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## Initial Experience Of Single Site Plus 2 Port Robotic Pylorus Preserving Pancreaticoduodenectomy (PPPD) Using The New DaVinci SP System: Report Of 6 Cases With Video

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**Background** : With the advances of laparoscopic techniques and instruments, many efforts to reduce the number of the trocar site in abdominal surgery has been made. The da Vinci surgical system released its new pure single-port platform, the da Vinci SP, offering improvements and refinements for established robotic single-site procedures. We report our initial experience single site plus 2 port robotic pylorus preserving pancreaticoduodenectomy (PPPD). To our knowledge, this is the first report in Korea using the daVinci SP system for robotic PPPD.

**Methods** : We reviewed the medical records of six patients in whom single site plus 2 port robotic PPPD was carried out. Patient demographics, operative time, postoperative hospital stay and complications were obtained and analyzed. Robotic PPPD was performed using the daVinci SP system with two additional ports (5mm, 12mm port). Additional ports were placed on the right side of the daVinci SP system. During pancreaticoduodenectomy, the daVinci SP system was mostly used for assisting the surgeon at the patient side. The resected specimen was delivered through umbilical port site and subsequently duodenojejunostomy was externally performed through this site. Drains were inserted through the additional port sites.

**Results** : The median age was 63 years (range 52-71). Pathological diagnosis included pancreas pancreatic cancer and distal common bile duct cancer. Median operation time was 420 min (range 390-450 min). There was one patient clinically relevant postoperative pancreatic fistula. Length of hospital stay was median 11 days after surgery.

**Conclusions** : The single site plus 2 port robotic PPPD using the new daVinci SP system is safe and feasible with additional advantages and acceptable perioperative outcomes. Due to the unique structure of the daVinci SP system, eventually we believe that our method may have potential to reduce the number of the trocar sites and provide a gateway for "more minimal invasive" PPPD. However, further experiences are mandatory.

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