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The Experiences Of Minimally Invasive Pancreaticoduodenectomy As Young HBP Surgeon : From Hybrid Procedure To Totally Robotic Surgery

Jae Seung KANG, Wan-Joon KIM, Sae-Byeol CHOI*, Wan-Bae KIM

Surgery, Korea University Guro Hospital, REPUBLIC OF KOREA

Background : Hybrid pancreatoduodenectomy (PD) (laparoscopic resection and robotic anastomosis) can be appropriate for training minimally-invasive PD (MIPD) because the trainees can experience both laparoscopic and robotic surgical system. Because of higher medical cost and fear of open conversion, young surgeons would hesitate to start robotic surgery. The present study demonstrated one young HBP surgeon's experiences of training and changing the procedures, from hybrid PD to totally-robotic PD (TRPD).

Methods : One surgeon trained hybrid PD in the tertiary HBP institution in Korea during 2-year fellowship. After training period, seven cases of hybrid PD (April 2021 to December 2021) and fifteen cases of TRPD (March 2022 to October 2022) were progressively performed. Preoperative body mass index (BMI), time of resection and intracorporeal anastomosis (pancreaticojejunostomy and hepaticojejunostomy), and complications were evaluated. Robotic surgical system was Da Vinci Xi (Intuitive, Sunnyvale, CA, USA).

Results : Mean BMI was 24.0 kg/m². The total operation time of first hybrid PD and first TRPD was 420 min, and 605 min, respectively. The resection time of TRPD was progressively shorter, from 400 min to 270 min. The intracorporeal anastomosis time was relatively constant, between 70 and 100 min. In TRPD, there were two cases of open conversion, two cases of postoperative pancreatic fistula (POPF) B and one case of POPF C. There was no biliary complication.

Conclusions : The hybrid PD could be one of the training methods in the real surgical field. After practicing hybrid PD, the novice surgeons can try to perform TRPD with safety and acceptable perioperative outcomes.

Corresponding Author : **Sae-Byeol CHOI** (csbroad@korea.ac.kr)