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Hybrid Laparoscopic Pancreaticoduodenectomy: Ukrainian Single Center Experience

Oleksandr KVASIVKA, Sergiy ZEMSKOV, Kostiantyn KOPCHAK*

HPB, National Cancer Institute, UKRAINE

Background : Minimally invasive pancreaticoduodenectomy both laparoscopic and robotic is becoming a new standard of operative management in patients with distal bile duct carcinoma, periampullary adenocarcinoma, pancreas head cancer, and duodenal cancer worldwide. It shows lot of advantages for patients but the same time stays quite challenging for surgeons performing it. However, there are significant limitations to the successful implementation of minimally invasive pancreaticoduodenectomies in developing countries, including Ukraine. This study presents a single center series of hybrid laparoscopic pancreaticoduodenectomy.

Methods : This retrospective review study included 38 patients who received hybrid laparoscopic pancreaticoduodenectomy assisted with a laparoscopic resection and open reconstruction performed by a single surgeon in National Cancer Institute, Ukraine, between February 2018 and October 2022. Clinical outcomes, such as patient age, pathologic diagnosis, operation time, conversion rate, number of lymph nodes, resection margins, hospital stay, postoperative complication, and mortality rates, were reviewed.

Results : 38 patients underwent hybrid laparoscopic pancreaticoduodenectomy, five of them performed with preservation of pylorus, one combined with mastectomy with axillary lymphadenectomy for breast cancer. Median operative time was 360 min (range 310-480 min), three cases required conversion to open surgery. Median length of stay was 8 days (range 6-58 days). There was no mortality within 30 days. Post-operative complications included two patients requiring a return to operating theatre for post-operative pancreatic fistula grade C, three of them with postpancreatectomy hemorrhage grade C. Four patient had biochemical leakage, ten patients had postoperative pancreatic fistula grade B, one of them developed extraluminal postpancreatectomy hemorrhage grade B. Six patients had delayed gastric emptying (three of them developed delayed gastric emptying grade A and two – grade C). Median number of lymph nodes harvested was 18,5 (range 12-28). Resection margins were negative in 87% patients.

Conclusions : When performed by a surgeon with experience in laparoscopic surgery and pancreatic surgery, hybrid laparoscopic pancreaticoduodenectomy is feasible alternative to open pancreaticoduodenectomy for select cases with comparable operative time, number of lymph nodes, negative margins and number of postoperative complications. Potential advantage is fast rehabilitation of patients with early start of adjuvant chemotherapy.

Corresponding Author : **Kostiantyn KOPCHAK** (kvkopchak@gmail.com)