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## Postoperative Outcomes For Minimally Invasive Pancreatoduodenectomy By Single Surgeon In High-volume Center And Low-volume Center

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**Background** : Hospital volume remains controversial on postoperative outcome after minimally invasive pancreatoduodenectomy (MIPD). A few studies report that an objective hospital volume threshold is associated with safety of MIPD. The aim of this study is to identify whether there is a difference in postoperative outcomes in high-volume and low-volume center by single surgeon's operation.

**Methods** : The patients undergoing MIPD at a high volume center (Asan Medical Center) and at a low volume center (Kangbuk Samsung hospital) from July 2018 and December 2022 were retrospectively reviewed. After operating on 56 cases at high volume center, 30 cases were performed at low volume center by single surgeon. Demographics, perioperative and pathologic outcomes were compared between the two groups.

**Results** : Even though patients of high volume center had better surgical conditions than low volume center due to lower BMI (23.1 kg/m<sup>2</sup> vs. 25.0 kg/m<sup>2</sup>, p = 0.012), ASA scores (p <0.001), and large pancreas duct size (3.3mm vs. 2.2mm, p <0.001), there were no statistical differences in operation time (356 min vs. 370 min, p = 0.340) and open conversion rate (1.8% vs. 0.0%, p = 0.651). In addition, there were no differences in Clavien Dindo grade 3 or higher complication rate (7.1% vs. 6.7%, p >0.999), post-operative pancreatic fistula (10.7% vs 6.7%, p = 0.708), delayed gastric emptying (0.0% vs 3.3%, p = 0.349), post pancreatotomy hemorrhage (5.4% vs 3.3%, p >0.999), 90-day mortality(0.0% vs 0.0%, p >0.999) and hospital stay after operation(10.27 days vs 10.73 days, p = 0.649) between high and low volume center. The proportion of malignancy was also not significantly different between two groups (66.1% vs 60.0%, p = 0.576).

**Conclusions** : This study suggests that MIPD can also be performed feasibly and safely by a skilled surgeon in low volume center.

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