PREVENTION OF POSTOPERATIVE COMPLICATIONS IN PATIENTS WITH PANCREATIC CANCER FOLLOWING PANCREATODUODENECTOMY

Volodymyr Trachuk

UEG Week Vienna 2024 | Poster

Pancreas

October 13, 2024

A risk-stratified surgical approach to pancreatoduodenectomy reduced postoperative pancreatic fistula from 27.9% to 11.4% and overall complications from 41.0% to 30.1% in a retrospective study of 456 patients.

KEY POINTS

- The study compared 227 patients who received risk-stratified surgical tactics (November 2018-October 2023) with 229 patients who underwent standard surgery (January 2015-October 2018).
- The new approach included a modified pancreatic fistula risk score based on pancreatic fibrosis, with high-risk patients receiving external pancreatic stents, intermediate-risk patients receiving invaginated duct-to-mucosa anastomosis, and low-risk patients having early drain removal.
- Sarcopenia was assessed preoperatively and nutritional support was provided to affected patients.
- Grade B or C postoperative pancreatic fistula occurred in 11.4% of the main group versus 27.9% of the comparison group, a statistically significant difference.
- Mortality decreased from 2.2% to 1.3%, though this difference was not statistically significant; this material is relevant to pancreatic surgeons developing protocols to reduce postoperative complications.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/0b45e68e-9112-11ef-8ce0-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.