Reconstruction Method After Pancreatectoduodenectomy. Idea to Prevent Serious Complications

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ABSTRACT
Pancreatic fistula after pancreatectoduodenectomy represents a critical trigger of potentially life-threatening complications and is also associated with markedly prolonged hospitalization. Many arguments have been proposed for anastomosing the pancreatic stump to the gastrointestinal tract. Among the risk factors for pancreatic fistula, the most important is the texture of the remnant pancreas, and surgical technique, such as selection of the location of the anastomosis with the digestive tract and the procedure involved, might be one improvable aspect to reduce pancreatic fistula occurrence. Methods of reconstruction used between the remnant pancreas and the intestine have been argued and include end-to-side, with or without duct-to-mucosa anastomosis, and end-to-end invagination styles. We review several safety trials and methods of treating the pancreatic stump after pancreatectoduodenectomy, and demonstrate our experiences.