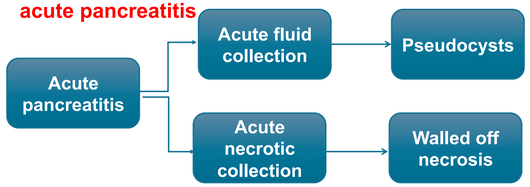
SAGES
Cleveland, Ohio
2024

Laparoscopic Internal Drainage of Collection Post Pancreatitis: Experience of a Tertiary Care Centre in India

Om Prakash, Sanjeet Rai, Deepti Singh, Nidhi Ranoliya, Subodh Kumar, Virinder Kumar Bansal

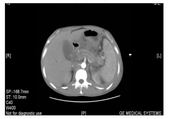
Introduction

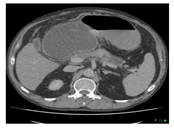
- Pseudocysts/WON - 2%-10% of patients with acute pancreatitis

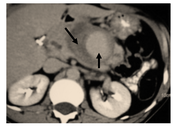


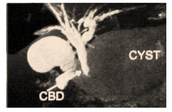
Indications for Treatment


Infection


Splenic vein thrombosis


GOO


Pseudoaneurysm

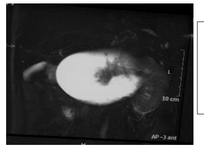


Biliary obstruction

Investigations

- USG, CECT, MRI
- CECT
  - Size
  - Location
  - Content
  - Wall maturity
  - Vascular complications
    - Pseudoaneurysm
    - Venous thrombosis
- USG → necrotic debris → MRI
- UGIE →Bulge, Varices





Pre-operative preparation

- NPO – 6 to 8 hours
- General anaesthesia
- Antibiotic prophylaxis - continued 48 hours post-op
- NG insertion, Urinary catheterization

Results

Demographic Profile, Etiology (N=210)

Demographic Profile	
Age	35.6 ± 12.9 (15-58)
M: F	153:57 (72.6%:27.3%)
BMI	22.5 ± 3.05 (19.1-28.4)
ASA-I	183 (87.2%)
ASA-II	21 (10%)
ASA-III	6 (2.8%)

Etiology	Number (%)
GSD	86 (40.9)
Alcohol	53 (24.8)
Idiopathic	63(30)
Other	9 (4.3)

Clinical Presentation

Presentation	Number (%)
Pain abdomen	210(100)
Early satiety	160 (76.2)
Palpable lump	129 (61.4)
Gastric outlet obstruction	30 (14.3)
Jaundice	4 (1.9)
Week of presentation	15.1 (2-72)

Surgical Mx – 210

- Lap cysto-gastrostomy 166 (79.1%)
- Open cysto-gastrostomy 12(5.7%)
- Lap cysto-jejunostomy 9(4.3%)
- Lap converted to open cysto-jejunostomy 2(0.9%)

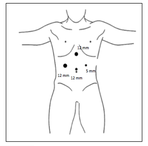
Conversion 21(10%)

- Dense adhesion between stomach & parieties 11
- Cyst wall Collapse/ rupture 5
- Bleeding 5

- Concomitant Cholecystectomy 86
- Mean op time 93.4 min (40 - 150 min)
- Mean post-op hospital stay 4.63 days (2-19 days)
- Open re-exploration (bleeding) 6

Steps of surgery

Port position







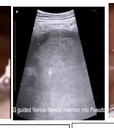




Localisation of pseudocyst/ WON by Lap USG

Anterior gastrotomy





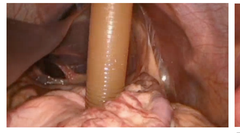




Lap USG guided Veress needle insertion

Bariatric Port Insertion (posterior trocar gastrotomy)

Port position confirmed





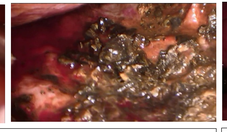


Aspiration of contents

Ryle's tube insertion - keeps opening patent

Stapled posterior cystogastrostomy



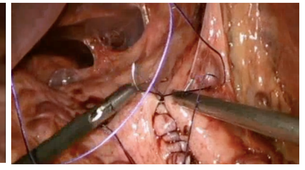




Necrotic debris

Common opening





Inadvertent vascular injury

Anterior gastrotomy closure

Complications

Complication	Number (%)
Mortality	0
Delayed gastric emptying/ ileus	22 (10.5)
Secondary infection	14 (6.6)
UGI bleed	16 (7.6)
Re-exploration (open)	6(3.2)
Bile leak	5 (2.7)
Cholangitis	3 (1.6)
Intraabdominal collection	8(3.8)
Port site infection	3 (1.6)
Pneumonia	3 (1.6)
Septic shock	1(0.5)

Follow up

1 week	4 weeks	3 months	6 months	1 year
100%	97%	88%	84%	72%

- Readmission with fever 22
  - Endoscopic lavage 15
  - Observation 7
- Resolution of cyst at 12 months (USG/ CT/MRCP) 199 (94.7%)
- Recurrence 9
  - Endoscopic cystogastrostomy 5
  - Observation 4 (Size: 3 - 4 cm)

Conclusions

- Laparoscopic cystogastrostomy - safe and feasible
- Excellent outcomes
- >95% cyst resolution at 12 months follow up
- Fast recovery, short hospital stay
- Preferred approach
- Significant debris
- Needs multidisciplinary involvement