



ABST-0138

Comparison Of Robotic And Open Central Pancreatectomy

MAN-LING WANG, SHIN-E WANG**General Surgery, Taipei Veterans General Hospital, TAIWAN*

Background : Central pancreatectomy (CP) is an ideal parenchyma-sparing procedure. However, the experience of minimally invasive surgery (MIS) with robotic approach for CP is very limited.

Methods : In this retrospective study, data of patients undergoing CP were extracted from a prospectively-collected computer database. Comparisons were carried out between the robotic central pancreatectomy (RCP) and open central pancreatectomy (OCP) groups.

Results : A total of 31 patients undergoing CP were enrolled, including 14 RCP and 17 OCP. The most common lesion in patients undergoing CP was serous cystadenoma (35.5%), followed by intraductal papillary mucinous neoplasm (25.8%). The median operation time was 4.2 hours for RCP vs. 5.5 hours for OCP ($P = 0.067$). The median blood loss was significantly lower in RCP, with 20 c.c. for RCP vs. 170 c.c. for OCP ($P = 0.001$). Postoperative pancreatic fistula occurred in 19.4% of all patients, with 22.1% in RCP and 15.4% in OCP ($P = 0.423$). There were no significant differences between the RCP and OCP groups regarding overall complications, delayed gastric emptying, intra-abdominal abscess, post-pancreatectomy hemorrhage, chyle leakage, and wound infection. Regarding pancreatic function, only one patient in the OCP group developed de novo diabetes mellitus (DM), and no steatorrhea/diarrhea occurred after either RCP or OCP.

Conclusions : RCP could be recommended as a feasible and safe MIS alternative, without compromising surgical outcomes and pancreatic functions.

Corresponding Author : **SHIN-E WANG** (sewang0408@gmail.com)