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## Total Robotic Modified Frey's Procedure With Intra-operative Pancreatoscopy

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**Background :** Lateral Pancreaticojejunostomy (LPJ) offers good long-term outcomes for patients with chronic calcific pancreatitis (CCP). The robotic surgical system provides a three-dimensional view, better dexterity, and a range of motion for suturing. We present the technique of total robotic modified Frey's procedure with LPJ with intra-operative pancreatoscopy with the help of a choledochoscope.

**Methods :** Patients with CCP were evaluated with biochemical and radiological investigations. The indication of surgery in all patients was intractable pain refractory to oral analgesics. The patient was placed in a reverse Trendelenburg position with four 8 mm robotic ports and one 12 mm assistant port. Robotic ultrasound was utilised to identify the pancreatic duct, which was opened longitudinally. After retrieving the calculi and performing head coring in patients with inflammatory head mass (modified Frey's), pancreatoscopy was performed with the help of a choledochoscope to ascertain clearance of all the calculi. Then, Roux-en-Y LPJ was performed along with intra-corporeal jejuno-jejunostomy.

**Results :** Robotic LPJ (n=2) and modified Frey's procedure (n=3) were performed in five patients (4 males, one female) with a median age of 32 (IQR 28,40) years, and the median pancreatic duct size was 9 (IQR 9,13) mm. The median (IQR) duration of the procedure was 385 (380, 405) minutes, with a median (IQR) blood loss of 100 (50-150) ml. The patients were discharged on a median POD of 5 (4-6) days. The patients continue to do well at a minimum of 9 months follow-up without requiring oral analgesics.

**Conclusions :** Robotic LPJ and modified Frey's procedure are feasible and effective in the selected group of patients with decent postoperative outcomes and enhanced quality of life. Intraoperative pancreatoscopy with the help of a choledochoscope can be utilised to ascertain complete clearance of pancreatic duct stones.

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