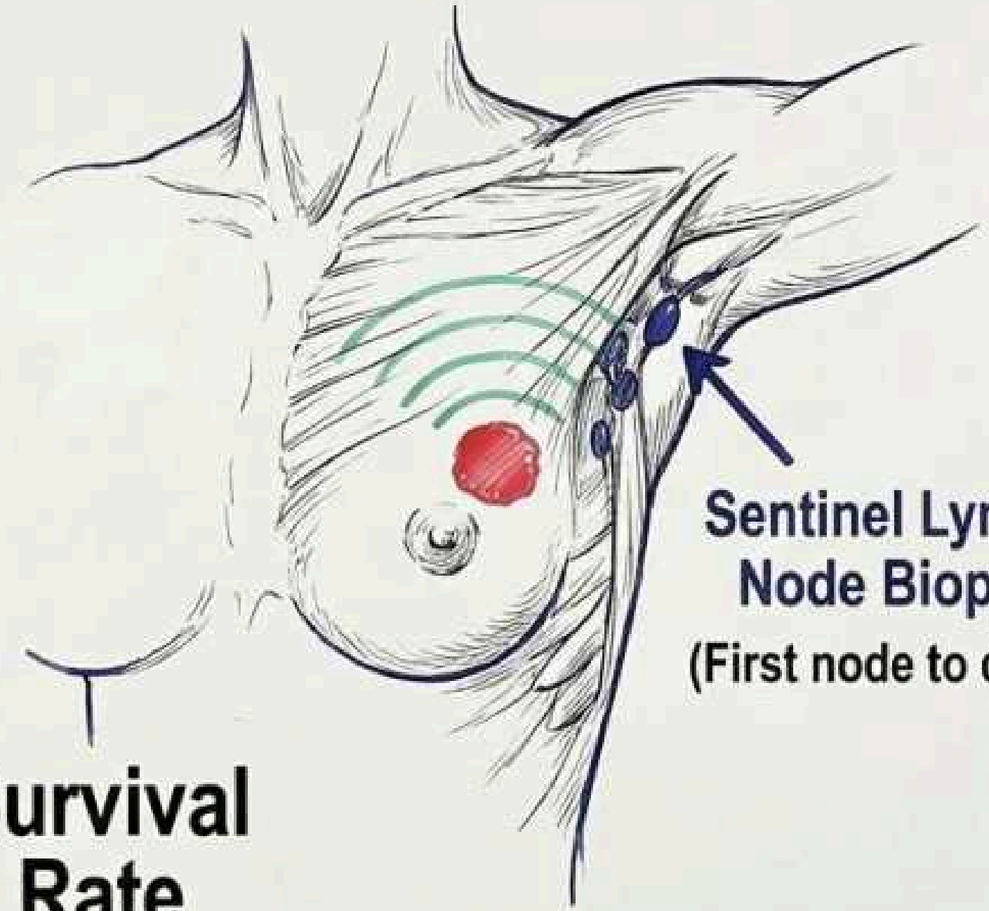
Adjuvant Treatment
Goal: Reduce recurrence risk

