



EP 132

Initial Experience Of Laparoscopic Pancreaticoduodenectomy At Shaukat Khanum Memorial Cancer Hospital & Research Centre, Peshawar, Pakistan

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Background : Pancreaticoduodenectomy (PD) is the mainstay of treatment for patients with resectable pancreatic cancer. Laparoscopic techniques may have beneficial outcomes for some selected patients in terms of postoperative recovery and shorter hospital stays. Totally laparoscopic pancreaticoduodenectomy (TLPD), however, is still not routinely performed and is a challenging operation due to its technical difficulty. We started TLPD at our newly established unit in a resource limited province and in this study we evaluate the short-term outcomes for our patients and compare them to data from high volume international centers.

Methods : This was a retrospective cohort study from a prospectively maintained electronic Hospital Information System (HIS). All patients who underwent intended TLPD were included in the study. Patients who underwent diagnostic laparoscopy only or were intended to be done as open from the start were excluded. SPSS 20 was used for statistical analysis. Base line demographics and peri-operative outcomes were recorded along with short term post-operative outcomes.

Results : A total of 18 patients underwent an attempt at TLPD during the study period. 10 Patients underwent successful TLPD whereas 8 patients were converted to open surgery. 4 patients underwent laparoscopic resection of specimen and reconstruction was done via open technique due to surgeon fatigue and anatomical variation of anatomy making reconstruction difficult. 4 patients underwent conversion due to failure of progression or bleeding. Median operating time was 7 hours and 45 minutes and blood loss was 230mls. Length of stay was 6 days. There was no Type C Pancreatic anastomotic leak, 2 patients had a Type B leak which resolved with conservative measures. Surgical Site Infection rate was 23% and delayed gastric emptying was noted in 2 patients. 1 patient required a relook for a postoperative hematoma and subsequently suffered a bile leak which resolved with conservative measures. There was no 30 or 90 day mortality in the TLPD group. There was a significant difference in pain score between the open surgery group versus the TLPD group with significant improvement of mobility, spirometry score on the first post op day however this difference was lost by day 5.

Conclusions : TLPD offers better immediate post-operative pain scores and mobility for patients over open surgery. Despite being in a resource limited healthcare setting and not having access to a senior mentor to guide on our laparoscopic journey, our short-term perioperative outcomes for TLPD are consistent with acceptable standards.

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