



## *AAST Acute Care Surgery Didactic Curriculum*

### **Unexpected Malignancy in EGS**

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#### Highlights:

Managing incidental cancer findings during emergency surgery can be challenging, and the approach may vary depending on the specific circumstances and the type of cancer encountered. No great singular resource describes how different types of incidental tumors should be treated during emergency surgery situations. Unfortunately, most malignant perforations of the gastrointestinal tract are associated with statistically significant reduced long-term survival and increased postoperative mortality. Therefore, consultation with a multidisciplinary team of experts is often crucial in making informed decisions and providing the best possible care to the patient.

- **Assessment and Recognition:** Recognize the incidental cancer during the surgical procedure. This may involve identifying unexpected masses, lesions, or abnormal tissue. Often in emergent surgery these are associated with perforation or obstruction.
- **Intraoperative Consultation:** If you suspect cancer, consider involving a pathologist for an intraoperative consultation (frozen section). This can provide immediate feedback on the nature of the tissue and whether it is a tumor. On weekends and nights, ensure you know the process for calling intraoperative consultations with pathology. If a pathologist cannot be present during off-hours, ensure you and your team understand the process for labeling pathology specimens for analysis when they return.
- **Assist with Staging During the Index Operation:** If possible, determine the extent of the cancer. Assess nearby structures, lymph nodes, and any evidence of metastasis. If applicable, perform lymph node sampling or sentinel lymph node biopsy to assess the extent of lymph node involvement.
- **Consultation with Oncology:** Intraoperatively, you can contact a surgical oncologist or oncology specialist (i.e., colorectal surgery for colorectal cancer) to discuss the findings and help guide surgical management and post-operative treatment options.
- **Completing the Emergency Surgery:** Complete the emergency surgery while keeping in mind the principles of oncologic surgery. This may involve taking additional tissue samples for pathology or modifying the surgical approach to ensure oncologic safety.
- **Minimize Tumor Handling:** Minimize handling and disruption of the tumor to prevent tumor spillage or dissemination.
- **Plan for Future Surgery:** Discuss with the patient and the oncology team the need for additional surgery, such as a formal oncologic resection, if the initial surgery was not

curative or if further evaluation is required. Assist the patient with scheduling follow-up appointments.

- **Post-Operative Pathology, Imaging, and Staging:** Ensure the pathology team handles the surgical specimen correctly for accurate diagnosis and staging. Consider additional imaging studies, such as CT scans, to assess the extent of the disease.
- **Communication with the Patient:** Communicate the findings clearly and compassionately with the patient and their family. Provide information about the diagnosis, treatment options, and potential outcomes.
- **Multidisciplinary Approach:** Engage in a multidisciplinary approach to cancer management, involving surgeons, medical oncologists, radiation oncologists, and other specialists as needed.
- **Follow-up Care:** Arrange for appropriate follow-up care and consultations with oncology specialists to develop a comprehensive treatment plan.