

## AB093. P066. Pancreas-preserving management of grade-c pancreatic fistulas after pancreaticoduodenectomy: a single center's experience

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**Background:** Optimal surgical strategy for grade-C postoperative pancreatic fistula (POPF) after pancreaticoduodenectomy (PD) is not justified. External wirsungostomy is feasible. However, the subsequent repeat pancreaticojejunostomy (PJ) is challenging. This study aims to introduce our experience of external wirsungostomy for grade-C POPF and a novel technique to do the repeat PJ (re-PJ).

**Methods:** From January 1, 2012 to December 31, 2016, all consecutive patients who underwent pancreaticoduodenectomy (PD) with PJ were identified. The clinical data were retrospectively collected and analyzed.

**Results:** Out of 325 patients, 11 patients (3.38%) underwent salvage re-laparotomy for grade-C POPF.

External wirsungostomy was performed in 10 patients (3.08%). Four patients died of severe complications within 90 days postoperatively or tumor progression before the scheduled re-PJ was performed. Three patients got their external pancreatic drainage tube pulled out accidentally without causing severe consequences. Three patients underwent planned re-PJ after external wirsungostomy, including one with duct-to-mucosa PJ and two with the novel bridging technique. The operative time of the two patients undergoing the novel bridging technique is 120, 135 min, respectively, and the length of post-operative hospital stay (LPHS) is 7, 5 d, respectively. The operative time and the LPHS of whom underwent duct-to-mucosa PJ is 315 min, 24 d, respectively. There was no major post-operative complication.

**Conclusions:** External wirsungostomy is an easy and safe way to preserve the pancreas remnant in grade-C POPF patients. The novel bridging technique may be a simpler alternative to traditional PJ with a comparable prognosis.

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