



ABST-0559

## Retrograde Installation Of Percutaneous Transhepatic Negative-pressure Biliary Drainage Stabilizes Pancreaticojejunostomy After Pancreaticoduodenectomy: A Retrospective Cohort Study

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**Background :** Leakage from the pancreatoenteric anastomosis has been one of the major complications of pancreaticoduodenectomy (PD). The aim of this study was to investigate the feasibility of retrograde installation of percutaneous transhepatic negative-pressure biliary drainage (RPTNBD), as part of which the drainage tube is intraoperatively inserted into the bile duct and afferent loop by surgical guidance to reduce pancreatoenteric leakage after PD.

**Methods :** We retrospectively reviewed the medical records of the patients who underwent pylorus-preserving PD or Whipple's operation for a malignant disease between June 2012 and August 2016. We performed intraoperative RPTNBD to decompress the biliopancreatic limb in all patients and compared their clinical outcomes with those of internal controls.

**Results :** Twenty-one patients were enrolled in this study. The operation time was  $412.0 \pm 92.8$  min (range, 240–600 min). The duration of postoperative hospital stay was  $39.4 \pm 26.4$  days (range, 13–105 days). Ten patients (47.6%) experienced morbidities of Clavien-Dindo grade > II, and 2 patients (9.5%) experienced pancreaticojejunostomy-related complications. The internal controls showed a higher incidence rate of pancreaticojejunostomy-related complications than the study participants ( $P = 0.020$ ). Mortality occurred only in the internal controls. \* This article was published on Journal of Surgical Oncology.

**Conclusions :** For stabilizing the pancreatoenteric anastomosis after PD for a malignant disease, RPTNBD is a feasible and effective procedure. When PD is combined with technically demanding procedures, including hepatectomy or vascular reconstruction, RPTNBD could prevent fulminant anastomotic failure.

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