

AB061. P033. A comparison of delayed gastric emptying and nutritional status after pylorus-preserving versus stomach-preserving pancreaticoduodenectomy

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Background: This study was performed to compare the incidence of delayed gastric emptying (DGE), postoperative outcome and long-term nutritional status between pylorus-preserving pancreaticoduodenectomy (PPPD) and subtotal stomach-preserving pancreaticoduodenectomy (SSPPD).

Methods: We retrospectively analyzed 133 patients who undergoing PPPD (n=89) or SSPPD (n=44) between March 2011 and December 2015. All cases of duodenojejunostomy in PPPD and gastrojejunostomy in SSPPD were performed antecolically. The postoperative nutritional status was explored by changes ratio in the body weight, serum total protein and serum albumin for 1 year after surgery.

Results: The overall incidence of the DGE was 12%. The incidence of DGE was 13.5% (grade A: 5.6%, grade B: 4.5%, grade C: 3.4%) in PPPD group and 9.1% (grade A: 4.5%, grade B: 4.5%, grade C: 0%) in SSPPD group, and was no significant differences in both groups. The mean postoperative hospital stay was 42.8 days in the PPPD group and 37.2 days in the SSPPD group, and was no significant differences in both groups. The body weight ratio was decreased at 6 months after surgery in the SSPPD group, whereas it continued to decrease at 9 months after surgery in the PPPD group. It was gradually increased 9 months later after surgery in SSPPD group, and it was increased 12 months later after surgery in PPPD group. The serum total protein ratio and serum albumin ratio were decreased at 3 months after surgery and were gradually increased 6 months later after surgery in both groups. There were no significant differences with regard to postoperative body weight ratio, serum total protein ratio and serum albumin ratio in both groups for 1 year after surgery.

Conclusions: SSPPD is equivalent outcomes in incidence of DGE and in postoperative long-term nutritional status comparing PPPD.

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