¶ 4.7

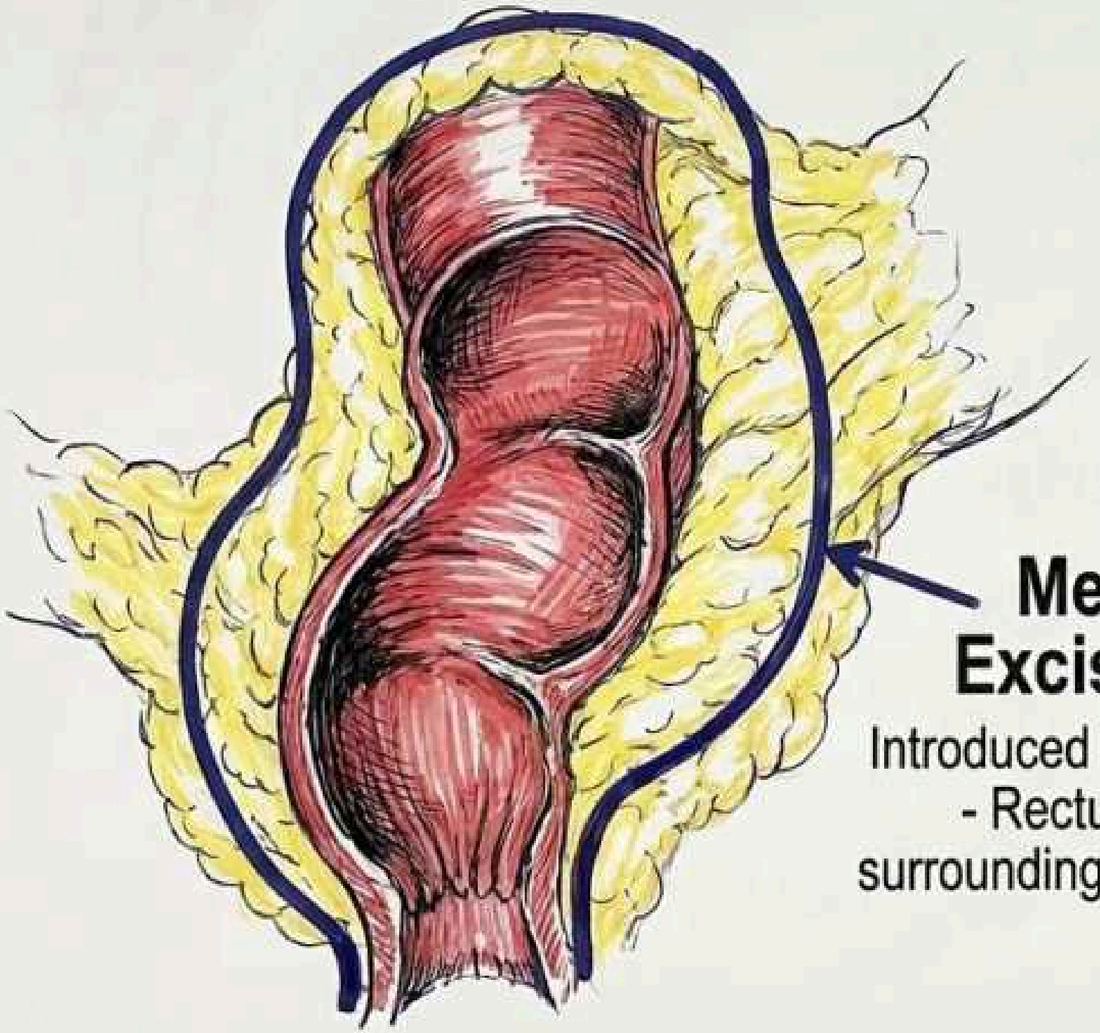
Radical Mastectomy



Less Radical Approach



