



AB060. P032. 2,029 cases of Whipple's procedure: 12-year experience from a single center

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Background: Whipple's procedure is one of the most challenging operation in abdominal surgery. Better outcomes were reported in experienced hands and in high-volume centers. This study aims to investigate short- and long-term outcomes after Whipple's procedure.

Methods: From January 2006 to December 2017, 2,029 patients underwent Whipple's procedure in our hospital, which is a tertiary referral center in a developing country. Data were reviewed and analyzed in retrospective way, and missing data were not imputed or deleted.

Results: The male:female ratio in this group was 1.6:1, with a mean age of 60.5±11.6 years old. Near half of the patients reported comorbidities on their admission, while 23.1% were classified as American Society of Anesthesiologists (ASA) grade III/IV, 44.5% were pylorus-preserving

Whipple, with extended resection and combined vascular resection accounting for 8.5% and 7.1%, respectively. The most common pathological diagnoses were pancreatic malignancies (46.0%), duodenal malignancies (14.2%), ampullary malignancies (10.4%) and lower bile duct malignancies (8.5%). Intraoperative data showed a median operation time of 255 (range, 210–315) min and a median estimated blood loss of 300 (range, 200–500) mL. Pancreatic fistula rate according to ISGPS2016 definition was 17.2%. Reoperation rate was 1.6%, while in-hospital mortality rate was 1.2%. Length of postoperative hospital stay and hospitalization cost were 16 (range, 12–22) days and 11,272 (range, 8,922–14,134) USD. Unadjusted median survival time was 15.3 months after resection for pancreatic adenocarcinomas in our cohort.

Conclusions: Though its mortality rate dropped to around 1%, Whipple's procedure remains a challenging procedure for surgeons. With limited healthcare resource allocation, measures should be taken to improve the long-term survival for cancer patients.

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