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The First Experience Of Laparoscopic Pancreatoduodenectomy

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Background : A laparoscopic PD (LPD) was first described by Gagner and Pomp in 1994. Recent studies in the literature describe the benefits of LPD, including comparable oncological outcomes, less pain, quicker recovery, and shorter hospital stays than with open PD. The main purpose of this study is to evaluate the results in the postoperative period in patients with malignant tumors of the periampullary zone who underwent LPD.

Methods : In the period from 2019 to 2022 at the National Scientific Center of Surgery named after A.N.Syzganov, 143 patients underwent PD with a diagnosis of a tumor of the periampullary zone. Of these, 7 patients were performed by laparoscopic approach. Indications for laparoscopic PD were the following factors: the tumor size is less than 2.5 cm without signs of metastasis, without invasion in the superior mesenteric and portal vein. Also indications were considered as a hard gland texture and a large diameter of the pancreatic duct, which are considered good conditions for reconstruction. Contraindications to LPD are: the presence of a concomitant disease in the patient, age above 70 years, the presence of open operations on the abdomen, a soft gland texture and a small diameter of the pancreatic duct, which complicate the reconstruction.

Results : The average duration of surgery was 430 minutes. The average blood loss was 300 ml. The average hospital stay was 8 days. Conversion to open surgery was required for only 1 patient, where there was a pronounced inflammatory process in the area of the head of the pancreas. In all cases, R0 resection was achieved. The average number of removed lymph nodes was 16. A postoperative complication was observed in 1 (14.3%) patient in the form of intra-abdominal bleeding, which required reoperation. Hospital mortality was not observed.

Conclusions : In conclusion, our experience shows that LPD is a feasible surgical procedure and is safe in individual patients. LPD can be safely applied by surgeons with experience in both open and laparoscopic surgery. The accumulation of experience in such interventions leads to an improvement in immediate results and a reduction in postoperative complications.

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