Survival Rate (Left) = **Survival Rate (Right)**



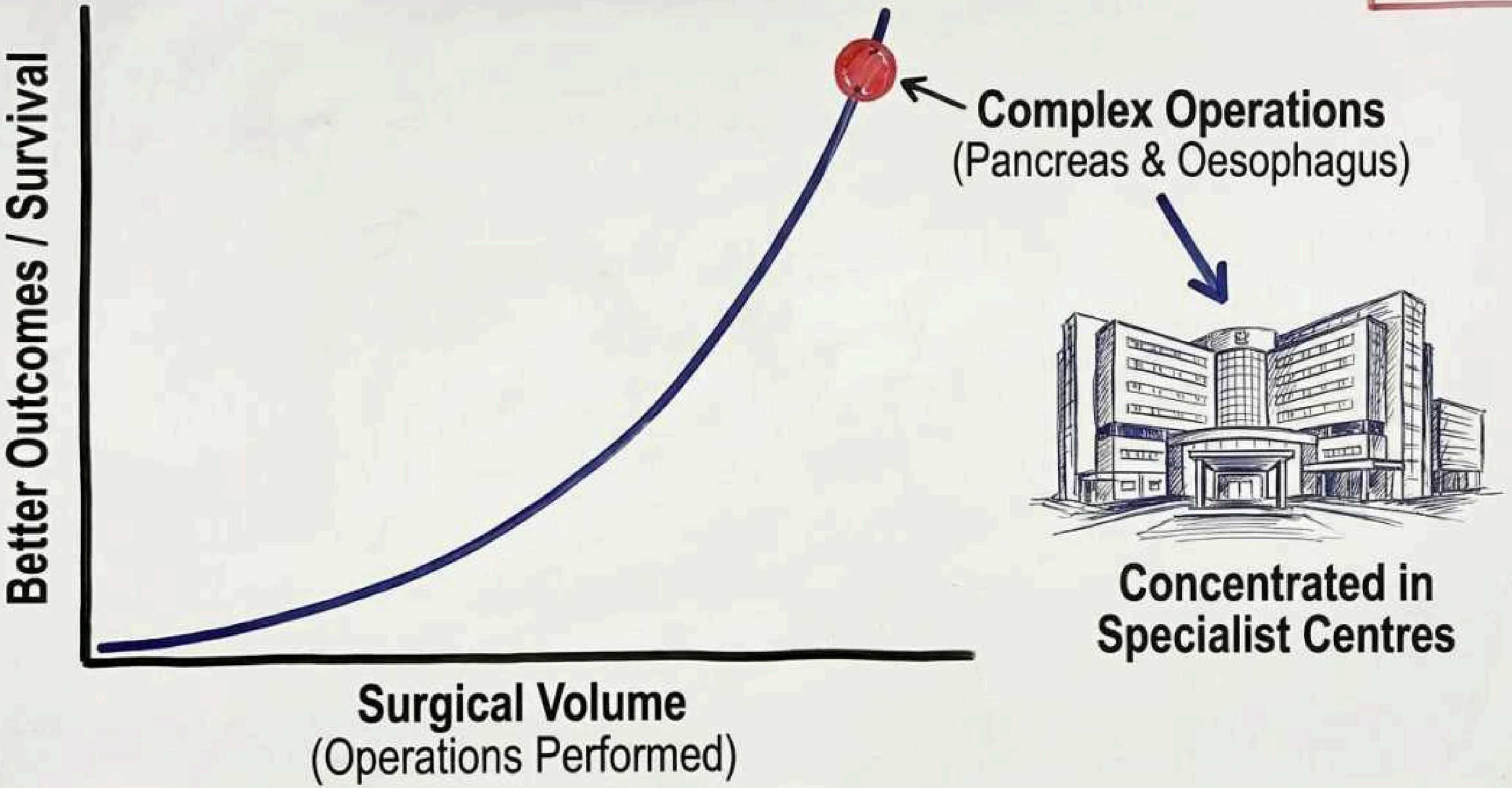
Total Mesorectal Excision (TME)

