

AB092. P064. The preliminary experience of total or proximal intestinal derotation procedure applied in pancreatoduodenectomy

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Background: At present, pancreaticoduodenectomy (PD) is the surgical treatment for patients with periampullary tumors. Masanori Sugiyama has reported an intestinal derotation procedure for facilitating mesopancreas excision. According to their research, this procedure simplifies the anatomic situation, decreased operative time, reduced blood loss and tended to increase the rate of R0 resection. In clinical practice, we designed proximal intestinal derotation on the basis of intestinal derotation procedure. To simplify the intestinal derotation process but maintain the benefits, we cut the Treitz ligament only to complete proximal intestinal derotation. The anatomic situation can be simplified like total intestinal derotation during the operation. The object of our study is to introduce the preliminary experience of total or proximal intestinal derotation procedure and reveal the merits and demerits of these methods through our retrospective analysis.

Methods: We investigated 29 malignant tumor cases underwent PD by the same pancreatic surgeon in last years.

14 cases are in the intestinal derotation procedure group (total: proximal =7:7) and 15 cases are in the conventional procedure group. Perioperative factors including patient characteristics, operation situation, the number of lymph nodes, and the volume of dally drainage and the time of removing the drainage were compared.

Results: The patient characteristics, operation time and intraoperative bleeding are not different between the two groups. But the intestinal derotation procedure significantly increased the number of lymph nodes dissection (12.43 ± 3.55 vs. 8.33 ± 5.80 , $P=0.031$). However, the volume of drainage after POD2 increased significantly (POD2 R 232.43 ± 352.42 vs. 168.00 ± 192.74 mL, $P=0.031$; POD3 L 337.21 ± 300.45 vs. 110.67 ± 135.30 mL, $P=0.019$; POD4 L 307.86 ± 227.08 vs. 103.20 ± 116.52 mL, $P=0.007$; POD4 R 237.36 ± 165.80 vs. 65.60 ± 44.69 mL, $P=0.002$). Meanwhile, proximal intestinal derotation procedure still maintain the advantage of lymph nodes dissection (13.86 ± 3.80 vs. 8.33 ± 5.80 , $P=0.033$) and make up for the defect of increasing the drainage.

Conclusions: The intestinal derotation procedure simplifies the anatomy of mesopancreas and obtains a good surgical field, which makes it easier to dissect more lymph nodes. But it has the demerit that increased the drainage which can be covered through proximal intestinal derotation procedure.

doi: 10.21037/apc.2018.AB092

Cite this abstract as: Wu W, Zhang L, Pu N. The preliminary experience of total or proximal intestinal derotation procedure applied in pancreatoduodenectomy. *Ann Pancreat Cancer* 2018;1:AB092. doi: 10.21037/apc.2018.AB092