

## BP EV 4

### How I do DP-CAR - Technical tips to achieve zero mortality over 65 cases

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#### Lecture :

**BACKGROUND:** Resection of advanced pancreatic body and tail cancer with invasion of the celiac axis (CA) or common hepatic artery has been considered technically difficult. Distal pancreatectomy with celiac axis resection (DP-CAR) has been reported as one option for such cases. While it is expected to improve R0 resection rate and long-term prognosis, high morbidity rates have been reported. In this presentation we demonstrate the technical tips applied to 65 DP-CAR cases without mortality.

**METHODS:** From 2011 to 2022, consecutive 65 patients with pancreatic body or tail cancer underwent DP-CAR in our department. Our technical tips of DP-CAR are as follows. 1) CA-first approach for reduction of intraoperative blood loss. We document the surgical technique of our DP-CAR and present the short-term outcomes. 2) Left gastric artery (LGA) preservation (modified DP-CAR) or LGA resection / reconstruction for prevention of ischemic gastropathy. 3) Jejunal serosal patching at the pancreatic stump for prevention of pancreatic fistula.

**RESULTS:** Among our study cohort, 35 patients (53.8%) preserved LGA, and 30 patients (46.1%) underwent LGA resection / reconstruction. 61 patients (93.8%) underwent CA-first approach, and 23 patients (35.9%) underwent jejunal serosal patching at the pancreatic stump. Median operation duration was 450 min (248–897), estimated blood loss was 600 mL (150–2550), and incidence of transfusion was 3.1%. Although 21 patients (32.3%) had Clavien-Dindo grade 3a or more postoperative complications, there were no grade 4 or higher complications, and the median postoperative stay was 31 days (12-87). Ischemic gastropathy occurred in two patients (3.1%), including one patient who underwent a relaparotomy for stomach perforations. 19 patients (29.2%) had pancreatic fistula (PF), including 8 (12.3%) who underwent conservative drain placement for more than three weeks without specific symptoms. Patients with jejunal serosal patching had significantly lower incidence of PF than those without (4.3 vs. 42.9%,  $P=0.001$ ). 60 patients (92.3%) underwent postoperative chemotherapy and the median interval from surgery to admission was 66 days (36-206).

**CONCLUSIONS:** Using the standardized techniques, DP-CAR was safely performed with an acceptable morbidity rate and no mortality.