

EARLY EXPERIENCES OF LAP- ASSISTED WHIPPLES PANCREATICODUODENECTOMY

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Introduction

- Whipple's Pancreatico-duodenectomy- treats various pancreatic and periampullary disorders.
- Laparoscopy and minimal invasive surgeries-enhances post operative recovery compare to open surgery
- Extensive learning curve due to their complex nature
- Which can increase risk of complication
- LAPD , A hybrid procedure combing laparoscopic resection and reconstruction under small incision
- Alternative on the road to matured application of TLPD

Materials and method

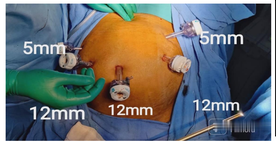
Retrospective analysis of prospective collected database of LAPD

- Data collected between 2020-2024
- Demographic profile, imaging characteristics, proven pancreatic lesion or other condition requiring Whipple's procedure included in study
- Surgical strategy, operative complication ,operative time and post operative morbidity and complication was evaluated
- All patient underwent diagnostic laparoscopy and Standard LAPD

Preoperative preparation

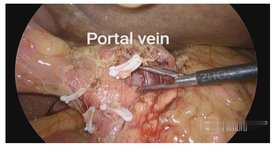
- NPO – 6 to 8 hours
- General anaesthesia
- Antibiotic prophylaxis - continued 48 hours post-op
- NG insertion, Urinary catheterization

Steps of surgery





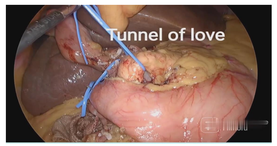


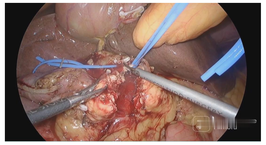


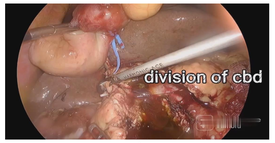


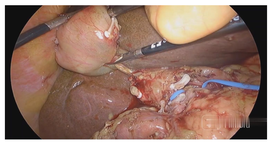










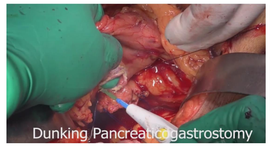


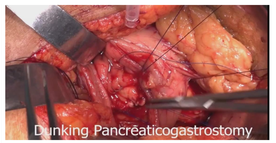


Laparoscopically mobilization and dissection



Open reconstruction and anastomosis













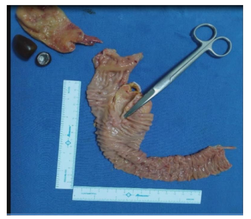
Clinical symptoms

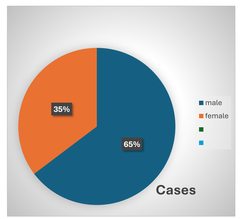
SYMPTOM	N (percentage)
Pain	4 (11.8)
Jaundice + Pain	10 (29.4)
Jaundice	20 (58.8)

Results

Demographic profile

- Total number of cases was thirty four
- 1.5 times more common in female
- Mean age was 58 years





Intraoperative	Total 21
Mean operative time	235 minutes (220-360)
Mean Blood loss	447ml(300-1lit)
Conversion	5
PJ: PG	3:31

Complication

Post operative Data	Total patient-21
Surgical site infection	5
Burst abdomen	7
Delayed gastric emptying	11
Chyle leak	2
Pancreatic fistula	6
Bleeding	4
Mortality	2
Mean hospital stay	16 days (8-40)

Histopathology	
Moderately differentiated adenocarcinoma Head of pancreas	16
Ampullary variety adenocarcionoma	08
Distal CBD cholangiocarcinoma	4
SPEN	2
Gastrinoma in region of head of pancreas	1

Conclusion

- LAPD is safe and feasible treatment for pancreatic and periampullary carcinoma with good results
- Potential advantage of LAPD include more precise mobilization and dissection compared to OPD
- Another advantage compare to TLPD is more precise reconstruction and hemostatsis