

Pancreatic surgery

The first documented operation on the pancreas, a distal pancreatectomy with splenectomy for removal of a tumor, was performed in 1882 by Friedrich Trendelenburg (1). The first reported attempt at a pancreatoduodenectomy was performed in 1898 by the Italian surgeon Alessandro Codivilla for a tumor involving the head of the pancreas (2), but the patient did not survive the postoperative period.

Walter Kausch undertook the first successful partial pancreatoduodenectomy as a two-stage operation in 1909 in Berlin (3), but it was only in 1940 that Allen Whipple completed the first one-stage anatomic pancreatoduodenectomy (4). From then on, a variety of modifications and improvements have complemented surgical technique for operations on the pancreas. Only a few decades ago, perioperative mortality for pancreatoduodenectomy was as high as 30%; now it is less than 2% in high-volume centers. In the course of more than a century, generations of surgeons, building on the work of those who came before them, have reached a point where pancreatic surgery has been optimized and is unlikely to undergo major changes and improvements (5). During this symposium, the contributing authors helped to find answers to these questions based on new studies and their own experience as presented in their contributions. It is our hope that readers will find useful information here for their clinical routine.

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