

**BP EV 2****Mesopancreas dissections in robotic pancreaticoduodenectomy**

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**Lecture :** There is no study regarding mesopancreas dissections using the robotic approach in pancreaticoduodenectomy in the literature. This presentation is to share our experience in mesopancreas dissections focusing on level 3 dissection in robotic pancreaticoduodenectomy (RPD). The surgical outcomes after RPD and open pancreaticoduodenectomy (OPD) were evaluated and compared. There were 289 RPD and 162 OPD patients. Postoperative diarrhea occurred in 34.5% by mesopancreas level 3 dissection, higher than those for level 2 and 1. Blood loss in the RPD group was higher by mesopancreas level 3 dissection, with a median of 263 ml. The rate of R0 resection with margin >1 mm by mesopancreas level 3 dissection was 93.8%, higher than 72.2% by level 2 dissection. Lymph node yield by mesopancreas level 3 dissection in RPD was higher, with a median of 21, vs. 18 by level 2 and 14 by level 1. Compared with mesopancreas level 1 and 2 dissections in RPD groups, level 3 dissection did not increase in surgical mortality, postoperative complications including postoperative pancreatic fistula, delayed gastric emptying (DGE), postpancreatectomy hemorrhage, chyle leakage, bile leakage, and wound infection. Compared with OPD, mesopancreas level 3 dissection in RPD was associated with less blood loss, no DGE, and lower chyle leakage.

In conclusion, mesopancreas level 3 dissection in RPD could increase the rate of R0 resection with margin >1 mm and lymph node yield without compromising the surgical risks. Mesopancreas level 3 dissection in RPD is not only justified but also feasible. Therefore, RPD could be recommended as a safe alternative to OPD for mesopancreas level 3 dissection and, moreover, associated with less blood loss, no DGE, and lower chyle leakage rate, as compared with OPD.