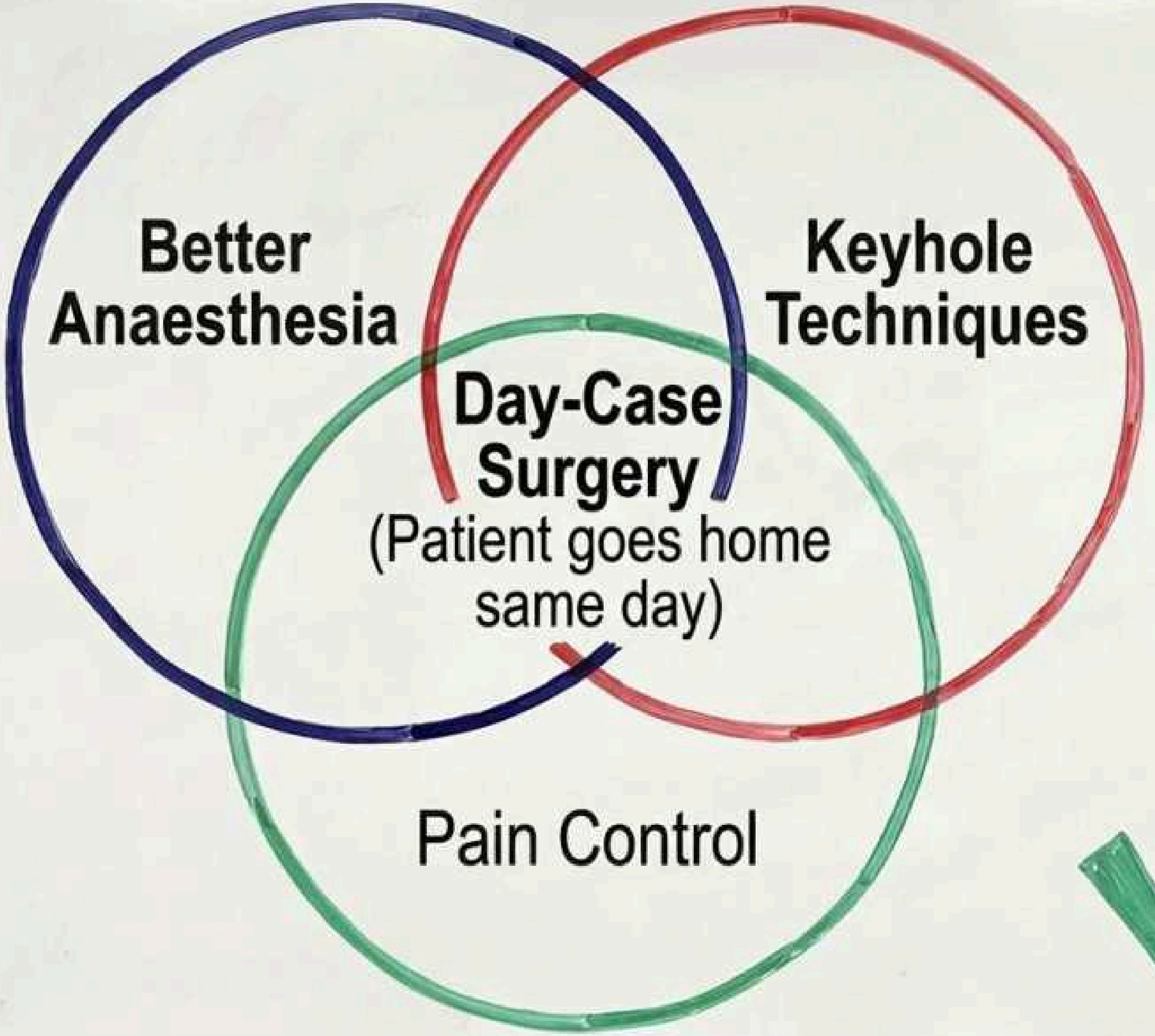
Introduced by Bill Heald (1980s)
- Rectum removed with surrounding fatty envelope intact.

Greatly Reduces Recurrence

Note: Screening programmes (Medicine 524 B) find these cancers early.

¶4.9


Better Outcomes / Survival
Surgical Volume
(Operations Performed)
Complex Operations
(Pancreas & Oesophagus)
Concentrated in
Specialist Centres



- Hernia repair
- Gallbladder removal
- Orthopaedics
- Gynaecology

✓ Patient Preference

Pillar 1: Scope

Elective treats common conditions (Hernias & Cancers).

Pillar 2: Planning

TNM Staging + MDTs orchestrate care.

Pillar 3: Evolution

Cancer surgery is now More Precise and Less Radical.

