Assessment of Complications According to the Clavien-Dindo Classification After Distal Pancreatectomy

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ABSTRACT

Background The absence of a definition and a widely accepted ranking system to classify surgical complications has hampered proper interpretation of the surgical outcome. Methods In 61 patients undergoing distal pancreatectomy, the complications were classified according to the Clavien-Dindo classification; each grade was evaluated regarding the length of the postoperative stay and was compared to the most important complications. Results Thirty (49.2%) patients had no complications; out of the thirty-one (50.8%) patients with complications, 9 (14.5%) had grade I, 15 (24.6%) grade II, 6 (9.8%) grade III, and 1 (1.6%) grade IV. There were no postoperative deaths (grade V). A progressive increase in the length of hospitalization from patients with no complications to those having grade IV (P<0.001) was noted. Postoperative pancreatic fistula and postpancreatectomy hemorrhage rates did not significantly increase from Clavien-Dindo grade I to grade IV (P=0.118 and P=0.226, respectively). The severity of a postoperative pancreatic fistula and postpancreatectomy hemorrhage, instead, was positively related to the grade of the Clavien-Dindo classification (P=0.046 and P=0.023, respectively). Conclusions The Clavien-Dindo classification is a simple and reproducible way of reporting all complications following distal pancreatectomy. It allows us to distinguish a normal postoperative course from any deviation and the severity of complications and it may be useful for comparing postoperative morbidity between different pancreatic centers.