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## Completion Of Pancreatectomy For Grade C Postoperative Pancreatic Fistula After Pancreaticoduodenectomy. A Single-center Experience In The Last 5 Years

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**Background** : A grade C postoperative pancreatic fistula (POPF) after pancreaticoduodenectomy (PD) usually requires early re-laparotomy, and completion of pancreatectomy (CP) is necessary for a few patients. The study aims to assess the frequency, indications, and outcomes of CP in a single-center experience during the last 5 years.

**Methods** : The data of all PD performed in our center between October 1st, 2016, and October 1st, 2021, were retrospectively extracted from a prospectively gathered electronic database. The data of patients requiring CP were analyzed for frequency, indications, and outcomes.

**Results** : During the analyzed time, 363 PD were performed. A number of 26 patients (7.2%) developed a grade C POPF. CP for postoperative complications was performed in 15 patients (4.1%). Furthermore, 57.7% of patients with a grade C POPF required a CP. The indications for CP were grade C POPF with associated grade C hemorrhage and postoperative pancreatitis in all patients. In the group of patients with CP, the mortality rate was 66.6% (10 patients).

**Conclusions** : Although CP is rarely required to treat postoperative complications after PD, it is associated with very high mortality rates. CP should be reserved only for highly selected patients, while pancreas-preserving alternative procedures should be considered to improve mortality rates.

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