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Errors That Could Happen During Laparoscopic Distal Pancreatectomy

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Background : Laparoscopic distal pancreatectomy is feasible and safe intervention however, simple confusion or errors may lead to significant bleeding or vascular injuries. We report here some technical manipulations that should be avoided during such a procedure

Methods : A 65 years old man with a non-alcoholic steatohepatitis induced liver cirrhosis. During routine follow-up it was discovered to have pancreatic body lesion which measures 17 mm and has the features of neuroendocrine tumor (NET). It is causing pancreatic canal dilatation so laparoscopic distal pancreatectomy was planned. Intraoperatively, he has thick and firm pancreatic body measuring around 5*3 cm at the sagittal plane. The splenic artery was controlled lateral to the planned section line which is just to the left side of the portal vein. At the section line, the pancreatic body was slimed using an ultrasonic device. A vascular stapler was then used to section the pancreas along with the splenic artery but without the splenic vein which was sectioned separately. However the stapler caused bleeding from the splenic artery which was controlled with hemoloks. The intervention was continued laparoscopically and the pancreatic stump was reinforced with a U shaped interrupted sutures of 4-0 non-absorbable polypropylene

Results : The operation time was 480 minutes and the estimated blood loss was 400 ml. Postoperatively, the patient developed grade A postoperative pancreatic leak and ascites due to the existing liver cirrhosis. He was discharged home with the drain on postoperative day 12. The drain was then removed 2 weeks later on. The histopathology report confirmed the diagnosis of grade 1 pancreatic NET with negative lymph nodes

Conclusions : Following a systematic approach for laparoscopic distal pancreatectomy would avoid some complications like intraoperative vascular injury however the intervention could be continued laparoscopically with great precautions

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