

08.00 - 09.00 AM

OP 3.3.1

**AN ALTERNATIVE RECONSTRUCTION FOLLOWING PANCREATICO-DUODENECTOMY TO IMPROVE THE POST OPERATIVE OUTCOME**

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**Introduction**

Pancreatico duodenectomy (Whipple's surgery) is the procedure of choice for tumours in the pancreas and the periampullary region. The procedure continues to carry a high morbidity and mortality (5-15%). The most important morbidities being pancreatic fistula (15-30%) and bile reflux. We have used a divided Roux loop technique reconstruction with a view of improving the post operative outcome.

**METHOD**

We prospectively reviewed 17 pancreatICO-duodenectomy procedures evaluating them for complications especially for pancreatic fistula and bile reflux. All the cases were done by the same surgeon using a divided Roux-en-Y loop (end to end 2 layer pancreatICO-jejunal anastomosis, separate gastro jejunal reconstruction and a side to side jejuno jejunal anastomosis. We compared our results with the available international data after classical whipples surgery

**RESULTS**

There were no instances of pancreatic fistula or biliary reflux in patients who had divide Roux-en-Y reconstruction. The mean operating time was 5 1/2hrs .Mean operative blood loss was 800ml. One patient had wound infection (5%). There was no operative mortality (0%)

**CONCLUSION**

The divided Roux-en-Y pancreatic reconstruction following pancreatICO duodenectomy procedure may significantly decrease the incidence of pancreatic fistula, bile reflux and post operative mortality.