



EP 136

A Seven-Year Retrospective Cross-Sectional Study Of Early Patient Outcomes And Complications Of Elective Pancreatoduodenectomy In An End-Referral Government Hospital In The Philippines

Czarsteine Sybil MOLEÑO, Ronald Allan CLAVERIA*, Avril DAVID, Ryan Ruel BARROSO, Ray SARMIENTO, Jonathan NOLASCO, Billy James UY

Rizal Medical Center, Pasig City, Metro Manila, PHILIPPINES

Background : Pancreatoduodenectomy (PD) is a complex surgical procedure that carries high morbidity and mortality rates. As an end-referral hepatopancreatobiliary center in Metro Manila, it is imperative to document the outcomes of PD in our patients; however, there is no published data for our institution and limited information in the Philippine setting. With this study, we hope to provide baseline data, which may allow evaluation of existing protocols/techniques that could further improve patient outcomes. We aim to contribute to the body of evidence regarding PDs as performed by Filipino HPB surgeons, allowing us to pursue global competence in accordance with international standards.

Methods : This retrospective cross-sectional study included 67 patients who underwent elective PD from January 2015 to December 2021 in our institution. After ethical approval was obtained, data logged into the final HPB census were collected, with additional information lifted from patient charts, operative techniques, and anesthetic records. Final histopathology results were retrieved from the Pathology Department. The extracted data were then summarized in descriptive measures.

Results : Out of 67 patients, 14.9% developed post-operative complications that required intervention under general anesthesia, a portion of which were hemorrhage from the pancreatic stump and/or leak at an anastomotic site, that underwent endoscopic evaluation and/or reoperation for source control. Surgical site infection occurred in 11.9% of cases but this may be underreported. Morbidity rate was at 43.2% and mortality rate at 13.4% with cause of death to be largely cardiac in nature despite preoperative cardiopulmonary clearance. A majority of patients (43.2%) did not develop any complications in the immediate perioperative period with a mean hospital stay of 17.83 days for all patients who were eventually sent home.

Conclusions : The morbidity rate of our institution appears to be at par with published data in Western countries (<50%) although the mortality rate could be further improved (5%). Measures on more efficacious perioperative work-up and intervention must be undertaken to further ameliorate over-all patient outcomes.

Corresponding Author : **Ronald Allan CLAVERIA** (rclaveriamd@gmail.com)