



ABST-0054

Various Retracting Techniques For The Laparoscopic Pancreaticoduodenectomy

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Background : Since laparoscopic pancreaticoduodenectomy (LPD) was first reported by Gagner and Pomp in 1994, LPD has been performed in high-volume centers mainly, because it is still technically demanding and requires a skilled surgical team. So, we designed the external retraction techniques for LPD to maintain appropriate traction to ensure efficient and stable surgery despite understaffing. In this report, we share these retracting methods and postoperative outcomes after LPD by a single surgeon.

Methods : To obtain continuous wide exposure along the uncinate process, we applied external retractions at the pancreas neck stump and hepatic flexure colon in opposite directions(Video). We reviewed the medical records of 29 consecutive patients who underwent LPD with this retracting method by a single surgeon between September 2021 and December 2022. The perioperative outcomes were evaluated by comparing the operation time, intraoperative bleeding, postoperative hospital stay, and postoperative complications.

Results : The study subjects consisted of 21 males and 8 females, and the mean age was 65 years (range, 41–80 years). The median intraoperative bleeding was 463 cc (range, 110–1350cc). The median operation time was 519 minutes (range, 350–675). There was only one case of conversion to open due to tumor abutment to adjacent major vessels. The clinically relevant POPF (CR-POPF, grade \geq B) rate is 10.3 % (Grade II pulmonary thromboembolism 1 patient and Grade IIIa of the perihepatic fluid collection followed by percutaneous drainage 2 patients). The mean postoperative hospital stay was 12.07 days (range, 8-25 days). There were no postoperative deaths.

Conclusions : Except one case of open conversion, 29 cases of pure and safe LPD were performed using external retraction techniques. It is helpful for surgeons to use the external retraction methods to overcome the hurdle like manpower deficiencies.

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